

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

RFA Overview Webinar

April 2, 2025



THE CENTER
at Sierra Health Foundation

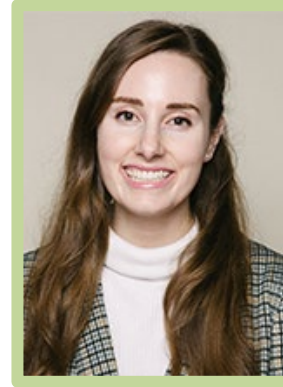
Our Team



Nora Dunlap
Managing Director
Opioid Use Programs



Madeline Sabatoni
Senior Program
Officer



Hannah Finegold
Program Associate



Jenavie Rivera
Program Assistant



THE CENTER

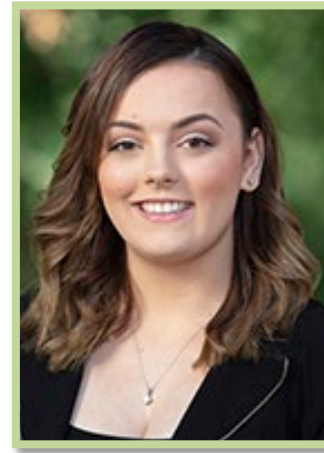
at Sierra Health Foundation

Our Team (continued)



**Keith
Wilson**

Senior Grant
Accountant



**Karissa
Rogers**

Contract
Administrator II



THE CENTER

at Sierra Health Foundation

Agenda

- Background
- The Funding Opportunity
- How to Apply



THE CENTER

at Sierra Health Foundation

Background



THE CENTER

at Sierra Health Foundation

The Center at Sierra Health Foundation

- Launched in 2012
- Brings people, ideas, and infrastructure together to create positive change in California
- Dedicated to health and racial equity
- Under the Opioid Use Programs department, administered by the State Opioid Funding team



THE CENTER

at Sierra Health Foundation

Program Goal

The California Department of Health Care Services (DHCS), in partnership with The Center at Sierra Health Foundation, is funding a third round of funding to improve access to medication-assisted treatment (MAT) services within nonprofit DHCS-licensed residential substance use disorder (SUD) facilities.

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

See RFA for more information (page 2)



Program Background

Since the passage of Senate Bill (SB) 992 in 2019 and SB 184 in 2022, residential SUD facilities licensed by DHCS are required to either offer MAT onsite or have a referral process in place for patients in need of MAT. DHCS-licensed residential SUD facilities intending to provide MAT services onsite must receive approval to provide incidental medical services (IMS). Despite having IMS approval, many licensed residential SUD facilities do not offer MAT within the facility.

See RFA for more information (page 3)

Program Background (continued)

The Increasing Medication-Assisted Treatment (MAT) Services within Department of Health Care Services (DHCS) Licensed Substance Use Disorder (SUD) Facilities project is funded by The California Department of Health Care Services' Opioid Response Project. The Opioid Response Project utilizes various funding sources, including state and federal resources, to support organizations throughout California in addressing the opioid crisis by supporting and expanding prevention, education, stigma reduction, harm reduction, treatment and recovery services for people with opioid use disorder (OUD), stimulant use disorder, and other SUDs.

The Center at Sierra Health Foundation (The Center) is DHCS' administrative entity for this project and will incorporate the applicable state rules and regulations into the terms and conditions of the contract agreements.

See RFA for more information (page 2)



The Funding Opportunity



THE CENTER

at Sierra Health Foundation

Program Scope

- To improve access to medication-assisted treatment (MAT) services within nonprofit DHCS-licensed residential substance use disorder (SUD) facilities.
- **Project Period:** July 1, 2025 – June 30, 2027 (24 months)

See RFA for more information (page 11)

Eligibility Criteria

Eligible organizations must meet all the following minimum requirements:

- Be a residential SUD facility licensed by DHCS and be located in the state of California.
- Be a non-profit, DHCS-licensed, adult or youth residential SUD facility.
- Have received IMS approval or commitment to receive the IMS approval within six months of award.

