Evidence-Based Practices and Community-Defined Evidence Practices Grant Program

DHCS

This document outlines the Department of Health Care Services' (DHCS) proposed grant strategy, including key design considerations, for the scaling of evidence-based and community-defined evidence practices for children and youth in behavioral health statewide.

Overview of Grant Funding Opportunity

Established in 2021, the Children and Youth Behavioral Health Initiative (CYBHI) is a $4.7 billion investment of state General Funds aimed at improving access to behavioral health services for all children and youth in California, regardless of payer (insurance coverage). The CYBHI is a multiyear, multi-department initiative focused on promoting social and emotional well-being, preventing behavioral health challenges, and providing equitable, appropriate, timely, and accessible services for emerging and existing behavioral health needs for children and youth ages 0-25 in California.

"In line with its legislative mandate,[1] the DHCS will distribute $429 million in grants to organizations seeking to scale evidence-based and/or community-defined evidence practices (EBPs/CDEPs) that improve youth behavioral health (BH) based on robust evidence for effectiveness, impact on racial equity, and sustainability."

In line with its legislative mandate,[1] DHCS will distribute $429 million in grants to organizations seeking to scale evidence-based and/or community-defined evidence practices (EBPs/CDEPs) that improve youth behavioral health (BH) based on robust evidence for effectiveness, impact on racial equity, and sustainability. By scaling EBPs and CDEPs throughout the state, DHCS aims to improve access to critical behavioral health interventions, including those focused on prevention, early intervention, and resiliency/recovery for children and youth, with a specific focus on children and youth who are from either or both of the following groups: Black, Indigenous, and People of Color (BIPOC) and the LGBTQIA+ community.

Through an extensive community engagement process, DHCS selected a limited number of EBPs and CDEPs to consider for scaling throughout the state, subject to further refinement based on an assessment of sustainable financing mechanisms, including Medi-Cal and commercial coverage and/or other funding streams. DHCS' approach to scaling these practices varies depending on program type, but generally falls into one of three categories:

1. **Expanding an organization's operations and capacity to provide services** by supporting training for BH professionals (both clinical and non-clinical), community-based or faith-based organizations, parents and caregivers, and others, as appropriate, to provide culturally responsive and gender-affirming behavioral health care and supports to children, youth, and their families and caretakers.

2. **Enabling the replication and adaptations of well-established practices** (e.g., practices contained in the Substance Abuse and Mental Health Services Administration's [SAMHSA] EBP Resource Center or the California Evidence-Based Clearinghouse for Child Welfare [CEBC] or practices that have been manualized for others to implement with fidelity; as well as practices determined to be effective by communities) by funding organizations that will expand the practices geographically or for additional populations of focus, and those organizations that will newly deliver the practices with additional implementation support

3. **Exploring potential policy innovations** that could lead to sustainable funding strategies.

During Fiscal Year 2022-2023, DHCS will scale the identified practices through six competitive grant rounds in the following areas of focus:

Round 1
Parent/caregiver support programs and practices (December 2022)

Round 2
Trauma-informed programs and practices (January 2023)

Round 3
Early childhood wraparound services (February 2023)

Round 4
Youth-driven programs (March 2023)

Round 5
Early intervention programs and practices (March/April 2023)

Round 6
Community-defined evidence programs and practices (approximate timeline for release: April 2023)

DHCS is partnering with the Mental Health Services Oversight & Accountability Commission (MHSOAC) to scale specified prevention and early intervention practices. An estimated $43 million of the total funding will be disbursed to MHSOAC as part of an interagency partnership agreement between DHCS and MHSOAC. DHCS is working closely with MHSOAC to define the terms of the interagency agreement, including the scope of work.

The Case for EBPs and CDEPs

Both EBPs and CDEPs play an important role in providing culturally relevant, identity-affirming BH services to California's children and youth. EBPs are those with documented, empirical evidence (e.g., randomly controlled trials, peer-reviewed studies, and publications) of effectiveness in improving children and youth BH. These programs and practices have been clinically reviewed and codified, meaning the practices have been manualized to ensure the fidelity of implementation in a variety of settings. At both the federal and state level, there are existing databases of EBP resources through SAMHSA[2] and CEBC[3], respectively. DHCS, with stakeholder input, identified a set of practices well-documented in the federal and state clearinghouses.

CDEPs are community-based BH practices that have reached a strong level of support within specific communities. In an ongoing effort, the California Reducing Disparities Project (CRDP), funded by the California Department of Public Health through its Office of Health Equity (OHE), aims to build the evidence base for 35 pilot CDEP programs. The CRDP is supporting the data collection and evaluation of these CDEPs to elevate practices that resonate with historically marginalized populations and identify strategies for systems change to pave the way for CDEPs in the public BH delivery system.[4] Through the EBP/CDEP workstream, DHCS seeks to build on CRDP's success and continue to support the scaling of CDEPs that are specific to children and youth.

