



**Children and Youth Behavioral Health Initiative
California Department of Health Care Services**

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

**Round Two: Trauma-Informed Programs and
Practices**

Request for Applications

Release date: February 9, 2023

Application deadline: April 10, 2023

Round Two: Trauma-Informed Programs and Practices

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Part 1: Overview

1.1 Introduction to the Grant Opportunity

Authorized as part of the 2021 Budget Act, the Children and Youth Behavioral Health Initiative (CYBHI) is a multi-year, multi-department package of investments that reimagines the systems that support behavioral health (BH) and wellness for all California's children, youth, and their families. Efforts focus on promoting social and emotional well-being, preventing BH challenges, and providing equitable, appropriate, timely, and accessible services for emerging and existing BH needs for children and youth ages 0-25. The \$4.7 billion investment of state General Funds for CYBHI will improve access to, and the quality of, BH services for all children and youth in California, regardless of payer.

As a component of CYBHI, the Department of Health Care Services (DHCS) will scale throughout the state specified evidence-based practices (EBPs) and community-defined evidence practices (CDEPs) that are based on robust evidence for effectiveness, impact on racial equity, and long-term sustainability. By scaling EBPs and CDEPs throughout the state, DHCS aims to improve access to critical BH interventions, including those focused on prevention, early intervention and resiliency/recovery, for children and youth, with a specific focus on children and youth from Black and Indigenous People of Color (BIPOC) and LGBTQIA+ communities.

During Fiscal Year (FY) 2022-2023, through six competitive grant funding rounds, DHCS intends to award grants, totaling approximately \$429 million, in the following focus areas¹. Applicants may apply to one or more of the below grant rounds:

- Round 1: Parent/caregiver support programs and practices (December 2022);
- Round 2: Trauma-informed programs and practices (February 2023);
- Round 3: Early childhood wraparound services (March 2023);
- Round 4: Youth-driven programs (April 2023);
- Round 5: Early intervention programs and practices (April 2023); and,
- Round 6: Community-defined programs and practices (approximate timeline for release: June 2023).

¹ DHCS received input from stakeholders regarding the selection of practices and will make final decisions in conjunction with RFA releases for each round. Specific EBPs/CDEPs included in each round, and eligible for funding awards to scale practices, will be announced in the associated RFA.

1.2 Equity-Driven Approach

Reducing health disparities and promoting health equity is a central component of the overall grant strategy. With input from stakeholders, DHCS identified the following populations of focus for this grant initiative:

- Populations of focus identified by the California Reducing Disparities Project² (i.e., African Americans, Asians and Pacific Islanders, Latinos, LGBTQIA+, Native Americans).
- Specific populations or segments defined by characteristics other than race, ethnicity and sexual orientation that are experiencing disparities in BH needs (i.e., justice-involved individuals, tribal nations, families engaged with the foster care or justice system, individuals with disabilities, families experiencing homelessness, individuals in rural regions, refugees, the socio-economically disadvantaged).

Equity-driven outcomes for populations of focus are a key aspect for grant awards and data reporting for grant recipients. In selecting the theme for each round and specific EBPs/CDEPs, DHCS and its stakeholders were guided by DHCS'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:

- *Maximized impact and reduced disparities* for all children and youth with an emphasis on programs/practices that focus on marginalized communities;
- *Incorporated youth and family voices* to ensure that the selected programs/practices resonated with a diverse audience;
- *Focused on the upstream continuum of care* to reduce the risk of significant BH concerns in the future;
- *Affirmed the right to access help* and provide access to high-quality, appropriate care for all children and youth;
- *Destigmatized community support* to enable every community to recognize the signs of BH concerns and be willing to support those with BH concerns without stigma; and,
- *Have a data driven-approach* to expand the use of evidence-based BH services.

DHCS will prioritize grants to organizations that demonstrate the ability to scale and sustain engagement with populations of focus (e.g., underserved racial and ethnic

² [California Reducing Health Disparities Project, June 2022](#)

groups, underserved geographies, underserved income-levels, LGBTQIA+ people, etc.) to increase health equity for California youth.

1.3 Purpose

This Request for Application (RFA) details the grant parameters and requirements for Round Two: Trauma-informed programs and practices. Based on input from Think Tank³ and Workgroup⁴ discussions, as well as that from DHCS OSP leadership, Round Two will aim to scale trauma-informed care available to children, youth, parents, and caregivers in California. Trauma-informed care addresses how trauma may impact an individual's life and response to BH services, focusing on realizing the prevalence of trauma; recognizing how trauma affects an individual; and responding by putting knowledge into practice.⁵

DHCS will contract with eligible recipients to support training, capacity building, implementation, and expansion of trauma-informed BH services across various settings (e.g., clinic, community-based organizations, primary care, schools), as applicable. Broadly, these funds are intended to expand and create culturally relevant and responsive services for children and youth to prevent and mitigate BH concerns and promote well-being for children and to support trauma-informed approaches for parents, caregivers and other individuals that work closely with children.

