



**DEPARTMENT OF
HEALTH CARE SERVICES**

Children and Youth Behavioral Health Initiative

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

**Request for Application Round Two: Trauma-Informed
Programs and Practices**

Frequently Asked Questions

Updated: March 10, 2023



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PURPOSE

As part of the Children and Youth Behavioral Health Initiative (CYBHI), on February 9, 2023, the Department of Health Care Services (DHCS) released a Request for Applications (RFA) seeking proposals for Round Two of the Evidence-Based and Community-Defined Evidence Practices (EBP and/or CDEP) Grant Program, which aims to scale trauma-informed programs and practices (as specified in the RFA) based on robust evidence for effectiveness, impact on racial equity, and sustainability. DHCS will award up to \$75 million in grant funding to individuals and entities to deliver services offered to parents, caregivers, and children and youth with emerging or existing mental health and/or substance use disorders. Interested parties must apply for funding using [this application form](#) and to submit by April 10, 2023, at 5 p.m.

The purpose of this document is to answer frequently asked questions (FAQ) about the Round 2 RFA and CYBHI funding opportunity.

For more information about the RFA and DHCS' strategy for scaling EBPs and CDEPs please see our [EBP and CDEP Grants page](#). If you have any questions about the RFA, please contact DHCS at CYBHI@dhcs.ca.gov.

FREQUENTLY ASKED QUESTION OVERVIEW

The FAQs below pertain to the EBP and/or CDEP Grant Program Round Two: Trauma-Informed Programs and Practices. FAQs are organized in five categories:

- Selected Practices and Programs



- Grant Applications and Tracks
- Grant Awards and Funding
- Eligible Expenditures
- Monitoring and Data Reporting
- SurveyMonkey Submission
- CYBHI General Information

Selected Practices and Programs

1. What are the EBPs and/or CDEPs that will be scaled with funding?

Scale is defined as expanding an organization's operations or capacity to deliver services, enabling replication and adaptation of well-established practices, and/or exploring policy innovations. DHCS encourages all interested parties to apply. DHCS recognizes that the short-listed EBPs may not have been developed or normalized on populations of focus and that additional EBPs/CDEPs may be relevant to this grant round. In turn, 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 will be prioritized.

For Round Two, the following EBPs and/or CDEPs will be scaled through competitive grant awards: Attachment and Biobehavioral Catch-Up, Child Parent Psychotherapy, Dialectical Behavior Therapy, Family Centered Treatment, Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems, Trauma-Focused Cognitive Behavioral Therapy, Multisystemic Therapy, Crossover Youth Practice Model. Applicants may also apply for other practices that are tailored toward specific populations of focus.

2. How was the shortlist of EBPs determined for this round?

DHCS convened both an expert panel think tank and a public workgroup to inform the selection of practices for this workstream. DHCS evaluated practices based on their effectiveness, equity, scalability, sustainability, and being supplementary to the current BH landscape.

3. How does DHCS define populations of focus?

DHCS has identified the following populations of focus for this grant initiative:

- Populations of focus identified by the California Reducing Disparities Project¹ (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 behavioral health needs (i.e., justice-involved individuals, tribal nations, families engaged

¹ [California Reducing Disparities Project](#)



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with the foster care or justice system, individuals with disabilities, families experiencing homelessness, individuals in rural regions, refugees, socio-economically disadvantaged populations).

4. What are Community-Defined Evidence Practices (CDEPs)?

Community-Defined Evidence Practices are a set of practices that communities have used and found to yield positive results as determined by community consensus over time. These practices may or may not have been measured empirically but have reached a level of acceptance by the community. An eligible CDEP is a program or practice that aligns with the goals of this funding round.

5. What if my organization would like to implement a trauma informed EBP/CDEP that is not on the shortlist or an adaptation of a shortlisted EBP?

Applicants may request funding for EBPs/CDEPs that are not specifically listed in the Request for Applications (RFA); however, in order to be considered for funding, the applicant must submit supporting documentation detailing the efficacy, equity, scalability, and sustainability of the practice. See pages 7 and 19-21 of the RFA for more details.

