



YOR 4 RFA Questions and Answers
February 18, 2025

Contents

PERIOD OF PERFORMANCE	3
GENERAL QUESTIONS	3
ELIGIBILITY	4
YOR 4 PRIORITIES.....	8
GRANT REQUIREMENTS.....	10
ALLOWABLE COSTS.....	14
BUDGET	16
SUBCONTRACTING	17
DATA REPORTING	17
GRANTEE REQUIREMENTS.....	18
FEDERAL POLICY	19

PERIOD OF PERFORMANCE

Projected Award Announcement Date: April 2025

Anticipated Service Dates: May 1, 2025, to September 29, 2027

GENERAL QUESTIONS

1. Will this slide deck be provided after the webinar?

Yes, the slides and the recorded webinar will be posted on the [YOR California website](#) by February 18, 2025, and emailed to organizations registered for the informational webinar.

2. Is the three-page resume limit per individual or for all?

Three pages per individual, for up to five staff members.

3. Does SurveyMonkey Apply (SMA) allow multiple users to work in the same application?

Yes, SMA allows applicants to add collaborators. Each collaborator can access, edit, and submit the application.

4. Where can I find the application link and directions?

- 1) Go to: https://applications.ahpnet.technology/prog/yor_california_round_4_application/
- 2) Choose the green REGISTER button in the top right.
- 3) Create a new account.
- 4) Choose the green APPLY button.
- 5) Begin the application.

5. Is there a document available with all application questions beyond what is provided in the RFA?

You can download a copy of the application on the landing page of SMA. Key questions are also included with the [RFA on the YOR California website](#).

6. How many awards will be processed for YOR 4?

The exact number of awards will depend on available funding and the quality of applications submitted.

7. If an applicant has multiple sites in the same county, does each site need its own application?

Please only apply once if all sites provide the same service in the same county.

8. I am new to my organization. How do I verify that my organization was previously awarded?

You can email us at YORCalifornia@ahpnet.com. However, please keep in mind that past grantees must complete supplemental questions on the application. Without detailed knowledge of the organization's past YOR performance, the questions will be hard to answer.

9. How does YOR define “at-risk youth”?

At-risk youth are defined as individuals who are vulnerable to or currently experiencing substance use disorders, particularly related to opioids or stimulants, and those facing socioeconomic or environmental factors that increase their risk of substance misuse. Applicants are encouraged to utilize social determinants of health (SDOH) frameworks in determining their populations of focus and to use appropriate public health data.

10. Section 3, question 6, asks about current demographics of “youth, TAY, and young adults engaged and/or served by the organization in FY 2023–24.” Does this mean the number receiving any services in the organization (e.g., health, dental, behavioral health, etc.) or only those receiving OUD/StUD services?

The question seeks data on all youth, TAY, and young adults engaged in any services provided by the organization, not limited to OUD/StUD services, to better understand the qualifications and experiences of the applicant.

11. Are the numbers to be provided as listed on the worksheet on page 22 for the entire period of two years and five months or for one year?

The columns on page 22 are broken out into years 1–3, with one column per year. The ranges for each year are listed under Goals and Activities. Identify the targets for each year in the appropriate column; if there is no anticipated number, place a zero in the cell. The software will automatically populate the grant period totals.

12. What if we do not wish to apply for funding ourselves but believe we have ideas for training services? Is there a way we can tell others who are applying about our area of expertise?

There is no formal mechanism to share service ideas through the application process. However, you may network with youth-serving organizations in California to connect with potential applicants. The YOR CA website has a list of previously funded organizations.

ELIGIBILITY

13. What if we have a similar program running as part of a different contract in a different geographic area? Would we still be eligible if it does not overlap with the geographical area or the other contract requirements?

You may apply if there is no duplication of services, and the proposed services are not covered by any other public or private source. The application must clearly delineate funding sources and service areas to avoid overlap.

14. Can two affiliate organizations operating with distinct National Provider Identifiers (NPIs) and Federal Employer Identification Numbers (FEINs) in two different counties apply concurrently in separate, complete applications?

Yes, two affiliate organizations with distinct National Provider Identifiers (NPIs) and Federal Employer Identification Numbers (FEINs) may submit separate applications, provided each application is independently developed and meets the eligibility criteria. The applications should clearly delineate operations, budgets, and service areas to demonstrate that they are functionally separate entities.

15. Can services be provided in custody, such as juvenile hall or a correctional facility (in or out)?

Yes, services can be provided in custody settings, including juvenile halls or correctional facilities, if these services are not also covered by another source of funding. Applicants must demonstrate how these services align with the grant's goals and how they fit into the continuum of care. Partnerships with organizations outside of facilities are encouraged.

