

OPIOID AND STIMULANT USE DISORDER PREVENTION FOR COMMUNITIES OF COLOR

REQUEST FOR APPLICATIONS
APRIL 2023



THE CENTER
at Sierra Health Foundation

MAT access
points
project

This funding opportunity is provided by the State of California's Department of Health Care Services in partnership with The Center at Sierra Health Foundation.

The Center at Sierra Health Foundation is an independent 501(c)(3) nonprofit organization bringing people, ideas and infrastructure together to create a collective impact that reduces health disparities and improves community health for the underserved living in California.

For information about The Center, visit www.shfcenter.org.

READ ALL INSTRUCTIONS AND CRITERIA CAREFULLY

ORGANIZATION AND GRANT BACKGROUND

Opioid and Stimulant Use Disorder Prevention for Communities of Color is an opportunity through the Department of Health Care Services' Medication Assisted Treatment (MAT) Expansion Project with funding through DHCS' State Opioid Response III federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The MAT Expansion Project is funding multiple projects throughout California to address the opioid and stimulant use crisis by supporting and expanding prevention, education, stigma reduction, harm reduction, treatment and recovery services for people with opioid use disorder (OUD), stimulant use disorder and substance use disorders (SUD).

Awarded funds will support community awareness, outreach and education around opioids and stimulants, as well as polysubstance use, and strengthen referral pathways to care and treatment services, including MAT, in Black, Indigenous and People of Color (BIPOC) communities across the state. We invite applications from organizations that strive to realize health equity and racial justice in California, and that have a strong track record of delivering culturally and linguistically appropriate outreach and education projects.

Sierra Health Foundation: Center for Health Program Management (The Center) is the DHCS' administrative entity for this project 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.

GLOSSARY AND RESOURCES

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>

Harm Reduction: Strategies that seek to reduce morbidity and mortality associated with substance use for those for whom abstinence is not an immediate and/or feasible goal. Harm reduction aims to reduce or eliminate risk behaviors often associated with substance use while building connection and community.

Medication Assisted Treatment (MAT) or Medications for Opioid Use Disorder (MOUD): MAT/MOUD uses 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.

Naloxone Distribution Project: Eligible entities may receive free naloxone through the [Naloxone Distribution Project](#). This DHCS project aims to address the opioid crisis by reducing overdose deaths through the provision of free naloxone, in both nasal spray and injectable formulations.

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

Prevention: Activities that promote healthy behaviors, reduce risks, and build protective factors that either prevent substance use or mitigate consequences and contributing factors associated with substance use and substance use disorder.

Stimulants: Stimulant drugs encompass amphetamine-type stimulants as well as the various forms of cocaine-derived products (e.g., powder cocaine, crack). Amphetamine-type stimulants include methamphetamine (crystal, crank, speed, ice) as well as prescription medications primarily used for the treatment of attention-deficit/hyperactivity disorder (ADHD), such as amphetamine, methylphenidate, and dextroamphetamine. See the following for information on the treatment of stimulant use disorder: https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-06-01-001_508.pdf

Substance Use Disorder (SUD): The recurrent use of alcohol and/or drugs that causes clinically significant impairment, including health problems, disability and failure to meet major responsibilities at work, school or home.

FUNDING OPPORTUNITY AND BACKGROUND

This funding opportunity will support programs addressing opioid use, stimulant use and polysubstance use in communities of color, particularly Black, American Indian and Alaska Native, and Hispanic/Latinx, which have been disproportionately impacted by the War on Drugs, are more likely to face involvement in the criminal justice system related to substance use issues, and are less likely to be offered treatment and recovery services.¹ The COVID-19 pandemic has compounded substance use issues within communities of color and overdose deaths have reached historic levels.

