

HEALTH EQUITY IN ACCESS TO BEHAVIORAL HEALTH RECOVERY SERVICES (HEAR US) PHASE 2

REQUEST FOR APPLICATIONS

AUGUST 2023



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 under-resourced communities in California. For information about The Center, visit www.shfcenter.org.

The Behavioral Health Recovery Services Project is part of the California Department of Health Care Services (DHCS) Behavioral Health Response and Rescue Project, which aims to increase access to and utilization of behavioral health care for all Californians. This funding opportunity is provided by DHCS in partnership with The Center at Sierra Health Foundation.

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READ ALL INSTRUCTIONS AND CRITERIA CAREFULLY

Background

The Center for Health Program Management (The Center) was founded by Sierra Health Foundation in 2012 as an independent 501(c)(3) nonprofit organization. With offices in Sacramento and Fresno, The Center pursues the promise of health, racial equity and racial justice 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.

Health equity means achieving the highest possible standard of health for all people, giving special attention to the needs of those at greatest risk of poor health, based on social conditions.¹ Commitment to racial equity means working “to address root causes of inequities, not just their manifestation... [including] the elimination of policies, practices, attitudes and cultural messages that reinforce differential outcomes by race or fail to eliminate them.”² Racial justice encompasses racial equity and adds an explicit focus on “building civic, cultural, and political power by those most impacted.”³

ABOUT THE PROGRAM

The Behavioral Health Recovery Services Project is managed by The Center under contract with the California Department of Health Care Services (DHCS) and is part of a larger statewide initiative by DHCS (<https://www.dhcs.ca.gov/services/MH/Pages/The-Behavioral-Health-Response-and-Rescue-Project.aspx>). The Behavioral Health Recovery Services Project is funded with ARPA federal funds and thus requires additional restrictions.

The Center will award subrecipient agreements to organizations across California that provide behavioral health recovery services to individuals experiencing severe mental illness (SMI), serious emotional disturbance (SED) and substance use disorder (SUD). The Center provides administrative support and technical assistance to these organizations throughout the agreement period. The project's overarching goal is to increase the number and quality of culturally responsive behavioral health recovery services and programs statewide tailored to local needs, along with increasing access and utilization of behavioral health services by underserved communities.

GEOGRAPHIC CONSIDERATIONS

Funding will be distributed throughout California.

1 Braveman, P. What are Health Disparities and Health Equity? We Need to Be Clear. Public Health Reports. 2014;129(1_suppl2):5-8. <https://journals.sagepub.com/doi/10.1177/00333549141291S203>

2 <https://www.racialequitytools.org/resources/fundamentals/core-concepts/racial-equity>

3 Sen, Rinku & Villarosa. Grantmaking with a Racial Justice Lens: A Practical Guide. Philanthropic Initiative for Racial Equity. 2019. <https://racialequity.org/grantmaking-with-a-racial-justice-lens/>

THE FUNDING OPPORTUNITY: HEALTH EQUITY IN ACCESS TO BEHAVIORAL HEALTH RECOVERY SERVICES (HEAR US)

With support and direction from DHCS, The Center designed the HEAR US project in collaboration with Health Management Associates to engage with BIPOC communities, 2S/LGBTQ+ communities, and people with lived disabilities to help improve access to and utilization of behavioral health recovery services. In 2022 and 2023, 12 partner organizations (and three additional focus groups at a later stage) were engaged in developing a roadmap and plan with actionable strategies to improve the accessibility, utilization and quality of behavioral health recovery services (see Appendix D and Appendix E). This funding opportunity will support the implementation of the roadmap created in Phase 1 of this project. Funded projects must contribute to one or more of the five identified key recommendations of the roadmap:

1. Culturally responsive services and systems
2. Low-barrier access to services
3. Integrated peer support across the recovery continuum
4. Harm reduction approaches to drug use and recovery
5. Addressing the needs of the whole person

Organizations should recognize that severe mental illness (SMI), serious emotional disturbance (SED) and substance use disorder (SUD) are complex conditions and require multi-pronged approaches that address other aspects of a person's physical, mental, and emotional health and the social conditions that often affect access to care. These conditions may include, but are not limited to, language accessibility, lack of person-centered care plans, cost of health care, stigma and discrimination in care settings, high threshold services that interrupt people's ability to care for themselves, lack of recovery housing, treatment wait lists, and cultural barriers.

Applicants should have deep involvement with and knowledge of the community and culture, the skill set to provide culturally responsive mental health and substance use co-occurring services, an awareness of their own biases, a trauma-informed care approach, and utilization of a whole person lens. This funding opportunity encourages working in collaboration with other groups and allows for subcontracting by the lead organization.

SCOPE OF WORK

Successful proposals must intend to use this funding to implement projects that support the roadmap focus areas. These projects can be categorized as outreach and education, direct services, or policy/sustainability programs around the five focus areas listed above. Those focus areas are not meant to be siloed, but instead should be highlighted and reflected in each project. There should be overlap across the areas, and the examples provided in Appendix E are not exhaustive.

1. By creating programs that are **culturally responsive**, there will be an increase in equitable access to recovery services by designing systems, services, and workforces with the communities to meet their needs.
2. By providing **low barrier access to services**, programs can improve access to recovery-oriented services that are unique to communities.
3. By **integrating peer support across the recovery continuum**, programs can ensure equitable access to long-term recovery treatment and provide opportunities to engage people and provide support beyond treatment.

4. By using the **harm reduction approach**, programs can be designed to meet people where they are in their recovery. This will build trust and relationships through harm-reduction strategies and strengthen equitable access to treatment and recovery support.
5. By creating programs that link and support health-related social needs such as housing, food, and employment, **the needs of the whole person will be addressed** to positively impact the person's recovery.

Grant Categories	
Recovery services and education (\$1,000,000 maximum)	Will focus on providing behavioral health recovery services with a strong grounding in racial and health equity. May include individual and group counseling, creating peer support programs, staff training, developing culturally responsive care, and providing other improved services for BIPOC communities, 2S/LGBTQ+ communities, people with lived disabilities, and other communities with inequitable access to appropriate behavioral health recovery care. Projects awarded in this category will seek to document and uplift improvements in the promotion and delivery of behavioral health services, especially as reflected in the approaches and strategies outlined in the Appendix E and Appendix F.
Local sustainability and systems change (\$250,000 maximum)	Will focus on creating systems change to promote the financial and programmatic sustainability of behavioral health recovery services for BIPOC communities, 2S/LGBTQ+ communities, people with lived disabilities, and other communities with inequitable access to behavioral health recovery care. For example: working to build or expand local or regional coalitions; coordinating resources across government, the healthcare system and community-based organizations; developing policies and procedures that promote a health equity approach to behavioral health recovery services; or implementing training programs for behavioral health providers. Projects awarded in this grant category will demonstrate a commitment to meaningful involvement with the aforementioned communities and a substantial track record of serving one or more of those populations.