16. The application does not permit an organization incorporation date of less than two years. If an organization has de facto operated, served its community, formed partnerships, and otherwise met the criteria in Section 1, question 4: "Does each provider organization involved have at least two years of experience providing relevant services as of the application due date?" but was incorporated fewer than two years ago and has not yet undergone an audit, would the organization be eligible for YOR 4 funding if the situation is explained in the proposal?

No, an organization must have been legally incorporated for at least two years to be eligible for YOR 4 funding. SOR funding requirements state: "Each mental health/substance use disorder prevention, treatment, and recovery support provider organization (which may include the applicant and any partners) must have at least two years of experience (as of the due date of the application) providing relevant services. Official documents must establish that the organization has provided relevant services for the last two years." This requirement ensures that applicants have an established financial and operational history, including experience in service delivery, compliance with funding requirements, and financial oversight. If an organization has de facto experience but was incorporated less than two years ago, it will not meet this eligibility requirement. However, partnership with an established entity that meets the criteria can support the application as the lead, with the emerging organization as a subcontractor. The proposal should clearly outline the role of the newer organization in service delivery, while ensuring that the lead applicant assumes financial and contractual responsibility. For more information, please see page 25 of SAMHSA's [FY 2024 State Opioid Response Grants Notice of Funding Opportunity \(NOFO\) No. TI-24-008](#).

17. Given that our organization is a newly established program, it does not have the experience providing the services. However, I (staff) do have the experience, knowledge, connections, and resources to provide the services. Therefore, am I able to apply for the grant under One Health Center?

No. An organization must have been legally incorporated for at least two years to be eligible for YOR 4 funding. SOR funding requirements state: “Each mental health/substance use disorder prevention, treatment, and recovery support provider organization (which may include the applicant and any partners) must have at least two years of experience (as of the due date of the application) providing relevant services. Official documents must establish that the organization has provided relevant services for the last two years.” This requirement ensures that applicants have an established financial and operational history, including experience in service delivery, compliance with funding requirements, and financial oversight. If an organization has staff with experience but was incorporated less than two years ago, it will not meet this eligibility requirement. However, partnership with an established entity that meets the criteria can support the application as the lead, with the emerging organization as a subcontractor. The proposal should clearly outline the role of the newer organization in service delivery, while ensuring that the lead applicant assumes financial and contractual responsibility. For more information, see page 25 of [SAMHSA’s FY 2024 State Opioid Response Grants Notice of Funding Opportunity \(NOFO\) No. TI-24-008](#).

18. For the direct client services involved in the project—mental health/SUD prevention, treatment, and recovery support—we have experience in most but not all of the above services. Would we be eligible if we subcontracted with another partner/organization to meet the additional service requirements for all of the above client services?

Yes, an organization may be eligible to apply if it subcontracts with a qualified partner to provide the necessary services that it does not currently offer. The application should clearly outline the scope of work for each partner, the division of responsibilities, and how subcontracted services will be integrated into the overall program. All subcontractors must comply with YOR 4 funding requirements, and formal agreements such as a memorandum of understanding (MOU) or subcontracts must be provided during the contracting phase. Applicant organizations do not need to provide all services in the continuum of care but should describe how they will partner with other organizations to increase access to Medication for Opioid Use Disorder (MOUD), either by directly offering these services or establishing referral networks, partnerships, or subcontracting agreements to ensure participants receive needed care.

19. Our organization is based in Los Angeles, California, but we provide the majority of our youth outreach services through community partners throughout California. Are we eligible to apply for this program if our youth and SUD treatment services are field-based?

Yes, organizations providing field-based services are eligible to apply, provided they demonstrate how services will be delivered effectively across multiple locations and ensure access to treatment, prevention, and recovery supports for youth in all their locations, either through partnerships, subcontracting agreements, or referral networks. The proposal should include a clear plan for service coordination, data collection, and engagement strategies with community partners to meet program objectives. Applicants must also specify how they will track and report on youth engagement and service delivery across different locations.

20. Would a program focused on the mental health side of prevention for middle and high school teens be a fit for this grant?

A program focused on the mental health side of prevention for middle and high school teens may align with the goals of the YOR 4 grant if it integrates substance use prevention strategies AND clearly demonstrates that the project increases access to MOUD

services either through referrals, partnerships, or by the organizations providing these services. Mental health services alone will not qualify for this grant. Furthermore, the grant cannot be used for any services that can be billed to other private or public funding sources such as Medi-Cal. The grant prioritizes prevention, outreach, treatment, and recovery, as well as early intervention related to substance use disorders (SUD), particularly those involving opioids and stimulants. Programs that address underlying risk factors, such as mental health, while promoting education and prevention efforts, should speak clearly to how they will reduce the risk of substance misuse among youth.

