TRIBAL AND URBAN INDIAN COMMUNITY-DEFINED BEST PRACTICES

REQUEST FOR APPLICATIONS
RELEASE DATE: FEBRUARY 18, 2025
APPLICATIONS DUE: MARCH 20, 2025

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READ ALL INSTRUCTIONS AND CRITERIA CAREFULLY

Introduction

Request for Applications (RFA) Overview

This request for applications (RFA) contains information about the Tribal and Urban Indian Community Defined Best Practices (TUICDBP) program, 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 TUICDBP 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 TUICDBP 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. 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 providing resources. The DHCS Opioid Response Project focuses on populations with limited SUD treatment access, including youth, people in rural areas and American Indian and Alaska Native (AI/AN) tribal communities.

Tribal and Urban Indian Community-Defined Best Practices Background

With federal SAMHSA SOR grant funding, DHCS and tribal and urban Indian leadership created the California Tribal Medications for Addiction Treatment Project (TMAT). 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.

Local tribal leaders understand that Native culture is vital to the health and well-being of the community. Specifically, Native culture must be a permanent method for delivering SUD prevention, treatment and recovery support services. Culturally attuned services assist in motivating Native people to seek and engage in SUD programming, as culture supports are strength-based and support their cultural identity.

DHCS continues to support the development of culturally aligned SUD and OUD prevention, treatment and recovery services for California tribal and urban Indian communities and initiated the Tribal and Urban Indian Community Defined Best Practices (hereafter referred to as TUICDBP) program in 2020 to

increase access to care and reduce overdose morbidity and mortality. This RFA announces the TUICDBP funding opportunity for the 2025-2027 timeframe.

TUICDBP Program Overview

The TUICDBP program offers a unique funding opportunity for funded partners that supports deep discussion and planning on how traditional practices contribute to positive life change. This program supports local discussion and analysis of traditional practices related to behavior change and whether cultural practices should be integrated into local substance use treatment services and, if so, why.

Tribal best practices play an essential role in the prevention and treatment of substance use disorders, contributing significantly to community healing and individual recovery. Long-held practices are deeply rooted in the unique cultural heritage of tribes, emphasizing a connection to the community, spirituality, and the natural world. By combining these time-honored traditions with contemporary therapeutic techniques, Native communities are developing unique and effective programs that honor their culture, promote healing, and empower individuals on their recovery journeys. This culturally informed approach not only strengthens the individual but also nurtures the fabric of the community, paving the way for a healthier, more unified future. When Native people realize that their local treatment program is culturally attuned, they are more likely to reach out for help, become engaged in the treatment, stay longer in treatment and welcome the post-treatment transition to culturally meaningful supports to maintain their recovery.

Program Summary

Tribal and Urban Indian Community-Defined Best Practices (TUICDBP)	
Description of Funding Opportunity	This funding provides an opportunity for California tribal and urban Indian organizations to a) examine local cultural beliefs and traditional healing practices that could support substance use treatment and recovery services, b) develop plans for integrating cultural practices that are strength-based and support cultural identity into substance use treatment and recovery services, and c) implement tribal and urban Indian community-defined best practices into SUD services specifically serving tribal and urban Indian communities throughout California. For returning funded partners, this funding will focus on strengthening cultural best practice capacity and fidelity by building on past programming to increase scale, operationalize and sustain existing programs.
Due Date for Applications	March 20, 2025 at 1 p.m. PST
Estimated Award Amount	**Up to $300,000** for program activities
Estimated Number of Awards	Approximately 20 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 TUICDBP program.

Informational Webinar and Office Hours for Potential Applicants

A webinar for interested applicants will be held on **Thursday, February 27, from 11 a.m. – 12 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 Project website for review prior to the webinar.

In addition to the webinar, The Center and the TMAT 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 Wednesday, March 19, 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 to support the development and implementation of your local program goals and can assist with training and/or resource needs. The TA staff person can assist with facilitation of community discussions about local traditional practices and about how to incorporate 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 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.

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[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.

Examples of TA provided in this program include support with:
- creating or updating a strategic plan for traditional practices integration into SUD services
- developing or updating policies and procedures for traditional practices services
- improving partnerships between SUD services, behavioral health services and cultural practitioners
- building a cultural integration team
- facilitating community, program staff and administrative leadership meetings
- identifying cultural strength assessment tools
- working with your local team to create protocols for combining clinical and cultural assessments
- supporting harm reduction program development
- sharing recovery resources
- providing examples and support for culturally attuned marketing and promotional materials.
- galvanizing financial sustainability strategies for traditional practices
- identifying or developing training presentations on:
  - overview of opioids and treatment of OUD
  - historical trauma and generational impacts
  - trauma informed care
  - culture as SUD prevention
  - stigma awareness and stigma-busting tips

Expectations of Funded Partners to Participate in Technical Assistance

Funded partners will receive an orientation about 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 access to resources and support.
- allocate appropriate staff time to participate in all required 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.