Note: Entities with multiple locations must apply for each eligible DHCS-licensed residential SUD facility separately. Awards are subject to funding availability.

See RFA for more information (page 4)

Program Tracks

- Track One: *Initiating MAT Services*
- Track Two: *Expanding Existing MAT Services*

See RFA for more information (page 5)

Program Tracks – Track One

Track One: Initiating MAT Services

This track is for DHCS-licensed residential SUD facilities that have IMS certification or will receive IMS certification within six months of the project start date, but do not currently have a MAT prescriber onsite or do not offer MAT services onsite. This funding is intended to be used for bridge and startup costs to allow for growth, scalability and sustainability of MAT services provided within the facilities.

See RFA for more information (page 4)

Program Tracks – Track One (continued)

Funding may be utilized to:

1. Recruit qualified practitioner(s) to offer MAT and cover initial bridge funding costs of the MAT prescriber salary specific to the funded project.
2. Remove any barriers to prescribing MAT onsite. This could include minimal renovations for prescribing space, MAT equipment or other MAT prescribing needs.
3. Bridge funding for MAT medications and funding for uninsured or under-insured MAT patients.
4. Provide trainings critical to increasing provider knowledge and comfort with MAT. Funds can be used to pay the cost of a provider's engagement in training and collaborative learning activities.
5. Promote staff-wide knowledge related to treating and addressing substance use with MAT, including knowledge around the effectiveness of MAT, non-stigmatizing language and other key aspects important to the patient maintaining adequate access to MAT. Funds may support staff trainings to improve the knowledge and skills of other staff involved in patient MAT care. Funds may only be used for staff-wide training if a provider onsite participates in education or mentorship activities related to actively prescribing MAT.
6. Train staff and patients on utilizing naloxone and for the distribution of naloxone to staff and patients.

See RFA for more information (page 5)

Program Tracks – Track Two

Track Two: Expanding Existing MAT Services

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

Funding may be utilized to:

1. Cover all allowable expenses and activities in Track One.
2. Stay up to date on recent trends in prescribing and understanding complex cases, including training and funding to cover prescriber time to attend trainings.
3. Undertake activities that will increase the facilities' number of board-certified addiction medicine specialists, including any training and funding for the prescribers' time to attend the training, along with other related costs.

See RFA for more information (pages 5-6)



THE CENTER

at Sierra Health Foundation

Program Tracks – Track One & Track Two

Funding Amounts:

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

Note: For Track One, majority of project funding should be dedicated to increasing the infrastructure and staffing capacity of facilities to provide opioid treatment services. This funding may be allocated, for example, to the one-time purchase of applicable equipment and material supports, as well as training and expanded capacity for direct treatment providers.

See RFA for more information (pages 6-7)

Selection and Evaluation Criteria

The most competitive applications will:

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

See RFA for more information (pages 9-10)



THE CENTER

at Sierra Health Foundation

Selection and Evaluation Criteria (continued)

The most competitive applications will:

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

See RFA for more information (pages 9-10)

Funding Information

Requirements:

- Applicants are required to adhere to the budget guidelines included in the Budget Templates.
- Applicants must submit their proposed budgets in the template format.
- Applications that do not conform to these templates will not be considered. All items budgeted must be inclusive of all costs, including taxes and fees, in U.S. dollars.
- Applicants are required to submit a detailed cost budget to assist The Center in establishing cost reasonableness of the final amount awarded to the site.

See RFA for more information (page 6)

Funding Information (continued)

Federal Funding Requirements

While applying:

- PARA
- Sam.gov registration (System for Award Management)
 - UEI

If awarded:

- Insurance/Compliance
- Reporting and Data Requirements
- GPRA
- Payment Schedule



THE CENTER

at Sierra Health Foundation

Funding Information (continued)

Federal Funding Requirements

Pre-Award Risk Assessment (PARA)

While applying:

- Completed during application period
- Assessing applicants to identify potential risks
- Responses will not affect eligibility or funding recommendations
- Brief survey taking 10-15 minutes to complete
 - Link also in application: [Pre-Award Risk Assessment \(PARA\) Form Survey](#)