Equity-Driven Approach

"Reducing health disparities and promoting health equity is a central component of the overall grant strategy."

Reducing health disparities and promoting health equity is a central component of the overall grant strategy. Equity-driven outcomes for populations of focus are a key focus for grant awards and data reporting for grant recipients. In selecting the theme for each round and specific EBPs/CEDPs, DHCS and its stakeholders were guided by the Department's guiding principles to achieving equity in BH, the bold goals included in its Comprehensive Quality Strategy, and Medi-Cal's Strategy to Support Health and Opportunity for Children and Families.

DHCS selected EBPs/CDEPs that:

- Maximize impact and reduced disparities for all children and youth with an emphasis on programs/practices that focus on marginalized communities
- Incorporate youth and family voices to ensure that the selected programs/practices resonate with a diverse audience
- Focus on the upstream continuum of care to reduce the risk of significant BH concerns in the future
- Affirm the right to access timely help and provide accessible, high-quality, appropriate care for all children and youth
- Destigmatize community support to enable every community to recognize the signs of BH concerns and be willing to support those with BH concerns without prejudice and discrimination.
- Have a data driven-approach to expand the use of evidence-based and community-defined evidence BH services

DHCS is also committed to working with stakeholders to design a grant strategy that promotes equity by attempting to address barriers for participation by community-based organizations, faith-based organizations and other trusted community providers.

DHCS' equity framework is anchored in the following six principles:

Awareness and Acceptance: Inclusion of diverse stakeholders from a variety of backgrounds in all stakeholder engagement sessions. As part of the stakeholder process, DHCS solicited the participation of multi-disciplinary experts and leaders representing a wide variety of programs, organization types, communities, and geographies. A core component of this stakeholder strategy included engaging youth, parents/caregivers, and community members in a series of listening sessions and focus groups to ensure workstream objectives aligned with the needs of children/youth in California. Based on stakeholder recommendations, DHCS reviewed more than 100 practices and programs across the continuum of care and applicable in a variety of clinic, home, and community-based settings

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Access: In collaboration with stakeholders, DHCS selected EBPs and CDEPs based on demonstrated effectiveness across multiple service settings (e.g., clinics, virtual, school, communities, etc.) to make the programs more accessible in communities for populations of focus. For example, SAMHSA notes that telehealth BH services can provide a "low-barrier pathway for clients and providers to connect."[5] Still, while technology facilitates access for some children and families, the digital divide creates additional access barriers for low-income and rural communities, which is why the grant program also includes a focus on other community settings where children and families already engage in services, such as childcare and preschool programs. The EBP/CDEP workstream focus on access reinforces DHCS' work as part of other CYBHI workstreams to ensure BH services are accessible across a variety of settings, including online (Virtual Services & E-consult Platform) and in schools (School-linked Partnership and Capacity Grants). Expanding the settings in which BH services are available enables providers to meet the needs of patients more readily.

In addition, DHCS is committed to ensuring that the grant selection process is accessible for a variety of organizations, including community-based organizations, that serve and have trusted relationships with communities prioritized in terms of populations of focus for each grant round.

Affordability: DHCS is exploring opportunities related to sustainability for those practices scaled through this effort to minimize potential financial burdens on children, youth, and families.

Appropriateness: DHCS intentionally selected CDEPs to elevate accepted interventions and existing practices deemed culturally appropriate, as demonstrated through the CRDP, and selected EBPs that have been normed or adapted for populations of focus

