CALIFORNIA TRIBAL AND URBAN INDIAN COMMUNITY-DEFINED BEST PRACTICES

REQUEST FOR APPLICATIONS
FEBRUARY 2023

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READ ALL INSTRUCTIONS AND CRITERIA CAREFULLY

California Tribal and Urban Indian Community-Defined Best Practices Background

This project is funded by the Department of Health Care Services (DHCS) State Opioid Response III federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The SAMHSA SOR III grant program addresses the opioid overdose crisis by providing resources to states and territories for increasing access to FDA-approved medications for the treatment of opioid use disorder (MOUD), and for supporting the continuum of prevention, harm reduction, treatment and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders (SUDs). The SOR III grant program aims to help reduce unmet treatment needs and opioid-related overdose deaths across America.

With federal SAMHSA SOR grant funding, DHCS and tribal and urban Indian leadership created the California Tribal Medications for Addiction Treatment Program (TMAT) under DHCS' broader MAT Expansion program. Described by its lead entities as "a unified response to the opioid crisis in California Indian Country," the TMAT Project is designed to meet the opioid and substance use disorder prevention, education, stigma reduction, harm reduction, treatment and recovery needs of California's tribal and urban Indian communities. The TMAT partners include the California Consortium of Urban Indian Health (CCUIH), California Rural Indian Health Board (CRIHB), Kauffman & Associates, Inc. (KAI), The Center at Sierra Health Foundation (The Center), UCLA Integrated Substance Abuse Program (UCLA-ISAP) and the University of Southern California Keck School of Medicine (USC).

Through the **California Tribal and Urban Indian Community-Defined Best Practices (TUICDBP),** DHCS continues to support tribal and urban Indian best-practice knowledge exchange for the enhancement of services for the prevention, treatment and recovery from OUD and other co-occurring SUDs in California Indian Country.

Sierra Health Foundation: Center for Health Program Management (The Center) pursues the promise of health and racial equity in communities across California. Leveraging leadership, operational and funding support from Sierra Health Foundation and its partners, The Center establishes investment partnerships with public and private funders; community members; community organizations; national, state and local government agencies; nonprofits; and businesses to advance health equity. The Center is the administrative entity for the TUICDBP program and will incorporate the applicable federal and state rules and regulations into the terms and conditions of the contract agreements, notably 2 CFR 200 and 45 CFR Part 75. See additional compliance components in this RFA.

Kauffman & Associates, Inc. (KAI) is a tribal training and technical assistance organization and provides program leadership on this funding opportunity. KAI supports local California TMAT partnerships to improve the health and wellness of Native communities and to enhance Native access to essential non-Native social sectors.

California Consortium for Urban Indian Health (CCUIH) is a nonprofit statewide alliance of Urban Indian Health Programs and substance use treatment facilities collectively referred to as UIHPs. CCUIH brings experience in urban Indian public health strategy, policy advocacy, and direct community campaigns to

promote health and wellness in California's urban Indian communities. CCUIH serves as technical assistance providers to urban Indian grantee organizations for this funding opportunity.

California Rural Indian Health Board (CRIHB) is a network of tribal health programs, which are controlled and sanctioned by Indian people, and their tribal governments. CRIHB is committed to the needs and interests that elevate and promote the health status and social conditions of the Indian People of California by providing advocacy, shared resources, training and technical assistance that enhances the delivery of quality comprehensive health-related services. CRIHB serves as technical assistance providers to Tribal/Indian Health grantee organizations for this funding opportunity.

The University of Southern California (USC) team will conduct evaluation under this funding opportunity to understand best practices, strengths, challenges and key takeaways regarding grantee approaches, processes and protocols, as well as to understand successes and improvements for the overall grant. The USC team will provide TA specific to data collection and analysis, which could include literature reviews to understand existing knowledge, assistance designing or implementing focus groups or surveys, assistance with analysis of data that the TA recipients gathered (e.g., through focus groups or surveys) or analysis of existing data.

Please note: Contingency management for stimulant use disorder *treatment* is not part of the California Tribal and Urban Indian Community-Defined Best Practices funding opportunity. All contingency management for stimulant use disorder treatment will be funded through California Advancing and Innovating Medi-Cal (Cal AIM).

TUICDBP Request for Applications

This Request for Applications is specifically for California tribal and urban Indian organizations and entities with demonstrated knowledge of the Native experience, the strengths and healing capacity of community-defined cultural practices, and the need for inclusion of culture and community-defined practices as a key part of substance use prevention, treatment and recovery. Organizations and entities to be awarded under the TUICDBP program will have an opportunity to identify and integrate cultural, traditional and community-defined best practices into substance use disorder (SUD) supports for engagement, treatment and recovery.

A statewide needs assessment was funded by the California TMAT Project and conducted and led by USC to better understand how to meet the specific needs of California's American Indian and Alaska Native urban and rural communities to reduce opioid use and substance use disorders. The final report was released in 2019 and titled, *Addressing the Opioid Crisis in American Indian & Alaska Native Communities: A Statewide Needs Assessment*. The report identified a need for culturally centered activities and treatments to prevent and treat OUD and SUD.[1] The report emphasized that culturally responsive services play a key role in maintaining the resilience of an individual through cultural connectedness, cultural services, positive role models, and the availability of supportive services and programs.

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[1]Soto C, West A, Unger J, et al. (2019). Addressing the Opioid Crisis in American Indian & Alaska Native Communities in California: A Statewide Needs Assessment. Retrieved from https://ipr.usc.edu/wp-ontent/uploads/2019/11/USC_AI_Report.pdf.

