

NATIVE MEDICATIONS FOR ADDICTION TREATMENT NETWORK FOR HEALING AND RECOVERY

REQUEST FOR APPLICATIONS

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APPLICATIONS DUE: MARCH 18, 2025



This funding opportunity is provided by The 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.

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READ ALL INSTRUCTIONS AND CRITERIA CAREFULLY

Introduction

Request for Applications (RFA) Overview

This request for applications (RFA) contains information about Native Medications for Addiction Treatment (MAT) Network for Healing and Recovery program (hereafter referred to as Native MAT Network) including background and legal, fiscal and program requirements for applicants, as well as eligibility criteria and application instructions. The Center at Sierra Health Foundation (The Center) has been contracted by the Department of Health Care Services (DHCS) to serve as the Administrative Entity (AE) and will implement the Native MAT Network program. Responsibilities of The Center include awarding and distributing funding, compliance and monitoring of grant activities, including that related to data collection and submission to UCLA Integrated Substance Abuse Program (UCLA-ISAP) on a quarterly basis for the Native MAT Network program State Opioid Response IV evaluation, Government Performance and Results Act (GPRA) data collection and submission to the Aurrera Health Group. Training and technical assistance (TTA) around data submission will be provided by UCLA-ISAP and GPRA-related TTA will be provided by the Aurrera Health Group. Eligible applicants may apply for up to \$300,000 to support activities over the 24-month contract period.

DHCS Opioid Response Project Overview

This program will be supported by the California State Opioid Response (SOR) IV grant program funded by DHCS. This grant was provided to DHCS by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). The SOR IV grant supports the DHCS Opioid Response Project which aims to address the opioid and stimulant use disorder (StUD) crises by improving access to treatment, reducing unmet treatment needs and reducing opioid and stimulant-related overdose deaths through the provision of prevention, treatment, harm reduction, recovery services and resources. These resources help increase access to FDA-approved medications for the treatment of opioid use disorder (OUD) and support the continuum of prevention, harm reduction, treatment and recovery support services for OUD and other concurrent substance use disorders (SUDs). The California DHCS Opioid Response focuses on populations with limited MOUD access, including youth, people in rural areas and American Indian and Alaska Native tribal (AI/AN) communities.

Native Medications for Addiction Treatment (MAT) Network for Healing and Recovery Background

With federal SAMHSA SOR grant funding, DHCS and tribal and urban Indian leadership created the California Tribal Medications for Addiction Treatment (TMAT) Project. Described 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, UCLA-ISAP and the University of Southern California Keck School of Medicine (USC). See **Appendix B** for a brief description of each TMAT partner.

Through this Native MAT Network program, DHCS continues to support increasing culturally competent OUD treatment services in California tribal and urban Indian communities. This RFA announces the Native MAT Network funding opportunity for the 2025-2027 timeframe.

Native MAT Network Program Overview

The Native MAT Network program provides an opportunity to develop or enhance culturally responsive MOUD services in tribal and urban Indian communities. In addition to FDA-approved medications to help with cravings and withdrawal symptoms, outpatient counseling helps people understand addiction, their triggers and their reasons for using drugs.

Integrating cultural beliefs and cultural healing practices into the MOUD service approach is also critical. When Native people realize that their local MOUD program understands the importance of culture and consistently integrates Native context into the service approach, they may be more likely to reach out for help. For example, they may be more likely to become engaged in the treatment, stay longer in treatment and welcome the transition to culturally meaningful supports to maintain their recovery. Ongoing care management can help people regain a healthy and stable life through attention to nutrition, education, vocational training, employment, childcare, parenting and family relationships, self-esteem and positive life connections.

Program Summary

Native MAT Network for Healing and Recovery (Native MAT Network)	
Description of Funding Opportunity	This funding provides an opportunity for California tribal and urban Indian licensed medical facilities or organizations that are able to offer clinical MOUD services onsite to deepen their previous involvement. Funded partners will join the Native MAT Network to initiate a MOUD program or strengthen an established MOUD program, incorporating cultural practices for substance use disorders.
Due Date for Applications	March 18, 2025 at 1 p.m. PST
Estimated Award Amount	Up to \$300,000 for program activities
Estimated Number of Awards	Approximately 7 awards

Cost Sharing/Match Required	No
Anticipated Project Start & End Date	May 1, 2025 to April 30, 2027
Anticipated Award Date	May 2025
Length of Project Period	2 years
Indirect Cost Rate	By applying for this funding, the applicant organization acknowledges and agrees that the maximum allowable indirect cost rate shall be fifteen percent (15%) of an organization's modified total direct costs (MTDC), as defined in 45 CFR Part 75 ¹ regardless of an organization's federally negotiated rate unless the applicant organization is a tribe or tribal entity which are permitted an exception to use their federally Negotiated Indirect Cost Rate (NICR) for the Native MAT Network program.