See RFA for more information (page 20)

Funding Information (continued)

Federal Funding Requirements

Sam.gov/UEI

- Organization must register for a Unique Entity ID (UEI) before it can accept any funds
- Must register on Sam.gov
- Must have active SAM registration throughout contract period

See RFA for more information (page 10)



THE CENTER

at Sierra Health Foundation

If Awarded: Insurance/Compliance

- Completed after awarded, within 30 days of signing contract agreement
- Insurance must be maintained through the duration of the project and renewed if necessary
- Awarded organizations will receive an e-mail from “The Center@Sierra Health Foundation” via TrustLayer requesting the insurance documents indicated in the RFA

See RFA for more information (pages 10-11)

If Awarded: Reporting and Data Requirements

Report	Report Period	Due Date to The Center
Quarter 1 Data Report	7/1/25 – 9/30/25	10/31/25
Quarter 2 Data Report	10/1/25 – 12/31/25	1/31/26
Quarter 3 Data Report	1/1/26 – 3/31/26	4/30/26
Quarter 4 Data Report and Narrative Report	4/1/26 – 6/30/26	7/31/26
Quarter 5 Data Report	7/1/26 – 9/30/26	10/31/26
Quarter 6 Data Report and Narrative Report	10/1/26-12/31/26	1/31/27
Quarter 7 Data Report	1/1/27 -3/31/27	4/30/27
Quarter 8 Data Report	4/1/27 – 6/30/27	7/31/27
Final Narrative Report	7/1/25 – 6/30/27	7/31/27

See RFA for more information (page 12)

Note: awardees will be required to complete and submit direct services data to a data collection portal managed by UCLA, in collaboration with The Center.

If Awarded: Federal Reporting - GPRA

- The Government Performance and Results Act (GPRA) data will need to be submitted via online survey
- Surveys conducted at intake, six months after, and upon client discharge
- One training and one technical assistance webinar by Aurrera Health Group are required

See RFA for more information (pages 9-10)

If Awarded: Payment Schedule

Deliverable Based Payment Schedule

- Contractors need to demonstrate progress on startup measures (for example defined startup costs include equipment and material supports, training, etc.) and fulfill set deliverables.
 - Deliverables will be documented through narrative progress and data reports.
 - 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.

See RFA for more information (page 5)

Questions?



THE CENTER

at Sierra Health Foundation

How to Apply



THE CENTER
at Sierra Health Foundation

Grants Portal and Application Walk Through



THE CENTER

at Sierra Health Foundation

Application:



THE CENTER
at Sierra Health Foundation

MAT at DHCS-Licensed Facilities Round Three

☐ Save my progress and resume later | [Resume a previously saved form](#)

Be sure to read the **MAT at DHCS-Licensed Facilities Round Three** guidelines and instructions in the Request for Applications (RFA) carefully before beginning your application. Required fields and attachment uploads are marked with a red * (asterisk).

If you have questions, send an email to stateopioidfunding@shfcenter.org with the subject line: **MAT at DHCS-Licensed Facilities Round Three Application Online Help.**

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

After submission you will receive an email confirmation along with a printable PDF copy of your application.



THE CENTER
at Sierra Health Foundation

Application:



MAT at DHCS-Licensed Facilities Round Three

☐ Save my progress and resume later | [Resume a previously saved form](#)

Be sure to read the **MAT at DHCS-Licensed Facilities Round Three** guidelines and instructions in the Request for Applications (RFA) carefully before beginning your application. Required fields and attachment uploads are marked with a red * (asterisk).

If you have questions, send an email to stateopioidfunding@shfcenter.org with the subject line: **MAT at DHCS-Licensed Facilities Round Three Application Online Help.**

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

After submission you will receive an email confirmation along with a printable PDF copy of your application.