ELIGIBILITY CRITERIA

The Center will fund applicant organizations (and their partners) that meet the following minimum requirements:

- Located in California and licensed/registered to do business in the State of California.
- Provide services in California.
- Are a 501(c)(3) community-based organization, Tribal organization, or a County Behavioral Health Department with established and trusted community relationships. Also open to coalitions of organizations and collaboratives, as long as the backbone organization is an eligible applicant. If an organization is a nonprofit but does not have 501(c)(3) status, they may use a qualifying fiscal sponsor that meets the other eligibility criteria.

- Must be deeply invested in, engaged with and reflective of impacted BIPOC communities, 2S/LGBTQ+ communities, and/ or people with lived disabilities (For example: through representation on the board and staff, clients served and neighborhoods worked in.)
- Have a demonstrated history of working with impacted communities.
- Have demonstrated evidence of inclusivity and shall not discriminate based on race, color, religion, creed, gender, gender expression, age, national origin, ancestry, disability, marital status, sexual orientation, or military status in any of its activities or operations.
- Must take innovative approaches to program implementation and commit to all grant requirements, including the evaluation.

SELECTION AND EVALUATION CRITERIA

DHCS will approve applicants who present the most complete and responsive applications and demonstrate the most favorable mix of credentials and capacity, creativity and potential, and cost. Applications will be reviewed on how well-proposed activities match the intent of the funding opportunity, anticipated overall impact, the strength of the project team and proposal, and the potential for sustainability of efforts after funding ends. The Center will also be working to ensure that selected applicants demonstrate a geographic mix from various areas of the state and that the communities that are served are BIPOC, 2S/LGBTQ+ and/or people with lived disabilities.

Qualified organizations should demonstrate:

- A deep understanding of recovery-oriented behavioral health services needed in their racial, ethnic, cultural and/or geographic area of focus in California.
- Commitment and experience in providing culturally relevant services and addressing social inequities.
- A trauma-informed care approach to providing services using a variety of culturally and linguistically responsive methods.

The most competitive applications will:

- Reflect the principles outlined by the Roadmap to Improve Access and Recovery for Communities in Recovery and incorporate some of the **actionable strategies** along with other ideas which support the roadmap principles to help improve access to and utilization of behavioral health recovery services for the identified under-resourced community.
- In this new and/or improved system model of care that is anticipated from this grant implementation, identify at least one **organizational strategy** that will help improve access and equity (e.g., training, workforce development); at least one **service strategy** that improves how your organization delivers or outreaches to under-resourced communities to increase effective engagement with existing services provided (e.g., education and outreach targeting local ethnic media for the specific ethnic community); and at least one **community or system strategy** that requires that they gain and/or utilize insight, feedback or input from the identified communities that they are serving with this project (e.g., creating a community advisory body or developing a countywide peer system program).
- Provide a detailed description of exactly what its plans are and how they will be implemented: who will be involved, what they will do, a clear and realistic timeline of activities, and concrete, measurable objectives.
- Identify how desired outcomes will be demonstrated and tracked.
- Have a concrete plan for incorporating proposed activities into the organization's current workflow and describing how some or all efforts will be continued after the grant ends.
- Include a sufficiently detailed budget that tightly aligns with proposed activities.

- Affirm the organization’s ability to submit regular data and financial progress reports.

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

EXAMPLES OF POTENTIAL FUNDED ACTIVITIES

- Innovative programming to support people’s recovery from Serious Mental Illness (SMI), Serious emotional Disturbance (SED), and Substance Use Disorder (SUD) by increasing access to evidence-based care and treatment, and services tailored to the cultural and other needs of BIPOC communities, 2S/LGBTQ+ communities, and people with lived disabilities.
- Culturally rooted and healing-centered activities like traditional healing practices (sweat lodges, smudging, pipe ceremonies), culturally specific therapies (acupuncture, acupressure, drumming, singing, and dancing), peer support programs that are culturally responsive, partnering with local organizations and traditional healers to provide integrated care.
- Peer worker training and certification (e.g., certification programs for peer support specialist and recovery coaches to ensure they have the necessary skills, stay up to date on the latest research and best practices, and increase work with diverse populations).
- Increasing and expanding the use of county agencies’ funds from the Mental Health Services Act and state innovation funds to promote locally and culturally informed efforts to address mental health, behavioral health, and substance use including:
 - a) The development of local recovery community support institutions.
 - b) The creation of strategies and educational campaigns, trainings, and events to reduce recovery-related stigma and discrimination at the local level.
 - c) Expansion of evidence-based recovery models for SMI, SED and SUD, as well as the provision of recovery resources and support system navigation.
 - d) Improved accessibility of peer recovery support services that support diverse populations.
 - e) Collaboration and coordination with local private and nonprofit clinical health care providers; the faith community; city, county, state and federal public health agencies; and criminal justice response efforts in expanding recovery services.
 - f) Developing sustainably funded behavioral health recovery programs within the newer CalAIM and Drug Medi-Cal ODS programs.
- Personnel for program/services and for participating in monthly sessions with The Center and for planning, implementing, and reporting on listening sessions and/or focus groups.
- Translation/interpretation services.
- Meeting space and facilitation services.
- Travel for in-person sessions and/or client transportation.
- Technology and technology access (e.g., laptops, webcams, zoom account).
- Outreach and awareness of educational materials’ development and distribution.
- Training and engagement of funded partners’ constituency (i.e., clients, consumers, family members, residents) to co-lead, facilitate, and participate in the standards of the care implementation process through participant advisory boards or other means.
- Non-cash incentives for program participants to attract and retain them in the service or prevention program. For certain types of engagement, a maximum cash value of \$30 for incentives per engagement is allowable. The non-cash incentives can include items such as gift cards, bus passes, prizes, food, and outreach items such as pencils or t-shirts containing program identification.

WHAT WILL NOT BE FUNDED

- Debt retirement.
- Operational deficits.
- Partisan activities.
- Religious organizations for explicit religious activities.
- Activities that exclusively benefit the members of sectarian or religious organizations.
- Purchase of properties or capital investments.
- Expenses incurred after the project period or prepaid expenses beyond the project period.
- Acquisition, operation, or maintenance of computer software in violation of copyright laws.
- Support of lobbying or advocacy activities aimed at any legislative body, government agency, department, division or board. To the extent the contractor engages in such activities during the contract period, they should be prepared to demonstrate that the activities were fully supported with other sources of funding.
- Funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder.
- Funds cannot be provided to any individual or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See U.S. statutory requirements [here](#). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the Drug Enforcement Administration and under a Food and Drug Administration-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.
- Funds may not be used to make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.
- Funds shall not be utilized for services that can be supported through other accessible sources of funding, such as other federal discretionary and formula grant funds (e.g., HHS, CDC, CMS, HRSA and SAMHSA), Department of Justice (OJP/BJA) and non-federal funds, third-party insurance and sliding scale self-pay, among others.