Specifically, this grant funding round aims to:

- Increase early intervention so children and youth with or at high risk for BH conditions can access services before conditions escalate and require higher level care.
- Support the resilience of children and youth by mitigating the adverse effects of Adverse Childhood Experiences (ACEs). Adverse effects may include, but are not limited to, brain development, emotional health and BH conditions, among other, conditions.
- Build knowledge of trauma-informed support and communication for parents, caregivers and individuals close to children and youth.
- Increase the capacity of child-serving service systems (e.g., child welfare, juvenile justice system) to deliver trauma-informed practices.
- Cultivate safe and stable learning environments that model trauma-informed approaches to working with children.

³ [Think Tanks Overview and Members](#)

⁴ [Workgroup Member List](#)

⁵ [Trauma-Informed Care in Behavioral Health Services](#)

- Improve grief support for children and youth with trauma (e.g., death of a parent or loved one, COVID-related, home or community violence).
- Improve the availability and sustainability of services for pregnant and parenting people, caregivers, and children/youth.
- Reduce health disparities by improving equitable access to services for parents, caregivers, and children in California that are culturally and linguistically responsive to the needs of the populations of focus.

DHCS will award grants, **totaling \$100 million**, to scale trauma-informed care throughout California to support wellness and build resilience of children, youth, and those individuals who are close with children (e.g., parents, caregivers, teachers, justice-affiliated providers). For Round Two, the following EBPs and/or CDEPs will be scaled through competitive grant awards:

- Attachment and Biobehavioral Catch-Up⁶;
- Child Parent Psychotherapy⁷;
- Cognitive Behavioral Interventions for Trauma in Schools⁸;
- Dialectical Behavior Therapy⁹;
- Family Centered Treatment¹⁰;
- Functional Family therapy¹¹
- Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems¹²;
- Trauma-Focused Cognitive Behavioral Therapy¹³;
- Multisystemic Therapy¹⁴;

⁶ [Attachment and Biobehavioral Catch-Up](#)

⁷ [Child Parent Psychotherapy](#)

⁸ [Cognitive Behavioral Interventions for Trauma in Schools](#)

⁹ [Dialectical Behavior Therapy](#)

¹⁰ [Family Centered Treatment](#)

¹¹ [Functional Family Therapy](#)

¹² [Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems](#)

¹³ [Trauma-Focused Cognitive Behavioral Therapy](#)

¹⁴ [Multisystemic Therapy](#)

- j. Crossover Youth Practice Model¹⁵;
- k. Other practices for specified populations of focus (e.g., Family Acceptance Project¹⁶)

DHCS recognizes that the short-listed evidence-based practices may not have been developed or normalized on populations of focus and that additional EBPs and CDEPs practices may be relevant to this grant round. As such, additional practices and programs relating to Trauma-Informed Care may be considered eligible for grant funding with the submission of supplementary material demonstrating how the program or practice aligns with the objectives of this RFA. Practices and programs that are appropriate and/or can be adapted for focus populations (see “Populations of Focus” below) will be prioritized.

1.4 Authorizing and Applicable Law

California Welfare and Institution (W&I) Code sections 5961 and 5961.5.

1.5 Timeline

Below is the tentative time schedule for this RFA. If DHCS finds a need to alter the timelines listed herein, either an addendum or a correction notice will be issued announcing the alternate timelines. Applications will be accepted electronically beginning **February 9, 2023**. The application and attachments, along with instructions for submission of the online application, can be found on the [DHCS CYBHI EBP/CDEP Grants webpage](#). If the Applicant is unable to email the application, please contact DHCS at CYBHI@dhcs.ca.gov with the preferred delivery method. DHCS will not consider late application packages.

The deadline for applications will be **April 10, 2023, at 5:00 p.m. PT**. It is the applicant’s responsibility to ensure that the submitted application is accurate and complete. Reviewers may request additional clarifying information from the applicant.