THE CENTER
at Sierra Health Foundation

Application

Applicant Information

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



THE CENTER

at Sierra Health Foundation

Application

Project Information

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



THE CENTER

at Sierra Health Foundation

Application

Questions for Project Narrative

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



THE CENTER

at Sierra Health Foundation

Attachments



THE CENTER

at Sierra Health Foundation

Application

Required Application Attachments

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

Application

Required Application Attachments

Required Attachments

Please note: Grant applications may not be considered if requested attachments are not included or completed.

Only upload your files with the final version. Uploading the same file many times will cause errors. If you must upload a new version of the file, change the file name.

Proposed Project Budget. Download The Center's budget form [here](#). Download it, fill it in, and upload it in Excel format. *

[Choose File](#) No file chosen

Proposed work plan. Download The Center's work plan [here](#). Download it, fill it in, and upload it in a PDF or Word format. *

[Choose File](#) No file chosen

Applicant organizations W-9. Upload the applicant organization's W-9 in PDF format. *

[Choose File](#) No file chosen

DHCS-issued facility license *

[Choose File](#) No file chosen

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

[Choose File](#) No file chosen

501(c)(3) letter or proof of non-profit status *

[Choose File](#) No file chosen



THE CENTER
at Sierra Health Foundation

Proposed Project Budget & Work Plan



THE CENTER

at Sierra Health Foundation

The Center Proposed Project Budget

Applicant Organization:
Tax ID/EIN:
Contract #:

Period Start: 7/1/2025
Period End: 6/30/2027

Project Budget
Period 1 07/01/25-
06/30/27 (24 Months)

Description

I. Personnel

4,176 work hours in budget period

Salaries	FTE		
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Payroll Taxes and Benefits			
I. Total Personnel		\$0.00	

II. Consultant Fees

1			
2			
3			
4			
5			
6			

Excel Version of Budget Template



THE CENTER
at Sierra Health Foundation

II. Consultant Fees			
1			
2			
3			
4			
5			
6			
7			
II. Total Consultants		\$0.00	
III. Other Expenses			
Office Supplies			
Postage			
Printing/Duplicating			
Lodging			
Airfare			
Mileage			
Other Travel			
Information/Materials			
Equipment			
Rent / Utilities			
Miscellaneous (List)			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
III. Total Other Expenses		\$0.00	
Total I, II, III. Direct Expenses		\$0.00	
Indirect (check agreement for max rate)		10%	
Total Grant Expenses		\$0.00	



THE CENTER
at Sierra Health Foundation

DELIVERABLE-BASED BUDGET TEMPLATE – TRACK ONE

ATTACHMENT BUDGET

TRACK ONE

Budget for Year 1 (07/01/2025 – 6/30/2026)

Deliverable	Deliverable Description	Amount	Delivery
D1	Contract Execution and Compliance Components (50%) <ul style="list-style-type: none"> Execution of contract agreement as well as completion of all required compliance components: <ul style="list-style-type: none"> Pre-award Risk Assessment Certificate of Insurance Sam.gov Active Registration ACH set up Executed Contract Participation in The Center's Onboarding Webinar Participation in the GPRA Reporting Webinar 	\$	July 2025
D2	Licensed Facility Establishment <ul style="list-style-type: none"> Receive IMS Certification application and submit copy to The Center 	\$	July – December 2025
D3	Licensed Facility Reporting (5%) <ul style="list-style-type: none"> Increase MAT services within facilities Complete and submit data report and submit to UCLA by 10/31/25 Complete and submit GPRA data through Aurrera portal every month MAT services are provided (July, August, September) 	\$	October 2025
D4	Licensed Facility Reporting <ul style="list-style-type: none"> Increase MAT services within facilities Complete and submit data report and submit to UCLA by 1/31/26 Complete and submit GPRA data through Aurrera portal every month facility is operational (October, November, December) 	\$	January 2026
D5	Licensed Facility Reporting <ul style="list-style-type: none"> Increase MAT services within facilities Complete and submit data report and submit to UCLA by 5/30/26 Complete and submit GPRA data through Aurrera portal every month facility is operational (January, February, March) 	\$	April 2026
Total Year 1	N/A	\$	