Grant Applications and Tracks

1. When is the application deadline?

The Round Two application deadline is **April 10, 2023, at 5:00p.m.** PDT. Applications received after 5:00pm on April 10th may not be reviewed or considered.

2. My organization may need an accommodation or help completing an application. Who can I contact?

In an effort to maintain an equitable application process, DHCS will provide technical assistance to potential applicants, on case-by-case basis. Please email CYBHI@dhcs.ca.gov to make a request for assistance. See RFA Section 3.1. *Application Submission and Format* on page 15 for additional information.

3. Who do I contact if I have questions regarding the application as I am completing it?

DHCS will post updates to the FAQs to its [webpage](#). You may also request the technical assistance webinar slide deck. If questions still arise you may email questions to CYBHI@dhcs.ca.gov. DHCS will respond as timely as possible.

4. In the Implementation Track, what is the difference between the operational start-up and operational expansion options?

An entity should select the operational start-up activity if the entity has not previously implemented the practice model in the setting/location where services will be provided. An entity should select the operational expansion activity if the entity has already implemented the practice model and additional funding could allow the entity to expand operations to include additional program recipients, expand the service



area, etc.)

- 5. Can an entity submit more than one application to fund different EBPs or CDEPs (e.g., Dialectical Behavior Therapy and Family Centered Treatment)?**
Yes, applicants may apply for funding for more than one EBP and/or CDEP by submitting separate applications for each EBP and/or CDEP. DHCS reserves the right to determine the number of awards granted to a single entity based on the selection criteria, which include but are not limited to statewide need and geographic distribution of funding (by practice, as applicable).

- 6. Will grants be awarded to a single applicant for both operational expansion and start-up activities under the Implementation Track?**
No, DHCS will not make awards to the same applicant for both operational start-up and operational expansion under the Implementation Track. An entity may only be considered for either operational start-up OR the operational expansion.

Eligible entities may submit an integrated application that includes:

A Training Track proposal; **AND,**

An Implementation Track proposal for operational start-up; **OR,**

An Implementation Track Proposal for operational expansion

- 7. Can an individual submit more than one application in the training track?**
Applicants may apply for multiple EBPs for the training track; however, DHCS reserves the right to determine the number of awards granted to a single individual based on the selection criteria, which include but are not limited to statewide need and geographic distribution of funding (by practice, as applicable).
- 8. Can multiple individuals (e.g., behavioral health providers) associated with a given entity (e.g., county) each submit an application under the training track?**
Yes, individuals associated with the same eligible entity can each submit an application under the training track. Per the RFA, the training track is designed for **individuals** seeking access to manualized training and/or certification in a short-listed EBP and CDEP (or related adaptation).
- 9. Can an organization submit multiple applications for a single EBP if focused on serving different populations (e.g., priority populations, geographic communities)?**
Applicants seeking funding for a single EBP are limited to a single application and can describe which populations of focus they will be serving when completing the formal application. Those seeking funding for multiple EBPs may submit more than one application (up to one per EBP). If an organization operates in distinct geographies (with distinct operational infrastructure), DHCS may consider funding each geographic location separately.
- 10. If an entity chooses to apply for multiple (e.g., Training Track and Implementation Track) grant tracks, do they have to complete a separate**



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application for each grant track?

No, entities that are applying for more than one grant track, are encouraged to submit an integrated proposal. Per the RFA, eligible entities can submit an application specific to a single track or an integrated proposal that includes activities on multiple tracks (e.g., Implementation and Training). See page 8 of the RFA for additional detail.

11. Will DHCS accept more than one integrated proposal from the same organization?

Yes, if the proposals address different EBP/CDEPs.

12. May I submit a joint application with a partner institution?

Yes, multiple entities may partner together to submit a joint application. A lead organization may apply on behalf of the partnership; however, the roles and responsibilities of each entity that will be party to the grant must be detailed in the application. The lead entity must also submit a letter of commitment from each of the named organizations. Please detail this information in the Individual/Entity Experience section of the application.