Please also read Appendix B, which highlights additional standard funding restrictions.

BUDGET GUIDELINES

Applicants are required to adhere to the budget guidelines included in the Budget Template. Applicants must submit their proposed budgets in the template format. Applications that do not conform to this template will not be considered. All items budgeted must be inclusive of all costs, including taxes and fees in U.S. dollars.

- Applicants are required to submit a detailed cost budget and budget justification to assist The Center in establishing cost reasonableness of the final fixed price amount awarded to the funded partner and the appropriate amounts for each annual payment made to the awardee.
- Projects should be budgeted for an 18-month period.
- Carry-over of funds is not allowable. Any funds not used by June 30, 2025, will be forfeited, and must be returned.
- Funds are not to supplant existing efforts.
- Indirect costs under this opportunity are limited to a de minimis rate of 10% of modified total direct costs as defined in 45 CFR Part 75 of the Code of Federal Regulations.
- Federally negotiated indirect cost rates for organizations may be accepted. Please be prepared to share documentation on the negotiated indirect cost rate.

- Travel: Budgets should reflect the four in-person convenings that are tentatively scheduled to take place in Sacramento, including enough for at least two lead staff members to attend. (The location may change, so if you are in Northern California please budget for at least two convenings in Southern California.)
- No match is required for this grant.
- A smaller request is just as important as a larger request. Joint applications will be considered for those that wish to partner, but the lead organization must be identified and will serve as the fiscal agent.

Please also read Appendix B relating to standard funding guidelines.

APPLICATION DENIAL APPEAL PROCESS

The Department of Health Care Services does not provide a protest or appeal process against award decisions made through this funding opportunity, and applicants submitting responses to these types of RFAs are not able to protest or appeal against the award. All decisions are reviewed and approved by DHCS and will be final.

ADDITIONAL IMPORTANT GRANT INFORMATION

- This HEAR US (Phase 2) RFA is an open application process.
- If application requests exceed available funding, the review committee will consider factors such as geographic diversity, the under-resourced population or service area, and the prevalence of opioid use or stimulant use disorder in the population served.

PROJECT REQUIREMENTS

Awardees/Grant partners must be willing to:

- Participate in grant orientation sessions.
- Participate in all learning collaborative meetings (two hours monthly taking place virtually, except for four in-person, all-day collaborative meetings every six months).
- Participate in external evaluations led by UCLA and a third-party evaluation team by providing information on project updates and other data collection and programmatic activities.
- Comply with all reporting and financial requirements.

PROJECT TIMELINE

Contracts will cover activities for the period between December 1, 2023 to June 30, 2025.

Awardees must be willing to participate in the following minimum activities:

Grant Orientation Focusing on Contract (virtual/tentative)	November 16, 2023 10:00 a.m. to 11:00 a.m.
Grant Orientation Focusing on Project (In-person)	December 7, 2023 10:00 a.m. to 3:00 p.m. Learning Collaborative Meeting #1

<p>Virtual Monthly Learning Collaboratives</p>	<p>January 25, 2024 10:00 a.m. to 12:00 p.m. Learning Collaborative Meeting #2</p> <p>February 22, 2024 10:00 a.m. to 12:00 p.m. Learning Collaborative Meeting #3</p> <p>March 21, 2024 10:00 a.m. to 12:00 p.m. Learning Collaborative Meeting #4</p> <p>April 25, 2024 10:00 a.m. to 12:00 p.m. Learning Collaborative Meeting #5</p> <p>May 23, 2024 10:00 a.m. to 12:00 p.m. Learning Collaborative Meeting #6</p> <p>July 25, 2024 10:00 a.m. to 12:00 p.m. Learning Collaborative Meeting #8</p> <p>August 22, 2024 10:00 a.m. to 12:00 p.m. Learning Collaborative Meeting #9</p> <p>September 26, 2024 10:00 a.m. to 12:00 p.m. Learning Collaborative Meeting #10</p> <p>October 24, 2024 10:00 a.m. to 12:00 p.m. Learning Collaborative Meeting #11</p> <p>January 23, 2025 10:00 a.m. to 12:00 p.m. Learning Collaborative Meeting #13</p> <p>February 10:00 a.m. to 12:00 p.m. Learning Collaborative Meeting #14</p> <p>March 20, 2025 10:00 a.m. to 12:00 p.m. Learning Collaborative Meeting #15</p> <p>April 24, 2025 10:00 a.m. to 12:00 p.m. Learning Collaborative Meeting #16</p> <p>May 22, 2025 10:00 a.m. to 12:00 p.m. Learning Collaborative Meeting #17</p>
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In-Person Learning Collaboratives	<p>December 7, 2023 10:00 a.m. to 3:00 p.m. Learning Collaborative Meeting #1</p> <p>June 27, 2024 10:00 a.m. to 3:00 p.m. Learning Collaborative Meeting #7</p> <p>December 12, 2024 10:00 a.m. to 3:00 p.m. Learning Collaborative Meeting #12</p> <p>June 26, 2025 10:00 a.m. to 3 p.m. Learning Collaborative Meeting #18</p>
Monthly Coaching Begins	December 2024 to June 2025 (One hour check-in with Technical Assistant Coach)

FEDERAL COMPLIANCE

This project is funded by the DHCS Behavioral Health Recovery Services HEAR US Phase 2 program. If awarded, subrecipients will need to complete pre-award compliance requirements before funding is disbursed. This includes the following:

Pre-award assessment: In compliance with federal regulations (2 CFR 200.331(b)), The Center is required to assess subrecipients prior to the execution of contracts to identify potential risks. While this pre-award risk assessment is a required component of the contracting process and ensures organizations have the financial capacity to complete the work, responses to the assessment will not affect eligibility or funding recommendations. The decision to accept the receipt of federal funds requires an intention to submit detailed documentation and to meet compliance considerations when receiving this type of funding.

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 on SAM.Gov instead of a DUNS number. Organizations that already have DUNS number should automatically have been assigned a Unique Entity ID. Please see [Quick Start Guide for Getting a Unique Entity ID \(shfcenter.org\)](https://shfcenter.org) for getting a Unique Entity ID.

Federal Financial Accountability Transparency Act (FFATA) data collection: Organizations funded under the BHRSP HEAR US Phase 2 project will need to share additional information in accordance with the FFATA. Executive compensation information will not be requested if any of the following conditions are true:

- No executive in the organization has a gross income of \$300,000 or more.
- The organization receives 80% or less of its annual gross revenues from federal government sources.
- The organizational revenue is less than \$25 million annually.
- The organization currently reports executive compensation to the Securities and Exchange Commission (SEC).

