



YOR 2 RFA Questions and Answers #3

See below for responses to additional questions received as of January 6, 2021.

Question: In looking at attachment 4 of the YOR 2 grant and the most recent YOR2 RFA Q&A, it says if we have a federally negotiated IDC agreement (doesn't specify with who) then we can ask the grant to cover the full amount (if we don't then its 10% max). Seems straightforward enough, in doing due diligence and reading earlier on the attachment it states that we should refer "California Medication Assisted Treatment Expansion Project: Allowable Expenditures" document for details. In looking in that document, it states "Organizations receiving SOR funding are not required to bill indirect costs; however, should indirect costs be budgeted, the maximum available indirect cost rate is 10%, unless there is a federally negotiated rate in place with the federal awarding agency (Health and Human Services Agency)"

The tribe has a federally negotiated IDC agreement with the Department of Interior. Does the Federal Indirect Rate need to be specifically with Health and Human Services or is an approved rate from the Department of Interior acceptable?

Answer: The Federal Code of Regulations §75.414 Indirect (F&A) costs (c) (1). States, "The negotiated rates must be accepted by all Federal awarding agencies. An HHS awarding agency may use a rate different from the negotiated rate for a class of Federal awards or a single Federal award only when required by Federal statute or regulation, or when approved by a Federal awarding agency head or delegate based on documented justification as described in paragraph (c)(3) of this section." YOR (and all SOR) subrecipients must submit proof of the current federally negotiated indirect cost rate in order to claim indirect costs at the claimed rate.

Question: How many elements from the YOR California MAT and Service Model do we need to hit in our implementation plan?

Answer: We anticipate that selected applicants and their partners will make all of the service elements available for youth with OUD/StUDs. The elements outlined in the YOR California MAT & Service Model should be available to the eligible youth whether they are already

sufficiently available in the community and accessible through coordination or need to be enhanced and/or developed and funded through the YOR California Funding Opportunity.

Question: In the implementation plan, under Part 3 Element 1, it states: “Engagement services include building rapport and relationships with youth...” We realize that we are likely to be more successful engaging youth by not only offering substance use treatment. We would like to utilize funding to offer other attractions to teenagers and young adults, such as condoms, pregnancy tests, mental health screening, referrals, and general wellness activities. We have a drop-in clinic that is walking distance from the largest high school; we have nurses and an LCSW on staff; we are well positioned to function in this way. We think this would be extremely attractive to youth, as there is nothing else like this in our community, so our options for collaborating or co-partnering are minimal.

Answer: Mental health screening, referrals, and general wellness activities are allowable as a part of engagement, screening, assessment, and referral. Condoms can be made available. In some instances, pregnancy tests are allowable. However, providing over-the-counter pregnancy tests or universal pregnancy testing would not be allowable. Partnering with youth serving agencies that offer additional engaging activities and resources for youth is encouraged. As for non-cash incentives, please refer to the following SAMHSA.gov web page for more information on allowability: <https://www.samhsa.gov/grants/grants-management/policies-regulations/additional-directives>

Question: The RFA recommends creating a youth advisory board. We experienced a barrier over the past year to getting youth “in the door.” Would funding permit us to attract initial youth participation with food, gift cards, arts and crafts, or other curated self-care themed items such as water bottles or sensory regulation tools? *Note, these are just examples for the purpose of framing the question.

Answer: No. YOR California funds cannot be used for the items listed for advisory boards. Snacks of up to \$3 per person can be provided in meetings. Youth advisors may also serve as consultants.

As for non-cash incentives for program participants, please refer to the following SAMHSA.gov web page for more information on allowability: <https://www.samhsa.gov/grants/grants-management/policies-regulations/additional-directives>

Question: The RFP states: "Individuals who have no history or current use of stimulants or opioids cannot receive treatment or recovery services through YOR California." Does this only apply to direct treatment or recovery services? For instance, if a project includes funding for a care coordinator, can YOR funds be used towards that care coordinator's position for youth

clients not with OUD/StUDs? Additionally, can capacity building funds go toward projects such as building a youth coalition that includes youth not currently with or formerly suffering from OUD/StUDs?

Answer: YOR California is funded with State Opioid Response Grant (SOR) funding. According to the California Department of Health Care Services (DHCS), "SOR funds for treatment and recovery support services shall only be utilized to provide services to individuals that specifically address stimulant or opioid misuse issues. If either a stimulant or opioid misuse problem (history) exists concurrently with other substance use, all substance use issues may be addressed. Individuals who have no history of or no current issues with stimulants or opioids misuse shall not receive treatment or recovery services with SOR grant funds."

In terms of the youth coalition, it would depend upon the purpose of the coalition and the youth involvement. For example, youth without OUD/StUDs and/or without a history of misusing stimulants or opioids could be involved in youth advisory groups or delivery of peer services.

Regarding care coordination, please see the full descriptions in the implementation plan for Service Elements 1 and 2.

Element 1: Engagement, Screening, Assessment and Referral Services. These can be provided to youth whose opioid and stimulant misuse is as yet undetermined.

Element 2: Navigation and Case Management. These services involve a collaborative process of planning, facilitation, care coordination, linkages, evaluation, and advocacy that assist youth to access a range of available resources and services supporting prevention, reduction, intervention, and recovery from opioid and stimulant misuse. For purposes of YOR California, assume that navigation services are available to youth who screen with possible stimulant or opioid misuse, and case management services are limited to those for youth identified with OUD/StUDs.