



## **Children and Youth Behavioral Health Initiative**

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

#### **Request for Application Round Three: Early Childhood Wraparound Services**

#### **Frequently Asked Questions**

**Updated: October 2, 2023**



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## PURPOSE

As part of the Children and Youth Behavioral Health Initiative (CYBHI), on August 7, 2023, the Department of Health Care Services (DHCS) released a Request for Applications (RFA) seeking proposals for Round Three of the Evidence-Based and Community-Defined Evidence Practices (EBP and/or CDEP) Grant Program, which aims to scale early childhood wraparound services (as specified in the RFA) based on robust evidence for effectiveness, impact on racial equity, and sustainability. DHCS will award up to \$60 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 October 6, 2023, at 5 p.m.

The purpose of this document is to answer frequently asked questions (FAQs) about the Round Three 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](mailto:CYBHI@dhcs.ca.gov).

## FREQUENTLY ASKED QUESTION OVERVIEW

The FAQs below pertain to the EBP and/or CDEP Grant Program Round Three: Early Childhood Wraparound Services. FAQs are organized across:

- 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 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. Practices and programs that are appropriate and/or can be adapted for focus populations will be prioritized.

For Round Three, the following EBPs and/or CDEPs will be scaled through competitive grant awards: Healthy Families America, Nurse Family Partnership, Family Spirit, Parents as Teachers, and select practice components (e.g., child-specific clinical consultation) of Infant and Early Childhood Mental Health Consultation.

### 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 behavioral health 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 Project<sup>1</sup> (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 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.

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<sup>1</sup> [California Reducing Disparities Project](#)

**5. What if my organization would like to implement an early childhood wraparound 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.

**6. Is providing consultation services a requirement for this grant?**

No. The RFA references to consultation services specifically refers to implementation of the Infant and Early Childhood Mental Health Consultation (IECMHC). While certain types of IECMHC consultation services are part of the grant round, it is only required as part of the IECMHC model, not other models that are eligible for funding under this grant round. Funding in this round will focus on both home-visiting services and select practice components of IECMHC services.

**7. What are the constraints for Infant and Early Childhood Mental Health Consultation models?**

Infant and Early Childhood Mental Health Consultation 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.

For additional info please see: <https://www.iecmhc.org/resources/>

**8. Could DHCS provide additional information on the approved practice components of IECMHC that will be supported under this round of funding?**

Grantees seeking to implement IECMHC are limited to models that provide approved practice components of IECMHC (e.g., child-specific clinical consultation services) or provide child-specific IECMHC services that align with Medi-Cal covered preventative services (e.g., developmental screenings, psychosocial/ behavioral assessment).

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.



**9. Why is child-centered consultation the only IECMHC practice short-listed in this RFA?**

DHCS has not identified a pathway for sustainable funding (e.g., Medi-Cal) for other IECMHC practice models. As such, funding is not available to support IECHMC delivery models relating to classroom-based setting for all children in the classroom-setting or for administrative programmatic consultation. 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. To the extent that programmatic consultation helps to establish programming that will ultimately be provided to, and on behalf of, individual children, the grant funding can be used for this purpose.

**10. Can some services be provided in clinic or settings other than the child's home? Is the infant IECMHC mental health consultation part of the home visiting model or can it be provided at the clinic?**

The RFA examples of service locations include clinics and other settings other than the child's home, including childcare centers. Grantees seeking to implement IECMHC are limited to models that provide approved practice components of IECMHC (e.g., child-specific clinical consultation services) or provide child-specific IECMHC services that align with Medi-Cal eligible preventative services (e.g., developmental screenings, psychosocial/ behavioral assessment).

**11. For IECMHC, what are the educational requirements for consultants?**

Consultants must be clinicians who are trained/certified in the evidence-based model. For more info please see: <https://www.iecmhc.org/resources/>

## Grant Applications and Tracks

**1. When is the application deadline?**

The Round Three application deadline is **October 6, 2023, at 5:00p.m. PDT**. Applications received after 5:00pm on October 6 may not be reviewed or considered.