INSURANCE REQUIREMENTS

There will be insurance requirements under these agreements, the costs of which can be built into the project budget (see Appendix B). Once funds have been awarded, communication will be sent to awarded organizations to upload the insurance documents and demonstrate compliance with all insurance requirements. Payment will not be released until insurance compliance requirements are met. The Center recognizes that the terms and coverage conditions for insurance requirements are technical in nature. If you need additional support to answer these questions, you can contact recoveryservices@shfcenter.org. If you do not feel you will be able to meet the insurance requirements, please reach out to recoveryservices@shfcenter.org with the subject "HEAR US + Insurance Requirements."

REPORTING REQUIREMENTS

Grantees shall comply with any federal or state data reporting requirements. Grantees must submit quarterly reports documenting progress in completing the activities in their Scope of Work (SOW), including accomplishments, barriers encountered and next steps to further achievement. As needed, DHCS will request additional data reports.

Potential performance measures may include, but are not limited to, the following:

- Service Availability.
- Service Utilization and Engagement.
- Client Demographics.
- Staffing.
- Staff Demographics.
- Collaboration and Coordination.
- Training and Technical Assistance.
- Outreach.
- Sustainability.

Funded partners will be required to participate in an evaluation using the appreciative inquiry method led by a third-party evaluator contracted by The Center. Appreciative inquiry is a participatory approach to evaluation that seeks to identify and build on what works well. The Center will contract with an evaluation consultant to lead the funded partners in a reflection process on the high points and successes of their projects and the features of their strategies that contributed to the successes. The consultant will synthesize information across the projects to provide a summary to The Center, The Department of Health Care Services and other stakeholders, with the intention to further build the field of behavioral health recovery.

Program Reports will follow the timeline below:

Report Period	Due to UCLA / The Center
January 1 – March 31, 2024	April 19, 2024
April 1 – June 30, 2024	July 19, 2024
July 1 – September 30, 2024	October 18, 2024
October 1 – December 31, 2024	January 17, 2025
January 1 – March 31, 2025	April 18, 2025
April 1 – June 30, 2025	July 18, 2025

Financial Reports:

Awarded organizations will submit financial reports on their BHRSP HEAR US actual expenditures and are required to submit financial reports for the duration of the contract period. Financial reports will be submitted via an online portal. In addition to the financial report submitted, backup documentation should be provided at the time of submission. This may include a detailed expenditure listing or General Ledger. These documents must include the description of the expense incurred, vendor, category, date of expense and the exact amount allocated to the grant (or the allocation methodology). Receipts/invoices are not required at the time of financial report submission but should be kept on file in case of a desk review/audit.

Cumulative Final Reports:

Awarded organizations will submit cumulative final reports due one month after their contract end date: July 30, 2025. The cumulative report will include a narrative report and a financial report. The narrative report will detail the activities and work completed throughout the BHRSP contract period, including a summary of the project, major accomplishments, and major barriers. The financial report will provide confirmation of the budget spend-down throughout the project contract period.

TRAINING/TECHNICAL ASSISTANCE REQUIREMENTS

Awarded organizations will be offered training and/or technical assistance opportunities provided by The Center and other partners. Opportunities will include but may not be limited to: Learning Collaborative meetings, one-on-one technical assistance coaching, or other technical assistance opportunities.

INVOICE SCHEDULE

Responsive payment schedule: Understanding that a significant infusion of resources upfront may be a challenge for program implementation, The Center will offer flexible and phased payments. Payments will be issued based on the achievement of a set of agreed-upon deliverables as defined in the subrecipient agreement. Upon execution of the subrecipient agreement and completion of insurance requirements, 40% of the grant award will be given to partners to help cover upfront costs. Additional payments will be made once the partner successfully submits an invoice and required data demonstrating progress and impact.

Invoice	Period	Due Date to The Center
Invoice 1	11/1/2023 – 6/30/2024	7/15/2024
Invoice 2	7/1/2024 – 12/31/2024	1/15/2025
Invoice 3	1/1/2025– 6/30/2025	7/15/2025

PAYMENT SCHEDULE

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

- **Payment 1:** 50% upon execution of contract and the completion of all compliance components.
- **Payment 2:** 40% based on achievement of project deliverables between November 1, 2023 and June 30, 2024, and project deliverables between July 1, 2024 and December 31, 2024 (reflecting Invoice #1 and Invoice #2).

- **Payment 3:** 10% based on achievement of project deliverables between January 1, 2025 and June 30, 2025 (Invoice #3). This will include receipt and approval of final cumulative report and expenditures information.

APPLICATION TIMELINE

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

Proposers’ webinar:	August 22 and August 23 at 10 a.m.
Application due:	September 19, 2023 at 5:00 p.m. (Pacific Time).
Review of applications:	September and October 2023.
Approximate award announcement:	November 2023.
Approximate date subrecipient agreement issued:	December 2023.

NOTE: All funding will be backdated to December 1 even if agreements are signed after December 1.

To be considered, organizations must submit applications online by 5:00 p.m. (Pacific Time) on the deadline date of **Tuesday, September 19th.**

Proposals received after the due date/time will not be reviewed. Submission before the deadline date is highly advised in case you experience technical difficulties with submitting your proposal.

PROPOSERS’ WEBINARS

We have scheduled one proposers’ webinar to review this funding opportunity, the application process and to answer questions. The webinar will be held on **August 22 and August 23 at 10 a.m.** Participation in the webinar is strongly recommended, though not required. The webinar will be recorded and posted on The Center’s website for review.

Please register for the proposers’ webinars here:

Tuesday, August 22, 2023, 10:00 a.m. – 11:30 a.m.:

<https://us06web.zoom.us/meeting/register/tZcpf-yhrj4vG92XEIWcZC0YBXOSpAWrfBBx>

Wednesday, August 23, 2023, 10:00 a.m. – 11:30 a.m.:

<https://us06web.zoom.us/meeting/register/tZ0qfuqprT8uHNU5msgUxhYZ5Q9x1Ets5DN0>

If you need translation services for the webinar, please reach out to recoveryservices@shfcenter.org prior to August 18.

The Center is committed to assisting potential applicants who are interested in applying for funding. Listed below are several scheduled technical assistance office hours. Each session is designed to provide essential application support as well as helpful tips and suggestions in a clear, user-friendly manner. Office hour attendance is optional but recommended.