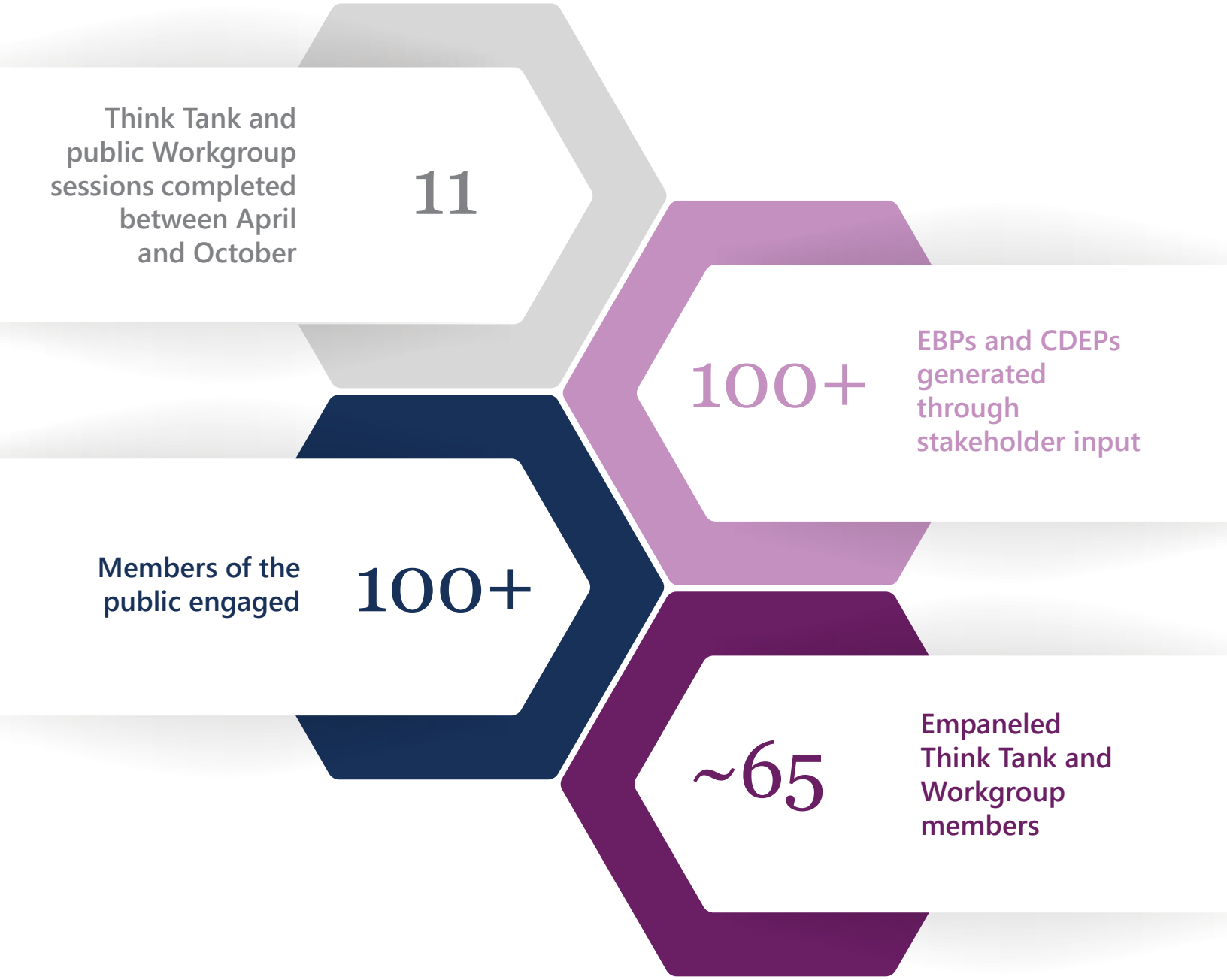
Accountability: As a component of the EBP/CDEP workstream strategy, DHCS will require accountability from grantees through data collection requirements, as mandated by statute.

The program will prioritize grants to programs or practices that scale and sustain engagement with populations of focus (e.g., underserved racial and ethnic groups, underserved geographies, underserved income-levels, LGBTQIA+ people, etc.) to increase health equity for California youth.

Stakeholder Engagement Process

In developing multiple facets of the EBP/CDEP workstream, DHCS employed a multi-pronged stakeholder-driven approach.