2021 data: Any Opioid-Related Overdose Deaths per 100,000 (Age-Adjusted):²

- Native American/Alaska Native: 47.17
- Black/African American: 33.67
- White: 26.87
- Hispanic/Latinx: 13.51
- Asian/Pacific Islander: 3.75

2021 data: Cocaine-Related Overdose Deaths per 100,000 (Age-Adjusted):³

- Native American/Alaska Native: 5.04
- Black/African American: 14.95
- White: 3.97
- Hispanic/Latinx: 2.08
- Asian/Pacific Islander: 0.94

¹ <https://www.vera.org/downloads/publications/Divided-Justice-full-report.pdf>; <https://journals.sagepub.com/doi/10.1177/1073110518782949>

² CA Opioid Overdose Dashboard <https://skylab.cdph.ca.gov/ODdash/>

³ CA Opioid Overdose Dashboard <https://skylab.cdph.ca.gov/ODdash/>

2021 data: Methamphetamine-Related Overdose Deaths per 100,000 (Age-Adjusted):⁴

- Native American/Alaska Native: 48.68
- Black/African American: 27.62
- White: 19.68
- Hispanic/Latino: 10.94
- Asian/Pacific Islander: 3.59

In California, more than 10,000 people died from all-drug overdoses from October 2020 to September 2021. Fentanyl accounted for 53% of those overdose deaths, an increase of 316% from the annual rate in September 2019. Psychostimulant deaths increased by 92% and cocaine deaths by 59%.⁵

It is important for partners to recognize and be responsive to the historical and ongoing trauma, systemic racism and criminalization that communities of color have faced. This trauma is perpetuated by the lack of investment in community-based prevention, intervention and treatment access, especially for culturally responsive, healing-centered and trauma-informed approaches, and through ongoing stigma related to seeking SUD treatment in American culture. Being mindful of this history while creating culturally and linguistically appropriate programming and materials is vitally important in this work.

SCOPE OF WORK

Activities and materials developed through this funding opportunity must be related to opioid use, stimulant use or polysubstance use and should be focused primarily on three outcomes:

1. Increased individual and community understanding of opioids and opioid use, stimulants and stimulant use, and/or polysubstance use in BIPOC communities, prioritizing harm reduction and public health solutions that focus on positive messages to prevent SUD.
2. Reduced community and individual stigma of people who use drugs and care and treatment services.
3. Increased knowledge of treatment services, particularly MAT and stimulant use disorder treatment, including where and how to access services, as well as integrating and strengthening referral pathways to community SUD care treatment providers to prevent or stop disordered use.

This funding opportunity is focused on BIPOC communities that are disproportionately impacted by the negative consequences of drug-use and criminalization of SUDs, and that often have less access to treatment and information about opioid and stimulant use and supports. These include Native American, African American, Latinx and Asian-Pacific Islander communities in California. Funding will prioritize organizations that are working to address organizational and public policy decisions that continue systems of white supremacy and have negatively impacted BIPOC communities' access to healthcare resources.

Organizations should recognize that substance use and substance use disorders are complex and require a multi-pronged approach that addresses other aspects of physical, mental and emotional health, while also understanding the multitude of barriers to successful outreach and linkages to treatment. Those can include, but are not limited to, high threshold services that interrupt people's ability to care for

⁴ Ibid.

⁵ https://californiamat.org/wp-content/uploads/2020/05/MAT_Flyers_DHCS_Opioid_Crisis.pdf

themselves, language access, treatment wait lists, cost, stigma and mistrust toward people with a history of drug use, institutional racism in healthcare systems and cultural barriers. This funding opportunity is intended for organizations and partners who possess cultural humility and responsiveness, and reflect the racial, ethnic and cultural communities they intend to serve so that education programs are tailored while utilizing non-judgmental, stigma-reducing approaches that address systemic and cultural barriers to opioid and stimulant use services, care and treatment.

