DHCS

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

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

Round Three: Early Childhood Wraparound Services

Request for Applications
Release date: August 7, 2023
Application deadline: October 6, 2023

Round Three: Early Childhood Wraparound Services

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 areas[1]:

- 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 (August 2023);**

- Round 4: Youth-driven programs (July 2023);

- Round 5: Early intervention programs and practices (August/September 2023); and,

- Round 6: Community-defined programs and practices (Fall 2023).

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[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 Project[2] (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., individuals with disabilities, families engaged with the foster care or justice system, tribal nations, 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

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[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 Three: Early Childhood Wraparound Services. In Round Three, DHCS seeks to scale early childhood wraparound services to support relevant skill building among adults who work with infants and young children and expectant and new parents and caregivers. Funding in this round will focus on home-visiting services (e.g., direct services and coordination of services for families in which the primary delivery setting is in the family home) and select practice components of consultation services (e.g., child-specific clinical consultation services for adults that work closely with infants and children with emotional and behavioral health needs on an individual basis).

Wraparound services recognize both the impact of early childhood experiences on Behavioral Health in the short, medium and long terms as well as the need to support both professional and personal caregivers in facilitating healthy early childhood social and emotional development.[3,4] Additionally, DHCS is cognizant of the common challenges and existing efforts of home-visiting services and systems (e.g., implementation costs; local, regional, and statewide coordination; family engagement; continuity of care; uneven access to services). As such, DHCS has designed this grant round with these challenges in mind to ensure sustainability and high-quality services for children and families across California.

DHCS will contract with eligible recipients to provide early childhood wraparound services across various settings (e.g., clinic, community-based organization, primary care). These funds are intended to expand and create culturally relevant and responsive services for children and youth to prevent and mitigate BH challenges, promote well-being for children, and support healthy facilitation of early childhood development for caregivers and other individuals who work closely with children.

Specifically, through home-visiting and consultation programs this grant funding round aims to:

    a. Increase access, sustainability, and coordination of home visiting services and consultation services that are culturally and linguistically representative of and responsive to the needs of communities they serve.

    b. Improve coordination of services for pregnant and parenting people, their partners, mothers, fathers, infants, and families.

    c. Strengthen child and parent/caregiver relationships, improve family dynamics, and increase parent/caregiver involvement through positive parenting

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[3] Early Childhood Home Visiting in California

[4] IECMHC

practices (e.g., skills and strategies that help support the healthy development of children).

   d. Improve caregiver wellbeing, as well as newborn and child health and development (e.g., enhance maternal health, reduce emotional and behavioral challenges, increase early identification of developmental concerns, reduce child injuries, abuse and maltreatment).

   e. Strengthen the home-visiting workforce through building a diverse workforce and identifying challenges that impact care for populations of focus.

   f. Reduce health disparities through improving equitable access to services for parents, caregivers, and children in California that are culturally and linguistically responsive to the needs of the priority populations.

Through a Third-party Administrator (TPA), DHCS will award grants, **totaling $60 million**, to scale wraparound services throughout California. For Round Three, the following EBPs/CDEPs will be scaled through competitive grant awards:

   a. Healthy Families America[5];

   b. Nurse Family Partnership[6];

   c. Family Spirit[7]

   d. Parents as Teachers[8]

   e. Select practice components (e.g., child-specific clinical consultation) of Infant and Early Childhood Mental Health Consultation (see Eligible Program Models, Eligible Recipients, and Eligible Expenditures for additional details)[9]

   f. Additional practices and programs focused on early childhood wraparound services that meet eligibility criteria (see Eligible Grant Recipients)

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.