Figure 1: Summary of Stakeholder Engagement through October 2022



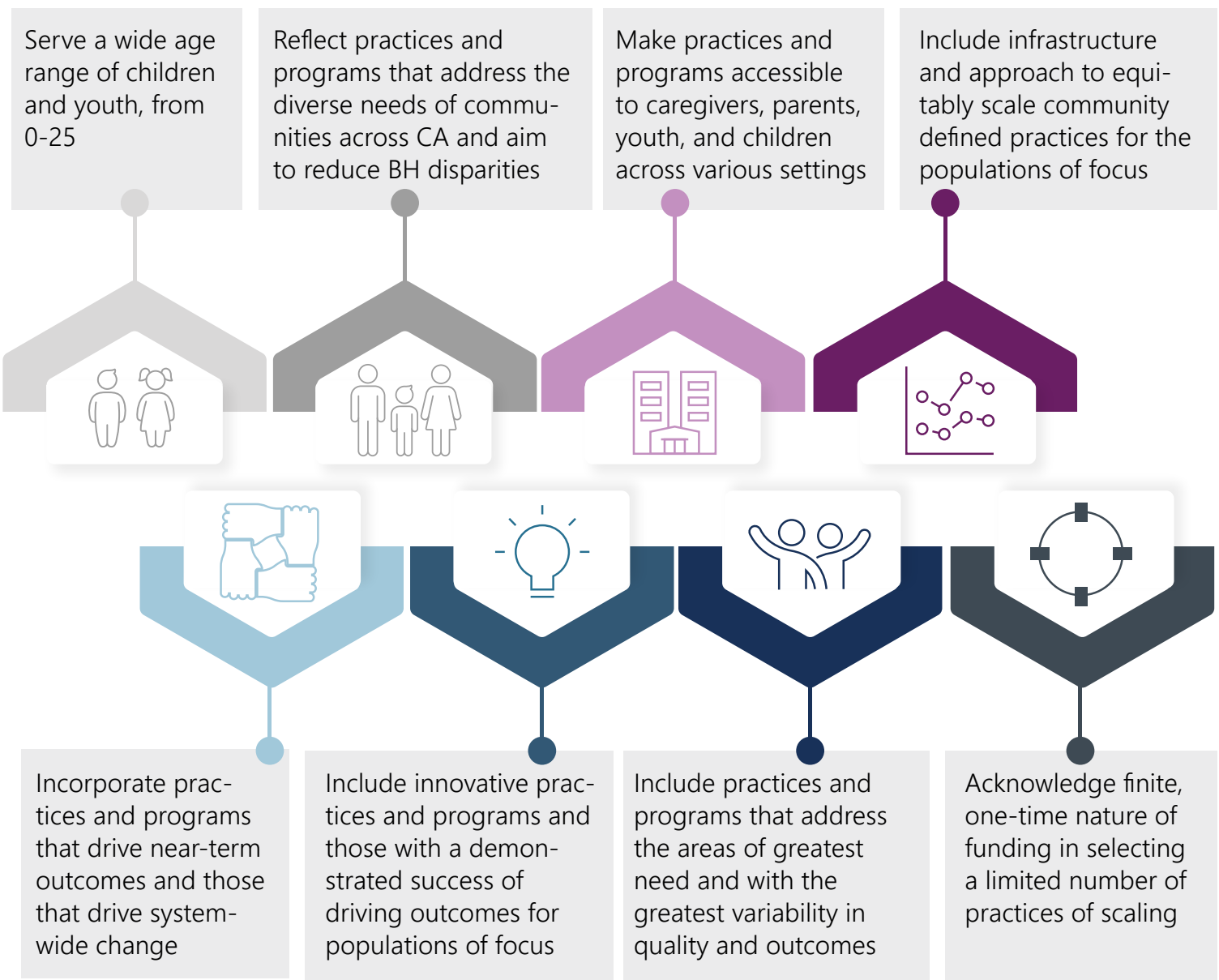
Between April 2022 and October 2022, DHCS convened a series of meetings with a Think Tank, comprised of leading experts from academia, government, and industry, as well as youth and relevant community members, in an interdisciplinary setting to ensure diverse representation and to promote meaningful development and refinement of program design. DHCS sought to select members representing diversity in terms of geography, type of expertise, health/behavioral health experience (e.g., primary care, behavioral health providers, plans, counties, community-based organizations), and those with lived experience or expertise serving BIPOC, LGBTQIA+, rural communities, and other special populations. For more information about Think Tank members, please review their biographies.

DHCS also established a Workgroup to convene additional experts to advise DHCS about the selection of EBP and CDEP that will be scaled statewide through a competitive granting process. DHCS sought input from the Workgroup to guide strategies fusing implementation science. Across three public sessions, Workgroup members provided critical insights that helped DHCS refine their perspectives and hypotheses on potential EBPs and CDEPs to scale. For more information about the Workgroup, please review the member list.

This diverse group of Think Tank and Workgroup members prioritized upstream, prevention-focused services and supports along the continuum of care; suggested outcomes the program should strive toward; identified 100+ EBPs and CDEPs for consideration; and developed five criteria (effectiveness, equity, scalability, sustainability, and being supplementary to the BH landscape) to narrow the list of practices and programs to ones that are likely to generate the most impact for California children and youth.

With stakeholder input, DHCS then conducted a holistic review of the portfolio of practices and programs to ensure the selected list of EBPs and CDEPs address the broad needs of children and youth. The holistic portfolio review was guided by the following elements to ensure that the practices together address the broad range of needs of children and youth in California:

Figure 2: Overview of holistic criteria for portfolio review



The result of this process is a tentative portfolio of six grant rounds, each focusing on a different priority in terms of the impact for BH outcomes for populations of focus. While each grant round has a specific theme and associated EBPs/CDEPs, the grant design is flexible to allow for program and practice adaptations, or the addition of practices within the priority category and with demonstrated efficacy, to meet the needs of populations of focus. The tentative selection of programs and practices may be subject to further refinement based on an assessment of sustainable financing mechanisms, including Medi-Cal and commercial coverage and/or other funding streams. Final details concerning eligibility, scope, and evaluation criteria will be released with the final grant design and funding announcement for each grant round.