In response to the 2019 statewide needs assessment, the continued escalation of American Indian/Alaska Native overdoses[2], and reported tribal experiences with conventional behavioral health and SUD services[3], DHCS created the TUICDBP program, one of several funding opportunities developed by DHCS and TMAT partners to address substance use prevention, treatment and recovery for tribal and urban Indian people under the California TMAT umbrella. The TUICDBP program is unique by its provision of financial support for:

a) Identification of types and purposes of California Native traditional healing practices
b) Development of approaches for blending the identified traditional healing practices within the conventional substance use prevention, treatment and recovery service spectrum
c) Implementation of blended approaches into tribal and urban Indian SUD services

Awarded funds will support the planning and implementation of community-defined cultural and traditional best practices into substance use services for tribal and urban Indian communities throughout the state of California.

For the purposes of the TUICDBP program, community-defined best practices are defined as cultural and traditional practices informed, guided, and determined by a community that are recognized to have positive results and community consensus reaching a level of acceptance[4]. Funded California organizations and entities will have an opportunity to explore cultural and community strengths, as well as the impact of trauma, systemic racism, poverty, and other disparities and the relationship of these negative experiences to self-medicating actions for stress relief that could lead to substance addiction.

RFA Glossary of Terms

Addiction: The chronic neurobiological disorder centered on a dysregulation of the natural reward system. See video on rethinking addiction:
https://www.youtube.com/watch?v=bwZcPwlRRcc&feature=youtu.be

Community-Defined Best Practices: Cultural and or traditional practices informed, guided and determined by a community that are recognized to have positive results and community consensus reaching a level of acceptance.

Medication Assisted Treatment (MAT) or Medications for Opioid Use Disorder (MOUD): The use of Food and Drug Administration-approved medications in combination with counseling and behavioral therapies to provide a whole-patient approach to the treatment of substance use disorders. It is the gold standard of care for opioid use disorder treatment.

Opioid Use Disorder (OUD): A pattern of behavior characterized by craving, increased tolerance, withdrawal when use stops, and persistent use of opioids despite adverse consequences.

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[2] AI/AN individuals experienced the highest rate of overdose mortality by Race/Ethnicity, (1999-2020). Centers for Disease Control and Prevention, NCHS Data Brief No. 394, 12/2020
[3] Wendt DC, Gone JP. Rethinking cultural competence: insights from indigenous community treatment settings. *Transcultural Psychiatry*. 2012;49(2):206-222. doi: 10.1177/1363461511425622
[4] Martinez, K., Callejas, L., and Hernandez, M. (2010). Community-defined evidence: A bottom-up behavioral health approach to measure what works in communities of color. *Emotional & Behavioral Disorders in Youth*, 11-16. Retrieved from
https://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/imce/documents/Community%20Defined%20Evidence.pdf.

Substance Use Disorder (SUD): Problematic use of alcohol and/or substances causing significant impairment, including health problems, disability and failure to meet major responsibilities at work, school or home.

TUICDBP Technical Assistance (TA): Guidance and resources provided at no cost to grantees to support achievement of their culturally responsive SUD program goals. Technical assistance specialists have advanced knowledge of SUD needs in tribal and urban Indian communities and can suggest clinical practice guidelines, templates, training, implementation resources and other special topic resources. Technical assistance can take the form of phone calls, e-mail communication, teleconferences, on-site or virtual training and peer support.

Program Summary

CALIFORNIA TRIBAL AND URBAN INDIAN COMMUNITY-DEFINED BEST PRACTICES (TUICDBP)	
Program Description	These contracts are for California tribes, tribal and urban Indian health programs, tribal and urban Indian grassroots organizations, and organizations serving tribal and urban Indian-people to identify and/or implement tribal and urban Indian community-defined best practices into SUD services specifically serving tribal and urban Indian communities throughout California.
Amount to be Awarded	**Up to $150,000** for program activities. Applicants should only request what is needed and will be used.
Contract Timeline	A 13-month period from **5/1/2023-5/31/2024**. Due to federal restrictions, **there will be no carry-over funds**. Any funds not used by May 31, 2024, will be forfeited. *NOTE: All funding will be backdated to May 1, 2023, even if contracts are signed after May 1, 2023.*
Program Expectations	Program expectations and activities are outlined beginning on Page 8.

Application Timeline

At The Center's discretion, the timeline below is subject to change to best meet program needs and funder requirements.

APPLICATION DEADLINE:
Wednesday, **March 8, 2023**, 5 p.m. (Pacific Time)

REVIEW OF APPLICATIONS:
March 2023

CONTRACTS ISSUED:
May 2023

IMPORTANT: To be considered, your proposal must be submitted by 5 p.m. (Pacific Time) on the deadline date. Proposals received after the due date/time will not be reviewed. Submission before the deadline date is advised in case you experience technical difficulties with submitting your application through the portal. We may not be able to respond to your requests for help on the deadline date. E-mail questions to mataccesspoints@shfcenter.org with the subject line: TUICDBP Program Application Help.