**2. Will there be a bidder's conference for CYBHI EBP/CDEP Round Three?**

DHCS hosted a [technical assistance webinar](#) (registration required) on September 13, 2023, from 1:00-2:00pm to go over Round Three RFA questions that were received. The deadline to submit questions was August 21, 2023.

**3. What is the maximum word limit per question?**

Unless otherwise noted, there are no maximum word limits. Applicants are encouraged to be concise and to the point.

**4. 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](mailto: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.

**5. 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](mailto:CYBHI@dhcs.ca.gov). DHCS will respond as timely as possible.

**6. 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.

**7. Can an entity submit more than one application to fund different EBPs or CDEPs (e.g., Healthy Families America and Parents as Teachers)?** 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).

**8. 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.

**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. For this round, who is the intended recipient of services?**

Per the purpose shared in the RFA (page 6), applicants should provide “relevant skill building among adults who work with infants and young children and expectant and new parents and caregivers.” The focus age range for infants and young children is 0-5, but this not a hard limit. Additionally, applicants do not need to provide services to all of the groups described in the purpose of the RFA.

**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. Can we partner with a CBO agency that serves young children or does it have to be an organization that has a health/mental health focus?**

Yes, you can partner with CBOs, or other organizations, that serve young children. Organizations can come together to submit one coordinated application if the goals and objectives align with the purpose of the Round Three grants detailed in Section 1.3, Page 6 of the RFA. 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 groups, underserved geographies, underserved income-levels, LGBTQIA+ people, etc.) to increase health equity for California youth.

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

Primary applicants must submit an emailed addendum to [CYBHI@dhcs.ca.gov](mailto: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.

**15. 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.

**16. 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 early childhood wraparound services 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](mailto:CYBHI@dhcs.ca.gov) to share additional information that may help us guide you in the right direction.

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

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](mailto:CYBHI@dhcs.ca.gov) for guidance.

**18. Can an individual school site apply for funding or are Local Education Agencies (LEAs) required to submit the application?**

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

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

Yes.

**20. In the RFA, what does payor and provider affiliation refer to? Is it only referencing Medi-Cal or Managed Care Plans?**

Payor and provider affiliation is not specifically referring to Medi-Cal or Managed Care but is looking for information regarding any formal or informal affiliation (e.g., contract, MOU) applicants may have with payors and/or existing providers (e.g., partnerships with schools or behavioral health providers).

**21. Should applicants that are applying for only consultations or only home visiting services tailor their RFA responses to align with that focus?**

Yes.

**22. On question b iv. in the RFA, what is meant when the RFA asks how many new recipients will receive services if funding is awarded?**

For this response, applicants should provide only the number of new recipients that would be served per year if awarded funding. In the written response for the second part of the question, please include the baseline number of recipients receiving funding.

**23. One question 3.2, d. in the RFA, how should applicants report the number of FTEs?**

Applicants should include the number of full-time equivalent (FTE) positions dedicated to the program that is included in the application. Please include FTEs for both full-time and part-time staff.

**24. 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 Three EBPs and CDEPs will be evaluated for efficaciousness, equity, sustainability, scalability, and whether the practice model is supplementary to the behavioral health 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. Implementation Track (Start-up): \$1,500,000
- b. Implementation Track (Operational Expansion): \$500,000

### 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. **How many awards will be given?**

There is no predetermined number of awards. As per the RFA, this round of funding totals \$60 million overall. There is no specific allocation of funds available per track. However, as described in the RFA, there is a maximum funding amount for individual applications determined by track type and EBP/CDEP.

### 4. **What is the actual grant period?**

Grant duration periods will vary depending on the type of award. For Implementation Track awards, DHCS anticipates the grant duration period will be up to twenty-four (24) months. Per the statute, 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. **Are the grant funds intended for services over a period of two years or three years?**

The grant amounts will support two years of funding. No additional funds will be awarded. Per the RFA (page 22) and the provided budget template, the budget should include expenditures over a maximum two-year period, as well as details on any anticipated subawards.

### 6. **Can unspent funds in Year One be rolled over to Year Two?**

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 One to Year Two of the grant period, DHCS will consider such requests on a case-by-case basis.

### 7. **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).

**8. 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.

**9. For any of the grant tracks, is the maximum allocation possible (e.g., \$1,500,000 or \$500,000) 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.