Populations of Focus and Prioritized Outcomes

As part of DHCS' equity-driven approach to grant design, DHCS will prioritize grant proposals focused on enhancing BH services for populations of focus identified by the CRDP and OHE. Despite the state's commitment to a mental health system that provides "adequate and appropriate services to all persons," these communities–African Americans, Latinx, Asian and Pacific Islanders, Native Americans, LGBTQIA+ people[6]–have struggled to achieve parity in accessing BH services.

Additional populations include: Justice-involved; low-income; persons with physical, intellectual, and/or developmental disabilities; refugees, migrant workers, and immigrants; rural communities; non-English speakers; those experiencing housing insecurity and homelessness; and children in foster care.[7]

Also, DHCS will prioritize practices and programs that focus on reducing BH disparities for these populations of focus. During the stakeholder engagement process, Think Tank and Workgroup members also prioritized key outcomes:

Increase protective factors for children and youth, as measured by improvements in reported well-being for children, youth, parents, and caregivers

Build incremental capacity, access, integration, and uptake in selected evidence-based and community-defined evidence BH services, including in non-clinical settings

Support codification of practices that can be adapted or normed on populations of focus

High-Level Grant Design Strategy

A key goal of the grants will be scaling identified practices and programs, which can be done in several ways. Eligible recipients will be able to apply for grant funding in one of two tracks: the training track or the implementation track. Eligible recipients can submit a proposal to a single track or an integrated proposal that includes activities on multiple tracks. Specific details about each track and eligible organizations will be included in the Request for Applications (RFA) for each round; however, a high-level overview of the potential tracks is included below:

Training track: the training track is designed for individuals seeking access to manualized training and/or certification in a shortlisted EBP and CDEP (or related adaptation).

Implementation track: this track is designed for organizations seeking grant funding for one of the following activities:

- Start-up: the start-up track is designed for organizations that are seeking start-up funds to newly implement an EBP and CDEP (or related adaptation).
- Operational expansion: the operational expansion track is designed for organizations looking to:
  - Expand provision of short-listed EBP and CDEP (or related adaptation) that they currently provide
  - Scale delivery of a short-listed EBP and CDEP (or adaptation) by training or credentialing more providers.

For the life of the grant and per the legislation, grantees will be expected to collect standardized data and provide periodic reports to DHCS. Grantees from the operational expansion track or start-up track could also have the opportunity to participate in a learning collaborative or other cohort program to learn from other grantees and share insights on grant implementation. To ensure accessibility to a variety of organizations, technical assistance will be provided to grantees without the required capacity or skillset in billing, data collection, monitoring, or reporting.

Below is an overview of each grant funding round, including priority focus, proposed release date, rationale, and example practices within each category.

Note: DHCS's final list of selected programs and practices will be released in the RFA for each grant round. Selected programs and practices may be subject to further refinement based on an assessment of sustainable financing mechanisms, including Medi-Cal and commercial coverage and/or other funding streams.

Round 1: Parent/caregiver support programs and practices

"Research echoes the importance of early intervention with roughly 30 percent of California caregivers reporting moderate concerns over their child's social and emotional development and behavioral health, and 20-40 percent of those same caregivers reporting engaging in some ineffective type of parenting." [8]

Description of Priority Focus Area: The first grant round will fund programs and practices to increase support for and improve parental and caregiver involvement.

Proposed Release Date: December 2022

Rationale: Implementing effective prevention and early intervention programs that build on the strength of diverse parents and caregivers could lead to positive impacts on children and youth facing BH challenges. Research echoes the importance of early intervention with roughly 30 percent of California caregivers reporting moderate concerns over their child's emotional and BH and 20-40 percent of those same caregivers reporting engaging in some ineffective type of parenting.[8] This round of funding could complement work done to strengthen parenting practices by the First 5 Initiative, California Department of Social Services, and the Child Mind Institute, among others.

Priority Populations of Focus: To include populations identified by CRDP and OHE with a priority focus on parents and caregivers of children and youth with BH needs and parents and caregivers of children who benefit most from preventative strategies (e.g., young children 0-5 years of age).

Expected Outcomes/Key Metrics: Through funding these EBPs and CDEPs, DHCS expects to strengthen positive parenting practices, improve the response to emotional and behavioral challenges commonly experienced in childhood, promote child social and emotional development, improve caregiver involvement and relationships with children, and increase support for individuals that may be experiencing heightened levels of caregiver-related stress among other outcomes.

