

# Welcome to the Increasing MAT Services Within DHCS Licensed SUD Facilities Round Two

## RFA Overview Webinar



**October 26th, 2023**



**THE CENTER**  
*at Sierra Health Foundation*

# Our Team



**Matt Curtis**

Managing Director,  
Health Equity &  
Access



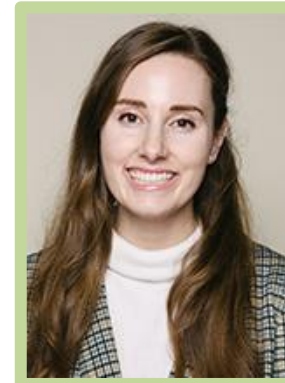
**Nora Dunlap**

Associate Director



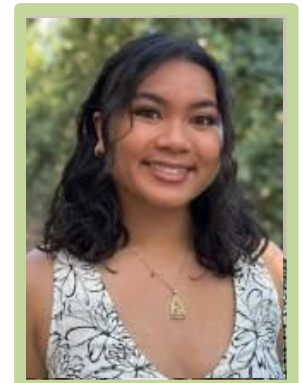
**Madeline  
Sabatoni**

Senior Program  
Officer



**Hannah  
Finegold**

Program Associate



**Jenavie Rivera**

Program Assistant



**THE CENTER**  
*at Sierra Health Foundation*

# Agenda

- Background
- The Funding Opportunity
- How to Apply



**THE CENTER**  
*at Sierra Health Foundation*

# *Background*



**THE CENTER**

*at Sierra Health Foundation*



**T H E   C E N T E R**

*at Sierra Health Foundation*

- Launched in 2012
- Brings people, ideas and infrastructure together to create positive change in California
- Dedicated to health and racial equity
- Under the Health Equity and Access Department

## Program Goal

To improve access to MAT in non-profit DHCS-licensed residential SUD facilities.

This will be done by supporting costs associated with recruitment, mentorship, training, and other associated costs to increase provider knowledge and comfort with providing MAT through a collaborative learning opportunity for facilities to implement best practices.



**THE CENTER**  
*at Sierra Health Foundation*

# Program Background

- This is a project is funded by the California Department of Health Care Services' MAT Expansion Project.
- The MAT Expansion Project utilizes various funding sources, including state and federal, to support organizations throughout California in addressing the opioid 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 other SUD.



**THE CENTER**  
*at Sierra Health Foundation*

# Program Background

- Since the passage of Senate Bill (SB) 992 in 2019 and SB 184 in 2022, residential SUD facilities licensed by DHCS are required to either offer MAT onsite or have a referral process in place for patients in need of MAT.
- There are licensed SUD residential programs that are not IMS certified therefore not providing MAT services. In addition, there are some licensed SUD residential programs that are IMS certified but not providing MAT.



**THE CENTER**  
*at Sierra Health Foundation*



# *The Funding Opportunity*

 **DHCS**



**THE CENTER**  
*at Sierra Health Foundation*

# Increasing MAT Services Within DHCS Licensed SUD Facilities

## Program Scope

- To improve access to MAT in non-profit DHCS-licensed residential SUD facilities
- Over \$23 million for this funding opportunity is available
- Project Period: **May 1, 2023 to April 30, 2025**



**THE CENTER**  
*at Sierra Health Foundation*

# Eligibility

- Located in the state of California
- Be a non-profit, DHCS-licensed adult or youth residential SUD facility
- Have received IMS approval or commitment to receive the IMS approval within 6 months of award
- Note: Entities with multiple locations may apply for each eligible DHCS-licensed residential SUD facility separately



**THE CENTER**  
*at Sierra Health Foundation*

# Project Scope of Work

A majority of project funding should be dedicated to increasing the infrastructure and staffing capacity of facilities to provide opioid treatment services.

- ❖ 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.
- ❖ See RFA for additional examples of what will NOT be funded



**THE CENTER**  
*at Sierra Health Foundation*

# Program Tracks

Track One: Initiating MAT Services

Track Two: Expanding Existing MAT Services

Track Three: Centers of Excellence



**THE CENTER**  
*at Sierra Health Foundation*

# Program Tracks – Track One

## Track One: Initiating MAT Services

For DHCS-licensed residential SUD facilities that have IMS certification, or will receive IMS certification within six months of the project start date, and do not currently have a MAT prescriber on site or do not offer MAT services on site.