13. What information should be included in the application regarding secondary entities?

Primary applicants must submit an emailed addendum to CYBHI@dhcs.ca.gov providing the secondary entity(s) information. In the emailed addendum, identify the name and address of the secondary applicant, as well as the funding amount requested for that grant application.

14. Can an organization that developed an EBP/CDEP be considered eligible for the implementation track if they are seeking funds to train and credential more providers?

Yes, eligible expenses include training, and an organization that designed a given EBP/CDEP is a legitimate applicant for such funds when applying through the Operational Expansion track.

15. My organization does not fit neatly into one of the categories in the RFA. Am I still eligible to apply?

The RFA includes a wide array of entities that are eligible for funding under this grant program. DHCS will consider applications from other entity types; however, please include an explanation/rationale for why your organization has the requisite expertise and experience to deliver trauma-informed practices to children, youth, and families within the populations of focus. If you believe your organization does not fit within an eligible recipient category, you can also email CYBHI@dhcs.ca.gov to share additional information that may help us guide you in the right direction.

16. Is any provider eligible for funding under this grant program?



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To be eligible for funding, all providers, both individuals and entities, must be qualified (e.g., meets education/training requirements defined under the practice model) to administer programs and practices. All services funded under this program must be delivered in the California. If you have questions concerning your eligibility, you may email CYBHI@dhcs.ca.gov for guidance.

17. Can an individual school site apply for funding or are LEAs required to submit the application?

Individual school sites are eligible to submit applications. Additionally, LEAs (e.g., districts or COEs) may apply for funding on behalf of multiple school sites within the district.

18. Will applicants that primarily offer virtual services be eligible for funding?

Yes.

19. What is the application review and scoring process?

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.”

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.

Grant Awards and Funding

1. What is the maximum and minimum size for each grant?

Actual grant awards will vary in size 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. As outlined in Section 1.9 of the RFA, the potential maximum award amounts are:

- a. Training Track: \$10,000
- b. Implementation Track (Start-up): \$750,000
- c. Implementation Track (Operational Expansion): \$400,000

2. How were maximum funding amounts for each track determined?

Maximum funding amounts were informed by subject matter experts with demonstrated experience in behavioral health EBPs/CDEPs and by estimated costs (e.g., training costs, space modifications, equipment, materials) for scaling the



specific practices and programs included in this round of funding.

3. When will Round Two awards be announced?

DHCS aims to make Round Two grant award announcement by June 30, 2023.

4. What is the actual grant period?

Grant duration periods will vary depending on the type of award. For training track, DHCS anticipates the grant duration period will be up to six (6) months. For implementation track awards, DHCS anticipates the grant duration period will be up to twenty-four months (24). Per the statute², as a condition of funding, all grantees are required to submit standardized data, in a manner and form determined by DHCS, to demonstrate outcomes and effectiveness of the grant program. The grant duration period will allow sufficient time for grantees to implement the practices and programs, collect longitudinal data, and report outcomes.

5. Can unspent funds in Year 1 be rolled over to Year 2?

Grantees who receive awards will be required to submit a budget for the entire grant period. During the grant period, if a grantee needs to shift funding from year 1 to year 2 of the grant period, DHCS will consider such requests on a case-by-case basis.

6. What is the timeline and process for distributing funds?

Per the RFA, DHCS, or its designee (i.e., a Third-Party Administrator), will distribute funds to grantees on an interval basis based on completion and delivery of standard deliverables. The required deliverables and payment schedule will be detailed in the standard agreement (subcontract) between the grantee and DHCS (or its TPA).

7. If I apply to and am awarded a grant under this round, am I eligible for further grant funding from a subsequent EBP/CDEP grant round?

Winning an award in one round does not necessarily preclude an individual or entity from being awarded funding in another round; however, individual or organizational capacity is a component of the application and will be evaluated by DHCS.

8. For any of the grant tracks, is the maximum allocation possible (e.g., \$750,000, \$400,000) listed in the RFA, available per year for two years or is it across those two years?