Eligibility Criteria

The State of California recognizes the importance of culture as an integral part of prevention, treatment and recovery of tribal and urban Indian populations. In recognition of the importance of cultural values and belief as part of SUD services, this funding opportunity is available for interested and eligible entities. The Center will fund California organizations that meet the following minimum requirements:

Applicants must be one of the following:
- Urban Indian Organization
- Urban Indian Health Program
- Tribal Health Program
- Tribally operated organization
- Federally or non-federally recognized tribe
- Tribal and urban Indian grassroots organization – 501(c)(3)
- Fiscal agents applying on behalf of an eligible entity

Applicants must meet all criteria below:
- Have a primary location in the state of California
- Provide services in the state of California

Applicants must be able to demonstrate the following:
- Have leadership, staff and board membership reflect the racial, ethnic and cultural communities they intend to serve.
- Be deeply invested in and have a history of working with the tribal and urban Indian communities they serve.
- Recognize and actively seek to reduce or eliminate the multitude of various and varying hurdles people with OUD and co-occurring conditions face before being able to access, initiate and continue OUD treatment, possibly including, but not limited to, treatment wait-lists, treatment costs, unstable or inconsistent housing, transportation challenges, lack of internet and computer access, challenge of recruiting and retaining qualified staff, policies and conditions that have been built into medical/SUD treatment/care systems that undermine people's ability to access and retain care, SUD help-seeking stigma, societal stigma and individual cultural barriers.
- Demonstrate awareness and actively work to address historical and ongoing trauma, systemic racism, and criminalization that low-income and communities of color experience and the relationship of discrimination to self-medicating behavior and social factors that inform the need for SUD access and treatment.

TUICDBP Scope of Work

This funding opportunity is intended for California organizations and entities with demonstrated knowledge of the tribal and or urban Indian experience, the strengths and healing capacity of cultural and traditional community-defined best practices, and the need for inclusion of those practices as key components of substance use prevention, treatment and recovery. TUICDBP program activities implemented through this funding opportunity must include the identification of local cultural and traditional, community-defined best practices and or the integration and implementation of these best practices into SUD and health care services.

TUICDBP program goals may include, but are not limited to:
- Working with local community leaders to identify cultural and traditional Native healing practices that provide cultural context to healing and recovery strategies for substance use.
- Mobilizing a team of community leadership, health service staff and stakeholders to transform mainstream approaches to SUD service into culture-based substance use prevention, treatment and recovery services for tribal and urban Indian people.
- Leveraging successful community and cultural engagement and tribal community education strategies as part of new culture-based substance use services.

Multiple examples of culture- and community-based approaches developed by tribal and urban Indian communities exist across the state and the country, efforts often fueled by community desperation to create culturally meaningful care for Native people and developed with little financial resources. For example, mainstream approaches to substance use education, prevention and treatment have been culturally adapted to reach tribal and urban Indian people. Other examples include incorporating ceremony into the SUD intake process, routinely including assessment of cultural strengths as part of SUD clinical assessment, and incorporating access to a sweat lodge or other cultural healing practices as part of treatment and recovery. Tribal and urban Indian recovery experts have developed Native-specific programs grounded in Native culture and holistic beliefs that address the physical, mental, spiritual and emotional aspects of healing and recovery. Within the context of this funding opportunity, funded TUICDBP grantee partners will support SUD services and include culture-based and or community-based activities or practices recognized by the tribal and or urban Indian communities being served.

The design of the TUICDBP program approach is to identify and engage local tribal and urban Indian cultural knowledge-keepers as core resources for the development of culture-driven substance use prevention, treatment, recovery and harm reduction services. In addition, the TUICDBP program acknowledges the correlation between cultural healing partnership with conventional substance use services and subsequent increases in tribal and urban Indian community member engagement with services; respects tribal sovereignty and the individual organizational goals of California Tribes, urban Indian organizations and tribal grassroots organizations; supports peer-to-peer learning; understands the complexity of organizational and clinical practice change; and demonstrates awareness of the daily pace and time constraints of public-serving healthcare staff. The TUICDBP grant application process and the ongoing technical assistance support for TUICDBP program participation also reflect this approach.

TUICDBP Program Expectations

Participants in the TUICDBP program will receive an orientation that outlines the program expectations and key steps related to the identification and integration of cultural practices into substance use prevention, treatment and/or recovery services. Each of the steps strengthen substance use prevention, treatment and recovery services by addressing the cultural context, strengths and needs of tribal and urban Indian people. Technical assistance staff are available to TUICDBP funded organizations to provide active support as the TUICDBP program participant moves through the steps needed to achieve their goals.

Required activities and steps are listed below, though this list should not be viewed as exhaustive. The individual goals of each funded organization will determine which particular steps will be addressed as deliverables. It is important to note that not all steps listed below will be applicable to every funded organization.

- Establish regular meeting schedule with Technical Assistance staff to maximize technical assistance resources
- Participate in initial Listening Session, facilitated by the Technical Assistance staff
- Allocating staff time to participate in grant planning meeting
- Complete all USC evaluation activities (e.g., completing surveys, collecting data, attending evaluation meetings)
- Develop a Cultural Integration Team (CIT) to include cultural leader(s) and health care decision makers
- Identify cultural practice(s) for SUD services, noting the healing purpose of cultural practice(s)
- Map existing SUD services (both internal and external to the organization)
- Review SUD service spectrum to identify points for cultural practice integration
- Identify community and staff training or other needs to support implementation of the culturally integrated SUD programming
- Collaborate with Technical Assistance staff to develop Strategic Pathway plan for sustainability

Further, under this federal State Opioid Response (SOR) III grant funding opportunity, SAMHSA requires that FDA-approved medications for OUD be made available to individuals diagnosed with OUD. TUICDBP applicants must ensure that MAT services for OUD will be offered by referral or onsite at the funded organization.