Informational Webinar and Office Hours for Potential Applicants

A webinar for interested applicants will be held on **Tuesday, February 25, from 1 – 2 p.m.** (Pacific Time). The webinar will provide a space to review the funding opportunity and application process as well as answer questions. Attendance is strongly recommended. **Please [register here 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 website](#) for review prior to the webinar.

In addition to the webinar, The Center and the TMAP partners are committed to assisting potential applicants who are interested in applying for funding. Listed below are several scheduled technical assistance office hours. These drop-in sessions can be used to ask questions about the application process, to discuss whether your program ideas fit with the funding program or to discuss budget-related questions. Participation in the office hours is not required, but many past applicants have found them to be useful. Below is the schedule for the drop-in office hours. **Please use this [Zoom link](#) to join any of the office hours.**

Tuesday, March 4, from 2 p.m. – 3 p.m. PT
Friday, March 7, from 9 a.m. – 10 a.m. PT
Wednesday, March 12, from 2 p.m. – 3 p.m. PT
Thursday, March 13, from 9 a.m. – 10 a.m. PT

We will be holding a final office hour session on Monday, March 17, from 1 p.m. – 2 p.m. **Use this [Zoom link](#) to join the final session.**

Funded Partner Supports

Culturally Responsive Technical Assistance at No Cost for Funded Partners

Each funded partner will receive professional, no-cost technical assistance (TA) as part of their award. A technical assistant will be assigned to each funded partner for the duration of their contract. The TA staff person can support funded partners with incorporating traditional practices in substance use treatment services through strategic planning meetings. The TA staff person can also introduce cultural service planning tools to the funded partners. The TA support will be individually tailored to each funded

¹ 45 CFR Part 75 has not been updated as of the date of this RFA release. Refer to [2 CFR 200.414\(f\)](#) for the most recent compliance guidance applicable to this award.

partner and focused on the local program needs, and the type of TA will depend on whether the funded partner is a new or returning partner. It is important to note that not all steps listed below will be applicable to every funded partner.

Examples of TA provided in this program include support with:

- developing or updating strategic planning for MOUD services
- developing or updating policies and procedures for MOUD services
- building a multi-disciplinary team for MOUD services
- improving partnerships with behavioral health services
- building a cultural integration team
- sustaining partner/leadership involvement
- integrating and building cultural strengths into MOUD services
- determining how to integrate ASAM criteria with cultural assessment tools
- creating protocols for combining clinical and cultural assessment processes
- identifying and developing community training on:
 - overview of opioids and treatment of OUD
 - historical trauma
 - trauma informed care
 - culture as SUD prevention
 - stigma awareness
 - harm reduction training
 - harm reduction program development
 - recovery services and recovery resources
- providing examples and supports for culturally attuned marketing and promotional materials
- using indigenous evaluation approaches
- identifying financial sustainability strategies and resources
- SUD and behavioral health billing

Expectations of Funded Partners to Participate in Technical Assistance

Funded partners will receive an orientation about the technical assistance (TA) approaches. During this contract cycle, programs will be assigned a dedicated TA specialist (discussed in more detail below).

Funded partners are required to:

- notify TA staff and The Center staff of key contacts for contract activities and deliverables.
- establish a regular virtual meeting schedule with TA staff to maximize resources and support.
- allocate appropriate staff time to participate in all contract activities.
- attend contract check-in meetings, virtual gatherings, in-person convenings and training opportunities.
- utilize a web-based application to collaborate, synchronize and share contract documents (e.g. meeting notes, meeting links, work plans) for collaboration with their assigned TA staff person.

Native MAT Network Request for Applications

This RFA is specifically for California tribal and urban Indian organizations that are able to offer clinical and non-clinical MOUD services onsite and are interested in joining the Native MAT Network for Healing and Recovery. This funding opportunity is intended for entities that reflect the racial, ethnic and cultural

community they serve, and have the capacity to develop culturally responsive MOUD services that are tailored to their population of focus. The Native MAT Network is an opportunity for tribal and urban Indian organizations and medical clinics to develop, operationalize, enhance and sustain MOUD services that emphasize the healing role of culture in engagement, treatment, and recovery.

A statewide needs assessment was funded by the California TMAP 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 OUD and SUD. According to the 2019 *Addressing the Opioid Crisis in American Indian & Alaska Native Communities: A Statewide Needs Assessment*, culture-driven services maintain the resilience of Native people through an emphasis on cultural connectedness, cultural services, positive role models, and the availability of supportive services and programs².