In turn, additional practices and programs relating to early childhood wraparound services may be considered eligible for grant funding with the submission of supplementary material (see section 3.2G) demonstrating how the program or practice aligns with the objectives of this RFA. Practices and programs that are

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[5] Healthy Families America

[6] Nurse Family Partnership

[7] Family Spirit

[8] Parents as Teachers

[9] Infant and Early Childhood Mental Health Consultation

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 **August 7, 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 **October 6, 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	August 7, 2023
Deadline for submission of questions from potential respondents	August 21, 2023; 5:00 pm
DHCS to post responses to select questions (based on DHCS discretion)	September 4, 2023; 5:00 pm
Application due date	October 6, 2023; 5:00 pm
Award announcements	On or before January 31, 2024

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 one of the following tracks:

Start-up Track: The start-up track is designed for organizations that are seeking start-up funds to newly implement a short-listed home-visiting or consultation program (or related adaptation).

Operational Expansion Track: The operational expansion track is designed for organizations looking to:

i. Expand provision of short-listed home-visiting programs (or related adaptation) or consultation programs that they currently provide, or

ii. Scale delivery of short-listed home-visiting program or consultation programs (or adaptation) by training or credentialing more providers.

DHCS recognizes that children and families served through home-visiting programs may face significant behavioral health challenges and that home-visitors may lack behavioral health resources and expertise. Given this, home-visiting programs are encouraged to submit a separate application for IECMHC, or a similar consultation program, to help build their capacity to provide in-house behavioral health services.

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

DHCS recognizes the common challenges home-visiting programs face in the current landscape. These challenges are both time and cost-intensive and require thoughtful funding structures to ensure that children and families receive high-quality services and continuity of care. Taking this into consideration, grant award periods for early childhood wraparound will be for a maximum period of three years. Importantly, grants are funded through a one-time budget allocation; thus, DHCS reserves the right to prioritize applications with demonstrated abilities around the sustainability and

maintenance of the practice model over time. Upon award, DHCS, or its designee, will finalize contract terms with the grantees.

1.9 Maximum Grant Award Amounts

The total maximum award amount will vary by track as shown in the table below. The amounts listed are "up to" maximum amounts. **NOTE: ACTUAL GRANT AWARDS WILL VARY AND NOT ALL APPLICANTS WILL RECEIVE THE MAXIMUM AWARD.** 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). DHCS anticipates the grant duration period will be up to three years. Applicants must justify requested amounts as part of the application process. Supplemental documentation may be required to support the request.

ESTIMATED MAXIMUM OF GRANT AMOUNTS BY TRACK	
Implementation Track (Start-Up)	Implementation Track (Operational Expansion)
$1,500,000	$500,000

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. Additionally, DHCS reserves the right to extend maximum grant amounts to applications serving regions that lack evidence-based home-visiting models[10]

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[10] CDPH

Part 2: Grant Requirements

2.1 Eligible Program Models

Eligible home-visiting program models include Family Spirit, Healthy Families America, Nurse Family Partnership, and Parents as Teachers. Other home-visiting programs relating to early childhood wraparound services 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.

Given existing CYBHI initiatives focused on promoting school-linked behavioral health services[11], grantees seeking to implement Infant and Early Childhood Mental Health Consultation (or related adaptations) are limited to models that:

1. Provide approved practice components of IECMHC (e.g., child-specific clinical consultation services). Direct provision of other IECHMC delivery models (e.g., classroom-based for all children in the classroom-setting, programmatic consultation) will not be considered as eligible expenditures as DHCS has not yet identified a sustainable funding pathway for these models within the current delivery systems. However, classroom-based IECMHC is allowable to the extent that services are provided on behalf of a specific child(ren), with demonstrated need that warrants consultation services in that setting.

2. Provide child-specific IECMHC services that align with Medi-Cal eligible preventative services (e.g., developmental screenings, psychosocial/ behavioral assessment). Other practice components of IECMHC models (e.g., classroom and programmatic consultation) will not be considered eligible for this grant round, except as noted above.

DHCS reserves the right to contact IECMHC applicants for additional information after application submission to determine program eligibility.