21. Our organization provides housing and supportive services for underresourced people in recovery from substance use disorder. We also provide overdose response training and distribute free Narcan to TAY individuals and groups in Los Angeles County. We do this outside of the insurance system. Do we qualify for SOR funding?

Based on the information provided, this organization may be eligible to apply for YOR 4 funding if services align with the grant's goals, including prevention, harm reduction, and treatment access for transition-age youth (TAY) with opioid or stimulant use disorders. However, there are key eligibility considerations to evaluate:

Experience requirement: The applicant organization must have at least two years of experience providing relevant services as of the application due date.

Service alignment: YOR 4 prioritizes opioid and stimulant-related prevention, treatment, and recovery support services. Since the organization provides housing and supportive services, Narcan distribution, and overdose response training, these activities align with harm reduction and overdose prevention objectives in the RFA. However, applicants are encouraged to ensure the proposal clearly demonstrates how these services directly support TAY with opioid/stimulant misuse risks and how services expand treatment access either through referral networks, partnerships, or through providing MOUD.

Funding restrictions: Since the aforementioned services operate outside of the insurance system, funding may be available only if no other funding sources, such as Medi-Cal, are accessible to clients for the services provided. YOR funds cannot replace existing funding sources but can supplement services for uninsured or underinsured youth. It can also pay for services that are not covered by public or private insurance. Services that the applicant organization is providing should not already be covered by another funding source such as Medi-Cal. The organization should state how they intend to identify and support a client's ability to seek Medi-Cal eligibility and should clearly outline a sustainability strategy that will allow services to continue after the grant period ends. For more information, see [California State Opioid Response IV: Allowable Expenditures](#). If services do not fully align with the required scope, applicants may strengthen their application by partnering with an OUD/StUD treatment provider or behavioral health organization that offers MOUD.

22. Can partnered organizations representing separate counties submit a joint proposal?

Yes, partnered organizations representing separate counties may submit a joint proposal if they clearly outline their collaboration structure, roles, and how services will be delivered across the different counties. There needs to be a clear, outlined purpose to this partnership. The proposal should specify how funding will be allocated and managed between the organizations while ensuring compliance with YOR 4 program guidelines. Applicants must identify which organization is the lead on contracting and invoicing.

Applicants should also confirm that the joint proposal meets all eligibility requirements and aligns with the RFA's objectives of increasing access to opioid and stimulant use disorder prevention, treatment, and recovery services. If the organizations have distinct service areas and implementation plans, they should consider submitting separate applications to maximize funding opportunities. It is not clear from this question what the nature of the partnership is. Therefore, depending on the nature of the proposed project, one or two contracts may need to be issued.

23. Can an organization submit two applications in two different counties?

Yes. Organizations with operations in multiple counties may submit separate applications for each county. Each application should address the specific needs and service strategies of the county. Applications by the same organization must be substantially different from each other to be considered.

YOR 4 PRIORITIES

24. Is there flexibility in the age range, or must we strictly serve individuals aged 16–25? Could we still serve younger populations (aged 10–18) under this grant if it aligns with our existing work?

Proposed projects that most align with the YOR 4 RFA are more likely to be funded. YOR 4 funding must only be used to provide services to the SOR population of focus aged 16-25. An organization is not prohibited from serving younger ages, but this funding cannot fund services for the 10–15 age group.

25. Is a project focusing solely on prevention and education efforts eligible, or does it have to include treatment services?

Projects that focus solely on prevention and education are eligible to apply. Proposals should demonstrate how the project supports youth along the continuum of care. Organizations must also demonstrate how they propose to expand or increase access to MOUD and treatment services, either through partnerships and referral networks or by providing these services.

26. What areas are most important to YOR for outcomes: outreach, Medi-Cal enrollment, treatment referrals, clients in treatment, completed treatment?

Our aim is to fund organizations along the entire continuum of care. We will consider a diverse set of projects and see the above as priorities. We ask that applicants propose projects that are most aligned with their expertise, skills, and experience. We will pay close attention to how the project proposes to enhance or expand treatment access, with a focus on sustainability plans to ensure projects can continue after the conclusion of SOR funding. Our data partners will request data on all of the above outcomes. Grantees will be held to goals outlined in their implementation plans.

27. Does the grant prioritize services to special or hard-to-reach populations (e.g., migrant, and/or Indigenous youth) or prefer services targeted at transition-age-youth (TAY) residing in rural or coastal locations (in Sonoma County) as opposed to larger cities, such as Santa Rosa?