HEALTH EQUITY

Organizations funded through this opportunity will demonstrate specific ways in which they will promote equitable access to services offered by the project, including, but not limited to, approaches designed to ensure that Black/African-American, Indigenous and people of color are able to access services safely and free of discrimination. Required approaches could include:

- **Racial justice and equity:** activities to provide culturally and linguistically appropriate services and to eliminate racialized barriers to access.
- **Trauma-informed care:** approaches that acknowledge and address that people receiving care may have experienced trauma that manifests physically, mentally or behaviorally, and that encounters with medical and social service personnel may be traumatizing for program participants.
- **Intersectionality:** approaches to care that acknowledge and address that race, gender, sexual identity, class, disability and other social identities overlap and may be involved in people's experience of discrimination or trauma.
- **Social determinants of health:** strategies designed to address institutional or public policies and practices that contribute to stigma, medical mistrust or institutional oppression.
- **Meaningful involvement:** activities that enable people served by the project to provide meaningful input and leadership related to services and institutional policies.

Opioid and Stimulant Use Disorder Prevention for Communities of Color	
Description	These grants are for organizations that want to implement community-based outreach, education and referrals to address opioid use, stimulant use and/or polysubstance use in their communities and increase access to treatment services such as MAT. Organizations must clearly outline their plan in the application.
Amount Can Apply For	Up to \$250,000 for activities from 7/1/2023 – 6/30/2024. Applicants should only request what is needed and will be used.
Examples	Outreach/Education Activities <ul style="list-style-type: none">• Train and fund substance use navigators, behavioral health counselors, promotoras, cultural brokers, community champions, peer workers or other community health worker models to incorporate opioid use and stimulant use outreach, education and treatment referrals into their workflow.• Develop a survey/focus group facilitation guide to inform activities, for example, to determine community level of awareness and understanding or determine community motivations to stop or reduce use. Measure change through comparison surveys.• Include outreach and engagement of people who currently use drugs to inform programming and to increase connections to supports such as education, harm reduction, non-clinical services and treatment referrals.

	<ul style="list-style-type: none"> • Support staff positions to provide trauma-informed outreach, education and/or connect individuals to services including treatment services. • Implement stigma-reduction campaigns that are culturally responsive and linguistically appropriate. This can include social media campaigns or other media campaigns (such as radio) to push for narrative change. • Engage in community narrative change through storytelling (PSA/videos, podcasts, etc.) • Host community workshops, table at events, participate in wellness fairs, etc. to provide community outreach and education around opioids, stimulants and polysubstance use. • Develop or update and circulate educational materials/curriculum (e.g., printed educational materials, duplication and distribution) that includes background information, is culturally relevant, language accessible and participant informed. This can also include presentations on specific populations (ex. youth, pregnant women, etc.). Curriculum development should undergo community-based participatory research sessions, multiple reviews by experts in the field (or relevant partners) to ensure it is culturally and linguistically appropriate and factually accurate. • Bring service providers or behavioral health staff to give presentations to the organization or in the community. • Recruit and train community leaders/trusted messengers as wellness ambassadors to provide resource navigation and facilitate community conversations. • Utilize harm reduction-oriented approaches to support people who currently use drugs to manage, reduce or eliminate drug use in order to prevent the development of substance use disorders. • Increase opportunities to connect with youth and younger individuals, and develop outreach and engagement programs for young people specifically. • Connect with other community partners such as faith-based organizations, schools, county programs, libraries, local colleges, etc. to expand outreach. • Incorporate trauma-informed opioid use disorder and stimulant use education and outreach projects into organizational activities and programs. • Implement other innovative and creative efforts to expand trauma-informed opioid use and stimulant use outreach, education, prevention and treatment referrals beyond traditional or institutional settings.
	<p>Treatment Connection</p> <ul style="list-style-type: none"> • Connect individuals served with ongoing opioid use disorder or stimulant use disorder treatment services and resources through referrals and partnerships. <ul style="list-style-type: none"> ○ Connect with County partners. ○ Connect with community-based treatment partners. • Streamline and integrate referral processes into workflows. • Signed MOUs/formal partnerships with treatment partners to provide support for individuals who are in treatment (host groups, wrap around care, connection to social services) • Integrate opioid use disorder or stimulant use disorder screening questions into community health work or develop positions such as peer navigators or substance use navigators to increase awareness and understanding of treatment options. • Expand naloxone training and distribution that incorporates evidence-based overdose prevention work including providing individualized counseling and health education; intervention and aftercare following nonfatal overdose; prevention work focused on cocaine, methamphetamine and other non-opioid drugs; expanding drug checking services, etc.