2.2 Eligible Grant Recipients

Entities eligible to receive grants as a part of this RFA, Round Three: Early Childhood Wraparound Services grants, include but are not limited to:

a. Statewide and local agencies (e.g., First 5 associations);

b. Community-based organizations that provide services to children, youth, and/or families;

c. Provider clinics (e.g., primary care, community mental health, BH);

d. County or city governments (e.g., county BH departments, public health);

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[11] [Children and Youth Behavioral Initiative Act, § 5961.4(a)](#)

e. Faith-based organizations;

f. Tribal entities (i.e., any Indian Tribe, tribal organization, Indian-controlled organization serving Indians, Native Hawaiian organization, or Alaska Native entity)

g. Health plans;

h. Hospitals and hospital systems; and,

i. Others, as applicable.

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.

Eligible entities are not guaranteed funding and applications will be reviewed holistically across the defined evaluation criteria.

2.3 Eligible Expenditures

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

a. Affiliation costs

b. Equipment and capital improvements (e.g., modifications to physical space to support practices and programs);

c. Manual access for practices and programs;

d. Planning costs;

e. Specialized training (e.g., disability training, cultural competence, anti-racism);

f. Staffing (e.g., benefits, contractors, resources to support mental health, well-being, and retention of a diverse workforce)

g. Supplies (e.g., printing, toys, basic necessities for families);

h. Technology (e.g., computers, virtual care platform, electronic medical record);

i. Technical assistance;

j. Training costs;

k. Transportation (e.g., mileage reimbursement)

l. Travel; and,

m. Other (applicants must define).

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.

d. Purchase or lease of vehicles.

e. Expenditures relating to IECMHC practice models that are not eligible for this grant round (e.g., programmatic consultation).

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 early childhood wraparound 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 early childhood wraparound services, 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.

- Develop a strategic plan to recruit, hire, support, and maintain a diverse workforce as recommended by the Maternal, Infant, and Early Childhood Home-Visiting Program[12].

- Develop innovative strategies to locate and engage hard to reach populations and methods to reconnect with families that may have disengaged from treatment.

- 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) and advisory boards (e.g., CHVP Community Advisory Boards) to ensure coordination, adherence to manualized instructions best practices, and workforce development.

- Participate in cross-agency collaboration to ensure coordinated processes (e.g., protocols for home-visiting referrals, community-based referrals, intake and assessment, community needs, and workforce development) and local, regional, and statewide collaboration.

- Develop an implementation plan to support families that may be experiencing increased life stressors, adverse childhood experiences, trauma, and/or violence, which includes:

    a. Establishing a system for early identification, screening, referral, and/or provision of treatment to children and families

    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 neglect[13]) 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.[14] As a part of the award, grantees must agree to report data and outcomes for a period of 1-5 years post award, as applicable

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[12] MIECHV workforce recommendations

[13] Mandatory Reporters of Child Abuse and Neglect

[14] W&I Code Section 5961.5(f)

based on award type. Below are examples of the type of data that will be required for programs implementing home-visiting services; however, additional and more specific reporting metrics will be defined upon award and prior to dissemination of funding:

- Demographics and service utilization (e.g., age, sex, sexual orientation and gender identity, race/ethnicity, number of clients enrolled).

- Child health (e.g., identification of behavioral concerns, developmental screenings, rate of injury related visits to the ED, number of investigated cases of maltreatment).

- Maternal and newborn health (e.g., depression screenings, number of children completing last recommended well-visit).

- Family well-being (e.g., observations of caregiver-child interactions).

- Coordination and referrals (e.g., completed depression referrals, completed developmental referrals, intimate partner violence referrals).

- Staffing (e.g., number of certifications, proof of certification/training completion).

- Provider outcomes (e.g., provider satisfaction, retention rates), as appropriate.

- 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 neglect[15] (e.g., information including agency contacted, reason for contact, and total number of reports).