Application Milestones	Dates
RFA release and application open	February 9, 2023 at 5:00 p.m. PT
Deadline for submission of questions from potential respondents	February 22, 2023 at 5:00 p.m. PT

¹⁵[Crossover Youth Practice Model](#)

¹⁶[Family Acceptance Project](#)

DHCS to post responses to select questions	March 8, 2023 at 5:00 p.m. PT
Application due date	April 10, 2023 at 5:00 p.m. PT
Award announcements	On or before June 30, 2023 at 5:00 p.m. PT

1.6 Third-Party Grant Administrator (TPA)

DHCS will contract with a third-party administrator (TPA) to conduct grant management activities, including but not limited to the following:

- Contracting with individuals and entities awarded grants;
- Distribution of grant funding;
- Oversight and monitoring of grantees;
- Data collection and reporting on specified performance metrics;
- Provision of technical assistance and training to grantees; and,
- Other activities defined by DHCS.

1.7 Grant Application and Award Tracks

Eligible applicants may apply for grant funding in one of three grant tracks:

- 1) Training - The training track is designed for *individuals* seeking access to manualized training and/or certification in a shortlisted EBP and CDEP (or related adaptation).
- 2) Implementation – This track is designed for *organizations* seeking grant funding for one of the following activities:
 - a. 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).
 - b. Operational expansion – The operational expansion track is designed for organizations looking to:
 - i. Expand provision of short-listed EBP and CDEP (or related adaptation) that they currently provide, or
 - ii. Scale delivery of a short-listed EBP and CDEP (or adaptation) by training or credentialing more providers.
- 3) Integrated – This track is designed for organizations seeking grant funding for more than one track listed above (i.e., Implementation and Training)

Eligible recipients can submit an application specific to a single track, or an integrated proposal that includes activities on multiple tracks. Eligible recipients may also apply for more than one EBP and/or CDEP by submitting separate applications for each program.

As part of the training track, there is no limit to the number of individuals working for a single organization that can apply for grant funding. However, if the organization is also applying for an implementation grant that includes training for the same individuals, DHCS will not consider separate awards. For individual applicants who are employed by an organization, DHCS recommends submitting documentation that the individual and organization have not separately applied for the same purpose.

For the implementation track, eligible recipients may work together to submit a joint application for a proposal that spans multiple organizations. Note: in these cases, one organization may act as the “primary lead” and submit the application on behalf of the collective; however, the application must indicate if there are subrecipients that are party to the grant application. It must also delineate the roles and responsibilities of each party. Primary leads must also submit an emailed addendum to CYBHI@dhcs.ca.gov providing the secondary entity(s) information. In the emailed addendum, please identify the name and address of the secondary applicant, as well as the funding amount requested for that grant application.

Grant awards will be calculated based on multiple factors, including but not limited to: number of total applications received, number of applications received by track and practice model type, and, number of total individuals expected to be impacted (i.e., served) by grant applicant as a result of the grant award. Priority will be given to applicants serving communities with higher demonstrated need (e.g., mental health professional shortage areas, socio-economically disadvantaged communities, communities with populations of focus) or those which propose to reduce disparities between racial/ethnic/marginalized groups in the community.

1.8 Grant Award Period

All grant awards will be for a maximum period of two years. Upon award, DHCS, or its designee, will finalize contract terms with the grantees.

1.9 Maximum Grant Award Amounts

The maximum award amount will vary by track as shown in the table below. The amounts listed are “up to” maximum amounts to cover the entire two-year grant award period (i.e., the amounts below are total amounts and not annual amounts). Applicants applying for multiple tracks as part of an integrated proposal may submit a budget proposal up to the combined maximum award amount for the tracks they are applying for; however, activities related to each track will still be limited by the track’s maximum award amounts (e.g., an integrated start-up (\$750,000) and training (\$10,000) proposal would have a maximum award size of \$760,000). **NOTE:**

ACTUAL GRANT AWARDS WILL VARY AND NOT ALL APPLICANTS WILL RECEIVE THE MAXIMUM AWARD. Applicants must justify requested amounts as part of the application process. Supplemental documentation may be required to support the request.

ESTIMATED <u>MAXIMUM</u> OF GRANT AMOUNTS BY TRACK		
Training Track	Implementation Track (Start-Up)	Implementation Track (Operational Expansion)
\$10,000	\$750,000	\$400,000

As outlined in Section 3.2 “Application Components,” all applicants will be required to submit a budget proposal for how grant funds will be spent. Applicants are welcome to propose a budget that they feel suits their proposed approach; however, as part of the budget proposal, applicants are expected to provide a detailed justification for each line item in their proposed budget. This justification could include, but is not limited to, why the element is necessary for the proposed approach and how the cost estimation was calculated.

Not all applicants will receive an award within the range outlined above. DHCS reserves the right to make final determinations about award size, including whether to award a grant covering only a partial amount of the applicant’s proposed expenses.