Proposals most aligned with YOR 4 goals will receive higher consideration. Addressing health disparities and advancing health equity are priorities of the YOR 4 grant funding. That said, there are no additional points provided for any one population of focus.

28. What percentage of the grant is expected to focus on treatment vs. education and prevention?

There is no prescribed or recommended percentage. Applicants are expected to address the continuum of care, including prevention, harm reduction, and treatment, in a balanced approach that reflects the needs of their population of focus and their partnerships. The aim is to fund organizations along the entire continuum of care.

29. This round appears to look for more outreach, engagement, and overdose prevention. Am I reading that correctly?

The goal of YOR is to fund organizations within the entire continuum of care. Outreach, engagement, and overdose prevention are part of the continuum of care, as are drop-in centers. Organizations that can clearly outline how they fit into the continuum and aim to build partnerships with other organizations to expand or enhance the continuum of care will have a better chance of being selected for funding.

30. Is distributing Narcan kits during training recommended?

Distributing Narcan kits during overdose prevention training can be one of the many activities supported by YOR 4 funding. This activity will need to fit into a larger more comprehensive proposal.

31. How would YOR like applicants to prioritize increasing access to treatment or other points on the continuum of care? For example, would you recommend against submitting a project proposal with a small budget and sole focus on prevention and education as opposed to a large project proposal with a focus on creating bridges to treatment?

Our aim is to fund organizations along the entire continuum of care. Applicants are encouraged to propose projects most aligned with their expertise and skills, emphasizing increasing access to treatment. Proposals that solely focus on prevention and education may be eligible but should demonstrate how they integrate with or support access to treatment services through partnerships or referral networks. We do not prioritize large projects over small projects. All relevant projects will receive equal consideration if aligned with YOR 4 goals.

32. Does this grant cover residential care or outpatient services only?

The grant supports both residential and outpatient services. Applicants should clearly outline how their services and setting fit into the continuum of care. Please note, this grant can only fund activities that have no other funding, (i.e., Medi-Cal), or other commercial insurance.

GRANT REQUIREMENTS

33. Can the principal staff or program coordinator be working part-time?

Yes, the principal staff or program coordinator may work part-time as long as their time commitment is sufficient to fulfill the responsibilities outlined in the proposal and aligns with the scope of services being provided.

34. Is there required certification for clinicians providing the treatment (social worker, physician, psychiatrist, psychologist)?

The RFA does not specify required degrees. However, applicants should ensure that treatment services are delivered by appropriately licensed and/or credentialed professionals based on the type of care being provided within their scope of practice. Please consult applicable California regulations.

35. What is the expected caseload per staff (i.e., number of events, screenings, and youth contacts)?

The expected caseload per staff varies depending on the proposed project. Applicants should propose a reasonable caseload that aligns with their implementation plan, considering factors such as frequency, number of expected youth interactions, etc.

36. Does the proposing agency have to organize and manage a harm reduction drop-in center as part of this grant?

No, operating a harm reduction drop-in center is not mandatory under YOR 4. However, proposals should outline how harm reduction strategies will be integrated into services, whether through direct service delivery or partnerships.

37. Are brief interventions required along with case management and referrals, including, for instance, five-session EBP groups as part of YOR 4?

Brief interventions are not explicitly required. Applicants should describe how they will incorporate intervention strategies that align with best practices for youth and TAY populations.

38. What are the preferred screening tools to be used, and can these be listed among EBPs?

This is not dictated by the RFA. This depends on the services provided.

39. Does this grant limit how many hours of outpatient treatment the participant can receive per day, week, or month? Outpatient treatment can last up to six months. Can supportive services go beyond six months, and are there any limits on how long participants can be treated?

There are no specific limits on the number of treatment hours or duration of services under YOR funding. However, services eligible for reimbursement through public or private insurance must be billed to those sources first.

40. Is the inclusion of methadone mandatory as one of the MOUD medications provided by community partners, such as an NTP clinic?

No, the inclusion of methadone is not mandatory. However, proposals must demonstrate how Medication for Opioid Use Disorder (MOUD) services will be made accessible to clients in alignment with best practices, either through service delivery, partnerships, or referral networks.

41. Can the proposer have more than three community partners? If yes, can the additional partners provide only MOUs, not letters of support?

Yes, proposers may have more than three community partners. Additional partners can provide Memorandums of Understanding (MOUs) instead of letters of support, as long as they clearly outline the nature of the partnership and the services provided. Applicants need to upload at least one letter of support.

42. Can an MOU with community partners for existing services be used in lieu of new letters of support from the same partners?

Yes, existing MOUs with community partners providing ongoing services can be used in lieu of new letters of support, provided they remain current and relevant to the YOR 4 project. Applicants need to upload at least one letter of support.