	<ul style="list-style-type: none"> • Integrate cultural healing practices into opioid, stimulant and polysubstance use services and education. • Provide trainings for health care providers on how to offer more culturally appropriate MAT/MOUD (FQHCs, treatment centers, County agencies) for opioid use disorder. • Integrate school-based screenings and referrals. • Address barriers to treatment access such as transportation, language accessibility, long wait lists, etc. <p><i>*Please note that MAT or stimulant use disorder treatment services themselves will not be funded under this opportunity.</i></p>
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FUNDING INFORMATION

This funding opportunity has a total of \$12 million in available funds, which will be awarded to fund between 50-60 organizations or entities with a maximum of \$250,000 per awarded organization or entity for the 12-month contract period. Contracts will cover activities for the period July 1, 2023, through June 30, 2024. Note: All funding will be backdated to July 1, even if contracts are executed after that date. However, due to federal restrictions, there will be no carry-over funds; any funds not used by contract end will be forfeited and must be returned.

Applicants are required to adhere to the budget guidelines included in the Budget Template that is linked through the online application. Applicants must submit their proposed budgets in the template format. Applications that do not conform to this template will not be considered. All items budgeted must be inclusive of all costs, including taxes and fees, in U.S. dollars. Applicants are required to submit a detailed cost budget to assist The Center in establishing cost reasonableness of the final amount awarded. This funding opportunity encourages working in collaboration with other groups and allows for subcontracting by the lead organization.

The contracts will be deliverable-based, meaning contractors need to demonstrate progress on process measures (e.g., number of outreach activities, number of referrals) and fulfill set deliverables. Consistent with a deliverable-based agreement, applicants will receive fixed price amounts established for the successful completion of each negotiated deliverable, rather than payment for actual time and material costs incurred during the agreement period.

Applicants must abide by standard funding restrictions as determined by SAMHSA and as described in Appendix A.

Payment schedule: Payments will be issued based on the completion of a set of agreed-upon deliverables as defined in the contract. Each contract will be divided into three payments:

- (1) 50% upon execution of contract and the completion of all compliance components
- (2) 40% based on achievement of initial report deliverables, and
- (3) 10% based on receipt and approval of final cumulative report, demonstrating completion of all deliverables.

If a contractor achieves all required deliverables by the end of the contract, the entire contract amount will be paid.

ELIGIBILITY CRITERIA

The Center will fund organizations that meet the following minimum requirements:

- Located in California
- Provide services in California
- Organizations must be a 501(c)(3) nonprofit entity. If an organization is a nonprofit but does not have 501(c)(3) status, they may use a qualifying fiscal sponsor.
- Applicant organizations and partners must be deeply invested in, engage and reflect impacted communities of color, for example, through representation on the board and staff, clients served and neighborhoods worked in.
- Applicant organizations and partners should have a demonstrated history of working with impacted communities.
- Applicant organizations and their partners must have demonstrated evidence of inclusivity and shall not discriminate based on race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation or military status in any of its activities or operations.

SELECTION AND EVALUATION CRITERIA

The Center will select applicants who present the most complete and responsive applications demonstrating a mix of experience, capacity and potential. 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.