The maximum allocations listed in the RFA represent the total maximum award, not annual limits. The maximum amounts cover the entire two-year grant period, and the budget should reflect expected expenditures for the full grant period.

9. What is the maximum funding amount for coordinated applications?

The maximum funding amount is per award and would be the total amount awarded, for all parties, under a single grant application. Parties may opt to apply separately; however, DHCS will not guarantee funding for any individual/entity. All applications will be screened and evaluated across multiple criteria and factors. For more

² W&I Code, Section 5961.5(f)



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information about the maximum awards, see the RFA, Section 1.9 Maximum Grant Award Amounts (page 10).

10. Will DHCS consider entities leveraging funding from Round Two to secure matching funds from other sources to increase the maximum allotted grant awards?

While matching awards from other fund sources are allowed and encouraged, applicants are not required to secure matching funds to be eligible for an award. DHCS will not exceed the maximum award amount listed in the RFA, regardless of the availability of matching funds.

11. Can an entity apply for funds with the intent to combine it with other grants/funding streams (e.g., Student Behavioral Health Incentive Program (SBHIP))?

Yes, the grant funding may be layered with additional funding.

12. What is the maximum award amount for an integrated proposal (e.g., training track and operational start-up)?

The funding maximums contained in the RFA are indicated by each individual grant track. For integrated proposals, the guidelines for maximum awards are as follows:

- For the training track component, the maximum award is \$10k (per individual being trained).
- For the operational start-up proposal, the maximum award is \$750k
- For an operational expansion proposal, the maximum award is \$400k.

Example #1: If an applicant is requesting funding for training track for **four individuals** within the organization **AND** for an **operational expansion**, the maximum award would be **\$440,000**.

Example #2: If an applicant is requesting funding for a training track for **four individuals** within the organization **AND** for an **operational start-up grant**, the maximum award would be **\$790,000**.

(Note: Applicants are not guaranteed awards for the full amount requested in the application).

13. Is there any Federal funding included in this grant program?

No, there is no federal funding for this grant program. The CYBHI is funded out of California's State General Fund as part of Governor Newsom's [Master Plan for Kids' Mental Health](#).

14. Could funding be impacted by participant failure to successfully complete a given program (e.g., participants do not complete the entire intervention)?



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Yes. Per the RFA, all grantees will be required to complete all deliverables prior to payment in accordance with a pre-determined payment schedule (to be specified in the grantee agreement). Further, grantees will be required to meet grant milestones (e.g., completing training, implementing the practice model in accordance with the grantee's approved implementation plan) and achieve specific benchmarks (e.g., referral rates, initial assessments, providers trained) for the grant within specified timeframes. Annual budget awards beyond the first year of funding will be based on satisfactory performance against these benchmarks. For more information on grant monitoring and reporting, see Sections 2.5 Grant Monitoring and Participation in Training/Technical Assistance and 2.6 Data Reporting Requirements of the RFA. For more information on the award process, see Section 4.4 Award Process.

15. What support is provided to awardees after the grant period ends and is there a possibility of contract renewal?

No, there is no possibility of contract renewal under the CYBHI. The grants are funded through a one-time budget allocation in the state general fund. Applicants must describe the entity's sustainability plan for maintaining the practice model over time.

Eligible Expenditures

1. Is there a budget template provided or can applicants use their own formatting?

Yes, there is a required budget template for all applications that can be found [here](#). The budget total should equal the proposed grant amount 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.

2. Can grant funding be used to support staffing costs (e.g., salaries, benefits, recruitment, consultants, subcontractors) to hire new staff who can lead the implementation of the EBP and/or CDEP?

Yes, per the RFA (page 12), grant funds may be used to support staffing costs. However, the grants are funded through a one-time budget allocation and ongoing funding is not available. If staffing costs are included in the proposed budget, applicants should describe the entity's sustainability plan for maintaining the staffing once the grant period ends.

3. We are seeking to hire full-time staff to oversee outcome collection and to invest in outcome measurement tools and software. Would this grant cover any expenses for these items?