Eligibility Criteria

To meet the minimum eligibility requirements, applicants must:

- be a tribal or urban Indian licensed medical or residential SUD facility or organization that is able to offer clinical MOUD services onsite.
- be currently providing MOUD services or actively planning to implement a MOUD program.
- have their primary location in the state of California or if outside of the state, have a location in California (note that all activities must take place in California). Priority will be given to California-based organizations.
- have eligible providers capable of prescribing FDA-approved MOUD treatment or be actively planning to hire staff as funding is awarded.
- have behavioral health staff committed to being active participants in the MOUD team.
- be able to conduct required data collection (GPRA).
- have support from chief medical officer/medical director.

Applicants must be able to demonstrate having:

- leadership, staff and board membership that reflect the racial, ethnic and cultural communities they intend to serve.
- urban Indian or tribal health entity leadership's agreement to support the Native MAT Network with leadership participation, designation of key points of contact, allocation of staff time for planning activities and commitment to incorporating tribal culture into treatment and recovery for tribal or urban Indian community members.
- deep investment in and history of working with the tribal and urban Indian communities they serve.
- ability to recognize and actively seek to reduce barriers individuals with OUD and co-occurring conditions face before being able to access, initiate and continue OUD treatment.
 - These may include, but are not limited to, treatment wait-lists, treatment costs, unstable or inconsistent housing, transportation challenges, technology disparities, staff recruitment and retention, access to care, SUD stigma and cultural barriers.
- awareness and active work to address historical and ongoing trauma, systemic racism and criminalization that low-income and communities of color experience, and the relationship of

²Soto 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://keck.usc.edu/i-caihre/wp-content/uploads/sites/84/2024/02/USC_AI_Report-compressed.pdf

discrimination to self-medicating behavior and other social factors that may contribute to the need for access to MOUD services.

- staff capacity to participate in the Native MAT Network and engage with TA providers to develop culturally responsive, healing centered and trauma-informed approaches to MOUD and OUD recovery.

Scope of Work

This funding opportunity supports California tribal and urban Indian organizations that are able to offer clinical MOUD services onsite. This funding asks organizations to develop and implement a strategic plan (strategic visioning) that builds in cultural programming into all levels of the SUD recovery spectrum and delivers culturally responsive and trauma informed practices through SUD prevention, treatment and recovery. While the scope of work for each funded partner should be individualized based on where the organization is currently at in their MOUD services, activities may include clinical and non-clinical activities.

Examples of Program Activities

- Clinical activities could include, but are not limited to:
 - establishing SUD counseling services and/or process and procedures for referrals.
 - enhancing care coordination through refining workflows, policies and procedures or hiring of additional staff (e.g. therapists, SUD counselors, community outreach workers, etc.).
 - establishing MOUD policies and treatment regimens.
 - developing culturally relevant MOUD screening tools and assessments.
 - implementing tracking systems and procedures to facilitate treatment and recovery services.
- Non-clinical activities include, but are not limited to:
 - training on stigma reduction and harm reduction principles for medical and program staff.
 - facilitating culturally integrated OUD and StUD support groups, peer support groups and recovery groups (E.g. Red Road and Wellbriety programming).
 - addressing barriers to treatment access such as transportation, language accessibility, long wait lists (e.g. through a shuttle service with an already owned organizational vehicle, bus passes or rideshares, bilingual services, etc.).
 - integrating traditional practices, rituals and ceremonies into MOUD services.

Acknowledgements

The Native MAT Network for Health and Recovery program acknowledges that through comprehensive SUD treatment with cultural awareness and quality care, recovery is possible for all. By building a coalition of providers, tribal and urban leaders, stakeholders, peer recovery specialists and persons with lived experiences, barriers to treatment can be minimized or mitigated. The Native MAT Network program acknowledges and understands the complexity of organizational and clinical practices, and the daily pace and time constraints of public-serving healthcare staff.

The application process and the ongoing technical assistance support for program participation also reflect this approach.

Application Timeline

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

Application Deadline: March 18, 2025, at 1 p.m. (Pacific Time)

Review of Applications: March - April 2025

Anticipated Date of Award Notification: May 2025

Important: 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 unless applicants communicate prior to the deadline and an extension is granted by The Center. Submission before the deadline date is advised in case you experience technical difficulties. 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: Native MAT Network Application Help.

Application Selection Criteria

The Center will select applicants who present the most complete and responsive applications demonstrating knowledge of the need for tribal or urban Indian MOUD services, capacity for MOUD service development and implementation, partnership or established behavioral health services and other key treatment and recovery resources, and resources for cultural integration. Applications will be assessed on the alignment of the proposed program goals with the intent of the funding opportunity. Applying to The Center's *Tribal and Urban Indian Community-Defined Best Practices* SOR IV funding opportunity is welcomed. However, in the event there is a competitive number of applicants, priority will be given so that each eligible organization will receive one award.