Example EBPs/CDEPs in Priority Category: Potential EBPs/CDEPs to be funded in this round include but are not limited to HealthySteps/ Dyadic Care Services; Incredible Years; Parent-Child Interaction Therapy; Positive Parenting Program (Triple P); and, Parents Anonymous®. DHCS will release the final list of selected programs and practices in the RFA for this grant round and will include allowances for other EBPs with demonstrated efficacy including, but not limited to, those that have a minimum of "promising" or "supported" rating in the Title IV-E Clearinghouse Prevention Services or the California Evidence-Based Clearinghouse for Child Welfare,[9] as well as CDEPs that have reached a strong level of efficacy within specific communities based on their perceived or reported positive outcomes. Selected programs and practices may be refined based on insurance coverage.

Round 2: Trauma-informed programs and practices

"Research indicates that 36 percent of children in California have been exposed to one or more ACEs." [10]

Description of Priority Focus Area: Round 2 will fund trauma-informed programs and practices to increase access to services that address BH needs and the impact of Adverse Childhood Experiences (ACEs).

Proposed Release Date: January 2023

Rationale: DHCS stakeholders emphasized that intervening early and increasing the availability of interventions that are trauma-informed can help reduce the negative effects of ACEs. Research indicates that 36 percent of children in California have been exposed to one or more ACEs[10] and 63.5 percent of all adults were exposed before age 18.[11] This round of funding could build upon work being done by DHCS, the California Department of Education, MHSOAC, and the California Office of the Surgeon General.[12]

Priority Populations of Focus: To include populations identified by CRDP and OHE

Expected Outcomes/Key Metrics: Through funding these EBPs and CDEPs, DHCS expects to expand access to early interventions, support the resilience of children and youth by mitigating the adverse effects of ACEs, build knowledge of trauma-informed support and communication, increase the capacity of child-serving service systems on trauma-informed practices, improve the understanding of how community trauma and racism impact child and youth well-being, and improve grief support for children and youth with COVID-related trauma among other outcomes.

Example EBPs/CDEPs in Priority Category: Potential EBPs/CDEPs to be funded in this round include but are not limited to Child-Parent Psychotherapy; Cognitive Behavioral Interventions for Trauma in Schools; Dialectical Behavioral Therapy; Family-Centered Treatment; Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems; and Trauma-Focused Cognitive Behavioral Therapy. DHCS will release the final list of selected programs and practices in the RFA for this grant round and will include allowances for other EBPs with demonstrated efficacy including, but not limited to, those that have a minimum of "promising" or "supported" rating in the Title IV-E Clearinghouse Prevention Services or the California Evidence-Based Clearinghouse for Child Welfare,[13] as well as CDEPs that have reached a strong level of efficacy within specific communities based on their perceived positive outcomes. Selected programs and practices may be refined based on insurance coverage.

Round 3: Early childhood wraparound services

"65 percent of California's children aged 0-3 have one or more risk factors for BH conditions." [14]

Description of Priority Focus Area: Round 3 will fund early childhood wraparound services to build family strength and overall well-being.

Proposed Release Date: February 2023

Rationale: 65 percent of California's children ages 0-3 have one or more risk factors for BH conditions,[14] and less than 50 percent of young children with emotional, behavioral, or relationship disturbances receive any treatments.[15] The inclusion of this round is consistent with stakeholder feedback that early engagement is crucial to mitigating BH issues in adulthood. This round of funding could complement other statewide behavioral health initiatives for young children, such as the Maternal Infant and Early Childhood Home Visiting Program, Early Childhood Mental Health Consultation Network, and Black Infant Health Program, all of which are implemented by various state and local agencies including First Five County Commissions.

Expected Outcomes/Key Metrics: Through funding these EBPs and CDEPs, DHCS expects to increase access to home visiting services and consultation services, improve coordination of services between pregnant and parenting/caregiving people and their support systems, improve parent/caregiver and child health, reduce ACEs, and reduce emergency department visits and substantiated child abuse calls due to child maltreatment among other outcomes.

Priority Populations of Focus: To include populations identified by CRDP and OHE, with a priority focus on parents and caregivers with young children (e.g., 0-5 years of age)

Example EBPs/CDEPs in Priority Category: Potential EBPs/CDEPs to be funded in this round include, but are not limited to, Healthy Families America, Nurse Family Partnership, and Infant and Early Childhood Mental Health Consultation. DHCS will release the final list of selected programs and practices in the RFA for this grant round and will include allowances for other EBPs with demonstrated efficacy, including, but not limited to, those that have a minimum of "promising" or "supported" rating in the Title IV-E Clearinghouse Prevention Services or the California Evidence-Based Clearinghouse for Child Welfare,[16] as well as CDEPs that have reached a strong level of efficacy within specific communities based on their perceived positive outcomes. Selected programs and practices may be refined based on insurance coverage.