Microsoft Word Version Budget Template



THE CENTER
at Sierra Health Foundation

MAT AT DHCS-LICENSED FACILITIES ROUND THREE WORK PLAN

The work plan has five parts:

- **Goal and Objectives:** The goal and objectives are statements of what major accomplishments you expect to achieve. Objectives should be “SMART”:
 - Specific: Identify the specific change you want to see, including the individuals or groups that you want to see the change in.
 - Measurable: Identify how much change you expect to see.
 - Achievable: Be ambitious but realistic in what can be achieved in the funding period.
 - Relevant: Identify changes that are likely to affect the contributing factors in ways that will help you achieve the overall project goal.
 - Time-bound: All objectives should be achievable by the end of the grant period.
- **Annual objectives** should identify what can be achieved in each year.
- **Project activities that support the identified goal and objectives:** Identify the specific project activities needed to reach the identified goals and objectives.
- **Responsible staff and partners:** Identify the responsible partner/organization who will be implementing the specific activity.
- **Timeline:** Provide the start date and end date for each specific activity.

Example:	<i>Expand capacity to provide MAT services and improve access to MAT in DHCS-licensed residential SUD facilities.</i>		
Goal:			
Objectives (A., B., etc.)	A. <i>Increase internal staffing, capacity, and knowledge.</i> B. <i>Build infrastructure for follow-up appointments with clients.</i>		
Project activities that support the identified goal and objectives	Responsible staff/ partners	Timeline	
		Start Date	End Date
1. Recruit, interview, and hire two prescribing MAT Providers to expand MAT services (prescribing and monitoring) for patients with OUD. 2. Purchase technological equipment necessary for the provision of MAT services. 3. Expand MAT at facility. 4. Attend CSAM conferences and/or other professional development training.	1. Project Lead will develop materials and provide recruitment training 2. Project Lead will develop materials and Partner Organization will provide recruitment 3. Training developed by (organization name) and delivered by Lead Staff (Name)	1. 07/1/2025 2. 07/1/2025 3. 07/01/2025 4. 10/01/2025	1. 11/30/2025 2. 11/30/2025 3. (Ongoing) 4. (Ongoing)

Microsoft Word Version of Work Plan

Questions?



THE CENTER
at Sierra Health Foundation

Application Submission Tips

- Submit application before the deadline date
- Write response to the narrative question outside of the application portal, then cut and paste your response in the appropriate field
- As you write responses, track your word count
- Do not spell out dates. For example: write 10/26, not October 26th
- For multiple answers from a drop-down list:
 - For PC users, press and hold the Control key and click on each choice
 - For Mac users, press and hold the Command key, then click each choice on the drop-down menu
- On the portal, you may click “Save my progress and resume later” at any time

Note: You may only submit your application once.

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



THE CENTER

at Sierra Health Foundation

Application Checklist

- ✓ Review [Request for Applications \(RFA\)](#) and Funding Overview
- ✓ Complete the application in the [online portal](#) and ensure you have the required application attachments:
 - ☐ Proposed project budget completed in The Center's Proposed Budget Template
 - ☐ Proposed work plan completed in The Center's Proposed Work Plan Template
 - ☐ Applicant Organization's W-9
 - ☐ DHCS-issued facility license
 - ☐ Proof of IMS certification (or confirmation of intent to receive IMS certification within six months)
 - ☐ 501(c)(3) letter or proof of nonprofit status

See RFA for more information (pages 14-15)

Application Timeline

Application deadline → **April 30th, 2025 at 1 p.m. (PST)**

Review of applications → May 2025

Approximate award announcement → Mid-June 2025

See RFA for more information (page 13)



THE CENTER

at Sierra Health Foundation

Contact Us

If your question was not answered, e-mail questions to stateopioidfunding@shfcenter.org with the subject line: “MAT at DHCS-Licensed Facilities Round Three RFA Question”

Additional Resources

www.mataccesspoints.org

www.shfcenter.org

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



Questions?



THE CENTER

at Sierra Health Foundation

Thank you!



THE CENTER
at Sierra Health Foundation