Part 2: Grant Requirements

2.1 Eligible Service Settings

Grantees may deliver services in various settings including, but not limited to: homes, schools, clinics, and community-based settings.

2.2 Eligible Grant Recipients

Entities eligible to receive grants as a part of this RFA, Round Two Trauma-Informed Programs and Practices grants, include but are not limited to:

- a. Community-based organizations that provide services to children, youth, and/or families;
- b. Provider clinics (e.g., primary care, community mental health, BH);
- c. County or city governments (e.g., county BH departments, public health);
- d. Early learning and care providers (e.g., childcare and preschool settings);
- e. Family resource centers;
- f. Statewide and local agencies (e.g., First 5 associations);
- g. Faith-based organizations;
- h. Regional centers;
- i. Local Education Agencies (County Offices of Education, school districts), public K–12 school sites, charter schools;
- j. Institutions of higher education (e.g., California Community Colleges, California State University, University of California);
- k. Tribal entities (i.e., any Indian Tribe, tribal organization, Indian-controlled organization serving Indians, Native Hawaiian organization, or Alaska Native entity);
- l. Health plans;
- m. Hospitals and hospital systems; and,
- n. Others, as applicable.

Note: DHCS will take the practice model into consideration when determining whether a particular organization delivers services in a setting that is consistent with the model. For example, some practice models require services to be delivered in a clinical practice setting.

Additional requirements will be specified in the contract between the grantee and the TPA or DHCS. Examples of additional requirements for eligible entities include, but are not limited to, the following:

- Must be located and conduct grant activities in the State of California;
- Have state or federal recognition as a formal organization or entity, such as a Federal Employer Identification Number (EIN) or California Tax ID; and,
- Must not be debarred or suspended by either the State of California or the Federal Government.

Please note that applications are limited to a single program or practice. Applicants may apply for funding for more than one program or practice by submitting separate applications for each program or practice

2.3 Eligible Expenditures

Eligible expenditures must be necessary, reasonable, and allocatable to the activities proposed in the application. This may include:

- a. Equipment and capital improvements (e.g., modifications to physical space to support practices and programs);
- b. Manual access for practices and programs;
- c. Planning costs;
- d. Specialized training (e.g., disability training, cultural competence, anti-racism);
- e. Staffing (e.g., benefits, contractors);
- f. Supplies (e.g., printing, toys);
- g. Technology (e.g., computers, virtual care platform, electronic medical record);
- h. Technical assistance;
- i. Training costs;
- j. Travel; and,
- k. Other (applicants must define).

For eligible applicants (e.g., CBOs, county BH departments) who participate in Medi-Cal, and are already reimbursed for EBPs / CDEPs, these awards aim to support training, capacity building, implementation, and expansion of trauma-informed BH services across various settings (in contrast to other awards which are designed to fund the direct provision of services).

2.4 Ineligible Expenditures

Ineligible expenditures for all tracks may include but are not limited to:

- a. Fundraising;
- b. Taxes; and,
- c. Debts, late payment fees, contingency funds.

2.5 Grant Monitoring and Participation in Training and Technical Assistance

All grant recipients are required to participate in mandatory grant monitoring and technical assistance activities conducted by DHCS, or its designee (i.e., the TPA). DHCS expects grantees to:

- Deliver trauma-informed care EBPs and CDEPs with fidelity to the specified model while using a culturally relevant and responsive approach to implementation with populations of focus.
- Seek additional training in trauma-informed care, as needed and appropriate, to build or strengthen competencies for serving populations of focus.
- Collect data and report, via periodic written progress reports to DHCS and/or its designee, standardized client-demographic data and outcome-specific data.
- Adhere to reporting and evaluation requirements as defined by DHCS, including informed consent, data collection and submission, and participation in evaluation activities.
- Achieve and maintain the specific benchmarks (e.g. referral rates, initial assessment, providers trained) for the grant within specified timeframes.
- Attend and participate in regular (e.g., weekly, biweekly, monthly) monitoring meetings and check-in calls with a TPA and/or DHCS.
- Participate in required collaborative learning sessions (e.g., monthly learning collaborative sessions) to ensure adherence to manualized instructions and/or best practices.
- Based on input from Think Tank¹⁷ and Workgroup¹⁸ discussion, as well as DHCS OSP leadership, develop an implementation plan to support trauma-informed care, which includes:
 - a. Establishing a system for early identification, screening, referral, and/or provision of treatment for children and families.