Please register here for any application assistance office hours:

Thursday, August 31, 2023, 10:00 a.m. – 11:00 a.m.:

<https://us06web.zoom.us/meeting/register/tZAvC-CvqTlpGNU2sPQFk83YqxxqzNrkJn1l>

Wednesday, September 6, 2023, 3:30 p.m. – 4:30 p.m.:

https://us06web.zoom.us/meeting/register/tZEkdO2urT8pHtDYNe_wvMEz4sYg-GKyf_hG

IMPORTANT APPLICATION GUIDELINES

To help us process your application, please follow these submission guidelines:

- We encourage you to submit your application before the deadline date in case you need help with any of the RFA components.
- Applications are due no later than 5:00 p.m. (Pacific Time) on September 19, 2023.
- Submit the application via our online portal through <https://sierrahealth.tfaforms.net/105> You will then use another link received via e-mail to continue working on your saved application.
- When working on your application in the portal, use Microsoft Edge (formerly known as Internet Explorer) as the browser when working on a PC. Use Safari as the browser when working on a Mac.
- Respond to all required fields (marked with an *).
- Upload all attachments listed under “Application Checklist” below.
- In the portal, you may click “Save & Finish Later” at any time. You will receive an e-mail with a link to return to your in-progress application.
- Click “Save & Finish Later” if you won’t be working on your application for a few minutes.
- You may submit your application only once. Be sure your application is complete and accurate, including all 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 recoveryservices@shfcenter.org with the subject line: Application Online Help.

Send questions and inquiries related to this funding opportunity to recoveryservices@shfcenter.org with the subject line: HEAR US RFA Question

APPLICATION ATTACHMENTS CHECKLIST

- Complete the HEAR US application form at: <https://sierrahealth.tfaforms.net/105>. The link is posted on the [Behavioral Health Recovery Services website](#).
- Proposed budget and budget justification completed with The Center’s template: Download The Center’s budget form in the “Required Attachments” tab of the online application form, fill it in and

upload it. Please describe expense line items and what they will support using the available space on the budget form.

- Applicant organization's W-9.
- Proof of public or private nonprofit organization status through the IRS Determination Letter (required).
- Project work plan.
- Most recent audit.
- Organization chart (optional).

Incomplete applications will not be reviewed. Applications received after the above deadline will not be considered.

APPENDIX A

1. APPLICATION

****THIS IS FOR REFERENCE ONLY. PLEASE SUBMIT YOUR OWN APPLICATION USING THE ONLINE PORTAL ****

If you are unable to submit your application online or need help, please contact us at recoveryservices@shfcenter.org with the subject line: Application Online Help.

Instructions:

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

HEAR US Phase 2 grant applicant organization information:

Organization name and address*:

Enter the organization's legal name:

Will this organization's project have a fiscal sponsor?

Name of the fiscally sponsored project, if applicable:

Is the applicant organization a fiscal sponsor?

A fiscal sponsor is an organization that applies on behalf of an entity or group that does not have legal standing with the IRS. If yes, please also complete fiscally sponsored organization information below.

- Yes
- No

Social media:

Please share applicable social media handles for the organization implementing the program described in this application:

Facebook:

LinkedIn:

Twitter:

If this application has a fiscal sponsor, this section is to include information about the fiscally sponsored organization implementing the program described in this application.

Facebook:

LinkedIn:

Twitter:

Tax Exempt ID # or Employer ID #*:

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

Unique Entity Identifier*:

Enter the organization's Unique Entity ID. (If the organization does not have Unique Entity ID, we highly recommend that the organization completes registration as soon as possible as it is a requirement before funds can be disbursed):

Organization Status*:

Organization has 501(c)(3) nonprofit status with the IRS.

- Yes
- No
- Unsure

Does the applicant organization have an annual financial audit?

- Yes
- No

Annual Budget*

What is the applicant organization's annual budget amount?

Proposal Contact Information (for questions related only to this proposal):

First Name*:

Last Name*:

Title*:

E-mail Address*:

Office Phone*:

Extension:

Applicant Organization CEO/Director Information:

First Name*:

Last Name*:

Title*:

E-mail Address*:

Office Phone*:

Extension:

Program Contact Information:

First Name*:

Last Name*:

Title*:

E-mail Address*:

Office Phone*:

Extension:

Additional Program Contact Information (optional):

First Name*:

Last Name*:

Title*:
E-mail Address*:
Office Phone*: Extension:

Data Contact Information (optional):

First Name*:
Last Name*:
Title*:
E-mail Address*:
Office Phone*: Extension:

Financial Contact Information (optional):

First Name*:
Last Name*:
Title*:
E-mail Address*:
Office Phone*: Extension:

Project Information:

Project name (10 words maximum):
Brief summary and purpose of project (100 words maximum beginning with "To...):
Amount requested: \$ _____
Start date: November 1, 2023
End date: July 31, 2025

Geography (county-level)*:

Please indicate what percentage of activity will be spent in which California counties. Total must add up to 100. (A list of all 58 California counties is in the online application.)

Focus Populations (Race/Ethnicity)*:

For the racial and ethnic populations that will be affected, provide your best estimate of the percentage of the total people of each population (Total must add up to 100.)

- African American/Black [Provide specific population(s) __]
- American Indian/Alaska Native: [Provide specific population(s) __]
- Asian-American(s) [Provide specific population(s) __]
- Middle Eastern or North African [Provide specific population(s) __]
- Latino/Hispanic [Provide specific population(s) __]
- Pacific Islander [Provide specific population(s) __]
- White
- Mixed race
- Other (Please identify) [Provide specific population(s) __]

Focus Populations (Age Groups)*:

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

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

Please indicate the TYPE of GRANT request:

- HEAR US Direct Services: \$150,000- \$1,000,000
- HEAR US Local Systems Change: \$150,000- \$250,000

Applicants should only request what is needed and will be utilized within the grant period.

HEAR US Actionable Strategies:

Check the strategies involved in your proposed grant or where you would like to build your organization's capacity.

Culturally Responsive Services & Systems

- Workforce Diversity Efforts Workforce Trainings
- Delivery of Culturally Responsive Programs/Care
- Family-Based Models
- Community-based Models
- Gender Affirming Care
- Multi-sectoral Collaboration Platforms
- Facilitating Community Co-Creation and Leadership Processes
- Support for Organizational Capacity Building
- Support data collection & quality improvement
- Anti-Stigma Efforts
- Designed for Specific Community Needs

Low Barrier Access to Services

- Treatment on Demand
- Walk-in Clinics
- Mobile Crisis
- Telehealth
- No Wrong Door
- Flexible Hours
- One-Stop Shop

Integrated Peer Support Across the Recovery Continuum

- Pathways for People with Lived Experience Including Employment Support
- System & Peer Service Quality Standards
- Consumer-operated Models
- Community Health Workers & Peer Support Services
- Cross-system Collaboration
- Competitive Pay for Behavioral Health Workforce
- Immediate Connection to Peer Support Services

Harm Reduction Approach

- Medication Assisted Recovery
- Housing First
- Community Outreach and Engagement

Addressing the Needs of the Whole Person

- Linkages & Supports to Health-related Social Needs Such as Housing, Food & Employment
- Support Language Accessibility
- Utilize Trauma-Informed & Person-Centered Care
- Effective Case Management & Warm Handoffs
- Aftercare Services

- Recovery Capital Tracking
- Family-Based Models of Care

OTHER STRATEGIES: _____

PROJECT NARRATIVE QUESTIONS

1) Organization Description: Provide a brief overview of your organization (the entity that is carrying out the project), including: (a) when it was established; (b) its mission; (c) whom you serve; (d) the types of programs you operate; (e) the geographic area the organization provides services to currently; (f) the socio-economic status of your current clients; and (g) the racial/ethnic make-up of clients, board and staff. (250 words maximum.)