Funding Information

Available funds will be awarded to fund approximately 25 organizations or entities with a maximum of $150,000 awarded per organization or entity. Funds awarded to organizations and entities participating in the 2023-2024 TUICDBP program are required to adhere to the TUICDBP program expectations and budget guidelines and will receive payments from The Center at Sierra Health Foundation.

Applicants must submit their proposed budgets using the approved Budget Template format that is linked through the online application. Applications that do not utilize the approved Budget Template will not be considered. All items budgeted must be inclusive of all costs, including taxes and fees, in U.S. dollars. Applicants must abide by standard funding restrictions as determined by SAMHSA and as described in Appendix A.

Applicants are required to submit a detailed cost budget to assist The Center in establishing cost reasonableness of the final amount awarded to the funded organization, and the appropriate amounts for each of the agreed-upon deliverable payments made to the organization. Consistent with a deliverable-based agreement, applicants will receive fixed price amounts established for the successful completion of each agreed-upon deliverable, rather than payment for actual costs incurred during the subcontractor agreement period. The contracts will be deliverable based, meaning contractors need to demonstrate progress on performance measures (e.g., number of outreach activities, number of referrals) to receive payment.

Payment Schedule

Fifty percent (50%) of the total award will be received at the start of the TUICDBP program opportunity upon delivery of the executed contract agreement and completion of compliance components.

Remaining payments will be issued based on the achievement of agreed-upon deliverables, as defined in the awarded contract. Each awarded contract will be divided into three payments:

1. 50% of total award upon execution of contract;
2. 30% of total award based on achievement of interim report and evaluation deliverables;
3. 20% of total award based on receipt and approval of all interim reports, evaluation deliverables and a final cumulative report, demonstrating the completion of all agreed-upon deliverables.

Application Selection Criteria

The Center will work with TMAT partners in the application review process. Applicants will be selected by a panel of representatives from each TMAT partner organization and funding recommendations will be based on the most complete and responsive applications demonstrating a mix of cultural knowledge, experience, capacity, potential and cost. Applications will be reviewed on how well proposed activities match the intent of the funding opportunity, anticipated overall impact, and strength of project team and proposal.

To be favorably considered for funding, applications should:

● Illustrate a strong history of working with the American Indian and Alaska Native community.
● Describe your vision and overall goal(s). What do you want this TUICDBP program funding to accomplish?
● Tell us how you will engage community partners in identifying tribal or urban Indian community-defined cultural best practices that can enhance the cascade of SUD services for Native people.
● Include how you will identify cultural best practices that support stigma reduction, community partnerships, positive treatment outcomes and long-term recovery.
● If applicable, describe what would be needed, and how you would work with SUD and health services staff leadership, to integrate cultural practices into SUD services.

Applications must also adhere to the funding guidelines and present a budget clearly linked to the proposed activities. If the number of application requests exceed available funding, the review committee will consider additional factors when making funding decisions such as geographic diversity, underserved patient population or proposed service area.

At The Center's discretion, the above selection criteria are subject to change to best meet TUICDBP program needs and funder requirements.

Application Denial Appeal Process

Per the Department of Health Care Services, California law does not provide a protest or appeal process against award decisions made through this funding opportunity and applicants submitting responses to these types of RFAs are not able to protest or appeal the award. All decisions are reviewed and approved by DHCS and will be final.

Federal Compliance

The MAT Access Points Project is a component of DHCS' MAT Expansion Project, which is funded by the State Opioid Response III grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). If awarded, contractors will need to complete pre-award requirements before funding is disbursed. This includes the following:

Pre-award Assessment: In compliance with federal regulations (2 CFR 200.331(b)), The Center is required to assess sub-recipients prior to the execution of contracts to identify potential risks. While this pre-award risk assessment is a required component of the contracting process and ensures organizations have the financial capacity to complete the work, responses to the assessment will not affect eligibility or funding recommendations. The decision to accept the receipt of federal funds requires an attention to submit detailed documentation and to meet compliance considerations when receiving this type of funding. If you would like to complete the pre-award assessment prior to award announcements, please use this link (MossAdams.com). Please select "Tribal and Urban Indian Community Defined Best Practices" for the RFA/Project.

Unique Entity ID (SAM): An organization must register for a Unique Entity ID before it can accept any funds through this project. Organizations are required to register for a Unique Entity ID (SAM) on SAM.gov instead of a DUNS. Organizations that already have a DUNS should automatically have been assigned a Unique Entity ID. Please see this Quick Start Guide for Getting a Unique Entity ID (SHFCenter.org).

Insurance Requirements: There will be insurance requirements under these contracts. Once funds have been awarded, communication will be sent to awarded organizations to upload the insurance documents and demonstrate compliance with all insurance requirements. Payment will not be released until insurance requirements are met. The Center recognizes that the terms and coverage conditions for insurance requirements are technical in nature. If you need additional support to answer insurance questions or if you do not feel that you will be able to meet the insurance requirements, please reach out to mataccesspoints@shfcenter.org, subject "TUICDBP Insurance Requirements."

Additionally, The Center, in partnership with CalNonProfits, hosted an educational webinar on securing insurance coverage required for obtaining federal and state funds. To view this recording, use this YouTube link. Refer to Appendix B for more information on insurance requirements.