Round 4: Youth-driven programs

"Research indicates that not only are youth peer coaches qualified to support other youth "because of their experience facing similar challenges" but this support is crucial for their peers suffering from serious mental health conditions." [17]

Description of Priority Focus Area: Round 4 will fund youth-driven programs to provide California children and youth the opportunity to shape their behavioral health services.

Proposed Release Date: March 2023

Rationale: Stakeholders expressed the importance of the youth voice in developing interventions that reach, are wanted by, and are appropriate for youth in their communities. Research indicates that not only are youth peer coaches qualified to support other youth "because of their experience facing similar challenges," but this support is crucial for their peers suffering from serious mental health conditions.[17] Youth expressed similar sentiments during the stakeholder engagement process, highlighting the potential for youth-driven programs and practices to make an impact on BH. This round of funding could serve to scale efforts by DHCS and California Department of Health Care Access and Information in creating a robust peer support specialist ecosystem in California by increasing foundational skills and fostering interest in mental health workforce pathways in youth, especially youth of color.

Expected Outcomes/Key Metrics: Through funding these EBPs and CDEPs, DHCS expects to increase accessibility to peer-to-peer support and other related programs that are informed through youth voice, provide non-clinical access to BH support, improve engagement in other BH-related services, improve self-reported well-being, and promote long-term recovery among other outcomes.

Priority Populations of Focus: To include populations identified by CRDP and OHE with a priority focus on youth between the ages of 12-25

Example EBPs/CDEPs in Priority Category: Potential EBPs/CDEPs to be funded in this round include, but are not limited to, peer support and youth drop-in centers (e.g., Allcove™). DHCS will release the final list of selected programs and practices in the RFA for this grant round and will include allowances for other EBPs with demonstrated efficacy including, but not limited to, those that have a minimum of "promising" or "supported" rating in the Title IV-E Clearinghouse Prevention Services or the California Evidence-Based Clearinghouse for Child Welfare,[18] as well as CDEPs that have reached a strong level of efficacy within specific communities based on their perceived positive outcomes. Selected programs and practices may be refined based on insurance coverage.

Round 5: Early intervention programs and practices

"National research has shown that 50 percent of all mental health conditions appear before age 14." [19]

Description of Priority Focus Area: Round 5 will fund early intervention programs and address BH needs more effectively earlier, and reduce reliance on more intensive services. This round of funding may include funding administered by an interagency agreement with MHSOAC.

Proposed Release Date: March/April 2023

Rationale: Research indicates that early BH intervention can reduce premature death, social isolation, poor function, and increase educational and vocational prospects;[19] however, less than 5 percent of eligible children covered by Medi-Cal receive a single mental health service.[20] National research has shown that 50 percent of all mental health conditions appear before age 14.[21] Early intervention programs and practices were identified by stakeholders as an important way to improve children and youth outcomes in adulthood.

Expected Outcomes/Key Metrics: Through funding these EBPs and CDEPs, DHCS expects to increase early identification of BH concerns, improve or properly address BH challenges preventing escalation to more intensive services, and improve coordination of services among other outcomes

Priority Populations of Focus: To include populations identified by CRDP

Example EBPs/CDEPs in Priority Category: Potential EBPs/CDEPs to be funded in this round include but are not limited to early psychosis programs (e.g., Coordinated Specialty Care) and Youth Crisis Peer Mobile Response. DHCS will release the final list of selected programs and practices in the RFA for this grant round and will include allowances for other EBPs with demonstrated efficacy including, but not limited to, those that have a minimum of "promising" or "supported" rating in the Title IV-E Clearinghouse Prevention Services or the California Evidence-Based Clearinghouse for Child Welfare,[22] as well as CDEPs that have reached a strong level of efficacy within specific communities based on their perceived positive outcomes. Selected programs and practices may be refined based on insurance coverage.

Round 6: Community-defined evidence programs and practices

"DHCS expects to increase the availability of culturally relevant BH services to communities across the state among other outcomes."

Description of Priority Focus Area: Round 6 will be dedicated specifically to community-defined evidence programs and practices to provide culturally competent prevention and early intervention services. While this round is dedicated to CDEPs, potential grantees that implement CDEPs are welcome to apply in any of the six funding rounds.

Approximate timeline for release: April 2023

Rationale: During Phase I of their research, CRDP found that marginalized communities have historically struggled to achieve "optimal mental health" despite a statewide system that was designed to provide services without regard to ethnicity or sexual orientation.[23] This lived experience was echoed during the stakeholder engagement process, in which several communities expressed their struggle to access culturally relevant and linguistically appropriate BH services. With its commitment to increasing health equity through the EBP/CDEP workstream, DHCS and its stakeholders recognize the importance of these CDEPs as an alternative to "traditional" BH services for populations of focus.