TUICDBP Request for Applications

This RFA is specifically for California tribal and urban Indian organizations interested in developing culturally attuned substance use prevention, treatment and/or recovery services for Native people.

Eligibility Criteria

A statewide needs assessment was funded by the California TMAT Project and conducted and led by USC to better understand how to meet the specific needs of California's American Indian and Alaska Native urban and rural communities to reduce 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 programs[2].
To meet the minimum eligibility requirements, applicants must:

- be a tribal or urban Indian organization providing SUD prevention, treatment or recovery support services to American Indian and Alaska Native populations.
- have an established collaboration with a tribal or urban Indian SUD program in place, if applicant is a tribal or urban Indian non-profit organization providing cultural services exclusively.
- have their primary location in the state of California or if outside of the state, a location in California (note that all activities must take place in California). Priority will be given to California-based organizations.

Applicants must be able to demonstrate having:

- leadership, staff and board membership that reflect the racial, ethnic and cultural communities they intend to serve.
- deep investment in and history of working with the local tribal and urban Indian communities.
- commitment to actively seek ways to increase access to care by increasing the integration of cultural practices in local SUD prevention, treatment and recovery.
- staff capacity to participate in the TUICDBP program and engage with TA providers to develop culturally responsive, healing centered and trauma-informed approaches for integration into local SUD services.

Scope of Work

This funding opportunity is intended for California organizations and entities with demonstrated knowledge of the tribal and/or urban Indian experience, the strengths and healing capacity of cultural and traditional community-defined best practices, and the need for inclusion of those practices as key components of substance use prevention, treatment and recovery. This funding encourages programs to integrate tribal best practices by providing dedicated technical assistance and support to develop pathways to change that are founded in cultural strengths. This funding asks organizations to develop and implement a strategic plan that aims to build cultural best practice capacity at the program level and to deliver cultural programming to SUD prevention, treatment and recovery populations.

Program activities implemented through this funding opportunity must include the identification of local cultural and traditional community-defined best practices and/or the integration and implementation of these best practices into SUD and health care services.

Examples of Program Activities
Funded activities could include, but are not limited to:

- facilitating cultural programs that increase protective factors (e.g. workshops on using traditional medicines, canoe carving, Native language classes, drumming, dancing, regalia making sessions).
- building a coalition of tribal leaders, people who use drugs, service providers, tribal elders and other stakeholders to examine current treatment and recovery services and provide inputs on barriers to treatment.
- increasing staffing (e.g. Peer Support Specialist) to build out the infrastructure and capacity for SUD programming and cultural programming.

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[2] Soto C, West A, Unger J, et al. (2019). Addressing the Opioid Crisis in American Indian & Alaska Native Communities in California: A Statewide Needs Assessment. Retrieved from https://keck.usc.edu/i-caihre/wp-content/uploads/sites/84/2024/02/USC_AI_Report-compressed.pdf

- developing and facilitating training for SUD service providers to increase cultural awareness and strengthen cultural referral systems.
- developing and hosting culturally integrated support groups and recovery curriculum for Native people in recovery (e.g. Red Road and Wellbriety programming).
- distributing educational literature on MOUD.
- developing culturally relevant MOUD screening tools and assessments.
- tabling community events with information regarding OUD and gathering data about the community via surveys and questionnaires to inform future programming.
- hosting summits on OUD, SUD, and MOUD for service providers, tribal leaders and other stakeholders, with the intention of furthering education and partnerships.
- training community members on how to use Naloxone to reverse opioid overdose.
- traveling to various tribal communities to host SUD educational events.
- partnering with cultural consultants to improve and expand upon cultural programming and culturally responsive SUD programming.

Acknowledgements

The design of the TUICDBP program approach is to identify and engage local tribal and urban Indian cultural knowledge-keepers as core resources for the development of culture-driven substance use prevention, treatment, recovery and harm reduction services. In addition, this program:

- acknowledges the correlation between cultural healing with conventional substance use services and subsequent increases in tribal and urban Indian community member engagement with services.
- respects tribal sovereignty and the individual organizational goals of California tribes, urban Indian organizations and tribal grassroots organizations.
- supports peer-to-peer learning.
- understands the complexity of organizational and clinical practices change.
- demonstrates awareness of 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.