**THE CENTER**  
*at Sierra Health Foundation*

# Program Tracks – Track Two

## Track Two: Expanding Existing MAT Services

For DHCS-licensed residential SUD facilities with IMS certification that already have DEA Schedule III Prescriber(s) onsite and want to increase the expertise of the current MAT prescribers and expand existing MAT services.



**THE CENTER**  
*at Sierra Health Foundation*

# Program Tracks – Track One and Track Two

## Funding Amounts:

- ❖ Facilities 16 beds and under may apply for up to \$250,000
- ❖ Facilities 50 beds and under may apply for up to \$350,000
- ❖ Facilities 51 beds and over may apply for up to \$550,000



**THE CENTER**  
*at Sierra Health Foundation*



# Program Tracks – Track One and Track Two

## Payment Schedule

- ❖ 50% upon execution of contract and the completion of all compliance components
- ❖ 40% based on achievement of initial report deliverables, and
- ❖ 10% based on receipt and approval of final cumulative report, demonstrating completion of all deliverables

*Note:* For Track One, facilities without IMS will not receive the first payment until proof of approval of IMS services by DHCS has been obtained



**THE CENTER**  
at Sierra Health Foundation

# Program Tracks – Track Three

## Track Three: Centers of Excellence

For DHCS-licensed residential SUD facilities with IMS certification that already have DEA Schedule III prescriber(s) and provide onsite MAT services and can act as a Center of Excellence by offering technical assistance and mentorship to other DHCS-licensed residential SUD facilities participating in Track One and Two.



**THE CENTER**  
*at Sierra Health Foundation*

# Program Tracks – Track Three

## Track Three: Centers of Excellence Eligibility

Facilities must have

- a minimum of one (1) year of experience in providing MAT onsite,
- experience providing technical assistance,
- experience in data collection and reporting,
- and staff available to assist with administrative activities associated with providing mentorship and support.

*Note:* Facilities may apply to be a Center of Excellence at more than one DHCS-licensed residential SUD facility.



**THE CENTER**  
at Sierra Health Foundation

# Program Tracks – Track Three

Funding Amount:

- ❖ Up to \$850,000

Payment Schedule:

- ❖ 50% will be paid up front for year 1 of the project, and
- ❖ 50% will be paid up front for year 2

DHCS



THE CENTER  
at Sierra Health Foundation

# Selection Criteria:

The most competitive applications will:

- Provide a detailed description of exactly what will be done and how it will be implemented – who will be involved and what they will do, a clear and realistic timeline of activities and concrete, measurable objectives.
- Include sufficiently detailed budgets that closely align with proposed activities.
- Propose projects that have organizational buy-in and are ready for immediate implementation.



**THE CENTER**  
*at Sierra Health Foundation*

# Selection Criteria:

The most competitive applications will:

- Have a concrete plan for incorporating proposed activities into the organizations' current workflow.
- Propose a treatment services model that promotes the meaningful involvement of participants, works in alliance with MAT patients, and focuses on stigma and racial, gender and other institutionalized discrimination in order to improve care outcomes.
- Affirm the applicant's ability to submit regular data and financial progress reports.



**THE CENTER**  
*at Sierra Health Foundation*

# If Awarded: Compliance Requirements

- Insurance
  - Insurance compliance documents must be submitted to The Center within 30 days of executing your agreement.
  - Insurance must be maintained through the duration of the project and renewed if necessary.



**THE CENTER**  
*at Sierra Health Foundation*

# If Awarded: Reporting and Data Requirements

- Quarterly Quantitative reports
- Quarterly financial reports
- Final narrative and financial report

*Note:* Reporting Schedule is listed in the RFA



**THE CENTER**  
*at Sierra Health Foundation*



# Questions?

 **DHCS**



**THE CENTER**

*at Sierra Health Foundation*

# *How to Apply*

 **DHCS**



**THE CENTER**

*at Sierra Health Foundation*

# Grants Portal and Application Walk Through



**THE CENTER**  
*at Sierra Health Foundation*

# Application:

State Opioid Project MAT  
in State Licensed Facilities

Save my progress and resume later | Resume a previously saved form



**THE CENTER**  
*at Sierra Health Foundation*

Use **Tab** key or **mouse click** to move from field to field. Clicking **Enter** will attempt to **Submit** incomplete application.



**THE CENTER**  
*at Sierra Health Foundation*

# Application:

State Opioid Project MAT  
in State Licensed Facilities

Save my progress and resume later | Resume a previously saved form



**THE CENTER**  
*at Sierra Health Foundation*

Use **Tab** key or **mouse click** to move from field to field. Clicking **Enter** will attempt to **Submit** incomplete application.