43. Does this mean the grant funding can only be used for individuals who have no health insurance to cover treatment? Most of our clients are Medi-Cal recipients.

For clients with Medi-Cal, YOR funds can cover gaps such as co-pays or services not reimbursed by Medi-Cal. YOR 4 funding can also be used for staff training and outreach activities not covered by Medi-Cal. An applicant's accounting system must be able to document which share of client treatment costs are billed to Medi-Cal or other funding source and YOR. For more details, see [California State Opioid Response IV: Allowable Expenditures \(updated 2/5/25\)](#).

44. If a client entered the program, and during onboarding, qualifies for Medi-Cal, which retroactively pays for earlier services rendered, would our organization have to repay YOR funds used during the eligibility process?

The grantee must disencumber those funds and make them available for expenditure on other YOR clients or services.

45. What does it mean when you say funding is for “services only when no other source of funding is available?” Does it just mean YOR will only fund line items that are not already covered through other sources?

Correct. YOR funding is intended to cover services that cannot be reimbursed by other funding sources, such as Medi-Cal; commercial insurance; the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG); and others.

Additionally, applicants must document their efforts to secure other funding to ensure sustainability beyond SOR funding.

46. Substance use disorder covers many areas beyond fentanyl use (e.g., alcohol, cigarettes, marijuana). Must the program focus only on fentanyl?

SOR funds may only be used to provide services to patients that specifically address opioid or stimulant misuse issues: (a) If either a currently diagnosed or demonstrated history of opioid or stimulant misuse exists concurrently with other substance use, all substance use issues may be addressed. (b) Individuals who have no history of or current issues with opioid or stimulant misuse shall not receive treatment or recovery services with SOR grant funds. (i) For example: a patient with only an alcohol use disorder without a history, or current experience of opioid or stimulant misuse, shall not be covered by SOR funds. For more information, see [California State Opioid Response IV: Allowable Expenditures \(updated 2/5/25\)](#).

47. Once a YOR participant becomes a Medi-Cal patient, do they still qualify for the program?

Once a participant becomes fully covered by Medi-Cal, YOR funding can no longer be used for the services that Medi-Cal covers. This means that if the proposed YOR project covers other nonbillable recovery supports, the participant can continue to receive the services that Medi-Cal does not cover, and the services covered by Medi-Cal should be billed to Medi-Cal. However, YOR funds may cover any services provided during a transitional period if no other funding is available, or to cover for co-pays. For more information, see [California State Opioid Response IV: Allowable Expenditures \(updated 2/5/25\)](#).

48. It is my understanding that all low-income youth under 21 years old qualify for Medi-Cal. Please tell us which youth under 21 years old YOR 4 will support for SUD and MOUD/StUD treatment in Los Angeles?

YOR funding can be used for many services not covered by Medi-Cal, such as engagement in nontraditional settings and nontraditional approaches to engagement, outreach, treatment, and recovery. Additionally, these funds can support youth advisory boards, workforce development activities, trainings, and family involvement activities. Recovery support services and case management, while billable within a DMC-ODS treatment episode by the DMC provider, are not DMC-billable as freestanding services. YOR 4 can fill in these caps. For more details, see [California State Opioid Response IV: Allowable Expenditures \(updated 2/5/25\)](#).

49. If a participant who entered and qualified to be covered under this grant becomes eligible to Medi-Cal, Medicaid, or private insurance in the future, should the organization refer this person out to Medi-Cal providers if the organization is not a Medi-Cal provider?

Organizations are required to use other funding sources when available for covered services. YOR 4 funding can fund many services not covered by Medi-Cal or other insurance. For more information, see [California State Opioid Response IV: Allowable Expenditures \(updated 2/5/25\)](#).

If a participant becomes eligible for Medi-Cal or private insurance, the organization should refer them to providers within those networks for services covered by Medi-Cal or private insurance. YOR funding may still cover transitional gaps until other coverage

takes effect. YOR 4 funding can also cover services not covered under public or private insurance for these young people, such as recovery services or training. Recovery support service and case management, while billable within a DMC-ODS treatment episode by the DMC provider, are not DMC-billable as freestanding services.

50. Does the grant mandate medication assisted treatment/medications for opioid use disorder (MAT/MOUD) enrollment, or is education, screening, and offering MAT/MOUD as an option sufficient? Would the grant fund staff training to ensure proper implementation of MAT/MOUD outreach?

The grant does not mandate MAT or MOUD enrollment. Offering education, screening, and MAT/MOUD as an option is sufficient to meet program goals. Organizations should clearly demonstrate how they are increasing access to MOUD services (either by providing these services or partnering with organizations that do, in service to expanding access and increasing referral networks). Additionally, YOR 4 funding can support staff training to implement MAT/MOUD outreach and improve treatment capacity. Guidelines in [BHIN 23-054](#) should be followed.