FFATA Data Collection: Organizations funded under the MAT Access Points Project will need to share additional information in accordance with the Federal Financial Accountability and Transparency Act (FFATA). Organizations that **do not** meet any of the following criteria will be asked to submit executive compensation data:
- No executive in our organization has a gross income of $300,000 or more.
- Our organization receives 80% OR LESS of our annual gross revenues from Federal government sources.
- Our organizational revenue is less than $25 million annually.
- Our organization currently reports executive compensation to the Securities and Exchange Commission (SEC).

Data and Reporting Requirements

Only if applicable, if your organization is using this funding for direct patient treatment services, in order to ensure that subcontractors are maintaining appropriate data protocols, the contractor shall comply with the regulations set forth in 42 CFR Part 2, including the responsibility for assuring the security and confidentiality of all electronically transmitted patient material, including the HIPAA privacy and SAMHSA confidentiality rules, and a commitment to operating in compliance with the regulations. If the subcontractor is using contract funds to cover individual direct patient services, the subcontractor will comply with any SAMHSA GPRA (Government Performance and Results Act of 1993) reporting requirements.

GPRA Data Collection Incentives: For certain types of interviews, a maximum cash value of $30 per interview is allowable. The incentives can include items such as food vouchers, transportation vouchers or phone cards. Incentives are permitted for completion of a six-month GPRA follow-up interview. For GPRA discharge interviews, the incentive cannot be used for routine discharge interviews; they can only be used when staff must search for a client who has left the program, or a client has dropped out of a program.

Subcontractors will be required to submit regular data reports as well as complete evaluation activities responding to performance measures and including financial reports describing actual expenditures of contract funding. Funded TUICDBP partners will receive additional information regarding reporting and evaluation requirements as well as technical assistance to support the completion of all contract deliverables.

Informational Webinar and Office Hours for Potential Applicants

A webinar for interested applicants will be held on **Tuesday, February 14, 2023, at 1 p.m.** (Pacific Time). The webinar will review the funding opportunity and the application process as well as answer questions. Attendance is strongly recommended. **Please register to attend the webinar on Zoom.** The webinar will be recorded and posted on the MAT Access Points Project website. Application materials are posted on The Center's MAT Access Points Project website for review prior to the webinar.

TMAT Partners are committed to assisting potential applicants who are interested in applying for funding. Listed below are several scheduled technical assistance office hours. Each session is designed to provide essential application support and helpful tips and suggestions in a clear, user-friendly manner. Office hour attendance is optional but recommended.

Please use this Zoom link to join any of the office hours. If a passcode is requested, use: 278833.

Thursday, February 16, from 1 p.m. – 2 p.m. PT
Tuesday, February 21, from 1 p.m. – 2 p.m. PT
Thursday, February 23, from 1 p.m. – 2 p.m. PT
Monday, February 27, from 1 p.m. – 2 p.m. PT
Wednesday, March 1, from 1 p.m. – 2 p.m. PT
Friday, March 3, from 1 p.m. – 2 p.m. PT
Monday, March 6, from 1 p.m. – 2 p.m. PT

Important Application Guidelines

To help us process your application, please follow these submission guidelines:

- We encourage you to submit your application before the deadline date in case you need help with any of the RFA components.
- Applications are due no later than 5 p.m. (Pacific Time) on **March 8, 2023**.
- [Submit the application via our online portal through this link.](#) You may save your progress and resume the application later by entering an e-mail and determining a password.
- On the portal, you may click "Save my progress and resume later." Enter your e-mail and determine a password to return to the saved application through the same link at a later date. To return, use the same link and click on "Resume a previously saved form."
- Respond to all required fields (marked with an *).
- Upload all attachments listed under "Application Checklist" below.
- You may submit your application only once. Be sure your application is complete and accurate, including required documents, before submitting it. Revised applications will not be accepted.
- If you are unable to submit your application online or need help, please contact us at mataccesspoints@shfcenter.org with the subject line: TUICDBP Application Online Help.

**Send questions and inquiries related to this funding opportunity
to mataccesspoints@shfcenter.org with the subject line:
TUICDBP RFA Question**

Application Checklist

□ [Initiate the funding application via our online portal.](#) The link is also posted on The Center's [MAT Access Points Project website](#).

□ **Required Application Attachments**
- Proposed project budget completed in The Center's Proposed Budget Template
- Applicant organization's W-9
- Letter of support (from organizational leadership)

Incomplete applications will not be reviewed. Applications received after the above deadline may not be considered. If you are unable to submit your application online or need technical assistance, please contact us at mataccesspoints@shfcenter.org with the subject line: TUICDBP Application Online Help.

RFA/Funding Opportunity Feedback

We are continuously working to improve our funding opportunities. [Please provide the following feedback via this SurveyMonkey link.](#)

- Funding Opportunity Name [name of RFA/funding opportunity]
- Will you be applying to this funding opportunity? [yes/no]
- If no, why not? [Comment box]
- Suggestions, feedback, challenges as related to the RFA or application process [comment box]

Appendix A – Standard Funding Restrictions

HHS codified the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*, 45 CFR Part 75. All components of 45 CFR Part 75 are applicable to all sub-recipients. In Subpart E, cost principles are described and allowable and unallowable expenditures for HHS recipients are delineated. 45 CFR Part 75 is available at https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=df3c54728d090168d3b2e780a6f6ca7c&ty=HTML&h=L&mc=true&n=pt45.1.75&r=PART. Unless superseded by program statute or regulation, follow the cost principles in 45 CFR Part 75 and the standard funding restrictions below.