The most competitive applications will:

- Provide a detailed description of exactly what will be done to address the problem and how it will be implemented – who will be involved, what they will do, a clear and realistic timeline of activities, and concrete, measurable objectives.
- Include a sufficiently detailed budget that tightly aligns with proposed activities.
- Propose outreach and education projects that have buy-in and are ready for immediate community implementation.
- Engage community in outreach and education activities.
- Propose an outreach, education, early intervention, referral delivery model that promotes the meaningful involvement of participants and focuses on eliminating stigma and discrimination against people who use drugs and racial, gender and other institutionalized discrimination in order to improve care outcomes.
- Have a concrete plan for incorporating proposed stimulant use disorder treatment and MAT referral activities into the organization's current workflow.

Applications must adhere to the funding guidelines and present a budget clearly linked to the proposed activities. If application requests exceed available funding, the review committee will consider factors

such as geographic diversity, underserved patient population or service area, and prevalence of patients with opioid use or stimulant use disorder in the population served.

At The Center's discretion, the above evaluation criteria are subject to change to best meet programmatic needs and funding requirements.

APPLICATION DENIAL APPEAL PROCESS

The Department of Health Care Services 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

This project is funded by DHCS' State Opioid Response III grant from SAMHSA. If awarded, contractors will need to complete pre-award compliance 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 subrecipients 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 complete this Moss Adams survey](#). Please select "OUD and StUD Prevention" 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](#).

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 compliance 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 "OUD and StUD Prevention Insurance Question."

Additionally, The Center, in partnership with CalNonProfits, hosted an educational webinar on securing insurance coverage required for obtaining federal and state funds. To learn more, [view the “Insurance for Nonprofits” recording on YouTube](#). 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).

PROJECT TIMELINE

Contracts will cover activities for the following time period: July 1, 2023, through June 30, 2024. Due to federal restrictions, **the carry-over of funds is not allowable**. Any funds not used by June 30, 2024, will be forfeited or must be returned.

DATA AND REPORTING REQUIREMENTS

Subcontractors will be required to submit quarterly UCLA data reports responding to performance measures as well as financial reports describing actual expenditures of contract funding through the Grant Compliance Services (GCS) portal. See Appendix C for information on the Scope of Services. Potential performance measures may include:

Quarterly Report Components (during reporting period)

Quantitative Data – submitted via the UCLA online portal.

- Training and Technical Assistance
 - *Training: a training is a structured event, course or activity through which skills or knowledge that relate to specific competencies are shared with an audience.*
 - *Technical Assistance: is the process of providing targeted support to an organization or individual with a specific need or problem. It can include sharing information and/or expertise, providing capacity building assistance, providing working knowledge, offering consulting services and other support. Examples from SOR grantees include: consulting with another provider about how to address stimulant use, providing guidance on how to start a MAT program, or assisting another program in obtaining Medi-Cal funding.*
 - Did your program/organization provide training during the reporting period?
 - Total number of each of the following trainings that your organization held during the reporting period. In the second column, enter the total number of attendees who attended trainings in each broad category:
 - All Trainings (combined)

- MAT Prescribing Practices
 - Other SUD Treatment Topics
 - Overdose Education and Naloxone Distribution
 - Providing School-Based Prevention and Education
 - Other Prevention and Education Topics
 - Harm Reduction Practices
 - Addressing the Needs of Underserved Populations
 - Other Training Topics (describe topics of trainings)
 - During the reporting period, enter the number of individuals in each category trained below.
 - Clinicians
 - Peers
 - Administrators
 - Community Members
 - Criminal Justice
 - Another (describe)
 - Unknown
 - Enter the number of first responders trained specifically in recognizing an opioid overdose and the appropriate use of naloxone during the reporting period.
 - Did your organization provide technical assistance to other organizations during the reporting period?
 - Enter the number of organizations in each of the below categories to whom you provided technical assistance during the reporting period.
 - Total number of organizations (combined)
 - Health care centers, clinics or hospitals
 - SUD treatment programs
 - Tribal/Urban Indian-serving organizations
 - Youth-serving organizations
 - Other community organizations
 - Unknown
 - During the reporting period, enter the number of individuals in each of the below categories to whom you provided technical assistance.
 - Clinicians
 - Peers
 - Administrators
 - Criminal Justice
 - First responders
 - Another (describe)
 - Unknown
 - Did your program/organization provide technical assistance to individual providers or administrators during the reporting period?
 - Briefly describe the types of technical assistance your program/organization provided during the reporting period.
- Outreach and Events
 - During the reporting period, enter the total number of:
 - Individuals screened for mental health
 - Individuals referred for SUD treatment services
 - Individuals referred for SUD recovery support services
 - Individuals referred for housing support services