Expected Outcomes/Key Metrics: Through funding these EBPs and CDEPs, DHCS expects to increase the availability of culturally relevant BH services to communities across the state among other outcomes.

Priority Populations of Focus: To include a priority focus on populations of focus identified by CRDP

Example EBPs/CDEPs in Priority Category: Potential EBPs/CDEPs to be funded in this round include but are not limited to the 35 pilot projects funded during CRDP Phase II which include services for children and youth under 25. DHCS will release the final list of selected programs and practices in the RFA for this grant round. Selected programs and practices may be refined based on insurance coverage.

Grant Eligibility Considerations and Application Process

Final details concerning eligibility, scope, evaluation criteria, and the application process are still being determined in partnership with the Think Tank and Workgroup and will be announced at a later date. Formal guidelines will be released along with the RFAs for each grant round.

Eligible organizations may vary slightly per round and are likely to include but not be limited to:

- Community-based organizations that provide services to children, youth, and/or families
- Provider clinics (e.g., primary care, community mental health, behavioral health, pediatric clinics)
- County or city governments (e.g., county BH departments, public health)
- Early learning and care providers (e.g., childcare and preschool settings)
- Family resource centers
- Statewide and local agencies (e.g., First 5 associations)
- Faith-based organizations
- Regional centers
- Local Educational Agencies (County Offices of Education, school districts), public K–12 school sites, charter schools
- Institutions of higher education (i.e., California Community Colleges, California State University, University of California)
- Tribal entities
- Health plans
- Hospitals and hospital systems
- Others, as applicable

The criteria by which applications are evaluated may be tailored to the individual funding rounds; however, core criteria applicable across rounds could include but is not limited to:

- **Geographic distribution:** Applicants could be expected to show the demonstrated need for the expansion of a program or practice area. For example, grantees might include a county-level analysis for a particular EBP/CDEP to highlight where populations of focus could benefit from an expansion of the EBP/CDEP.

- **Organizational capacity:** In line with DHCS' goal to scale and codify EBPs/CDEPs across the state, potential grantees may be asked to describe their staff's experience with implementing BH programs and forecasted ability to implement new programs. For example, this could take the form of case studies on previous grant implementations and/or a hiring plan to show how the organization will use grant funds to bring appropriate talent onboard.

- **Proven relationships with populations of focus:** Several populations of focus have heightened sensitivity to BH interventions due to generations of disenfranchisement and lived oppression.[24] In their application, to demonstrate their commitment to serving and affecting change in populations of focus, grantees could showcase anonymized, aggregated client demographic data, provide evidence of recent outreach events, and highlight the experience of their boards or executive teams in working with these communities.

- **Sustainability plan:** DHCS CYBHI grants will not be recurring, so grant applicants could be expected to demonstrate how the funding will be used to generate short-term and long-term impact after the grant money is expended. This could include highlighting the number of new professionals that could be trained on an EBP/CDEP, detailing any matching funds opportunities or explaining proposed policy changes that could lead to Medi-Cal or commercial insurance coverage.

As mentioned in the Equity Driven Approach section, promoting health equity has been central to not only the grant design but also in determining the application process (taking into account the work of the Health in All Policies Initiative). Recognizing that not all organizations have the same resources for developing comprehensive grant proposals, DHCS will take steps to make its grant applications as accessible as possible, which may include: minimizing the content required in each proposal, reviewing applications on a rolling basis to lengthen the application window, and committing to work with a third-party administrator (TPA) that can provide technical support to under-resourced applicants.

If you have questions or would like to share feedback, please contact DHCS at CYBHI@dhcs.ca.gov.

Endnotes

1 W&I Code, section 5961.5

2 SAHMSA Evidence-Based Practices Resource Center

3 California Evidence-Based Clearinghouse for Child Welfare

4 California Reducing Disparities Project

5 SAMHSA

6 CRDP

7 OHE

8 Kids Data

9 California Evidence-Based Clearinghouse for Child Welfare Scientific Rating Scale

10 California Health and Human Services Agency's and the California Department of Public Health's Let's Get Healthy Initiative

11 Ibid.

12 WestEd

13 California Evidence-Based Clearinghouse for Child Welfare Scientific Rating Scale

14 Center for Disease Control and Prevention

15 Let's Get Healthy

16 California Evidence-Based Clearinghouse for Child Welfare Scientific Rating Scale

17 UMass Med

18 California Evidence-Based Clearinghouse for Child Welfare Scientific Rating Scale

19 BMI Journals

20 CA Children's Hospital Association

21 SAMHSA

22 California Evidence-Based Clearinghouse for Child Welfare Scientific Rating Scale

23 CRDP Strategic Plan Executive Summary

24 CRDP