SAMHSA funds must be used for purposes supported by the program and may not be used to:

- Exceed Salary Limitation: The Consolidated Appropriations Act, 2016 (Pub. L.113-76) signed into law on January 10, 2016, limits the salary amount that may be awarded and charged to SAMHSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary can be found in SAMHSA's standard terms and conditions for all awards at https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to sub awards/subcontracts under a SAMHSA grant or cooperative agreement. The FEDERAL Executive Level II Salary Cap is currently $212,100.
- Pay for any lease beyond the project period.
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to $75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Provide detoxification services unless it is part of the transition to MAT with extended-release naltrexone.
- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.
  Note: A recipient or treatment or prevention provider *may* provide up to $30 non-cash incentive to individuals to participate in required data collection follow up. This amount may be paid for participation in each required follow up interview.
- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Funds may be used for light snacks, not to exceed $3.00 per person.
- Support non-evidence-based treatment approaches, such as short-term methadone or buprenorphine use ("detox" with initial treatment less than one year).
- No out of state travel is permitted with these funds.

*SAMHSA funds were granted to the State and all funding restrictions are applicable to this funding opportunity and all sub-contracts.

In addition to the funding restrictions determined by SAMHSA, the following will not be funded:

- Contingency Management activities for stimulant use disorder will not be funded under SOR III as these activities will be covered under CalAIM.
- Debt retirement.
- Operational deficits.
- Partisan activities.
- Religious organizations for explicit religious activities.

- Activities that exclusively benefit the members of sectarian or religious organizations.
- Naloxone. Please refer to DHCS' [Naloxone Distribution Project](#) where eligible organizations may receive free nasal spray and injectable formulations of naloxone.
- Purchase of Fentanyl or fentanyl analogs.
- Purchase of properties or vehicles.
- Media and advertisement costs must be directly related to contracted services. Any large costs pertaining to media would need approval from DHCS.
- Allocations to purchase telehealth equipment for patients or loaning equipment to patients off site for the purpose of providing telehealth services.
- Personal protective equipment (PPE) for use by clients.
- Cost related to medical procedures such as suturing or removal of sutures, abscess management etc. are not allowable. However, non-procedural medical items such as bandages, ice packs, and non-procedural first aid supplies that can be administered by participants are allowable.
- Patient supplies and materials that support directly support access to programming and build trust, such as cold weather gear (gloves/hand warmers) or critical hygiene supplies are allowable. However, clothing for participants, orthopedic and mobility devices, and document fees are unallowable under this funding. Staff time and costs related to case management, referrals to services, and support around accessing resources and completing applications as part of wrap-around care are allowable (just not the fees and direct items themselves).
- Supplies critical to the daily function of the program such as paper towels, toilet paper are allowed. Items such as plates and utensils are not critical to daily program operations and are unallowable.
- Direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.
- Non-cash incentives for program participants greater than $30 (incentives should be the minimum amount necessary to meet the program and evaluation goals).
- Promotional items including, but not limited to, any clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.
- Out-of-state travel (organizations requesting funds for travel must abide by DHCS [travel guidance](#) and partners will be subject to the same travel guidelines as employees).
- Applicants may cover minor renovation costs directly related to MAT as direct costs. All renovation requests must be approved by SAMHSA and applicants should provide details on the planned renovations, costs (including any and all estimates/quotes for the work being performed), and confirmation that no permanent structures (load bearing walls, roof, floor, etc.) are being altered. Minor renovations include examples such as installing a dispensing window or putting up temporary walls/creating an extra cubicle or private room situations within a larger space where treatment would occur.
- Funds may not be used, directly or indirectly, to purchase, prescribe or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders.
- Indirect costs under this opportunity are limited to a de minimis rate of 10% of modified total direct costs (MTDC), as defined in 45 CFR Part 75. We will accept federally negotiated indirect cost rates for organizations. Please be prepared to share documentation on the negotiated ICR.

Funds shall not be utilized for services that can be supported through other accessible sources of funding, such as other federal discretionary and formula grant funds, (e.g., HHS, CDC, CMS, HRSA, and SAMHSA), DOJ (OJP/BJA) and non-federal funds, third party insurance, and sliding scale self-pay among others.

Appendix B – Insurance Requirements

All evidence of required insurance coverage must be submitted to The Center prior to the release of payment. Awarded organizations will receive an e-mail from "The Center@Sierra Health Foundation" via TrustLayer requesting the required insurance documents. A link will be provided for organizations to review and upload the required insurance documents. Please pay special attention to the "Additional Requirements" section for exact instructions and specific language that must be included. The below list is an example of the type of insurance that may be required.

Commercial General Liability
- Each Occurrence must be greater or equal to $1,000,000
    - Coverage Trigger: Occurrence must be present
    - Insurance is written on an occurrence basis using ISO form CG 0001 or equivalent
- General Aggregate must be greater or equal to $2,000,000
- Products/Completed Operations Aggregate must be greater or equal to $2,000,000
- Personal and Advertising Injury must be present
- Primary and Non-Contributory Endorsement must be present
- Additional Insured Endorsement must be present
    - With Completed Operations language
    - Using a combination of ISO forms CG2010 10/04 and CG 2037 10/04 or equivalent

Automobile Liability
- Combined Single Limit (each accident) must be greater or equal to $1,000,000
- Coverage Applies to: Owned Autos Only must be present
- Coverage Applies to: Hired Autos Only must be present
- Coverage Applies to: Non-Owned Autos Only must be present
- Additional Insured Endorsement must be present
    - Using ISO form CA 2048 or equivalent

