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

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

**Round 1: Parent and Caregiver Support Programs
and Practices**

Request for Applications

Release date: December 1, 2022
Application deadline: January 31, 2023

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 behavioral health 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 (February 2023);

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

- Round 5: Early intervention programs and practices (March/April 2023); and,

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

DHCS is partnering with the Mental Health Services Oversight & Accountability Commission (MHSOAC) to scale specified practices. An estimated $43 million of the total funding will be disbursed to the MHSOAC as part of an interagency partnership agreement between DHCS and the MHSOAC.

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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, sexual orientation, or gender identity 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 Applications (RFA) details the grant parameters and requirements for Round 1: Parent and Caregiver Support Programs and Practices. In Round 1, DHCS seeks to promote wellbeing for parents/caregivers and to improve their ability to support positive social and emotional development for children/youth with, or at risk of, developing BH conditions.

Specifically, this grant funding round aims to:

- Strengthen positive parenting practices (e.g., skills and strategies that help support the healthy development of children and youth).

- Improve emotional challenges (e.g., anxiety), behavioral challenges (e.g., self-regulation, noncompliance) commonly experienced in early childhood.

- Promote child social and emotional development.

- Strengthen child and parent/caregiver relationships, family dynamics, and parent/caregiver involvement.

- Improve the availability and sustainability of services for pregnant and parenting people, mothers, fathers, caregivers, and children and youth.

- 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 $30 million**, to various entities (e.g., individual practitioners, community-based organizations, faith-based organizations, BH providers, counties, plans, Tribal entities) to scale culturally relevant and responsive EBPs and CDEPs aimed at expanding training and supports for parents and caregivers in a variety of settings (e.g., homes, communities, schools, clinics). For Round 1, the following EBPs/CDEPs will be scaled through competitive grant awards:

a. HealthySteps[3,4];

b. Incredible Years[5];

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[3] HealthySteps

[4] The Medi-Cal dyadic services benefit is based in part on the HealthySteps model

[5] Incredible Years

c. Parent-Child Interaction Therapy[6];

d. Positive Parenting Program (Triple P)[7]; and,

e. Other practices for specified populations of focus (e.g., Parents Anonymous®[8], Effective Black Parenting Program[9], Strong African American Families[10], Positive Indian Parenting[11]).

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 Parent and Caregiver Support and Training may be considered eligible for grant funding with the submission of supplementary material demonstrating how the program or practice aligns with the objectives of this RFA. Practices and programs that are appropriate and/or can be adapted for focus populations (see "Populations of Focus" below) will be prioritized.

1.4 Authorizing and Applicable Law

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

1.5 Timeline

Below is the tentative time schedule for this RFA. If DHCS finds a need to alter the timelines listed herein, either an addendum or a correction notice will be issued announcing the alternate timelines. Applications will be accepted electronically beginning **December 1, 2022**. The application and attachments, along with instructions for submission of the online application, can be found on the DHCS CYBHI webpage. If the Applicant is unable to email the application, please contact DHCS with the preferred delivery method. DHCS will not consider late application packages.

The deadline for applications will be **January 31, 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.

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[6] Parent-Child Interaction Therapy

[7] Triple P

[8] Parents Anonymous

[9] Effective Black Parenting Program

[10] Strong African American Families

[11] Positive Indian Parenting

Application Milestones	Dates
RFA release and application open	December 1, 2022
Public webinar to walk through RFA	December 7, 2022; 3:00pm-4:30pm To register, click here.
Deadline for submission of questions from potential respondents	December 16, 2022; 5:00pm
DHCS to post frequently asked questions	December 30, 2022; 5:00pm
Application due date	January 31, 2023; 5:00pm
Award announcements	On or before April 30, 2023

1.6 Third-Party Grant Administrator (TPA)

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

- Contracting with individuals and entities awarded grants;

- Distribution of grant funding;

- Oversight and monitoring of grantees;

- Data collection and reporting on specified performance metrics;

- Provision of technical assistance and training to grantees; and,

- Other activities defined by DHCS.

1.7 Grant Application and Award Tracks

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

1) Training – The training track is designed for *individuals* seeking access to manualized training and/or certification in a short-listed EBP and CDEP (or related adaptation).

2) Implementation – This track is designed for organizations seeking grant funding for one of the following activities:

a. Start-up – The start-up track is designed for organizations that are seeking start-up funds to newly implement an EBP and CDEP (or related adaptation).

b. Operational expansion – The operational expansion track is designed for organizations looking to:

    i. Expand provision of short-listed EBP and CDEP (or related adaptation) that they currently provide, or

    ii. Scale delivery of a short-listed EBP and CDEP (or adaptation) by training or credentialing more providers.