¹⁷ [Think Tanks Overview and Members](#)

¹⁸ [Workgroup Member List](#)

- b. Developing a protocol for managing risk (e.g., mandated reports, as required for certain individuals under the Federal Child Abuse Prevention and Treatment Act (CAPTA) for known or suspected instances of child abuse and neglect¹⁹) and escalating concerns before disclosing to parents/caregivers and third parties (e.g., police, child-protective services).
- c. Identifying barriers to trauma-informed services within the community and with solutions to address identified barriers.

2.6 Data Reporting Requirements

As a condition of funding, all grantees are required to share standardized data, in a manner and form determined by DHCS.²⁰ As a part of the award, grantees must agree to report data and outcomes for a period of 1-2 years post award, as applicable based on award type.

Based on input from Think Tank²¹ and Workgroup²² discussion, as well as DHCS OSP leadership, below are examples of the type of data that will be required to be reported under each funding track:

- Training status of BH professionals (e.g., number of certifications, proof of certification/training completion).
- Client demographic information (e.g., age, sex, sexual orientation and gender identity, race/ethnicity).
- Service utilization data (e.g., number of clients enrolled, service location, average length of service, program completion rates).
- Child outcomes (e.g., stressful life events, adverse childhood experiences, internalizing and externalizing symptoms, social and academic functioning, child-caregiver relationship) as appropriate.
- Adult self-report outcomes (e.g., caregiver stress, teacher-child relationship), as appropriate.
- Number of mandated reports submitted, as required for certain individuals under the Federal Child Abuse Prevention and Treatment Act (CAPTA) for known or suspected instances of child abuse and neglect²³

¹⁹ [Mandatory Reporters of Child Abuse and Neglect](#)

²⁰ [W&I Code Section 5961.5\(f\)](#)

²¹ [Think Tanks Overview and Members](#)

²² [Workgroup Member List](#)

²³ [Mandatory Reporters of Child Abuse and Neglect](#)

Part 3: Application Components and Evaluation Criteria

3.1 Application and Submission Format

Applicants who have a demonstrated track record of serving populations of focus but do not have the organizational capacity to complete a written grant application may request that portions of this grant application be completed in an alternative format (e.g., video submission).

All grant applicants are expected to complete their application via <https://www.surveymonkey.com>.

To request an alternative application, please contact DHCS at CYBHI@dhcs.ca.gov by March 8, 2023 at 5:00 p.m. PT. As part of your request, please include a justification for the request and an explanation of how granting the request will further DHCS' goals of promoting diversity, equity and inclusion. DHCS will make reasonable efforts to grant these requests. Please note that most alternative applications will still be required to submit a SurveyMonkey application April 10, 2023 at 5:00 p.m. PT, though it may be possible to address certain questions with an alternative format submission (e.g., video submission, virtual interview).

3.2 Application Components

a. Application Overview

- i. Applicant/entity legal name
 - a) If individual – please include license information
 - b) If organization – please identify name and credential of Chief Executive Officer/President or other legal designee **(Max 100 words)**
 - c) If sub-organization that is party to the grant – please identify name and credential of Chief Executive Officer/President or other legal designee **(Max 100 words)**
- ii. Contact information- please provide an email you would like us to contact you at
- iii. Entity description – please provide a detailed narrative overview of entity's mission, service profile, years in operation, experience with providing trauma-informed care, etc. **(Max 500 words)**
- iv. Individual/entity's service location(s) – please include physical address(es) where services are provided to clients

- a) County of service
 - b) Primary zip code of service
- v. Individual/entity type (select from list, if other, please describe)
- vi. Affiliation- If applicable, please identify if the individual/entity is affiliated/under contract with a health plan (commercial or Medi-Cal), a county BH department, or a clinic (primary care or BH) to deliver BH services. If yes, select:
 - a) Affiliated entity;
 - b) Type of affiliation; and
 - c) County of service.
- vii. Focus area- Select the EBP(s) that are the focus of your grant application. If your grant application focuses on a CDEP or an adaptation of an EBP, select "CDEP/EBP adaptation" and provide the name of the CDEP/EBP adaptation.
- viii. Grant tracks- Select the grant track(s) to which applicant is applying
- ix. Requested total funding amount(s)
 - a) Requested total amount in Training Track
 - b) Requested total amount in Implementation Track

b. Populations of Focus

- i. Describe the individual/entity's existing client population **(Max 250 words)**
- ii. Describe the populations of focus, including projected population size and description of populations (e.g., race, ethnicity, federally recognized tribe, language, sex, gender identity, sexual orientation, age, socioeconomic status) to be served, if awarded a grant. **(Max 250 words)**
- iii. Describe the individual/entity's strategy for conducting outreach and engagement to reach the populations of focus. Please provide at least one example of a time when you successfully engaged the population of focus in a manner that resulted in increased access to services. **(Max 500 words)**
- iv. Describe the individual/entity's strategy for ensuring staff are appropriately trained and services are culturally relevant and responsive. **(Max 500 words)**