To be favorably considered for funding, applications should:

- describe the current cultural practices you are providing through your MOUD services and where you would like to see further growth.
- describe your proposed plan for patient recruitment, including how you will address stigma reduction and any harm reduction efforts. If this is an area of technical assistance need, please state challenges experienced with patient recruitment.
- demonstrate strong internal organizational support for your proposed activities.

If the number of application requests exceeds available funding, the review committee will consider factors such as geographic diversity, underserved patient population and service area.

The above selection criteria are subject to change at The Center's discretion to best meet programmatic needs and funder requirements.

Application Denial Appeal Process

Per the DHCS, 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.

Funding Information

Available funds will be awarded to approximately 7 organizations or entities with a maximum of \$300,000 awarded per organization or entity. Funds awarded to organizations and entities participating

in the Native MAT Network are required to adhere to the program expectations and budget guidelines and will receive payments from The Center. The Center is the administrative entity for the Native MAT Network and will incorporate the applicable federal and state rules and regulations into the terms and conditions of the contract agreement, notably 2 CFR 200 and 45 CFR Part 75³. See additional compliance components in the appendices of this RFA.

Contracts will be deliverable-based, meaning funded partners need to demonstrate progress on process measures (e.g. increase in MOUD providers, integration of culture and strength-based assessments, number of patients assessed for treatment, etc.) as identified in collaboration with the TA staff.

Applicants must submit their proposed budgets using the template provided (linked under Application Checklist and in the application). 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 must abide by standard funding restrictions as determined by SAMHSA and as described in **Appendix C**.

Payment Schedule

Consistent with a deliverable-based agreement, awarded applicants will receive an amount established for the successful completion of each negotiated deliverable, rather than payment for actual costs incurred during the agreement period. Funded organizations will be required to submit an invoice upon deliverable completion to initiate the payment process (The Center will provide an invoice template).

Federal Compliance

The MAT Access Points Project is a component of the California DHCS Opioid Response, which is funded by the State Opioid Response IV grant from SAMHSA. If awarded, contractors will need to complete pre-award requirements before funding is disbursed. This includes the following:

Pre-award Risk 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 attention to submit detailed documentation and to meet compliance considerations when receiving this type of funding. Please use this [link](#) to complete the Pre-award Risk Assessment.

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](#). Please see [this Quick Start Guide for Getting a Unique Entity ID \(SHFCenter.org\)](#). Organizations must maintain an active SAM registration throughout the contract period.

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

³ 45 CFR Part 75 has not been updated as of the date of this RFA release. Refer to [2 CFR 200](#) for the most recent compliance guidance applicable to this award.

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 “Native MAT Network Application Help.”

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 D** for more information on insurance requirements.

Data and Reporting Requirements

Funded partners are required to complete several data and reporting requirements including:

- contract evaluation activities, conducted by USC (e.g. completing surveys, collecting data related to MOUD program goals, attending evaluation meetings).
- UCLA quarterly data reports (e.g. quantitative data on service provision).
- collecting and reporting performance data using the approved GPRA measurement tool.
- submitting bi-annual narrative progress reports to The Center (e.g. narrative on progress, challenges, etc.).
- completing an annual site visit with TA provider and The Center staff (as appropriate). Site visits may be virtual or in person.

Funded partners will receive additional information regarding reporting and evaluation requirements as well as technical assistance to support the completion of all contract deliverables. Please see **Appendix E** for a complete outline of reporting requirements.

If the funded partner is using this funding for individual direct patient treatment services, the funded partner shall comply with the regulations set forth in [42 CFR Part 2](#) to ensure they maintain appropriate data protocols. This includes ensuring 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 funded partner is using contract funds to cover individual direct patient treatment services, they will comply with any SAMHSA GPRA reporting requirements. Please see **Appendix E** for more information.

General Application Information

Important Application Information

Applications are due no later than 1 p.m. (Pacific Time) on March 18, 2025. We encourage you to submit your application before the deadline date in case you need help with any of the RFA components.

General Instructions

- Complete your Pre-award Risk Assessment using this [link](#).
- **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.
- 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.
- If you are unable to submit your application online or need help, please contact us at mataccesspoints@shfcenter.org with the subject line “Native MAT Network Application Help.”

**Send questions and inquiries related to this funding opportunity
to mataccesspoints@shfcenter.org with the subject line:
Native MAT Network Application Help.**

Application Checklist

Initiate the funding application via our [online portal](#). The link is also posted on The Center’s [MAT Access Points Project website](#). Attachment templates are linked below and in the application.