Below are examples of the type of data that will be required to be reported under for programs implementing consultation services:

- Training status of BH consultants (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 (e.g., frequency and intensity of consultation sessions, setting of consultation services, number of hosted educational workshops).

- Child outcomes (e.g., internalizing and externalizing symptoms, social and academic functioning, child-caregiver relationship).

- Site readiness assessment (e.g., integration readiness if expanding consultation services to a new site).

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[15] Mandatory Reporters of Child Abuse and Neglect

- Program level impact (e.g., satisfaction with consultation services, staff attitudes and beliefs), as appropriate.

- 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 neglect[16] (e.g., information including agency contacted, reason for contact, and total number of reports).

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[16] 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 September 4, 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 by October 6, 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 organization – please identify name and credential of Chief Executive Officer/President or other legal designee **(Max 100 words)**

      b) 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)**

      c) If part of a larger organization group (e.g., First 5 California, Early Head Start, etc.), and not applying as an individual employee - please identify the name this parent organization **(Max 50 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, experience with providing wraparound services, service profile, etc. **(Max 500 words)**

    a) How many years has the entity been operating?

    b) How many years of experience does the entity have with providing wraparound services?

    c) How many individuals is the entity currently serving (in terms of average number of recipients served per year)?

iv. Individual/entity's service location(s) – please describe below where services are provided to clients:

    a) **Primary** county where these grant funds <u>will</u> be used.

    b) **Primary** zip code(s) of residence for recipient populations where these grant dollars will be used.

    c) **Other** counties where these grant funds will be used.

    d) **Other** zip code(s) of residence for recipient populations where these grant funds will be used.

    e) **Current primary** county where services are currently being provided.

v. Individual/entity type (select from list, if other, please describe)

vi. Does the entity have an affiliation or contract with a payor and/or provider (Yes/No)?

    a) If a payor affiliation, does this enable reimbursement for individuals under Medi-Cal, commercial plans, or both?

    b) How many payor affiliations does the entity have?

    c) How many provider affiliations does the entity have?

    d) Is the entity able to refer individuals to provider affiliates?

    e) If the entity does not have an affiliation or contract with a payor and/or provider, does the entity instead have a particular organizational status that could enable sustainable funding (e.g., local educational agencies, tribal health org)?

        1. If yes, what is that status?

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.

Note: An adaptation of an EBP is specific program established through a rigorous demonstration of efficacy, which includes sufficient data backing and peer-reviewed literature support. Applicants can apply to scale an already validated adaptation of an EBP but should not be applying for grant funding with the purpose of creating an adaptation. [17]

    viii.   Grant tracks- Select the grant track(s) to which applicant is applying.

    ix.   Requested total funding amount.

b. Populations of Focus

    i.   What is your organizations population(s) of focus?

    ii.   What is the overall projected population size that could be served (please answer for the total population size that could be served, not projected number of recipients – e.g., the projected population size could be the number of Spanish speakers in LA county)? Please describe the methodology used to arrive at the projected population size. **(Max 150 words)**

    iii.   Describe the populations of focus (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)**

    iv.   How many new recipients will receive services if funding is awarded (number of new recipients served per year)? Please describe the methodology used to arrive at the number of new recipients **(Max 250 words)**.

    v.   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)**

    vi.   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.   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."

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[17] SAMHSA

Please upload as attachment in the Survey Monkey tool. **(Max 2,500 words)**

ii. Describe the current landscape of home-visiting services being offered in the primary zip code(s) of service (e.g., specific programs offered, families covered) and explain how this additional service is supplementary to the existing home-visiting and/or mental health consultation landscape.

d. **Individual/Entity Experience and Staffing Profile**

   i. Individual/entity experience:

      a. Describe the entity's staffing profile, knowledge of wraparound services, expertise and experiences implementing EBPs/CDEPs and/or similar programs. **(Max 500 words)**

      b. How many individuals does the entity currently employ (in terms of current total FTEs)?