51. How much ramp-up time is allowed to train staff, build community awareness, and properly deploy services?

Grantees are encouraged to build an implementation plan that includes ramp-up time and start-up elements to properly deploy services within a realistic time frame. Thoughtful implementation plans use the early months of the grant term for planning and staff training. Please note that applicants who are already in a position to begin services may have a competitive advantage.

52. Can the proposing agency partner with other agencies in the community, based on an MOU and without payments being made (i.e., without subcontracting services)?

Yes, the proposing agency can form partnerships without subcontracting payments by establishing formal MOUs outlining the roles and commitments of each partner. Formal MOUs are required during contracting.

53. Are subcontractors mandatory? The application form has space for three community partners and three subcontractors.

No, subcontractors are not mandatory. However, applicants should demonstrate how key services will be delivered, whether through in-house capacity or external partnerships.

54. Does a practice need to be on a list, such as “evidence-based practices” or “promising-based practices,” as it was in the “old days” with some grants?

From the RFA page 6: YOR funds are intended for the provision of services based on evidence-based practices (EBPs)* and community-defined evidence practices (CDEPs)* appropriate for the population(s) of focus. EBPs and CDEPs must be integrated into work completed under this grant funding. Sharing the name and research from each program may help reviewers understand the EBPs or CDEPs utilized.

*An EBP is a practice that has been documented with research data to show its effectiveness. A culturally adapted practice refers to the systematic modification of an EBP that considers language, culture, and context in a way that is compatible with the clients' cultural patterns, meaning, and values. *CDEPs are practices that communities have shown to yield positive results as determined by community consensus over time, and which may or may not have been measured empirically but have reached a level of acceptance by the community. Including citations in the proposal can strengthen the application.

ALLOWABLE COSTS

55. Can funding be used for comprehensive training for providers (clinicians) when no clients are yet enrolled in the program?

Yes, funding can be used for training providers to build capacity and readiness for program implementation.

56. Medi-Cal plans may have share-of-cost fees that families cannot afford. Are we able to enroll those youth and young adults into our treatment program?

YOR funding can cover share-of-cost fees that prevent access to necessary services. Applicants should outline scenarios where such assistance is required in their proposals. YOR 4 is funding of last resort. For more information, see [California State Opioid Response IV: Allowable Expenditures \(updated 2/5/25\)](#).

57. Can funding be used to provide stipends for youth participants? I saw in the allowable costs that “stipends to grantees” are not allowed, but I was not sure if that meant program participants.

Yes, stipends for youth participants may be an allowable expense if they directly support program objectives related to engagement, prevention, and recovery support. While stipends to grantee organizations are not permitted, financial incentives for youth involvement in outreach, leadership, and program participation are allowable. Stipends may be used to support youth serving in advisory capacities, participating in peer-led initiatives, or assisting with community engagement efforts that align with YOR 4 goals. Additionally, organizations must ensure that stipend distribution follows ethical and legal guidelines and does not conflict with other financial assistance the participant may be receiving. Proper documentation, including tracking participation and demonstrating alignment with program objectives, is required to ensure compliance with funding guidelines. Programs should also establish clear policies on stipend eligibility, amounts, and distribution methods to maintain transparency and accountability.

Please note that DHCS will not fund contingency management (CM) interventions through SOR 4. These interventions are currently provided and evaluated through a statewide project funded by California's Medicaid program as a benefit through the 1115 waiver. This Medicaid benefit provides up to \$599 in CM incentives for beneficiaries. More information on this program can be found on the DHCS website: [Recovery Incentives Program: California's Contingency Management Benefit](#).

58. Can YOR 4 funds be used to provide leadership training to TAY participants to: (1) prepare them for participation in a youth/TAY advisory group that informs services, outreach, and policy, and (2) leverage youth leadership to enhance

outreach and engagement activities?

Yes, funds can be used to provide leadership training for TAY as part of efforts to enhance outreach, engagement, and service design. Applicants should clearly outline how these trainings will increase access to treatment. Organizations are encouraged to describe their partnerships or referral networks.

59. Can the proposal use funds to support a current Drug Medi-Cal Organized Delivery System (DMC-ODS) youth substance use/misuse program that is not fully funded?

Maybe. YOR funds can be used to supplement existing DMC-ODS programs, provided the grant supports services not fully funded by other sources. More information is needed to determine if this funding gap can be addressed with YOR 4 funding. For more information, see [California State Opioid Response IV: Allowable Expenditure \(updated 2/5/25\)](#).