- Enter the total number of community outreach and prevention education events and activities your organization held during the reporting period that were funded by the grant (optional).
 - Community outreach events and activities
 - Prevention education events and activities
- Enter the estimated number of individuals reached through community outreach events and activities during the reporting period
 - Total individuals reached
 - Individuals reached from underserved communities
- Enter the estimated number of individuals reached through prevention education events and activities during the reporting period.
 - Total individuals reached
 - Individuals reached from underserved communities
- Financial – submitted via the GCS portal per the schedule below.
 - 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.

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.

Performance measures may be revised as needed to address current situations and high priority challenges.

Reports will follow the timeline below.

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

APPLICATION TIMELINE

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

APPLICATION DEADLINE:

May 15, 2023, at 1 p.m. (Pacific Time)

REVIEW OF APPLICATIONS:

May – June 2023

APPROXIMATE AWARD ANNOUNCEMENT:

July 2023

To be considered, your proposal must be submitted by 1 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.

PROPOSERS' WEBINAR

A webinar for interested applicants will be held on **Thursday, April 20, 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. [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.

**If you need translation services for the webinar, please reach out to mataccesspoints@shfcenter.org prior to Monday, April 17.*

The Center is 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: 094763.

Wednesday, April 19, from 1 p.m. – 2 p.m. PT

Monday, April 24, from 12 p.m. – 1 p.m. PT

Thursday, April 27, from 1 p.m. – 2 p.m. PT

Tuesday, May 2, from 12 p.m. – 1 p.m. PT

Friday, May 5, from 12 p.m. – 1 p.m. PT

Thursday, May 11, from 12 p.m. – 1 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 1 p.m. (Pacific Time) on May 15, 2023.
- [Submit the application via our online portal.](#) You may save your progress and resume the application later by entering an e-mail and determining a password.
- Respond to all required fields (marked with an *).
- Upload all attachments listed under “Application Checklist” below.
- 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.”
- 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.

**Send questions and inquiries related to this funding opportunity to
mataccesspoints@shfcenter.org with the subject line “OUD and StUD RFA Question”**

APPLICATION CHECKLIST

- [Initiate the funding application through our online portal.](#) The link is also posted on the [MAT Access Points Project website.](#)
- Required Application Attachments**
 - Proposed project budget completed in The Center’s Proposed Budget Template (template is available in the online portal for download)
 - Applicant organization’s W-9
 - 501(C)(3) Determination Letter

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

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).

**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:

- Debt retirement.
- Operational deficits.
- Partisan activities.
- Religious organizations for explicit religious activities.
- Activities that exclusively benefit the members of sectarian or religious organizations.
- Fentanyl or fentanyl analogs.

- Naloxone. Please refer to DHCS' [Naloxone Distribution Project](#) where eligible organizations may receive free nasal spray and injectable formulations of naloxone.
- Materials such as syringes, pipes, or other items used to support safer ingestion of illegal drugs; such materials may, however, be possessed and dispensed by authorized syringe services programs. Please contact the California Department of Public Health Harm Reduction Unit (sspinfo@cdph.ca.gov) or your county health department for assistance.
- Contingency Management activities for stimulant use disorder will not be funded under SOR III as these activities will be covered under CalAIM.
- Media and advertisement costs must be directly related to contracted services. Any large costs pertaining to media would need approval from DHCS.
- Purchase of properties or vehicles.
- Personal protective equipment (PPE) for use by clients.
- Promotional items including, but not limited to, any clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.
- 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.
- Program Participation Incentives: non-cash incentives for program participants greater than \$30 (incentives should be the minimum amount necessary to meet the program and evaluation goals).
- Out-of-state travel (organizations requesting funds for in-state 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.
- GPRA Data Collection Incentives: Incentives of up to \$30 are only 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 program staff must search for a client who has left the program, or a client has dropped out of a program.
- 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.
- DHCS has also released a list of allowable activities and expenditures under SOR III which can be found at this [California MAT link](#).