Worker's Compensation and Employer's Liability
- Statutory Limits must be present
- Employer's Liability Each Accident must be greater or equal to $1,000,000
- Employer's Liability Disease – each employee must be greater or equal to $1,000,000
- Employer's Liability Disease – policy limit must be greater or equal to $1,000,000
- Waiver of Subrogation Endorsement must be present

Professional Liability
- Each Claim must be greater or equal to $1,000,000
- Aggregate must be greater or equal to $2,000,000

Improper Sexual Contact and Physical Abuse Insurance
- Coverage must be greater or equal to $1,000,000

Cyber Liability
- Claims made Coverage must be greater or equal to $1,000,000

Additional Requirements
- Certificate Holder must read: Sierra Health Foundation 1321 Garden Highway Sacramento, CA 95833
- A.M. Best rating of at least A-:VI
- 10 or more Passengers being transported in any one vehicle will require
    - State of California Class B driver's license
    - Auto liability in the amount of $5,000,000 per occurrence for bodily injury and property damage combined.
- Description of Operations must read: The Center, Sierra Health Foundation, The State of California, their respective officers, directors, agents, representatives, constituent entities, affiliates, volunteers, officials, parents, subsidiaries, and employees shall be added as Insureds ("additional Insureds") under each commercial general liability and automobile insurance policy. **Agreement # 22-20411** must be present.

Appendix C – Reporting Requirements

Subcontractors will be required to submit quarterly data reports responding to performance measures and including financial reports describing actual expenditures of contract funding.

Performance measures are currently being finalized by DHCS, UCLA and the program team. However, quarterly data reports will be submitted through the UCLA portal and data questions, instructions and links will be shared with all funded partners prior to report due dates.

All financial reports (progress and final) will be submitted through the Grant Compliance Services (GCS) portal, and links, instructions and templates will be shared with all funded partners prior to report due dates.

The final cumulative data and narrative report will be submitted through SurveyMonkey with links and instructions to be shared with all funded partners prior to report due date.

Progress Report Components (during reporting period)
- Quantitative Data – Submitted via the UCLA online portal
  - *Specific UCLA report questions and items will be shared once finalized*
- Financial – submitted via the GCS portal
  - Financial report via the financial online portal. Required attachments include a detailed expenditure listing.
  - Report actual expenditures compared to the approved budget. Explain all budget variances.

Cumulative Final Report Components (submitted at contract end)
- Narrative – submitted via SurveyMonkey
  - Summary of the project and activities over the contract period
  - Major accomplishments over the contract period
  - Major barriers over the contract period
- Financial – submitted via the GCS portal
  - Financial report via the financial online portal. Required attachments include a detailed expenditure listing.
  - Report actual expenditures compared to the approved budget. Explain all budget variances.

Reports will follow the timeline below:

Report	Report Period	Due Date to UCLA/The Center
Quarter 1 Quantitative Data Report	May 1, 2023 – June 30, 2023	July 15, 2023
Quarter 2 Quantitative Data Report	July 1, 2023 – September 30, 2023	October 15, 2023
Quarter 3 Quantitative Data Report and Financial Report	October 1, 2023 – December 31, 2023	January 31, 2024
Quarter 4 Quantitative Data Report	January 1, 2024 – March 31, 2024	April 15, 2024
Quarter 5 Quantitative Data Report	April 1, 2024 – May 31, 2024	June 15, 2024
Cumulative Final Narrative and Financial Report	**May 1, 2023 – May 31, 2024**	**June 30, 2024**

Appendix D – USC Evaluation Project

Funded partners will be asked to participate in the USC Evaluation Project. Participation will include the completion of an evaluation questionnaire two times during the contract period. One will be completed approximately mid-way through the grant, and one will be completed at the end of the grant. The evaluation will ask questions about your program's best practices, strengths, challenges and key takeaways regarding approaches, processes and protocols. It will also ask questions about what worked well and what could be improved about the grant itself. Each questionnaire will take no more than 30 minutes to complete. Participation may also include attending a focus group during the grant period that will last no more than 90 minutes. Evaluation will be conducted by a team at the University of Southern California, and the work will be shared with the Department of Health Care Services and in a public community report.

Appendix E – Scope of Services

Each contract agreement will include the scope of services as outlined below.

Tribal and Urban Indian Community Defined Best Practices: To support the integration of community-defined best practices and substance use disorder services for tribal and urban Indian communities throughout the state of California.

Required	Task	Deliverable	Timeframe
✓	Complete subrecipient grant program onboarding.	All-Grantee Orientation Meeting attendance	First quarter of the contract
✓	Administrative requirements including submission of narrative and budget reports that address progress toward meeting desired outcomes indicated in the grant application.	1. Quarterly UCLA data reports 2. Intermittent financial report 3. USC Evaluation activities 4. Final report (narrative and financial)	See schedule below
✓	Increased integration of **community-defined best practices** and SUD services for tribal and urban Indian communities as indicated in the application and budget.	Quantitative data collected through UCLA and USC	May 1, 2023 – May 31, 2024

Report	Report Period	Due Date to UCLA/The Center
Quarter 1 Quantitative Data Report	May 1, 2023 – June 30, 2023	July 15, 2023
Quarter 2 Quantitative Data Report	July 1, 2023 – September 30, 2023	October 15, 2023
Quarter 3 Quantitative Data Report and Financial Report	October 1, 2023 – December 31, 2023	January 31, 2024
Quarter 4 Quantitative Data Report	January 1, 2024 – March 31, 2024	April 15, 2024
Quarter 5 Quantitative Data Report	April 1, 2024 – May 31, 2024	June 15, 2024
Cumulative Final Narrative and Financial Report	**May 1, 2023 – May 31, 2024**	**June 30, 2024**

Appendix F - MAT Access Points Sub-Contractor Application

Initiate the funding application via our online portal.