Yes, funds could be used to support data collection infrastructure (including staffing) in combination with activities related to scaling the use of an EBP/CDEP. However, as described above, the grants are funded through a one-time budget allocation and applicants will not receive ongoing funding to support these costs. If staffing costs are included in the proposed budget, applicants should describe the entity's sustainability plan for maintaining the staffing once the grant funding period ends. In



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the proposed budget [using the included template](#), applicants must include detailed line items that explain how grant funds will be used. Please see RFA, Section 2.3, Page 12 for additional details about eligible expenditures.

4. Can applicants apply for funding to evaluate cultural adaptations of EBPs, including collecting data for the purpose of demonstrating efficacy of the adaptation?

Yes, applicants may apply for funding for this purpose. In the application, select “additional programs and practices” and include detailed descriptions of the adaptation, research goals, data collection strategy, etc.

5. Are specialized trainings (e.g., anti-racism training, cultural competence training, disability training) considered an eligible expenditure?

Yes, funds can be used to support specialized trainings that intend to serve populations of focus. Awardees without experience or specialization in populations of focus that intend to serve these populations are required to obtain additional training (e.g., anti-racism training, bias reduction training, cultural competence training, disability training).

6. Do you allow indirect cost (overhead) and, if yes, what percentage and type?

Yes, applicants may propose funding to cover costs associated with indirect, administrative costs. In the provided [budget template](#), the applicant must indicate total proposed costs by category, including administrative costs, as well as provide a detailed description of the associated costs. Eligible expenditures must be necessary, reasonable, and allocable to the activities proposed in the application.

7. Can applicants include a budget narrative (e.g., explanation of requested funds) in the budget template to illustrate how funds support key program deliverables?

No, please applicants are required to adhere to the provided [budget template](#) when reporting expenditures. The budget template includes a section where grantees can provide a detailed explanation around the cost associated for each expenditure and how it supports key program deliverables.

Collaborative Learning and Technical Assistance

1. What support is offered through DHCS and the TPA post-procurement?

DHCS and/or the TPA will provide awardees with support that includes technical assistance (e.g., grant management oversight, data collection assistance) and training (e.g., finding and obtaining specialized training) to ensure that awardees can achieve and maintain specific benchmarks (e.g., referral rates, initial assessment, providers trained).

2. Is it mandatory for grantees to participate in collaborative learning and/or TA sessions?

Yes, grantees must participate in mandatory collaborative learning sessions (e.g.,



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monthly calls with all grantees, training sessions on strategies for implementing practices with fidelity, small group learning/breakout sessions) to ensure adherence and fidelity to practice models, strengthen program participation, share best practices, and receive feedback from expert consultants.

Monitoring and Data Reporting

1. What are the monitoring/reporting requirements associated with the grant award?

The monitoring and reporting requirements are detailed in the RFA (see Part 2, section 2.5, page 13; and section 2.6, page 14). All grantees must participate in mandatory grant monitoring and technical assistance activities conducted by DHCS, or its designee. These activities include but are not limited to: participating in regular monitoring meetings and check-in calls with DHCS/TPA; participating in mandatory collaborative learning sessions; collecting data and reporting via written progress reports and standardized data reporting templates. Further, the CYBHI statute (see W&I Code 5961.5) requires grantees, as a condition of funding, to share standardized data, in a manner and form determined by DHCS. The RFA includes a high-level overview of monitoring/reporting requirements; however, additional and more specific reporting metrics will be defined upon award and prior to dissemination of funding. Awardees will be expected to sign a formal agreement, which will specify all reporting requirements. All CYBHI grantees must provide to DHCS, or its designee, data and/or formal reports on the identified metrics.

2. Who is responsible for submitting data if multiple organizations/providers are on the grant award?

As part of the application, the lead applicant must describe roles and responsibilities of all parties to the grant. Applicants may make recommendations about data collection/submission approach. The lead applicant is ultimately responsible to make sure that all deliverables and reporting requirements are satisfied as a condition of the award.

3. Will applicants be required to submit data separately for multiple awards (e.g., training track and implementation track, awards across grant rounds)?