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.

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

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.

While not required, The Center strongly encourages organization to review their organization’s insurance needs and consider additional insurance coverage around:

- Professional Liability
- Improper Sexual Contact and Physical Abuse

- Cyber Liability

If you would like additional information or resources around insurance or around expanding insurance coverage as a best practice, please reach out to mataccesspoints@shfcenter.org.

Appendix C – Scope of Services and Deliverable Schedule

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

Opioid and Stimulant Use Disorder Prevention for Communities of Color Project Purpose: To support community awareness, outreach and education around opioids and stimulants, as well as polysubstance use, and strengthen referral pathways to care and treatment services, including MAT, in BIPOC communities across the state.

Required	Task	Deliverable	Timeframe
✓	Complete subrecipient grant program onboarding	Webinar 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 data progress reports 2. Intermittent financial report 3. Final report (narrative and financial)	See schedule below
✓	Increase education and outreach activities and materials as indicated in the application and budget.	Quantitative data on number of individuals served (shared through quarterly UCLA data reports)	July 1, 2023 – June 30, 2024
✓	Increase treatment referrals and partnerships for opioid use disorder and/or stimulant use disorder as indicated in the application and budget.	Quantitative data on number of referrals (shared through quarterly UCLA data reports)	July 1, 2023 – June 30, 2024

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

Appendix D – Application

**FOR REFERENCE ONLY
SUBMIT YOUR APPLICATION USING THE ONLINE PORTAL**

[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 INFORMATION

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 who 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. 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 Other.

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 - optional

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: July 1, 2023
Project End Date: June 30, 2024

Total Amount Requested* \$ _____
Up to \$250,000 for each application

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 (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 (e.g., Mixteco, Purepecha, etc.)
- Latino/Hispanic: %
- Middle Eastern or North African
- Mixed race: %
- Pacific Islander
- White: %
- Other: % [please specify]

Focus Populations (Age Groups)*

For the age groups that will be impacted, provide your best estimate of the percentage in each age group. (Total must add up to 100.) *There are no age restrictions/limits for individuals served with these funds.*

- Under 5: %
- 5 - 9: %
- 10 - 14: %
- 15 - 19: %
- 20 - 24: %
- 25 - 54: %
- 55+: %

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)

Current Capacity*

Please describe your organization's current capacity, including the composition of paid part-time or full-time staff and volunteers, finance and administrative roles/support, and any existing structures you have in place to manage grants and activities. Please include information on how your staffing

composition mirrors populations with health disparities in your region, including racial/ethnic demographic information. (200 words maximum)

Proposed Activities*

Describe in detail your plan for using these funds to support opioid, stimulant, and/or polysubstance use education, outreach, and treatment referrals in the county(ies) you propose to work in, including your activities and timeline. (300 words maximum)

Project Goal*

Please describe your project's overall goal of providing community education and outreach around opioid, stimulant, polysubstance use. (200 word maximum)

Evaluation Process*

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

Partnerships*

Describe partnerships that are already in place or will be established to support implementation of your program goals. If no partners are needed, please explain. (200 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? (Your response to this question is not considered in decisions about funding). (150 words maximum)

ATTACHMENTS

- Proposed Project Budget*a.
Budget template is available in the online application portal for download. Fill it in and upload it in Excel format.
- Applicant organization's W-9*
- 501(C)(3) Determination Letter*