c. Proposed Approach

- i. **For Training Track only applications** – Describe the individual’s timeline for completing required training activities. Please also describe the goals, strategy, and associated milestones in your plan to scale the selected EBP/CDEP with the populations of focus upon completion of the training program. See section 1.3 “Purpose.” *Please upload as attachment in the Survey Monkey tool. (Max 2,500 words)*
- ii. **For Implementation Track only applications** - Describe the entity’s proposed timeline and approach for scaling the selected EBP/CDEP practice or program model. Please include specific goals, milestones and measurable objectives that are aligned with the stated purpose of the grant opportunity. See section 1.3 “Purpose.” *Please upload as attachment in the Survey Monkey tool. (Max 2,500 words)*
- iii. **For Integrated Track applications** (*entities that are applying for more than one track should submit an integrated proposal instead of separate proposals*) – Describe the entity’s proposed timeline and approach for scaling the selected EBP/CDEP practice or program model. Additionally, please detail the training needs and timeline for completing the training activities. Include specific goals, strategies, milestones, and measurable objectives that are aligned with the stated purpose of the grant opportunity when discussing the plan for scaling as well as the required training. See section 1.3 “Purpose.” *Please upload as attachment in the Survey Monkey tool. (Max 2,500 words)*

d. Individual/Entity Experience and Staffing Profile

- i. Individual/entity experience:
 - a. **For Training Track only applications** - Describe the individual’s education, training, knowledge of trauma-informed care, and experience implementing EBPs/CDEPs and/or similar programs. **(Max 500 words)**
 - b. **For Implementation Track only applications** – Describe the entity’s staffing profile, knowledge of trauma-informed care, expertise and experiences implementing EBPs/CDEPs and/or similar programs. **(Max 500 words)**
 - c. **For Integrated Track applications** (*entities that are applying for more than one track should submit an integrated proposal instead of separate proposals*) – For the implementation component of this response, describe the entity’s staffing profile, knowledge of trauma-informed care, expertise and experiences implementing EBPs/CDEPs and/or similar programs. For the training component of this response, describe the individual’s education, training, knowledge of trauma-informed care, and

experience implementing EBPs/CDEPs and/or similar programs.
(Max 1000 words)

- ii. Describe the individual's/entity's current capacity to meet goals and objectives, and/or describe how funding could create capacity and resources to achieve these goals and objectives. **(Max 500 words)**
- iii. If applicable, identify other organization(s) that you will partner with in the proposed project if additional expertise and/or support is required for the project (e.g., additional training in specific populations). Describe their experience providing services to the population(s) of focus, and their specific roles and responsibilities for this project. **(Max 500 words)**
- iv. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director and Evaluator) and other personnel as relevant. Describe the role of each, their level of effort, and qualifications, to include their experience providing services to the population(s) of focus and familiarity with their culture(s) and language(s). **(Max 500 words)**
- v. Entity letter of support - provide a letter of support from community members, previous organizations, supervisors, or others that can attest to your background in trauma-informed services. If applying as an individual, please also provide an additional letter of support from organizational leadership. **(File Upload [max. 3])**

e. Data Collection and Performance Management

- i. Provide information about your/your organization's experience in data collection (e.g., storage, management, analyzing) relating to service utilization and quality improvement (e.g., data that is used to enhance the organization's offerings rather than data stored in an electronic health record). **(Max 500 words)**
- ii. Provide examples of reporting you/your organization has developed to showcase your organization's program outcomes and experience working with relevant social service agencies (e.g., annual report, grant monitoring report, letter to funders, etc.). **(File Upload [max. 3])**
- iii. Provide a plan for data considering the following:
 - a. What electronic data collection software will be used, if any? **(Max 250 words)**
 - b. How often will data be collected? **(Max 250 words)**
 - c. The organizational process that will be implemented to ensure the accurate and timely collection and input of data. **(Max 250 words)**

- d. The staff responsible for collecting and recording data. **(Max 250 words)**
 - e. The data source/data collection instruments that will be used to collect the data. **(Max 250 words)**
 - f. How well the data collection methods that will take into consideration the language, norms, and values of the population(s) of focus. **(Max 250 words)**
 - g. How the data will be stored securely. **(Max 250 words)**
 - h. If applicable, how will the data collection procedures ensure that confidentiality is protected, and that informed consent is obtained. **(Max 250 words)**
 - i. If applicable, how data will be collected from partners. **(Max 250 words)**
 - j. If applicable, how will the data collection process demonstrate that effective EBP scaling was facilitated by the award **(Max 100 words)**
- iv. Please refer to Section 2.6 “Data Reporting Requirements” for additional information about data collection requirements. *Note: DHCS reserves the right to specify and/or add metrics at the time of grant award.*

f. Proposed budget (File upload)