60. Does YOR funding cover an assistance fund for SUD services co-pays?

Yes, YOR funds may be used to cover co-pays and other out-of-pocket costs associated with SUD treatment services. For more information, see [California State Opioid Response IV: Allowable Expenditures \(updated 2/5/25\)](#).

61. What is allowable under transportation? For example, can taxi services be used for nonmedical appointments?

Transportation services are allowable if they directly support client engagement in grant-related activities. Nonmedical transportation, such as taxi services, may be approved based on project needs and justification. For more information, see [California State Opioid Response IV: Allowable Expenditures \(updated 2/5/25\)](#).

62. Can we purchase non-cash incentives such as gift cards for youth who meet treatment goals?

DHCS will not fund CM interventions through SOR 4. These interventions are currently provided and evaluated through a statewide project funded by California's Medicaid program as a benefit through the 1115 waiver. This Medicaid benefit provides up to \$599 in CM incentives for beneficiaries. More information on this program can be found on the Recovery Incentives Program: California's Contingency Management Benefit website. For more information, see [California State Opioid Response IV: Allowable Expenditures \(updated 2/5/25\)](#).

No more than 5 percent of the total grant award for the budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up. Patient incentives for completing Government Performance and Results Act (GPRA) surveys are allowable up to \$30.00 non-cash incentives. Incentives are only allowable for six-month follow-up interviews or discharge interviews for clients who have dropped out or left the program.

63. What services will YOR funding cover for youth, TAY, and young adults deemed at risk of misusing illicit substances and counterfeit pharmaceuticals often laced with fentanyl, but who have no history of or current issues with opioid or stimulant misuse?

YOR funding can be used for engagement and outreach to youth at risk of or misusing all illicit substances and counterfeit pharmaceuticals often laced with fentanyl. YOR funding can also cover youth involvement, family involvement, workforce development and training, as well as prevention activities for at-risk youth, TAY, or young adults. Applicants need to discuss the use of EBPs and/or CDEPs in their proposed projects. For more information, see [California State Opioid Response IV: Allowable Expenditures \(updated 2/5/25\)](#).

64. Would it be allowable to budget for a “patient assistance fund” that would provide funding for patients/students with OUD/StUD who are interested in pursuing a hobby during the summer while they are out of school, such as dance classes, music classes, or learning how to work in a recording studio?

Yes, a patient assistance fund to support hobbies and enrichment activities is allowable if these activities are part of an applicant’s early intervention or treatment program and included the patient’s recovery and wellness plan. For more information, see [California State Opioid Response IV: Allowable Expenditures \(updated 2/5/25\)](#).

BUDGET

65. Do indirect costs include fringe benefits?

No, indirect costs do not include fringe benefits. Fringe benefits, such as employee health insurance and payroll taxes, are listed separately under personnel expenses. Indirect costs typically include costs necessary for an organization’s general operation that apply to more than one business activity and are difficult to allocate to an individual project such as YOR 4. For example, rent, utilities, building maintenance, bank fees, insurance, regulatory fees, etc. Accounting, human resources, and information technology licenses are sometimes included. Benefits and taxes for personnel are to be reported on the “Benefits & Taxes” line in Section B (Administrative and Support Staff) and Section C (Direct Service Staff) in the budget.

66. Can the role of principal staff or program coordinator be fulfilled by a program director employed by the agency whose contributions to YOR 4 are 10 percent FTE or less or are not included in the budget?

Yes, a program director employed by the agency can serve as the principal staff or program coordinator with a contribution of 10 percent full-time equivalent (FTE) or less. However, applicants should clarify how the individual will provide adequate oversight and management of the YOR 4-funded activities. They must be included in the budget. The applicant must also appropriately staff another individual who can manage the day-to-day operations of the project and meet implementation plan goals.

67. Do you anticipate estimated funding per client or potential client?

No specific funding amount per client is outlined. Applicants are encouraged to create a budget that reflects the scope of services provided and the projected number of clients served. Applicant budgets will be reviewed to assess comparative cost efficiency.

68. We are a Tribal organization, and our indirect cost rate is 32.8 percent. How do we calculate that in the budget?

We encourage Tribal organizations to apply for YOR 4 funding. Tribal organizations with a federally approved indirect cost rate should apply with that rate in their budget. If the rate exceeds 15 percent, Tribal applicants will need to upload documentation of a federally approved rate at the end of the application. All other applicants must adhere to the 15 percent rate.

69. Is there a maximum or recommended request amount?

The maximum allowable funding request is \$750,000 per application. Applicants are encouraged to request a budget amount that aligns with the scale and scope of their proposed project.

70. If an agency wants to manage a harm reduction drop-in center, should the budget include lease, utilities, IT, and other costs for that space, including food and incentives?