**THE CENTER**  
*at Sierra Health Foundation*

# Application

## *Applicant Information*

- Applicant organization information
- Applicant organization CEO/Director information
- Application contact information – for questions related to the proposal
- Applicant Organization Tax ID # & 501(c)(3) status
- Congressional Districts
- Annual Budget



**THE CENTER**  
*at Sierra Health Foundation*

# Application

## *Project Information*

- Project Name and Brief Purpose
- Requested Amount
- Track Applying For
- Geography – Counties the Project will Impact,  
*Please indicate the jurisdiction where your project will be focused.*
- Population to Be Served



**THE CENTER**  
*at Sierra Health Foundation*

# Application

## *Questions for Project Narrative*

- 1) Need
- 2) Current Capacity
- 3) Proposed Activities
- 4) Project Goal
- 5) Technical Assistance



**THE CENTER**  
*at Sierra Health Foundation*



# Attachments



**THE CENTER**  
*at Sierra Health Foundation*

# Application

## Required Application Attachments

- Proposed Budget
- Applicant Organization's W-9
- DHCS-issued facility license
- Proof of IMS Certification (or confirmation of intent to receive IMS Certification within 6 months)
- 501(c)(3) letter or proof of non-profit status



**THE CENTER**  
at Sierra Health Foundation

# Application

## Required Application Attachments

**Proposed Budget** Please download The Center's budget template [HERE](#). Fill in the fields and upload it in excel format only (.xls or .xlsx) \*

[Choose File](#) No file chosen

**Applicant organizations W-9** \*

[Choose File](#) No file chosen

**DHCS-Issued Facility License** \*

[Choose File](#) No file chosen

**Proof of IMS Certification** (or confirmation of intent to receive IMS Certification within 6 months) \*

[Choose File](#) No file chosen

**501 (c)(3) Letter or Proof of Non-Profit Status** \*

[Choose File](#) No file chosen

[Submit](#)

 DHCS



THE CENTER

at Sierra Health Foundation

# Proposed Budget



**THE CENTER**  
*at Sierra Health Foundation*

# Sierra Health Foundation: Center for Health Program Management

## CA State Opioid Settlement MAT Expansion

### REQUESTED BUDGET

**Organization Name:** CAL VOICES  
**Employer Identification Number (EIN) or Tax ID:** 94-1476949  
**Budget Period:** May 1, 2023 - April 30, 2024  
**Requested Budget Amount:** \$ -

This Budget Worksheet is provided for your use in the preparation of your proposed project budget and budget narrative. All fields for a requested expense line item must be completed. Any category of expense not applicable to your budget may be left blank. Applications must adhere to the funding guidelines and present a budget clearly linked to the proposed activities.

List each **position by title** of employee directly working on the project. Show the annual salary rate and the percentage of time to be devoted to the project. You can indicate the number of full-time equivalent (FTE) in the position (e.g. an employee dedicating 20 hours a week to this project would be 0.5 FTE. Two full time employees with the same title would be 2.0 FTE).

If the position is being performed by someone other than a full-time, part-time, or temporary employee of the applicant organization (e.g., consultant or contractor), they should be listed under the applicable category below.

Should be based on actual known costs or an approved calculated rate.

**Consumable Supplies** are "expendable" items or items consumed during the course of the project. **Materials** would items costing less than \$5,000 (books, recorders, etc.)

I. PERSONNEL EXPENSES	FTE	Amount Requested	Description
<b>A. Employee Salaries and Wages</b>			
	<i>*2096 hours in budget period for full-time employee</i>		
Brennus Ciar/Project Director	0.10	\$ 12,500	Project Director @ 0.10 FTE x 12 months <b>0.1 FTE*2096 hours*\$59.64 hourly rate</b>
Charisma Davis/Project Manager	0.25	\$ 18,750	Project Manager @ 0.25 FTE x 12 months <b>0.25 FTE*2096 hours*\$35.78 hourly rate</b>
Nina Joannes/Community Liason	0.25	\$ 10,970	Community Liaison @ 0.25 FTE x 12 months <b>0.25 FTE*2096 hours*\$20.94 hourly rate</b>
Fadil Priskilla/Technology Coordinator	0.10	\$ 5,167	Technology Coordinator @ 0.10 FTE x 12 months <b>0.1 FTE*2096 hours*\$24.65 hrly rate</b>
Employee/Position #05	-	\$ -	N/A
Employee/Position #06	-	\$ -	N/A
Employee/Position #07	-	\$ -	N/A
Employee/Position #08	-	\$ -	N/A
Employee/Position #09	-	\$ -	N/A
Employee/Position #10	-	\$ -	N/A
<b>Total Employee Salary and Wages Expenses</b>	<b>0.70</b>	<b>\$ 47,387</b>	<i>calculation</i>
<b>B. Payroll Taxes and Benefits</b>			
Payroll Taxes and Fringe Benefits		\$ 11,847	Employee Benefits @ 14% of Base Salaries + Payroll Taxes @ 11% of Base Salaries
		25.0%	<i>calculation</i>
<b>TOTAL I. PERSONNEL EXPENSES</b>			
		<b>\$ 59,234</b>	<i>calculation</i>
<b>II. DIRECT PROJECT EXPENSES</b>			
<b>A. General Expenses</b>			
Office Supplies		\$ 1,000	Paper, pens, notepads, paperclips, binder clips, staples, tape, post-its, etc.
Printing / Copying		\$ -	N/A
Postage / Mailing		\$ -	N/A
Media / Advertising		\$ -	N/A
Miscellaneous General Expenses		\$ -	N/A
<b>Total General Expenses</b>		<b>\$ 1,000</b>	<i>calculation</i>