2) Population Description: Describe the population that is the focus of your proposed project. Include any data available on their geographic setting or neighborhood as well as demographic characteristics (e.g., gender, race/ethnicity, socioeconomic status, disability, and any other relevant information such as urban/rural population.) (250 words maximum.)

3) Culturally and Linguistically Appropriate Services: Describe your project team's experience providing culturally and linguistically appropriate services to the proposed focus population. You may use the Equity Inclusion Levels chart to assist you (see application attachments). ***Low (and critically honest scores) are appreciated and will not affect the grant selection process.*** Briefly describe 1-3 examples of your work with this community (or communities). How will this project ensure cultural competence in providing access to services to under-resourced populations? (400 words maximum.)

4) Use of Funds and Project Activities: (a) Describe in detail your plan to use these funds and how your plans align with the Roadmap to Improve Access and Equity for Communities in Recovery; (b) List what Actionable Strategies mentioned in the roadmap you will be incorporating in your project or already incorporate in your organization to improve access to care. Also highlight any additional strategies that may not be identified in the attached roadmap that improve access to care and behavioral health service utilization; (c) Describe any creative or innovative efforts that are incorporated in your plan to help expand access and utilization of behavioral health services for under-resourced communities. (d) Identify any resources needed to carry out your proposed project and the timeline for the implementation of proposed activities. (600 words maximum.)

5) Meeting program goals: In this new and/or improved model of care that is anticipated from this grant implementation, identify the major **organizational strategy/strategies** that will help your organization improve access and equity (e.g., training, workforce development); the major **service strategy/strategies** that will improve how your organization delivers or outreaches to under-resourced communities to increase effective engagement with existing services provided (e.g., education and outreach targeting local ethnic media for specific ethnic community); and the major **community or system strategy/strategies** that identifies how your organization will gain and/or utilize insight, feedback or input from the identified communities that they are serving with this project (e.g., create a community advisory body or help develop a countywide peer system program.) (400 words maximum.)

6) Outcomes: List 3-7 expected direct outcomes of the proposed activities. (250 words maximum.)

7) Organizational Capacity: Describe (a) where this project will fit in your organization (you may attach an organization chart if you prefer); (b) the qualifications of the project leaders and key staff on the project; (c) how these staff members will carry out the activities identified above in a culturally responsive manner and support the evaluation and reporting requirements of this funding opportunity; and (d) If additional staff is needed, please tell us the positions that will need to be filled. (200 words maximum.)

8) Partnerships: Describe the existing, future, or non-traditional partners that are already in place or will be involved to support the implementation of your program goals. Consider local coalitions, support groups, mental health service providers and CBOs, health departments and/or behavioral health programs aligned with this project. (If no partners are needed, please explain. (200 words maximum.)

Organization name	Role of the partner during grant term	Current engagement level of the partner.
1.		
2.		
3.		

9) Technical Assistance: Please tell us what technical assistance your organization would benefit from in implementing this project. Your response to this question is not considered in decisions about funding. (100 words maximum.)

ATTACHMENTS

2. PROJECT WORK PLAN

BHRSP HEAR US Phase 2 Project Work Plan			
1. Goal:			
Objectives (A., B., etc.)	A.		
Project activities that support the identified goal and objectives	Responsible staff/ partners	Timeline	
		Start Date	End Date
a.			
b.			
c.			
Objectives (A., B., etc.)	B.		
Project activities that support the identified goal and objectives	Responsible staff/ partners	Timeline	
		Start Date	End Date
a.			
b.			
c.			
2. Goal:			
Objectives (A., B., etc.)	A.		
Project activities that support the identified goal and objectives	Responsible staff/ partners	Timeline	
		Start Date	End Date
a.			
b.			
c.			
Objectives (A., B., etc.)	B.		
Project activities that support the identified goal and objectives	Responsible staff/ partners	Timeline	
		Start Date	End Date
a.			
b.			
c.			

3. PROJECT BUDGET FORM AND JUSTIFICATION

533 Please review budget requirements in RFA

The Center Proposed Project Budget HEAR US Phase 2										Start Date: 12/1/2023
Name of Organization:										End Date: 6/30/2025
	Year 1			Year 2			Total			Budget justification/narrative
	Total Project Budget Year 1 12/01/23 - 6/30/24 (7 Months)	Requested from The Center	Other Funding Committed to Project	Total Project Budget Year 2 7/1/24 - 6/30/25 (12 Months)	Requested from The Center	Other Funding Committed to Project	Total Project Budget	Requested from The Center	Other Funding Committed to Project	
I. Personnel										
Salaries	FTE									
1		\$0.00		\$0.00			\$0.00	\$0.00	\$0.00	(provide position title and calculation details)
2		\$0.00		\$0.00			\$0.00	\$0.00	\$0.00	(provide position title and calculation details)
3		\$0.00		\$0.00			\$0.00	\$0.00	\$0.00	(provide position title and calculation details)
4		\$0.00		\$0.00			\$0.00	\$0.00	\$0.00	(provide position title and calculation details)
5		\$0.00		\$0.00			\$0.00	\$0.00	\$0.00	(provide position title and calculation details)
6		\$0.00		\$0.00			\$0.00	\$0.00	\$0.00	(provide position title and calculation details)
7		\$0.00		\$0.00			\$0.00	\$0.00	\$0.00	(provide position title and calculation details)
8		\$0.00		\$0.00			\$0.00	\$0.00	\$0.00	(provide position title and calculation details)
Payroll Taxes and Benefits		\$0.00		\$0.00			\$0.00	\$0.00	\$0.00	(describe the basis of calculation)
Total of Salary and Benefits		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Consultant Fees										
1		\$0.00		\$0.00			\$0.00	\$0.00	\$0.00	(Describe the basis of calculation)
2		\$0.00		\$0.00			\$0.00	\$0.00	\$0.00	(Describe the basis of calculation)
3		\$0.00		\$0.00			\$0.00	\$0.00	\$0.00	(Describe the basis of calculation)
4		\$0.00		\$0.00			\$0.00	\$0.00	\$0.00	(Describe the basis of calculation)
Total Personnel		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
III. Other Expenses										
Office Supplies		\$0.00		\$0.00			\$0.00	\$0.00	\$0.00	(Describe the basis of calculation)