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

**11. Will DHCS consider entities leveraging funding from Round Three 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.

**12. 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.

**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)?**

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. Can funds go towards training for consultants?**

If staffing (including contractors) is funded by this grant, then all of their activities related to the program are covered by the grant. This includes training. Eligible expenditures must be necessary, reasonable, and allocable to the activities proposed in the application. Please provide an estimated budget based on the proposed scope of your project.

**4. Can funds go towards stipends or incentives for educators to attend groups or meet with consultant?**

Stipends or other participation incentives (for recipients of services) are an allowable cost. All expenditures must be tied to the activities proposed in the application and outlined in the budget template. Please note: Staff incentives (for providers of services) to attend or complete trainings are not a covered expense.

**5. Are parents support groups/psychoeducational groups funded and if so, can funds go towards parent stipends/incentives for attendance?**

To the extent that the groups are part of a funded model, they can be funded under the grant. Eligible home-visiting program models include Family Spirit, Healthy Families America, Nurse Family Partnership, and Parents as Teachers. Given existing CYBHI initiatives focused on promoting school-linked behavioral



health services, grantees seeking to implement Infant and Early Childhood Mental Health Consultation (or related adaptations) are limited to specific models outlined on page 11 of the RFA. 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.

Stipends or other participation incentives (for recipients of services) are an allowable cost. All expenditures must be tied to the activities proposed in the application and outlined in the budget template. Please note: Staff incentives (for providers of services) to attend or complete trainings are not a covered expense.

**6. 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 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.

**7. 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.

**8. 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).

**9. Can funding be used to pay staff to attend EBP trainings listed in the RFP?**

If staff are funded by this grant, then all of their activities related to the program are covered by the grant. This includes training. Please note, staff incentives to attend or complete trainings are not a covered expense. Please indicate all cost associated with trainings (e.g., registration fees) in the budget template.

**10. 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.

**11. 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, 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 (TA) (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., 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. Over what time period will grantees need to report data and outcomes post award?**

The expectation is data and outcomes will be reported for 1-2 years after the initial funding is disseminated to a grantee.

**2. 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; and 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.

**3. What are the specific metrics that applicants will need to report on? Are the reporting metrics shared in the RFA the finalized metrics?**

The reporting metrics listed in the RFA are to serve as illustrative examples of the type of data that grantees will be responsible for collecting and reporting on. Additional and/or more specific reporting metrics will be defined upon award and prior to dissemination of funding.

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.

**4. 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.

**5. 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.

**6. 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 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.

**7. 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](mailto: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.

**8. Are there any data reporting requirements post-award?**

Yes, as a condition of the award, grantees must comply with all data reporting requirements, outlined 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.

**9. 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.

**10. 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.

**11. 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 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 Three: Application Components and Evaluation Criteria of the Round Three 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 another legal designee. For more information, see Section 3.2.a of the RFA.

**3. 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](mailto:CYBHI@dhcs.ca.gov).

- 4. 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 with information about potential sustainability of funding awards, and help us better understand the behavioral health landscape in California. Note: it is not a pre-requisite for award that an individual/entity has such affiliations and/or contracts.

- 5. 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.

- 6. What if behavioral health services are provided across multiple counties?**

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

- 7. 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).

- 8. 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.

- 9. 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.

- 10. 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](mailto:CYBHI@dhcs.ca.gov) for assistance with this process.

**11. Who should our organization ask to provide 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 early childhood wraparound services or programs for the populations of focus.

**12. 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 early childhood wraparound services and the 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 early childhood wraparound services or programs is required. Background in early childhood wraparound services may include an organization's background in delivering early childhood evidence-based clinical interventions or experience incorporating early childhood wraparound 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](mailto: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 Three of the CYBHI grant initiative?**

In Round Three, DHCS seeks to expand and create culturally relevant and responsive services for children and youth to prevent and mitigate behavioral health concerns and promote well-being for children and to support early childhood wraparound



practices for parents, caregivers and other individuals that work closely with children. Specifically, through home visiting and other consultation programs, this grant funding round aims to:

- 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.
- 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 challenges that impact care for populations of focus.
- 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.