**General Equipment** should be non-expendable items purchased (not leased or rented, which would belong under "contracts") with a purchase price of **\$5,000 or more**.

Employee travel expenses must include a description of the purpose (e.g. staff to training, field interviews, advisory group meetings, etc.) of each expenditure in reference to the project objectives. Do not include travel expenses for consultants.

Other allowable expenses not otherwise identified elsewhere in the budget. Please include travel associated with trainings under C. Travel Expenses. Please see the "Funding Restrictions" section of the RFA for expenses that may NOT be included.

**B. Facilities and Equipment**

Rent / Lease Fees	
Office Equipment	
Utilities (electric, water, etc.)	
General Equipment	
<b>Total Facilities and Equipment Expenses</b>	

\$	11,280	Suite 104 @ 800/SF x \$1.41/SF per month x 10 months
\$	-	N/A
\$	-	N/A - utilities and maintenance included in base rent
\$	-	N/A
<b>\$</b>	<b>11,280</b>	calculation

**C. Travel Expenses**

Ground Transportation	
Lodging	
Mileage	
Airfare	
Other Travel	
<b>Total Travel Expenses</b>	

\$	100	Ground transportation for 2 staff in Southern Region listening session @ \$50/each
\$	1,600	2 nights hotel x 2 staff x 2 listening sessions (Superior and Southern Regions) @ \$200/night
\$	380	Round-trip mileage to/from Superior Region listening session for 2 staff x 304 miles each @ \$0.625 per mile (IRS 2022 rate)
\$	400	\$200 round-trip to Southern Region for listening session x 2 staff
\$	520	Per diems and incidentals @ \$65/day x 2 staff x 4 travel days for Superior and Southern Region listening sessions
<b>\$</b>	<b>3,000</b>	calculation

**D. Technology Expenses**

Computers, Laptops, and Tablets (Hardware)	
Cell Phone Devices (Hardware)	
Cell Phone Service (Voice & Data)	
Data Center / Network / Servers / Websites	
Software Licenses / Subscriptions	
Other Technology Costs	
<b>Total Technology Expenses</b>	

\$	-	N/A
\$	-	N/A
\$	600	\$60/month x 10 months
\$	317	Email/Cloud Storage Network @ \$15/month x 10 months = \$150 + Website Hosting @ \$16.67/ month x 10 months = \$167
\$	4,540	Alchemer @ \$83.33/month x 10 months = \$833 + Constant Contact @ \$100/month x 10 months = \$1,000 + Zoom @ \$10/month x 10 months = \$100 + BamboohR @ \$10/month x 10 months = \$100 + LearnWorlds LMS @ \$250/month x 10 months = \$2,500
\$	-	N/A
<b>\$</b>	<b>5,457</b>	calculation

**F. Other Direct Expenses**

01. Staff training	
02. Facility renovations - minimal	
03. MAT medication coverage	
04. Co-pay support	
05. Miscellaneous	
06. Miscellaneous	
07. Miscellaneous	
08. Miscellaneous	
05. Miscellaneous	
<b>Total Miscellaneous Expenses</b>	

\$	2,000	Bring in addiction specialist to provide technical assistance and three (3) provider trainings.
\$	1,500	Minimal renovations for prescribing space - add door and framing.
\$	1,000	Bridge funding for MAT medications. Funding for uninsured or under-insured MAT medications. Estimated at 10 patients at \$100 each.
\$	-	N/A
\$	-	N/A
\$	-	N/A
\$	-	N/A
\$	-	N/A
\$	-	N/A
<b>\$</b>	<b>4,500</b>	calculation

**TOTAL II. DIRECT PROJECT EXPENSES**

<b>\$</b>	<b>25,237</b>	calculation
-----------	---------------	-------------



**Consultants** are individuals retained to provide professional advice or services for a fee. Travel for consultants should be shown in this category along with consultant fees.