4. EQUITY INCLUSION LEVELS (CHART)

Equity Inclusion Levels					
	1 Absent	2 Aware	3 Emerging	4 Practicing	Score
Stakeholder engagement	No input or community engagement from impacted populations	Recognition of but no outreach/communications with impacted populations	Outreach with either formal or informal input channels for impacted populations	Robust outreach with formal and informal input channels for impacted populations	
Geographically accessible services	No focus or intentionality in terms of making services regionally accessible to impacted populations	Has identified locations and services that do not or cannot exist at present	Focused services for addressing regions most impacted by disparities	Widespread and focused services that address regional needs and disparities for impacted populations	
Physical Accessibility**	Not accessible	Limited or inconsistent accessibility accommodations	Consistent accommodations for some accessibility needs	Robust and consistent accommodations for most accessibility needs	
Culturally relevant services	Not aware of barriers to impacted populations	Have identified populations impacted by cultural barriers	Planning for services that reflect the needs and culture of impacted populations	Integrated standardized services that reflect the needs and culture of impacted populations	
Age appropriate services	Unaware of exclusionary practices	Identified nuanced differences of your service population	Developing alternatives to meet age-appropriate needs	Services are age appropriate within legal parameters or accepting of all ages	
Staffing and Leadership	Staff/Leadership does not represent or understand needs of target population.	Identified lack of cultural connection between staff/leadership and serviced population.	Developing standards to ensure staff/leadership reflects and/or understands the service population.	Staff/leadership represents and understands needs of target population. Maintains continuous education on serving impacted population	
Score Legend	Absent (6 - 9) Aware (10 - 14) Emerging (15 - 19) Practicing (20 - 24)			Score = Total	

APPENDIX B – STANDARD FUNDING RESTRICTIONS

The Center will incorporate the applicable federal and state rules and regulations into the terms and contracts of the contract agreements, notably 2 CFR 200 and 45 CFR Part 75. HHS codified the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR Part 75. In Subpart E, cost principles are described and allowable and unallowable expenditures for HHS recipients are delineated. 45 CFR Part 75 is available [here](#). Unless superseded by program statute or regulation, follow the cost principles in 45 CFR Part 75 and the standard funding restrictions below.

SAMHSA funds were granted to the State and all funding restrictions are applicable to this funding opportunity and all sub-contracts. SAMHSA funds must be used for purposes supported by the program and **may not be used to:**

- Pay 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.
- Exceed Salary Limitation: The Consolidated Appropriations Act, 2016 (Pub. L.113-76) signed into law on January 10, 2016, limits the salary amount that may be awarded and charged to SAMHSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary can be found in SAMHSA's standard terms and conditions for all awards at <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to sub awards/subcontracts under a SAMHSA grant or cooperative agreement. The Federal Executive Level II Salary Cap is currently \$212,100.
- Pay for any lease beyond the project period.
- Pay for the purchase or construction of any building or structure to house any part of the program.
- 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.)
- Funds may not be used, directly or indirectly, to purchase, prescribe or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders.
- Religious organizations for explicit religious activities.
- Activities that exclusively benefit the members of sectarian or religious organizations.
- Partisan activities.
- Debt retirement.
- Operational deficits.
- Purchase of properties or vehicles or other major equipment. Major equipment is defined as property costing more than \$5,000 with a life expectancy of one or more years.)

- Fundraising activities.
- Promotional items including, but not limited to, any clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.
- Activities that supplant or duplicate existing programs.
- Reimbursement of costs incurred prior to the effective date of the Agreement.
- Reimbursement of costs not consistent or allowable according to local and state guidelines or regulations including, but not limited to, travel in excess of State rates and travel to states on the Prohibited States list.
- Personal protective equipment (PPE) for use by clients.
- Fentanyl or fentanyl analogs.
- Naloxone. Please refer to DHCS' Naloxone Distribution Project where eligible organizations may receive free nasal spray and injectable formulations of naloxone.
- Materials such as syringes, pipes, or other items used to support safer ingestion of illegal drugs; such materials may, however, be possessed and dispensed by authorized syringe services programs. Please contact the California Department of Public Health Harm Reduction Unit (sspinfo@cdph.ca.gov) or your county health department for assistance.
- Detoxification services unless it is part of the transition to MAT with extended-release naltrexone.
- Direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.
- Cost related to medical procedures such as suturing or removal of sutures, abscess management etc. are not allowable. However, non-procedural medical items such as bandages, ice packs, and non-procedural first aid supplies that can be administered by participants are allowable.
- Clothing for participants, orthopedic and mobility devices, and document fees are unallowable under this funding. Patient supplies and materials that directly support access to programming and build trust, such as cold weather gear (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).
- Items such as plates and utensils that are not critical to daily program operations are unallowable. Supplies critical to the daily function of the program such as paper towels and toilet paper are allowed.
- Media and advertisement costs must be directly related to contracted services. Any large costs pertaining to media would need approval from DHCS.
- Program Participation Incentives: non-cash incentives for program participants greater than \$30 (incentives should be the minimum amount necessary to meet the program and evaluation goals).
- Direct payments to individuals to enter treatment or continue to participate in prevention or treatment services. Note: A recipient or treatment or prevention provider may provide up to \$30 non-cash incentive to individuals to participate in required data collection follow up. This amount may be paid for participation in each required follow-up interview.

- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Funds may be used for light snacks, not to exceed \$3.00 per person.
- Out-of-state travel (Organizations requesting funds for in-state travel must abide by DHCS travel guidance and partners will be subject to the same travel guidelines as state employees).

APPENDIX C – 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 recoveryservices@shfcenter.org via TrustLayer requesting the same insurance documents as indicated below. A link will be provided for organizations to review and upload the required insurance documents. Please pay special attention to the “Additional Requirements” section for exact instructions and specific language that must be included.

Commercial General Liability

- Each Occurrence must be greater or equal to \$1,000,000
 - Coverage Trigger: Occurrence must be present.
 - Insurance is written on an occurrence basis using ISO form CG 0001 or equivalent.
- General Aggregate must be greater or equal to \$2,000,000.
- Products/Completed Operations Aggregate must be greater or equal to \$2,000,000.
- Personal and Advertising Injury must be present.
- Primary and Non-Contributory Endorsement must be present.
- Additional Insured Endorsement must be present.
 - With Completed Operations language.
 - Using a combination of ISO forms CG2010 10/04 and CG 2037 10/04 or equivalent.

Automobile Liability

- Combined Single Limit (each accident) must be greater or equal to \$1,000,000.
- Coverage Applies to: Owned Autos Only must be present.
- Coverage Applies to: Hired Autos Only must be present.
- Coverage Applies to: Non-Owned Autos Only must be present.
- Additional Insured Endorsement must be present.
 - Using ISO form CA 2048 or equivalent.

Worker’s Compensation and Employer’s Liability

- Statutory Limits must be present.
- Employer’s Liability Each Accident must be greater or equal to \$1,000,000.
- Employer’s Liability Disease – each employee must be greater than 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.
- Improper Sexual Contact and Physical Abuse Insurance.
- Coverage must be greater than or equal to \$1,000,000.