   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)**

      a. How many additional individuals will be trained if funding is awarded (in terms of total FTEs)?

   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. If applicable, identify partnerships with organizations where consultation program is currently implemented or potential partnerships that would benefit from consultation services.

   v. 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)**

   vi. Entity letter of support - provide a letter of support from community members, previous organizations, supervisors, or others that can attest to your background in providing wraparound 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 will the data collection methods take into consideration the language, norms, and values of the population(s) of focus? **(Max 250 words)**

   g. How will the data be stored securely? **(Max 250 words)**

   h. 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. How will the data collection process demonstrate that effective EBP scaling was facilitated by the award? **(Max 100 words)**

   k. How will data collection enhance quality improvement of the program? **(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 Early Childhood Wraparound Services**

   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., caregiver and child emotional and behavioral health, improving coordination of services) **(Max 500 words)**

        d. Program delivery (e.g., recommended intensity, duration, if applicable the percentage of services offered in the home-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 Welfare[18], Title IV-E Prevention Services Clearinghouse[19], Federal Evidence-Based Practices Resource Center[20])

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 the National Network to Eliminate Disparities in Behavioral Health resource library[21]

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**

a. Is there any additional information you would like to add?

b. 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

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[18] California Evidence-Based Clearinghouse for Child Welfare

[19] Title IV-E Prevention Services Clearinghouse

[20] SAMHSA Evidence-Based Practices Resource Center

[21] SAMHSA National Network to Eliminate Disparities in Behavioral Health

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. 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 access and sustainability of home visiting services and consultation services that are culturally and linguistically representative and responsive to the needs of communities they serve.

- Improve coordination of services for pregnant and parenting people, their partners, mothers, fathers, infants, and families.

- Strengthen child and parent/caregiver relationships, improve family dynamics, and increase parent/caregiver involvement through positive parenting practices (e.g., skills and strategies that help support the healthy development of children).

- Improve caregiver wellbeing, as well as newborn and child health and development (e.g., enhance maternal health, reduce emotional and behavioral challenges, increase early identification of developmental concerns, reduce child injuries, abuse and maltreatment).

- Strengthen the home-visiting workforce through building a diverse workforce and identifying workforce challenges that impact care for populations of focus.

- Improve the availability and sustainability of mental health consultation services for non-behavioral health professionals that work closely with children with emotional and behavioral health needs.

- Reduce health disparities through improving equitable access to services for parents, caregivers, and children in California that are culturally and linguistically responsive to the needs of the priority populations.

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) and to extend maximum grant amounts to applications serving regions that lack evidence-based home-visiting models[22]. Lastly, DHCS reserves the right to contact IECMHC applicants to further evaluate program and entity eligibility.

Practices and programs not on the identified list of Round Three 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

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[22] CDPH

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-RD3 – Early Childhood Wraparound Services

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-RD3 – Early Childhood Wraparound Services

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 Three 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 October 6, 2023.

3.4 Part 4: Administrative Details

4.2 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.

4.7 Inquiries

3. 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-RD3 – Early Childhood Wraparound Services

4. Please include the following in an inquiry:

d. 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.

e. A description of the subject or issue in question or discrepancy found.

f. RFA section, page number, or other information useful in identifying the specific problem or issue in question.

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Reasonable Accommodations Requests
Email Address: CYBHI@dhcs.ca.gov   **Subject:** RFA CYBHI-EBP2023-RD3 – Early Childhood Wraparound Services

4.9 Award Process

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Applications that are not funded during Round Three: Early Childhood Wraparound Services 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.

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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.

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g. The submission of a response to this RFA does not obligate DHCS to make a contract award.

h. DHCS reserves the right to deem incomplete responses as non-responsive to the RFA requirements.

i. DHCS reserves the right to modify or cancel the RFA process at any time.

j. 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 pm PT on October 6, 2023.