Required Application Attachments

- Proposed project budget completed in The Center’s Proposed Budget [Template](#)
- Applicant organization’s W-9
- Proposed project description completed in The Center’s Project Description [Template](#)
- Organizational Chart
- Letter(s) of support from organizational leadership (e.g. CEO, Health Director, Leadership Team, etc.)
- MOU (if the applicant is a fiscal sponsor)

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 with the subject line “Native MAT Network Application Help.”

RFA/Funding Opportunity Feedback

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

Appendices

Appendix A: 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=bwZcPwIRRcc&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 at-risk, moderate, and high-risk behaviors often associated with substance use while building connection and community.

Licensed Medical Facility: For the purposes of this contract, a licensed medical facility is a place, licensed by the State of California, that is organized to diagnose, treat, prevent and care for human illness, including mental and physical illness. This includes community clinics, residential treatment

facilities or hospitals. They have a governing body and an organized medical staff responsible for the diagnosis and treatment of illness.

Medications for Addiction 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. Opioids include prescription medications used to treat pain such as morphine, codeine, oxycodone, hydrocodone, fentanyl and hydromorphone, as well as illegal drugs such as heroin and illicitly manufactured opioids such as fentanyl and its analogues. Two of the medications used to treat OUD, methadone and buprenorphine, are also opioids.⁴

Prevention: Activities that seek to prevent initiation of opioid use, development of opioid use disorder or deaths from opioid overdose. Prevention activities can include activities that build protective factors and mitigate contributing factors.

Stimulant Use Disorder (StUD): Stimulant use disorder is the continued use of stimulants despite harm to the person using them. Stimulants include cocaine, amphetamine, methamphetamine, MDMA (also known as ecstasy or molly), and prescription drugs such as Adderall and Ritalin. These drugs are classified as stimulants because they increase the level of activity that occurs in the body's central nervous system.⁵

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.

Technical Assistance: Guidance and resources provided at no cost to the funded partner to support achievement of program goals. Technical assistance (TA) providers have advanced knowledge in operationalizing MOUD and substance use treatment and recovery services for Native people and can suggest MOUD clinical practice guidelines, templates, training, implementation resources and resources for other related topics. Technical assistance can take the form of phone and web-based calls, e-mail communication, teleconferences, on-site or virtual training and peer support.

Appendix B: TMAT Partner Organizations

California Consortium for Urban Indian Health (CCUIH) is a nonprofit statewide alliance of Urban Indian Health Organizations and substance use treatment facilities collectively referred to as UIOs. 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.

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.

⁴ <https://store.samhsa.gov/sites/default/files/d7/priv/opioid-use-disorder-facts.pdf>

⁵ <https://www.mentalhealth.va.gov/substance-use/stimulants.asp>

Kauffman and Associates, Inc. (KAI) is a tribal training and technical assistance organization and provides program leadership on this funding opportunity. KAI supports local California partnerships to improve the health and wellness of Native communities and to enhance Native access to essential non-Native social sectors. Kauffman and Associates, Inc., is an American Indian– and woman-owned management consulting firm dedicated to uplifting American Indian and Alaska Native people, tribal and urban Indian communities and social sector programs. KAI values Indigenous Knowledge and believes in the inherent strength, resilience and sovereignty of tribal nations to find community-led solutions for intergenerational healing, wellness and growth. Staff includes TA specialists and Behavioral Health Advisors with longstanding experience working with tribal and urban Indian communities in California.

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 Native MAT Network.

The UCLA Integrated Substance Use and Addiction Program’s (ISAP) role in this contract is focused on educational training opportunities for providers caring for Native communities. They host a monthly Tribal MAT ECHO® Clinic to support health care providers in Indian Country to improve the delivery of culturally responsive, evidence-based treatment for opioid and stimulant use disorders. Each clinic begins with a presentation on a topic relevant to the delivery of opioid and/or stimulant use disorder treatment and features a facilitated discussion of a case or clinical question. UCLA also organizes statewide learning collaboratives available both live and on-demand.

The University of Southern California (USC) will serve two key roles in this funding opportunity. First, the USC team will conduct an evaluation to understand funded partner activities, strengths, challenges, lessons learned and other key takeaways. The evaluation will also gather feedback on various aspects of the contract, such as the application process, funding amount, TA provided, suggestions for improvement and tools offered. Second, the USC team will provide TA specific to data collection and analysis. This support may include conducting literature reviews to understand existing knowledge, assisting with the design or implementation of focus groups or surveys and analyzing data gathered by TA recipients (e.g. through focus groups or surveys) or existing data.

Appendix C: 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. Unless superseded by program statute or regulation, follow the cost principles in 45 CFR Part 75 and the standard funding restrictions below. Additionally, please reference the latest SOR IV Allowable Cost Fact Sheet linked [here](#).

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

- pay for any contingency management treatment activities.
- pay for any lease beyond the State Opioid Response Project period or prepay any other expense beyond the project period.
- pay for patient housing.