- i. Provide an estimated budget based on your understanding of the scope of your project. The budget total should equal the grant amount you are proposing for and be itemized by specific resource (e.g., staff salaries by level, supplies, etc.) tying back to key deliverables or other program goals mentioned in the Section 3.2.F. The budget should include expenditures over a maximum two-year period, as well as details on any anticipated subawards.
- ii. Final budget and payment schedule will be determined in tandem with the applicant and DHCS or its designee (i.e., TPA). DHCS, or its designee, will provide interval payments based on delivery of standard deliverables.

g. Additional Practices and Programs Relating to Trauma-Informed Programs and Practices

This section is only to be completed by applicants that are submitting a proposal for a program or practice that is *not included* in the list of eligible programs and practices in Section 1.3 “Purpose.”

- i. Provide a description of the program or practice, including:
 - a. Program overview **(Max 500 words)**
 - b. Target population (e.g., parents/caregivers, infants, children) **(Max 500 words)**
 - c. Program goals (e.g., supporting the resilience of children and youth affected by ACEs, improving grief support for children and youth) **(Max 500 words)**
 - d. Program delivery (e.g., recommended intensity, duration, delivery setting) **(Max 500 words)**
 - e. Manuals and training (e.g., if they practice is manualized, level of training required, training modality) **(File upload)**
- ii. Describe how this program or practice will improve outcomes and benefit populations of focus. **(Max 500 words)**
- iii. Describe how you will monitor and ensure fidelity of program delivery if the program is considered “innovative” (e.g., does not have existing evidence-based, manual). **(Max 500 words)**
- iv. Describe the evidence which supports that the selected EBP/CDEP or adaption will drive the outcomes contained in Section 1.2 “Equity-Driven Approach” and 2.6 “Data Reporting Requirements”: **(Max 500 words)**
 - a. For EBPs, include mention of the scientific evidence base that supports key outcomes related to the RFA (e.g., RCTs, peer-reviewed journal articles) as well as the rating from relevant clearinghouses, if applicable (California Evidence-Based Clearinghouse for Child Welfare²⁴, Title IV-E Prevention Services Clearinghouse²⁵, Federal Evidence-Based Practices Resource Center²⁶)
 - b. For CDEPs or population-specific adaptations of EBPs, include findings from limited or informal evaluations, case studies and/or surveys or testimonies from program participants, family members, community members and/or other stakeholders as well as whether the CDEP is listed as an Innovative Practices in

²⁴ [California Evidence-Based Clearinghouse for Child Welfare](#)

²⁵ [Title IV-E Prevention Services Clearinghouse](#)

²⁶ [SAMHSA Evidence-Based Practices Resource Center](#)

the National Network to Eliminate Disparities in Behavioral Health resource library²⁷

- v. Describe the recommended path to sustainability for this program or practice (e.g., funding, reimbursement). **(Max 250 words)**
- vi. If applicable, describe how scaling of this program or practice will add to the existing BH landscape. **(Max 500 words)**

h. Additional information

- i. Is there any additional information you would like to add?
- ii. Please attach any additional documents you would like to include

3.3 Application Scoring Criteria

The CYBHI EBP/CDEP grant funding is a competitive application grant program. DHCS will only fund proposals from applicants that are in good standing with all local, county, state and federal laws and requirements. Funding decisions will be based on a variety of factors, including but not limited to: practice selections, demonstrated need and ability to meet outcome objectives for populations of focus, ability to provide culturally relevant and responsive services to populations of focus, overall estimated impact of potential award, geographic distribution of applicants, and populations served.

A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria. Based on input from Think Tank²⁸ and Workgroup²⁹ discussions and DHCS OSP leadership, each application will be evaluated based on the strengths of the proposal and the responsiveness to the selection criteria and project aims, as follows:

- Increase early intervention so children and youth with or at high risk for BH conditions can access services before conditions escalate and require higher level care.
- Support the resilience of children and youth by mitigating the adverse effects (e.g., brain development, emotional and BH, among other conditions) of ACEs.
- Build knowledge of trauma-informed support and communication for parents, caregivers and individuals close to children and youth.
- Increase the capacity of child-serving service systems (e.g., child welfare, juvenile justice system) on trauma-informed practices.