Yes, all expenses should be accounted for. The grantee should consult the Allowable Fact Sheet to determine whether the specific expense is allowable. For more information, see [California State Opioid Response IV: Allowable Expenditures \(updated 2/5/25\)](#).

SUBCONTRACTING

71. Could we use the funds to pay CBOs to provide substance use/misuse education in schools? We do not have that in our county as a standard class.

The application has a section for partnerships and subcontractors. Yes, partnering with community-based organizations (CBOs) to deliver substance use/misuse education is allowable. Applicants should outline how these services support the program's prevention and education objectives, how these services tie into the larger continuum of care and document their commitment to providing those services. Applicants need to address EBPs and CDEPs in their proposal. However, this service cannot be the only element of the proposal, as organizations must also demonstrate how they propose to expand or increase access to MOUD and treatment services, either through partnerships and referral networks or by providing these services.

DATA REPORTING

72. What are the projected numbers of services for each type of service listed on page 22 of the RFA?

Projected service numbers will depend on each applicant's program design and proposed service delivery model. While the RFA provides guidance on expected performance measures, applicants should propose realistic projections based on their capacity and anticipated reach.

73. What is the period of tracking and/or follow-up for clients of YOR 4 who were referred to treatment and enrolled?

Please see GPRA requirements, Section 5.1.2: Clients who receive medication, counseling, or recovery services with SOR 4 funding, or medical, counseling, peer support, or case management services from a provider whose salary is funded by the grant, must participate in the GPRA survey. GPRA surveys are conducted at intake, six months after the intake, and upon client discharge.

74. What are the reporting and evaluation requirements for treatment outcomes vs. prevention outreach?

Reporting requirements include quarterly submissions through UCLA's data portal covering both treatment outcomes and prevention outreach efforts, if appropriate. Organizations providing treatment will additionally adhere to Government Performance and Results Act (GPRA) reporting requirements.

75. Can an existing patient enrolled in Medi-Cal and identified as a potential YOR client for treatment be admitted into the program and counted as a program participant?

If the proposed YOR project covers services that Medi-Cal does not cover, then an existing patient can participate and be “counted” as participating in those specific services funded by YOR. However, an existing client with Medi-Cal cannot be “counted” as receiving YOR services if the services funded by YOR are services billable to Medi-Cal.

76. Would there be consequences or funding risks if treatment numbers are low, even if prevention and education efforts are highly successful?

Grantees must meet performance metrics outlined in their implementation plan. UCLA will request data related to both treatment and prevention outcomes. If an organization is not meeting its goals as outlined in the implementation plan, the YOR 4 team will provide training and technical assistance to help the organization meet its deliverables and performance metrics. Failure to provide timely reports may impact funding. Regular reports will be used to monitor progress.

77. What happens if a client completes an initial survey and is lost to care? Do all three surveys need to be completed for the client to be included in the reporting?

Clients lost to care may still be counted based on the data collected before disengagement. However, full survey completion enhances the quality of outcome reporting. Training and technical assistance will be provided and available to support data collection and reporting to UCLA and GPRA.

78. What are the required outputs (e.g., numbers in treatment, client completion rate, outreach numbers)?

The YOR RFA does not dictate numbers and rates. Required outputs will be based on the proposed project and detailed implementation plan. Grantees must meet performance metrics outlined in their implementation plan. UCLA will request data related to both treatment and prevention outcomes.

GRANTEE REQUIREMENTS

79. Are grantees required to participate in the Youth Service Leadership Institute (YSLI)?

Participation in YSLI is not required. YSLI provides professional development opportunities for individuals with the goal of enhancing the youth-serving workforce. YSLI applicants can be from grantee or non-grantee organizations. A separate application process will be announced in Fall 2025.

FEDERAL POLICY

80. It is our understanding that Executive Order 13985 has been rescinded. Is there any new guidance about addressing the needs of underserved communities?

While Executive Order 13985 has been rescinded, applicants should demonstrate strategies to address health disparities and inequities in access to services. See RFA Section 8: Health Equity Requirements.

81. Is funding secured for this whole grant period or is it subject to federal changes?

Funding is secured based on current federal appropriations but remains subject to potential changes in federal budget allocations or policies. Information will be shared if changes occur.

82. Is there concern that SOR 4 funding for this program could be frozen or withdrawn?

At this time, we expect this project to be fully funded. However, funding for YOR 4 is contingent upon federal appropriations. While the grant period is planned through September 2027, external policy or budgetary changes at the federal level could potentially impact funding availability. Information will be shared if changes occur. All grantees are expected to work on robust sustainability plans to continue their projects without SOR funding after the end of the grant period.