- pay for cleaning supplies and hand sanitizers as personal protective equipment.
- pay for telehealth equipment for use by clients or patients.
- 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).
- make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access and retention in prevention and treatment programs.
- make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. Meals are generally unallowable unless specifically stated as an allowable expense in the Notice of Funding Opportunity. Grant funds may be used for light snacks, not to exceed \$10.00 per person per day.
- the cost of food or meals are unallowable, even if they are considered an integral part of a conference or gathering.

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

Please note: Contingency management for stimulant use disorder *treatment* is not part of the California Native MAT Network. All California contingency management for stimulant use disorder treatment will be funded through California Advancing and Innovating Medi-Cal (CalAIM).

In addition to the funding restrictions determined by SAMHSA, this award does not fund:

- debt retirement.
- operational deficits.
- partisan activities.
- religious organizations conducting 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.
- the purchase of Fentanyl or fentanyl analogs.
- the purchase of properties or vehicles.
- media and advertisement costs not 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.
- costs related to medical procedures such as suturing or removal of sutures, abscess management etc. However, non-procedural medical items such as bandages, ice packs and non-procedural first aid supplies that can be administered by participants are allowable.
- clothing for participants, orthopedic and mobility devices and document fees. However, patient supplies and materials that directly support access to programming and build trust, such as cold weather gear (e.g. gloves/hand warmers) or critical hygiene supplies are allowable. 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 not critical to daily program operations such as plates and utensils. Supplies critical to the daily function of the program such as paper towels and toilet paper are allowed.
- direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.
- non-cash incentives for program participants completing GPRA surveys greater than \$30 (incentives should be the minimum amount necessary to meet the program and evaluation goals).
- stipends to grantees.
- 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 [linked here](#) and partners will be subject to the same travel guidelines as employees).
- 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.
- by applying for this funding, the applicant organization acknowledges and agrees that the maximum allowable indirect cost rate shall be fifteen percent (15%) of an organization's modified total direct costs (MTDC), as defined in [45 CFR Part 75](#)⁶ regardless of an organization's federally negotiated rate unless the applicant organization is a tribe or tribal entity which are permitted an exception to use their federally Negotiated Indirect Cost Rate (NICR) for the Native MAT Network program.

This list is not exhaustive; please reference the latest SOR IV Allowable Cost Fact Sheet linked [here](#) for additional guidance.

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 D: 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 list below 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.

⁶ 45 CFR Part 75 has not been updated as of the date of this RFA release. Refer to [2 CFR 200.414\(f\)](#) for the most recent compliance guidance applicable to this award.

- 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.

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 #24-40154** must be present.

Appendix E: Reporting Requirements

Contract Evaluation

Funded partners will be asked to participate in the contract evaluation, conducted by USC. They will complete the following:

- In-person gathering feedback surveys: After the in-person gathering, a survey will be administered to identify key takeaways, positive outcomes, areas for improvement and participants' overall impressions.

- Virtual gathering feedback surveys: A brief survey will be administered after each virtual all-funded partner gathering to understand what participants liked and what could be improved.
- Comprehensive evaluation survey: This survey will be administered twice during the contract to understand contract activities, strengths, challenges, lessons learned and other key takeaways. It will also collect feedback on various aspects of the contract, such as the application process, funding amount, TA provided, suggestions for improvement and tools provided.
- Visual story: A one-page visual representation of the work done under the contract, designed to provide an engaging and impactful overview (see example below).



UCLA Data Report Components

Funded partners will be required to submit quarterly data reports responding to performance measures. 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.

Government Performance and Results Act (GPRA) Data Collection:

The Government Performance and Results Act (GPRA) is a public law that was passed by Congress in 1993. GPRA was enacted to improve stewardship in the federal government and to link resources and management decisions with program performance.

As noted above, SAMHSA provides funding for SOR grants. SAMHSA requires all funded organizations providing treatment services to collect and report performance data using this approved GPRA measurement tool. Clients who receive treatment or recovery services for a stimulant or opioid use disorder with SOR 4 funding must complete GPRA. Services include:

- clients who are under or uninsured and who are receiving medication, counseling or recovery services funded by the grant.
- clients who receive medical services (e.g. medications, immunizations, etc.) from a physician, nurse or other provider whose salary is funded by the grant.
- clients who receive counseling, peer support or case management services from a staff member whose salary is funded by the grant.

The organization will set a goal of 33% completion of intakes of eligible clients and 25% completion of the six-month follow-up survey. Funded partners will receive ongoing TTA from Aurrera Health Group in the form of an onboarding webinar, written guides, office hours and other support as needed.