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

1.8 Grant Award Period

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

1.9 Maximum Grant Award Amounts

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

MAXIMUM GRANT AWARDS BY TRACK		
Training Track	Implementation Track (Start-Up)	Implementation Track (Operational Expansion)
$10,000	$750,000	$400,000

As outlined in Section 3.2 "Application Components," all applicants will be required to submit a budget proposal for how grant funds will be spent. Applicants are welcome

to propose a budget that they feel suits their proposed approach; however, as part of the budget proposal, applicants are expected to provide a detailed justification for each line item in their proposed budget. This justification could include, but is not limited to, why the element is necessary for the proposed approach and how the cost estimation was calculated.

Not all applicants will receive the total amount requested. DHCS reserves the right to make final determinations about award size, including whether to award full or partial coverage of the applicant's proposed expenses.

Part 2: Grant Requirements

2.1 Eligible Service Settings

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

2.2 Eligible Grant Recipients

Entities eligible to receive grants as a part of this RFA, Round 1 Parent/Caregiver Support Programs and Practices grants, include but are not limited to:

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

b. Provider clinics (e.g., primary care, community mental health, behavioral health);

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

d. Early learning and care providers (e.g., childcare and preschool settings);

e. Family resource centers;

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

g. Faith-based organizations;

h. Regional centers;

i. Local Education Agencies (County Offices of Education, school districts), public K–12 school sites, charter schools;

j. Institutions of higher education (i.e., California Community Colleges, California State University, University of California);

k. Tribal entities;

l. Health plans;

m. Hospitals and hospital systems; and,

n. 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.

2.3 Eligible Expenditures

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

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

b. Program materials (e.g., manuals);

c. Planning costs;

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

e. Staffing (e.g., benefits, contractors);

f. Supplies (e.g., printing, toys);

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

h. Technical assistance;

i. Training costs;

j. Travel; and,

k. Other (applicants must define).

2.4 Ineligible Expenditures

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

a. Fundraising;

b. Taxes; and,

c. Debts, late payment fees, contingency funds.

2.5 Grant Monitoring and Participation in Training/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 parent/caregiver EBPs and CDEPs with fidelity to the specified model while using a culturally relevant and responsive approach to implementation with priority populations.

- Seek additional training, as needed and appropriate, to build or strengthen competencies for serving populations of focus.

- Collect data and report, via periodic written progress reports to DHCS and/or its designee, standardized client-demographic data and outcome-specific data.

- Adhere to reporting and evaluation requirements as defined by DHCS, including informed consent, data collection and submission, and participation in evaluation activities.

- Achieve and maintain the specific benchmarks (e.g. referral rates, initial assessment, providers trained) for the grant within specified timeframes.

- Attend and participate in regular (e.g., weekly, biweekly, monthly) monitoring meetings and check-in calls with a TPA and/or DHCS.

- Participate in required collaborative learning sessions (e.g., monthly learning collaborative sessions) to ensure adherence to manualized instructions and/or best practices.

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.[12] As a part of the award, grantees must agree to report data and outcomes for a period of 1-2 years post award, as applicable based on award type.

Below are examples of the type of data that will be required to be reported under each funding track:

- Training status of BH professionals (e.g., number of certifications, proof of certification/training completion).

- Client demographic information (e.g., age, sex, sexual orientation and gender identity, race/ethnicity).

- Service utilization data (e.g., number of clients enrolled, service location, average length of service, program completion rates).

- Parent and child outcomes (e.g., frequency and severity of disruptive behaviors, presence and frequency of positive child behaviors, and parental stress, involvement, positive parenting practices).

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

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).

To request an alternative format, please contact DHCS at CYBHI@dhcs.ca.gov. 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.

All other grant applicants are expected to complete their application via SurveyMonkey.

3.2 Application Components

a. **Application Overview**

    i. Applicant/entity legal name

        a) If individual – please include license information

        b) If organization – please identify name and credential of Chief Executive Officer/President or other legal designee **(Max 50 words)**

    ii. Entity description – please provide a detailed narrative overview of entity's mission, service profile, years in operation, etc. **(Max 250 words)**

    iii. Individual/entity's service location(s) – please include physical address(es) where services are provided to clients

        a) County of service

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

    v. Please identify if the individual/entity is affiliated/under contract with a health plan (commercial or Medi-Cal), a county behavioral health department, or a clinic (primary care or BH) to deliver BH services. If yes, identify:

        a) Affiliated entity;

     b)   Type of affiliation; and

     c)   County of service.

vi.   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.