Yes, if an entity is awarded multiple grants, it may be required to submit data separately. Data collection may vary by track and/or grant round, and thus applicants are required to submit information for each track and for each grant round. DHCS will, as needed, provide additional instructions to grantees who are awarded multiple grant awards (if applicable). Please note: DHCS does not guarantee that any individual/entity will receive multiple (or a single) award.

4. What support is available to applicants that lack current data infrastructure systems?

Applicants may utilize grant funding to support data infrastructure investments. Such investments should be detailed in the applicant's proposed budget, using the



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approved [budget template](#). If awarded, grantees that require additional support or technical assistance, may make a request to DHCS, or its designee, for assistance throughout the grant period.

5. What if applicants are unable to meet the monitoring/reporting requirements?

All grantees will be required to complete all deliverables prior to payment in accordance with a pre-determined payment schedule (to be specified in the grantee agreement). Further, grantees will be required to meet grant milestones (e.g., completing training, implementing the practice model in accordance with the grantee's approved implementation plan) and achieve specific benchmarks (e.g., referral rates, initial assessments, providers trained) for the grant within specified timeframes. If an applicant wishes to discuss potential barriers to meeting the grant obligations outlined in the RFA, the applicant may contact DHCS at CYBHI@dhcs.ca.gov to discuss options, on a case-by-case basis.

Post award, if a grantee is unable to meet the obligations of the grant, the grantee must notify DHCS and/or the TPA. DHCS will make all reasonable efforts to provide technical assistance and support to organizations who are awarded grant funding.

6. Are there any data reporting requirements post-award?

Yes, as a condition of the award, grantees must comply with all data reporting requirements, outlined a high-level in the RFA (see page 14) and detailed in the agreement between the grantee and DHCS, or its designee. The CYBHI statute (see W&I Code 5961.5) requires grantees, as a condition of funding, to share standardized data, in a manner and form determined by DHCS. By accepting the award and entering into an agreement with DHCS, or its designee, the entity must agree to comply with all monitoring and reporting requirements.

7. Is there an expected number of families served within a given program?

No; however, although there is no specific threshold of number of individuals and or families served, DHCS will calculate grant awards by taking into account, in part, the proposed/anticipated number of total individuals expected to be served by the applicant as a result of the grant award. For more information, see Section 1.9 of the RFA.

8. How will applicants collect and submit data?

Awardees will collect data through standardized data reporting templates and submit data through an electronic portal to be provided by DHCS or its designee. To improve access and efficacy of services, awardees are required to collect data (e.g., demographics, service utilization, behavioral health outcomes) in accordance with HIPAA guidelines.

9. Will evaluation results, outcomes, and data collected be made publicly available?

Yes, DHCS will publish a data dashboard on its public website. In addition, all deliverables and data reports produced as a result of this grant initiative may be



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subject to requirements under California's Public Records Act (as applicable and required under state law).

SurveyMonkey Submission

1. Where can applicants access the list of questions posted in the SurveyMonkey?

All of the questions in the SurveyMonkey are listed in Part 3: Application Components and Evaluation Criteria of the Round 2 RFA.

2. Who has the authority to submit an application in SurveyMonkey (e.g., legal designee)?

The application will require the name and credentials of an organization head (e.g., Executive Director, Director) or other legal designee. For more information, see Section 3.2.a of the RFA.

3. How should an applicant submit an integrated proposal in SurveyMonkey?

Applicants who are submitting an integrated proposal should select the option for "integrated proposal" in Question 13 of the application. As part of the application, the applicant should clearly describe program goals, implementation approach (for training, include number of individuals that will receive training; for implementation track, include operational details to scale the practice/program), and funding needs across tracks.

4. Are applicants able to start an application and save progress or make changes to the SurveyMonkey once completed?

No, unfortunately, the SurveyMonkey tool does not allow applicants to start/stop/save progress or make changes to applications once formally submitted through SurveyMonkey. DHCS encourages applicants to pre-draft responses to the application questions (utilizing the electronic PDF or a Word doc) and then copy/paste the responses into the SurveyMonkey. If technical difficulties arise, please contact CYBHI@dhcs.ca.gov.