Financial

There are no financial reports required for this contract. However, funded partners will need to track expenses and ensure expenditures are made within the contract period and are allowable. Funded partners may be asked to provide documentation of expenses via a Desk Audit. In this process, The Center will select partners and test allowable expenses by requesting supporting documentation. The Center will explain the process in detail in webinars for funded partners and provide support and opportunities for course correction.

After completion of deliverables, funded partners will submit invoices to The Center for payment. The Center will provide instructions and an invoice template.

Narrative Report Components

Every six months during the contract period, funded partners are required to submit a 6 Month Progress Narrative Report. For the final six months of the contract the 6 Month Progress Narrative Report will be combined with questions about cumulative experiences, into a single Cumulative Final Narrative Report. These reports will be submitted directly to The Center, and The Center will share links and instructions with all funded partners prior to the report due dates.

See table in Appendix F below for timeline of required reports.

Appendix F: Scope of Services

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

Native MAT Network Purpose Statement: To develop, operationalize, enhance and sustain culturally responsive MOUD services for California Native populations.

Required	Task	Deliverable	Timeframe
✓	Complete subrecipient contract requirements	Contract execution and compliance requirements including: <ul style="list-style-type: none">• Certificate of insurance (must remain current throughout the contract)• Sam.gov active registration (must maintain active registration throughout the contract)• Executed contract• Participation in The Center's onboarding webinar• Participation in GPRA webinar and TA (if applicable)	First quarter of the contract
✓	Administrative requirements including submission of narrative reports that address progress toward meeting desired outcomes indicated in the application.	<ul style="list-style-type: none">• Quarterly UCLA data reports• Monthly GPRA submission, if applicable• Six-Month Progress Narrative• USC evaluation activities• Cumulative Final Narrative Report	See schedule below

✓	Increase culturally responsive MOUD treatment services and partnerships for opioid use disorder as indicated in the application and budget.	Quantitative data collected through UCLA and USC	May 1, 2025 – April 30, 2027
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Reports will follow the timeline below:

Report	Report Period	Due Date to UCLA/USC/The Center
Quarter 1 Quantitative Data Report	May 1, 2025 – June 30, 2025	Due to UCLA by July 15, 2025
Quarter 2 Quantitative Data Report	July 1, 2025 – September 30, 2025	Due to UCLA by October 15, 2025
Six-Month Progress Narrative Report	May 1, 2025 – October 31, 2025	Due to The Center by November 30, 2025
Quarter 3 Quantitative Data Report	October 1, 2025 – December 31, 2025	Due to UCLA by January 15, 2026
Quarter 4 Quantitative Data Report	January 1, 2026– March 31, 2026	Due to UCLA by April 15, 2026
Mid-Point Evaluation Survey	May 1, 2025 – April 30, 2026	Due to USC by May 31, 2026
Six-Month Progress Narrative Report	November 1, 2025 –April 30, 2026	Due to The Center by May 31, 2026
Quarter 5 Quantitative Data Report	April 1, 2026 – June 30, 2026	Due to UCLA by July 15, 2026
Quarter 6 Quantitative Data Report	July 1, 2026 – September 30, 2026	Due to UCLA by October 15, 2026
Six-Month Progress Narrative Report	May 1, 2026 –October 31, 2026	Due to The Center by November 30, 2026
Quarter 7 Quantitative Data Report	October 1, 2026 – December 31, 2026	Due to UCLA by January 15, 2027
Quarter 8 Quantitative Data Report	January 1, 2027– March 31, 2027	Due to UCLA by April 15, 2027
Quarter 9 Quantitative Data Report	April 1, 2027 – April 30, 2027	Due to UCLA by May 15, 2027
Final Evaluation Survey	May 1, 2025 – April 30, 2027	Due to USC by May 31, 2027
Visual Story	Not Applicable	Due to USC by May 31, 2027
Six-Month Progress Narrative and Cumulative Final Narrative Report	May 1, 2025 – April 30, 2027	Due to The Center by May 31, 2027

Appendix G: Application

FOR REFERENCE ONLY

SUBMIT YOUR APPLICATION USING THE ONLINE PORTAL [LINKED HERE](#)

Native MAT Network Application

Instructions

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

Fiscal Sponsor

Is the project sponsored by the applicant organization?*

A fiscal sponsor is an organization that applies on behalf of an entity or group that does not have legal standing with the IRS.

- Yes
- No

Organization Information

Organization Name*

Enter the applicant organization's legal name.

Address*

Enter the applicant organization's address. For county, choose "other" if not in CA.

Phone Number*

Website URL (optional)

Facebook (optional)

Twitter (optional)

LinkedIn (optional)

Tax Exempt ID # or Employer ID #*

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

Legal Entity*

Please select the closest option for legal entity from the options below. This should match what the organization wrote in question 3 on the W-9:

- S Corporation
- C Corporation
- Partnership
- 501(c)(3)
- LLC
- Tribal
- Government Entity
- Sole Proprietor

- *Other*

If you chose Other for Legal Entity, please describe the entity type.*
(255 characters maximum)

Financial Audit*

Does the applicant organization have an annual financial audit?