vii.   Grant track(s) to which applicant is applying

viii.   Requested total funding amount(s)

     a)   Requested total amount in Training Track

     b)   Requested total amount in Implementation Track

b. Populations of Focus

i.   Describe the entity's existing client population **(Max 100 words)**

ii.   Describe the populations of focus, including projected population size and description of populations (e.g., race, ethnicity, federally recognized tribe, language, sex, gender identity, sexual orientation, age, socioeconomic status) to be served, if awarded a grant. **(Max 100 words)**

iii.   Describe the 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 250 words)**

iv.   Describe the entity's strategy for ensuring staff are appropriately trained and services are culturally relevant and responsive. **(Max 250 words)**

c. Proposed Approach

i.   For Training Track applications – Describe the individual's timeline for completing required training activities. Please also describe the goals, strategy, and associated milestones in your plan to scale the selected EBP/CDEP with the populations of focus upon completion of the training program. See section 1.3 "Purpose." *Please upload as attachment in the Survey Monkey tool.* **(Max 2500 words)**

ii.   For Implementation Track applications - Describe the entity's proposed timeline and approach for scaling the selected EBP/CDEP practice or program model. Please include specific goals, milestones and measurable objectives that are aligned with the stated purpose of the grant opportunity. See section 1.3 "Purpose." *Please upload as attachment in the Survey Monkey tool.* **(Max 2500 words)**

d. Individual/Entity Experience and Staffing Profile

i. Individual/entity experience:

    a) For Training Track applications - Describe in the individual's education, training, and specific examples of your prior successes/challenges in implementing EBPs/CDEPs and/or similar programs. **(Max 500 words)**

    b) For Implementation Track applications – Describe the entity's staffing profile, expertise, and specific examples of challenges/successes the entity faced in implementing EBPs/CDEPs and/or similar programs. **(Max 500 words)**

ii. Describe the individual's/entity's current capacity to meet goals and objectives, and/or describe how funding could create capacity and resources to achieve these goals and objectives. **(Max 250 words)**

iii. If applicable, identify other organization(s) that you will partner with in the proposed project if additional expertise and/or support is required for the project (e.g., additional training in specific populations). Describe their experience providing services to the population(s) of focus, and their specific roles and responsibilities for this project. **(Max 250 words)**

iv. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director and Evaluator) and other personnel as relevant. Describe the role of each, their level of effort, and qualifications, to include their experience providing services to the population(s) of focus and familiarity with their culture(s) and language(s). **(Max 500 words)**

e. Data Collection and Performance Management

i. Provide information about 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 have developed to showcase your organization's program outcomes (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 50 words)**

    b) How often will data be collected? **(Max 50 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 100 words)**

e) The data source/data collection instruments that will be used to collect the data. **(Max 50 words)**

f) How well the data collection methods that will take into consideration the language, norms, and values of the population(s) of focus. **(Max 100 words)**

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

h) If applicable, how will the data collection procedures ensure that confidentiality is protected, and that informed consent is obtained. **(Max 250 words)**

i) If applicable, how data will be collected from partners. **(Max 250 words)**

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.

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 Parent and Caregiver Support and Training

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."

If your proposal is focused on HealthySteps, Incredible Years, Parent-Child Interaction Therapy, Positive Parenting Program (Triple P), Parents

Anonymous® , Effective Black Parenting Program, Strong African American Families, or Positive Indian Parenting, *you do not need to complete this section.*

    i.   Provide a description of the program or practice, including:

        a) Program overview **(Max 250 words)**

        b) Target population (e.g., parents/caregivers, infants, children) **(Max 100 words)**

        c) Program goals (e.g., increase positive parenting strategies, parent/caregiver-child relationship) **(Max 250 words)**

        d) Program delivery (e.g., recommended intensity, duration, delivery setting) **(Max 100 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 250 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 250 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[13], Title IV-E Prevention Services Clearinghouse[14], Federal Evidence-Based Practices Resource Center[15])

        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

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

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

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

the National Network to Eliminate Disparities in Behavioral Health resource library[16]

  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 behavioral health landscape. **(Max 500 words)**

3.3 Application Scoring Criteria

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

A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria. Each application will be evaluated based on the strengths of the proposal and the responsiveness to the selection criteria and project aims, as follows:

- Strengthen positive parenting practices (e.g., skills and strategies that help support the healthy development of children and youth).

- Improve emotional challenges (e.g., anxiety), behavioral challenges (e.g., self-regulation, noncompliance) commonly experienced in early childhood.

- Promote child social and emotional development.

- Strengthen child and parent/caregiver relationships, family dynamics, and parent/caregiver involvement.

- Improve the availability and sustainability of services for pregnant and parenting people, mothers, fathers, caregivers, and children and youth.

- 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).

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

Practices and programs not on the identified list of Round 1 EBPs/CDEPs will be evaluated for efficaciousness, equity, sustainability, scalability, and whether the practice model is supplementary to the BH landscape.

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-EBP2022-RD1 - Parent and Caregiver Support and Training

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-EBP2022-RD1 - Parent and Caregiver Support and Training

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 will reach out to the potential awardee to inform them of the determination.

Applications that are not funded during Round 1: Parent and Caregiver Support and Training 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.

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:

   i.   Failure to meet the state applicant requirements by the submission deadline.

   ii. Failure to comply with a request to submit additional documents in a timely manner, if needed.

   iii. Failure to comply with all performance requirements, terms, conditions, and/or exhibits that will appear in the resulting contract.

   iv. Failure to submit an RFA response by 5 pm PT on January 31, 2023.