**Contract** expenses from vendors (dealer, distributor, or other sellers) who provide (for example) various supplies, expendable materials, or managed services in support of the project activities.

**Indirect costs** under this opportunity are limited to 10% of the total award

III. CONTRACTED SERVICES		
<b>A. Consultant and Professional Services Fees</b>		
Audit and Accounting Services	\$ 5,529	Accountant @ 0.05 FTE x \$8,333/month x 10 months = \$4,167 + Employee Benefits and Payroll Taxes @ 25% = \$1,042 + Annual Audit @ \$16,000/year x 2% allocation = \$320
Interpretation or Translation Services	\$ -	N/A
Technology Managed Services	\$ -	N/A
01. Consultant/Professional Service	\$ -	N/A
02. Consultant/Professional Service	\$ -	N/A
<b>Total Consultant Expenses</b>	<b>\$ 5,529</b>	calculation
<b>B. Contracted and Subcontractor Fees</b>		
Leased or Rented Equipment	\$ -	N/A
01. Contract/Subcontractor	\$ -	N/A
02. Contract/Subcontractor	\$ -	N/A
03. Contract/Subcontractor	\$ -	N/A
04. Contract/Subcontractor	\$ -	N/A
05. Contract/Subcontractor	\$ -	N/A
<b>Total Subcontractor Expenses</b>	<b>\$ -</b>	calculation
<b>TOTAL III. CONTRACTED SERVICES</b>	<b>\$ 5,529</b>	calculation
IV. INDIRECT COSTS		
<b>A. Indirect Costs</b>		
Indirect	\$ 10,000	10% OF TOTAL BUDGET
<i>Indirect Expenses % of Total Budget (Limited to 10%)</i>	10.0%	calculation
<b>TOTAL EXPENSES: May 01, 2023-April 30, 2024</b>		
	<b>\$ 100,000.00</b>	calculation

# Questions?

 **DHCS**



**THE CENTER**  
*at Sierra Health Foundation*



# Application Submission Tips

- Submit application before the deadline date
- Write response to the narrative question outside of the application portal, then cut and paste your response in the appropriate field
- As you write responses, track your word count
- Do not spell out dates. For example: write 6/20, not June 20<sup>th</sup>
- For multiple answers from a drop-down list:
  - For PC users, press and hold the Control key and click on each choice
  - For Mac users, press and hold the Command key, then click each choice on the drop-down menu
- On the portal, you may click “Save my progress and resume later” at any time
- Note: You may only submit your application once
  - Use **Tab** key or **mouse click** to move from field to field. Clicking **Enter** will attempt to **Submit** an incomplete application

# Checklist

- ✓ Review Request for Applications and Funding Overview
- ✓ Complete the application in the online portal:
  - ✓ Completed application questions
  - ✓ Attach the Project Budget
  - ✓ Attach the organization's W-9
  - ✓ Attach DHCS-issued facility license
  - ✓ Attach proof of IMS Certification (or confirmation of intent to receive IMS Certification within 6 months)
  - ✓ Attach 501(c)(3) letter or proof of non-profit status



**THE CENTER**  
*at Sierra Health Foundation*

# Timeline

- Application deadline → March 15<sup>th</sup>, 2023, at 1pm (PST)
- Review of applications → March-April 2023
- Approximate award announcement → April 30<sup>th</sup>, 2023



**THE CENTER**  
*at Sierra Health Foundation*

## Contact Us

If your question was not answered, e-mail questions to [centergrants@shfcenter.org](mailto:centergrants@shfcenter.org) with the subject line:

“MAT at DHCS-Licensed Facilities RFA Question”

## Additional Resources

[www.mataccesspoints.org](http://www.mataccesspoints.org)

[www.shfcenter.org](http://www.shfcenter.org)

*\*Sign up for the monthly Sierra Health Foundation newsletter to stay abreast of programs and upcoming funding opportunities*



**THE CENTER**  
at Sierra Health Foundation

# Questions?

 **DHCS**



**THE CENTER**  
*at Sierra Health Foundation*

# Thank you!

 **DHCS**



**THE CENTER**  
*at Sierra Health Foundation*