Unique Entity Identifier*

Does your organization have a Unique Entity ID?.

- Yes
- No

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.

Pre-award Risk Assessment (PARA)*

Did you complete a PARA on behalf of your organization? You may complete this after you submit the application. However, as part of our due diligence process, The Center will follow up with you during the application review period if PARA is not yet complete. The results of the assessment will not affect eligibility or funding recommendations. You may complete the PARA using this [link](#).

- Yes
- Not yet

Organization CEO/Director Information *

Name
Title
E-mail Address
Phone

Applicant Contact Information * – *This person will be contacted if there are questions or updates regarding the application.*

Name
Title
E-mail Address
Phone

Financial Officer Contact Information – optional

Name
Title
E-mail Address
Phone

Contract Administrator Contact Information - optional

Name
Title
E-mail Address
Phone

Sponsored Entity Information

If applying for funds through a fiscal sponsor, the fiscal sponsor should be the applicant organization above. Provide information about the fiscally sponsored entity or project that will be implementing the program in the fields below.

Sponsored Entity Name*

Enter the sponsored entity's legal name.

Address*

Enter the sponsored entity's address. For county, choose "other" if not in CA.

Phone Number*

Website URL (optional)

Facebook (optional)

Twitter (optional)

LinkedIn (optional)

Annual Budget*

What is the sponsored entity's annual budget amount? Enter the amount in a decimal format (ie: \$250,000.00)

Contact from Sponsored Entity Information*

Name:

Title:

Email Address:

Phone:

Project Information

Project Name* (10 words maximum):

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

Briefly describe the proposed services and who will be served. The description must start with "To."

Project Start Date: May 1, 2025

Project End Date: April 30, 2027

Total Amount Requested: * \$_____ (*Up to \$300,000 for each application*)

Have you received a Native MAT Network (previously referred to as Learning Community) contract in the past: *

- No
- Yes
- If yes, which cycle?
 - SOR III (2023-2024)
 - SOR II (2021-2023)

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.)

Project Population*

Indicate whether the proposed project serves an urban area, rural area, or both.

Congressional District of applicant organization’s OR the sponsored entity’s primary location*

What is the applicant entity’s congressional district?

Congressional District(s) where organization’s OR the sponsored entity’s beneficiaries live*

What is the congressional district of the organization’s beneficiaries?

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, Purépecha): %
- Latino/Hispanic: %
- Middle Eastern or North African: %
- Pacific Islander: %
- White: %
- Other: % [please specify]

Narrative Questions

Organization Description*

Provide a brief overview of your organization including a) when it was established, b) your organization’s mission, and e) the types of programs you operate. (200 words maximum)

Need*

Provide a description of the need for MOUD services and the need to integrate cultural healing practices into current MOUD services at your organization and in your service area. Please include any data that is pertinent to the region, county, tribe, or organization. (200 words maximum)

Track Record*

Describe your organization’s history with providing substance use disorder services with tribal and/or urban Indian communities in California. (200 words maximum)

Building on Past Programming*

If you have been a funded partner under previous Native MAT Network funding, how will you actionize on learnings and progress from past contracts to achieve your new project goals? If you have never been funded under this program, please write “N/A.” (200 words maximum)

Use of Funds*

The Native MAT Network funding program’s purpose is to develop, operationalize, enhance and sustain MOUD services that emphasize the healing role of culture in engagement, prevention, treatment and recovery. Describe in detail your overall vision for how these funds will support these efforts? (300 words maximum)

Does your organization currently provide direct treatment for MOUD?*

- No
- Yes
 - If yes, how many patients are currently enrolled? _____
 - If no, please describe the current status of your organization in providing direct treatment for MOUD. Include your implementation timeline.

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)

Out of State Justification*

If your organization is based outside of California, please provide a detailed description of how you will serve Californians. Provide information about your California location and describe the partnerships you will utilize with California-based organizations. If your organization is based in California, please write “N/A.” (100 words maximum)

Attachments

Link to download the [Proposed Budget Template](#)

Link to download the [Project Description Template](#)

- Proposed project budget*
 - Download The Center’s Proposed Budget Template through the online application or use the link above. Fill it in and upload it in Excel format.
- Applicant organization’s W-9*
- Project description*
 - Download The Center’s Project Description Template through the online application or use the link above. Fill it in and upload it.
- Organizational Chart*
- Letter of support from organizational leadership (e.g. CEO, Health Director, Leadership Team, etc.)*
- MOU (if the applicant is a fiscal sponsor)