Cyber Liability

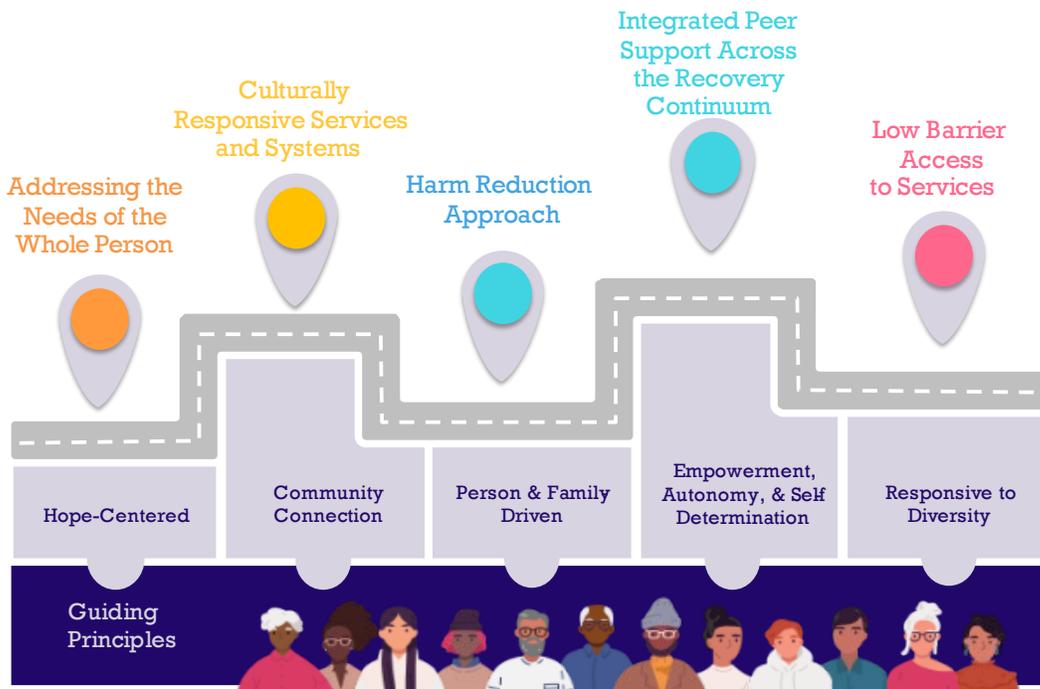
- Claims made Coverage must be greater or equal to \$1,000,000.

Additional Requirements

- Certificate Holder must read: Sierra Health Foundation, 1321 Garden Highway, Sacramento, CA 95833.
- A.M. Best rating of at least A-:VI.
- 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 #21-10382 must be present.

APPENDIX D – ROADMAP

The Roadmap to Improve Access and Equity for Communities in Recovery



Guiding Principles

The Roadmap is grounded in the following guiding principles, with the overarching theme to support equity and access to programs, approaches and interventions:



Person/Family-Driven



Empowerment, Autonomy and Self-Determination



Hope-Centered



Responsive to Diversity



Community Connection

APPENDIX E – DESCRIPTIONS

Roadmap to Improve Access and Equity for Communities in Recovery				
Culturally Responsive Services and Systems	Low Barrier Access to Services	Integrated Peer Support Across the Recovery Continuum	Harm Reduction Approach	Addressing the Needs of the Whole Person
<i>Descriptions</i>				
<p>Design systems, services & workforce with the communities to meet community need</p> <p>This will increase equitable access to recovery services</p>	<p>Create low barrier pathways for services unique to communities to improve access to recovery-oriented services</p> <p>Models may look different by community</p> <p>Ensure that the design of these models are directly responsive to those needs</p>	<p>To ensure equitable access to long-term recovery treatment, build peer supports across the service continuum to provide opportunities to engage people and provide supports beyond treatment</p>	<p>Meeting people where they are in their recovery provides an opportunity to build trust & relationship through harm reduction strategies - strengthening equitable access to treatment & recovery supports</p>	<p>Acknowledge that unmet health-related social needs can negatively impact a person's recovery journey</p> <p>Work to effectively address these whole-person needs to positively impact the person's recovery</p>

APPENDIX F – ACTIONABLE ITEMS

Roadmap to Improve Access and Equity for Communities in Recovery				
Culturally Responsive Services & Systems	Low Barrier Access to Services	Integrated Peer Support Across the Recovery Continuum	Harm Reduction Approach	Addressing the Needs of the Whole Person
<i>Examples of Actionable Strategies</i>				
<ul style="list-style-type: none"> • Workforce Diversity Efforts • Workforce Trainings • Delivery of Culturally Responsive Programs/Care • Family-Based Models • Community-based Models • Gender Affirming Care • Multi-sectoral Collaboration Platforms • Facilitating Community Co-Creation and Leadership Processes • Support for Organizational Capacity Building • Support data collection & quality improvement • Anti-Stigma Efforts • Designed for Specific Community Needs 	<ul style="list-style-type: none"> • Treatment on Demand • Walk in Clinics • Mobile Crisis • Telehealth • No Wrong Door • Flexible Hours • One-Stop Shop 	<ul style="list-style-type: none"> • Pathways for people with lived experience including Employment Support • System & Peer Service Quality Standards • Consumer-operated models • Community Health Workers & Peer Support Services • Cross-system collaboration • Competitive pay for behavioral health workforce • Immediate Connection to Peer Support Services 	<ul style="list-style-type: none"> • Medication Assisted Recovery • Housing First • Community Outreach and Engagement • Ensure people have safer drug use information and materials • Drug overdose prevention services • Promoting practical, nonlinear opportunities for steps toward recovery within services for people who currently use drugs 	<ul style="list-style-type: none"> • Linkages & supports to health-related social needs such as: Housing, Food & Employment • Support Language Accessibility • Utilize Trauma-Informed & Person-Centered Care • Effective Case Management & Warm Handoffs • Aftercare Services • Recovery Capital Tracking • Family Based Models of Care

Some systemic examples include:

- a. The development of local recovery community support institutions.
- b. The creation of strategies and educational campaigns, trainings, and events to reduce recovery-related stigma and discrimination at the local level.
- c. Expansion of evidence-based recovery models for Serious Mental Illness (SMI), Serious Emotional Disturbance (SED), and substance use disorder (SUD).
- d. The provision SMI, SED, and SUD recovery resources and support system navigation.
- e. Improved accessibility of peer recovery support services that support diverse populations.
- f. Collaboration and coordination with local private and non-profit clinical health care providers, the faith community, city, county, state, and federal public health agencies, and criminal justice response efforts in expanding recovery services.
- g. Developing sustainably funded behavioral health recovery programs within the newer CalAIM and Drug Medi-Cal ODS programs.