²⁷ [SAMHSA National Network to Eliminate Disparities in Behavioral Health](#)

²⁸ [Think Tanks Overview and Members](#)

²⁹ [Workgroup Member List](#)

- Improve grief support for children and youth (e.g., death of a parent, loved one).

Additionally, DHCS reserves the right to prioritize applications that align with the aims of the broader CYBHI initiative (e.g., increasing care to populations of focus, mental health professional shortage areas).

Practices and programs not on the identified list of Round Two EBPs and CDEPs will be evaluated for efficaciousness, equity, sustainability, scalability, and whether the practice model is supplementary to the BH landscape. No application is guaranteed funding and applications will be reviewed holistically across the defined evaluation criteria.

Part 4: Administrative Details

4.1 Compliance with California Public Records Act

The application is a public record that is available for public review pursuant to the California Public Records Act (CPRA, Chapter 3.5 [commencing with Section 6250] of Division 7 of Title 1 of the Government Code). After final awards have been issued, DHCS may disclose any materials provided by the applicant to any person making a request under the CPRA. Applicants are cautioned to use discretion in providing information not specifically requested, such as personal phone numbers and home addresses. If the applicant does provide such information, they will be waiving any claim of confidentiality and will have consented to the disclosure of submitted material upon request.

4.2 Inquiries

1. Direct all grant inquiries to DHCS as indicated below. DHCS will respond directly to each applicant submitting an inquiry.

Grant Inquiries
Email Inquiries to: CYBHI@dhcs.ca.gov Subject: RFA CYBHI-EBP2023-RD2 – Trauma-Informed Programs and Practices

2. Please include the following in an inquiry:
 - a. Applicant name, name of applicant’s organization, mailing address, email address, area code, telephone number, or other information useful in identifying the specific problem or issue in question.
 - b. A description of the subject or issue in question or discrepancy found.
 - c. RFA section, page number, or other information useful in identifying the specific problem or issue in question.

4.3 Reasonable Accommodations

For applicants with disabilities, DHCS will provide assistive services such as reading or writing assistance, conversion of the RFA, questions/answers, RFA addenda, or other Administrative Notices to Braille, large print, audiocassette, or computer disk. To request copies of written materials in an alternate format, please use one of the following methods below to arrange for reasonable accommodations.

Reasonable Accommodations Requests

Email Address: CYBHI@dhcs.ca.gov

Subject: RFA CYBHI-EBP2023-RD2 – Trauma-Informed Programs and Practices

4.4 Award Process

Successful applicants will receive a conditional award email with a Standard Agreement Contract from DHCS or its designee (i.e., the TPA entity). The agreement must be signed, returned, and fully executed before initial funding will be awarded. Depending on the applications received, DHCS may choose to partially or fully award eligible applicants based on the grant tracks of interest. In that case, DHCS would reach out to the potential awardee to inform them of the determination.

Applications that are not funded during Round Two: Trauma-Informed Programs and Practices may apply for future funding rounds, subject to the requirements and priorities of those rounds.

Applicants who are awarded grants must submit a budget proposal for the first 12-month budget period of the grant. Continued funding for each subsequent period will require submission and approval of documents needed to update workplans, target caseload and budgets.

Annual budget awards in subsequent years will be based on awarded applicant's satisfactory performance in achieving grant management responsibilities.

The grant award term dates will be agreed upon in the final executed contract with grant award winners.

4.5 Appeals

California law does not provide a protest or appeal process of award decisions made through an informal selection method. Applicants submitting a response to this RFA may not protest or appeal the award decision. DHCS's award decision shall be final.

4.6 State's Rights

- a. DHCS may collect additional applicant documentation, signatures, missing items, or omitted information during the response review process. DHCS will advise the applicant orally, by fax, email, or in writing of any documentation that is required along with the submission timeline. Failure to submit the required documentation by the date and time indicated may cause DHCS to deem a response nonresponsive and eliminate it from further consideration.
- b. The submission of a response to this RFA does not obligate DHCS to make a contract award.

- c. DHCS reserves the right to deem incomplete responses as non-responsive to the RFA requirements.
- d. DHCS reserves the right to modify or cancel the RFA process at any time.
- e. The following occurrences may cause DHCS to reject a response from further consideration:
 - a. Failure to meet the state applicant requirements by the submission deadline.
 - b. Failure to comply with a request to submit additional documents in a timely manner, if needed.
 - c. Failure to comply with all performance requirements, terms, conditions, and/or exhibits that will appear in the resulting contract.
 - d. Failure to submit an RFA response by 5:00 pm PT on April 10, 2023.