INSTRUCTIONS
Be sure to read the request for applications carefully before beginning your application. Required fields and attachment uploads are marked with *.

APPLICANT ORGANIZATION INFO

Applicant Organization Information
Organization Name and Address*
Enter the organization's legal name.

Is the applicant organization a fiscal sponsor for this proposal?
A fiscal sponsor is an organization that applies on behalf of an entity or group that does not have legal standing with the IRS. Select Yes or No.

Name of fiscally sponsored organization, if applicable.
Enter the name of the organization that will be implementing the project, otherwise known as the fiscally sponsored organization.

Website URL (optional)

Tax Exempt ID # or Employer ID #*
Enter the applicant organization's Tax-ID or the Employer ID if the organization is an individual.

Unique Entity Identifier*
Enter the organization's Unique Entity ID (formerly DUNS/SAM). If the organization does not have Unique Entity ID, we highly recommend that the organization completes registration as soon as possible as it is a requirement before funds can be disbursed.

Congressional District of applicant organization's primary location*
What is the applicant entity's congressional district?

Congressional District(s) where organization's beneficiaries live*
What is the congressional district of the organization's beneficiaries?

Organizational Status*
Organization has 501(c)(3) nonprofit status with the IRS. Select Yes, No, or Unsure.

Annual Budget*
What is the applicant organization's annual budget amount?

Proposal Contact Information (for questions related only to this proposal)
First Name*
Last Name*
Title*
E-mail Address*
Office Phone*   Extension

Applicant Organization CEO/Director Information
First Name*
Last Name*
Title*
E-mail Address*
Office Phone*   Extension

Program Contact Information
First Name*
Last Name*
Title*
E-mail Address*
Office Phone*   Extension

Additional Program Contact Information
First Name*
Last Name*
Title*
E-mail Address*
Office Phone*   Extension

Data Contact Information – optional
First Name
Last Name
Title
E-mail Address
Office Phone   Extension

Financial Contact Information - optional
First Name
Last Name
Title
E-mail Address
Office Phone   Extension

PROJECT INFORMATION

Project Name* (10 words maximum):

Brief Summary and Purpose of Project* (100 words maximum):

Project Start Date: Monday, May 1, 2023
Project End Date: Friday, May 31, 2024

Total Amount Requested: * $_____
Up to $150,000 for each application

Opportunity Applying For*
Please indicate which opportunity you are applying under:
☐ Renewal TUICDBP Application
☐ First time Applicant for TUICDBP

Project Geography (County-level) *
Please indicate what percentage of activity will be spent in which California counties. Total must add up to 100. (A list of all 58 California counties is in the online application.)

Focus Populations to be Served (Race/Ethnicity) *
For the racial and ethnic populations that will be affected, provide your best estimate of the percentage of the total people of each population (Total must add up to 100.)
☐ African American/Black: **%**
☐ American Indian/Alaska Native: %
☐ Asian-American: %
☐ Indigenous to Mexico (e.g. Mixteco, Purepecha, etc.)
☐ Latino/Hispanic: %
☐ Middle Eastern or North African
☐ Pacific Islander
☐ White: %
☐ Other: % [please specify]

NARRATIVE QUESTIONS

Organization Description*
Provide a brief overview of your organization, a) when it was established, b) your organization's mission, c) whom you serve, d) geographic area your organization covers, and e) the types of programs you operate. (200 words maximum)

Need*
Provide a description of the need for culture-based substance use treatment and recovery supports for California tribal and urban Indian people. (300 words maximum)

Track Record*
Describe your organization's history with providing or supporting substance use prevention, treatment and/or recovery services with tribal and/or urban Indian communities in California.
(200 words maximum)

Use of Funds*
Describe in detail your plan for using these funds to identify and integrate culture-based, community-defined best practices in tribal and urban Indian substance use prevention, treatment and/or recovery services in the county(s) you propose to work. Include your 1) overall goal(s), 2) activities to achieve goals, and 3) timeline for activities. (300 words maximum)

Expected Outcomes*

List 2-5 expected community change outcomes of the proposed activities. (200 words maximum)

Evaluation Process*

Describe how you will document or evaluate progress toward the outcomes. (200 words maximum)

Organizational Capacity*

Describe 1) your organization's capacity to complete the proposed project, and 2) how this project may further build your organization's capacity and support better health among the community.
(250 words maximum)

Sustainability*

We recognize this funding is limited; how can your project utilize this funding to support sustainability for your work after funding ends? (100 words maximum)

Technical Assistance

To help us plan a technical assistance strategy, please tell us what technical assistance your organization would benefit from in implementing this project. For example: strategic planning, identify and providing trainings, assistance in facilitate local planning meetings, creating policies and procedures, identifying key stakeholders, sustaining partner involvement, etc. (Your response to this question is not considered in decisions about funding). (150 words maximum)

ATTACHMENTS

- Proposed Project Budget*
    a. Download The Center's budget form through the online application
    b. Fill it in and upload it in Excel format
- Applicant organization's W-9*
- Letter of support (from organizational leadership) *