5. Should applications only list affiliations or contracts relevant to the program being proposed? For example, if an entity has a contract with a local county behavioral health department or a managed care plan (MCP), does the contract need to specify that it is for delivery of the specific EBP model?

No, affiliations and/or contracts need not be specific as to the selected EBP/CDEP. DHCS encourages individuals/entities to identify affiliations (e.g., partnerships with schools or BH providers) and/or contracts with payers (e.g., commercial health plans, Medi-Cal MCPs, county BH departments) that include direct services to children, youth, and families as part of the scope. This will provide DHCS will information about potential sustainability of funding awards, and help us better understand the BH landscape in California. Note: it is not a pre-requisite for award



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that an individual/entity has such affiliations and/or contracts.

6. Can applicants use client demographic data they submitted for previous rounds?

Yes, if applicable to the current application for funding. Applicants may submit previously shared demographic information if there haven't been substantial changes to their caseload since the prior submission. If population demographics have changed, then applicants should submit updated information into SurveyMonkey. Note: Please do NOT submit PHI/PII of individual clients as part of this submission. Applicants should provide aggregated, and de-identified, data as part of the application process. Once awarded, grantees may be required to submit specific client data (to be determined) to DHCS, or its designee.

7. What if behavioral health services are provided across multiple counties?

As part of the SurveyMonkey application, applicants have the option to select multiple counties.

8. What if behavioral health services are provided across multiple zip codes?

Please select the zip code(s) in which the majority of services are, or will be, provided (e.g., location of clinic, CBO, youth drop-in center, or school).

9. What if applicants do not provide services to the populations listed under populations of focus?

In the "other section" please indicate the populations you serve or intend to serve with this funding.

10. Who are considered Key Personnel?

Key Personnel are those individuals responsible for ensuring the success of the proposed program. Examples of such individuals include, but are not limited to, executive directors, clinic managers, program managers, peer supervisors, etc.

11. The excel budget spreadsheet is not uploading on Survey Monkey

Excel spreadsheets need to be converted into PDFs before uploading to SurveyMonkey. If there are any issues with this, please contact DHCS at CYBHI@dhcs.ca.gov for assistance with this process.

12. Who should our organization ask to provide a letters of support?

DHCS encourages individuals/entities to obtain letters of support from community members (served by the organization), community partner organizations, parent organizations, clinical supervisors (if applicable, for training track applications), or others that can attest to your background and experience delivering trauma-informed services or programs for the populations of focus.

13. What are the requirements for letters of support?

For individuals applying under the training track, two letters of support are required. One letter should attest to your background in trauma-informed services and the



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other should speak to your organizational leadership. For entities applying under the Implementation or Integrated track, one letter of support about the applicant's background and experience delivering trauma-informed services or programs is required. Background in trauma-informed services may include an organization's background in delivering trauma-informed evidence-based clinical interventions or experience incorporating trauma-informed practices into programming and service delivery.

CYBHI General Information

1. What is the CYBHI?

Authorized as part of the 2021 Budget Act, the Children and Youth Behavioral Health Initiative is a multi-year, multi-department package of investments that reimagines the systems that support behavioral health and wellness for all of California's children, youth, and their families. Efforts focus 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. The \$4.7 billion investment of state General Funds for the CYBHI will improve access to, and the quality of, behavioral health services for all children and youth in California, regardless of payer.

For more information about the RFA and DHCS' strategy for scaling EBPs and CDEPs please see our [EBP and CDEP Grants page](#). If you have any questions about the RFA, please contact DHCS at CYBHI@dhcs.ca.gov.

2. What is the goal of this grant initiative?

DHCS, with input from an expert panel Think Tank and public workgroup, developed a [Grant Strategy Overview document](#) to highlight its overall strategy for scaling EBPs and CDEPs across multiple funding rounds.

3. What does DHCS hope to specifically achieve with funding for Round 2 of the CYBHI grant initiative?

In Round Two, DHCS seeks 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



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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.
- 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.