Multiple examples of culture- and community-based approaches developed by tribal and urban Indian communities exist across the state and the country. These efforts are often fueled by community desperation to create culturally meaningful care for Native people and developed with little financial resources. For example, mainstream approaches to substance use education, prevention and treatment have been culturally adapted to reach tribal and urban Indian people. Tribal and urban Indian recovery experts have developed Native-specific programs grounded in Native culture and holistic beliefs that address the physical, mental, spiritual and emotional aspects of healing and recovery.

Application Timeline

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

Application Deadline: March 20, 2025, 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: TUICDBP Application Help.

Application Selection Criteria

The Center will select applicants who present the most complete and responsive applications demonstrating the need for culture centered SUD services, partnerships with local behavioral health and/or substance use treatment and recovery services, and cultural knowledge-keepers as advisors 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 *Native Medications for Addiction Treatment Network for Healing and Recovery* 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 cultural practices you will establish for SUD service integration and be as specific as possible to mention what activities will be implemented.
- describe your proposed plan for the tribal community discussion of cultural practices and steps needed to identify cultural practices and integration into SUD services. If this is an area of technical assistance need, please include anticipated need(s).
- demonstrate strong internal organizational support of 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 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 fund approximately 20 organizations or entities with a maximum of $300,000 awarded per organization or entity. Funds awarded to organizations and entities participating in the TUICDBP program 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 this program 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 75[3]. See additional compliance components in the appendices of this RFA.

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[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.

Contracts will be deliverable-based, meaning funded partners need to demonstrate progress on process measures (e.g. number of planning meetings to discuss cultural practices, number of meetings with behavioral health and/or substance use treatment leadership regarding integration of cultural practices into the SUD service spectrum, selection of culture and strength-based assessment tools) 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 DHCS Opioid Response Project, 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 questions or if you do not feel that you will be able to meet the insurance requirements, please reach out to mataccesspoints@shfcenter.org, subject "TUICDBP 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).
- Submitting bi-annual narrative progress reports to The Center (e.g. narrative on progress, challenges, etc.)
- Annual site visit with TA provider and The Center staff (as appropriate). Site visits may be virtual or in person.
- Collect and report performance data using the approved GPRA measurement tool, if applicable.

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

Application Checklist

Initiate the funding application via our online portal. The link is also posted on The Center's MAT Access Points Project website. 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
- Letter(s) of support from organizational leadership (e.g. CEO, Health Director, Leadership Team, etc.)
- Non-profit organizations must provide letter of support from SUD Program Director if partnering with SUD program
- 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 "TUICDBP 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=bwZcPwlRRcc&feature=youtu.be

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

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.

Medication 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 (TA): 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 practices 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.

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

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[4] https://store.samhsa.gov/sites/default/files/opioid-use-disorder-facts.pdf
[5] Stimulant Use Disorder: Addiction Treatment for Veterans - Mental Health

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 TUICDBP.

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 contract 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 this funding. 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 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 TUICDBP 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.
- 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
Subcontractors 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 to funded partners.

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 for timeline of required reports.

Appendix F: Scope of Services
Each contract agreement will include the scope of services as outlined below.

TUICDBP Purpose Statement: To support the integration of community-defined best practices and substance use disorder services for tribal and urban Indian communities throughout the state of California.

Required	Task	Deliverable	Timeframe
✓	Complete subrecipient contract requirements.	Contract execution and compliance requirements • 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 desired outcomes indicated in the application.	• Quarterly UCLA data reports • Monthly GPRA submission, if applicable • Six-Month Progress Narrative • USC evaluation activities • Cumulative Final Narrative Report	See schedule below
✓	Increased integration of **best practices** and SUD services for tribal and urban Indian	Quantitative data collected through UCLA and USC	May 1, 2025 – April 30, 2027

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| communities as indicated in the application and budget. | | |

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

TUICDBP 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 may 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 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):

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 TUICDBP 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 c) the types of programs you operate. (200 words maximum)

Need*
Provide a description of the need for culture-based substance use prevention, treatment and recovery supports for California tribal and urban Indian people in your service delivery area. (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 TUICDBP 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 the TUICDBP program, please write "N/A." (200 words maximum)

Use of Funds*
The contract purpose is to support programs that are seeking to identify and integrate best practices in tribal and urban Indian substance use prevention, treatment, and recovery services in the county(-ies) you propose to work. Describe in detail your overall vision for use of these funds. (300 words maximum)

Sustainability*

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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)

<u>Attachments</u>

*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.
- Letter(s) of support from organizational leadership (e.g. CEO, Health Director, Leadership Team, etc.)*
- Non-profit organizations must provide letter of support from SUD Program Director if partnering with SUD program
- MOU (if the applicant is a fiscal sponsor)