

SCALING DYADIC CARE GRANT PROGRAM – RFA WEBINAR

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Speakers:

- » Tisha Montiero, MA, Branch Chief, Department of Health Care Services
- » Kate Margolis, PhD, Director, UCSF Center for Advancing Dyadic Care in Pediatrics
- » Kathryn Hallinan Aguilar, LMFT, TA and Clinical Transformation Lead, UCSF Center for Advancing Dyadic Care in Pediatrics
- » Danette McBride, MSW, MPA, Director, California Institute for Behavioral Health Solutions

TRANSCRIPT:

00:00:22—Tisha Montiero—Slide 1

[00:00:22] Good afternoon, everyone, and welcome.

[00:00:27] On behalf of the California Department of Health Care Services, we thank you for joining us today for the Scaling Dyadic Care Grant Program Requests for Application webinar.

[00:00:41] Today's session is co-hosted by the Department and the University of California San Francisco's Center for Advancing Dyadic Care and Pediatrics, and the California Institute for Behavioral Health Solutions.

[00:00:58] Our partners join us today are supporting implementation of the program and will share key insights throughout today's presentation.



[00:01:07] We appreciate the engagement of organizations and stakeholders on today's webinar from across California who share our commitment to strengthening health and behavioral health of children and families.

[00:01:24] In this session, we'll introduce the Scaling Dyadic Care Grant Program, discuss the purpose of the RFA, its goals, its eligibility, timeline, and application process, and highlight available technical assistance and resources.

[00:01:43] At the Department, this work is more than a grant program. It's part of California's broader effort to identify and respond to the behavioral health and social emotional needs of children and families early more comprehensively and within the settings where families already receive care.

[00:02:05] Next slide, please.

00:02:10—Tisha Montiero—Slide 2

[00:02:10] Before we dive in today's webinar, I'd like to cover a few housekeeping items to help our session run smoothly.

[00:02:19] All webinar participants will listen be in listen only mode so you don't need to worry about the background noise or the interruptions.

[00:02:28] Please note that the webinar is being recorded.

[00:02:32] The recording and materials will be shared after this session for your reference.

[00:02:37] We encourage you to submit questions at any time during the webinar using the Q&A feature.

[00:02:44] Our team will monitor questions received throughout the presentation and address any questions that we can using the Q&A feature.

[00:02:54] In the event we cannot answer your questions in real time, the team will request for you to submit your questions to the program's designated email address at scalingdyadic@cibhs.org.

[00:03:11] If you have questions or input following this webinar, we also encourage you to submit your questions via the email provided.

[00:03:19] We're here to support you and to ensure you that have the information you need.

[00:03:24] Thank you in advance for your attention and your engagement in today's webinar.

[00:03:29] Next slide, please.

00:03:33—Tisha Montiero—Slide 3

[00:03:33] For today's session, here's what you can expect.

[00:03:37] We'll begin by grounding today's discussion in California's vision for dyadic care and why this model is central to the Behavioral Health Strategy for children and families.

[00:03:51] Next, we'll explore the gap in early childhood behavioral health and discuss how the Scaling Dyadic Care Grant Program fits within California's Children and Youth Behavioral Health Initiative.

[00:04:06] Then we'll walk you through the grant opportunity itself covering program goals, eligibility, funding, application requirements, technical assistance, important timelines, and more.

[00:04:21] By the end of today's webinar, our goal is to ensure you have a clear understanding of both the opportunity and what successful participation in the program will require.

[00:04:35] Next slide, please.

00:04:40—Tisha Montiero—Slide 4

[00:04:40] Thank you. My name is Tisha Montiero and I'm with the Department of Health Care Services. And as we move into this section, I would like to highlight California's commitment to expanding access to dyadic care.

[00:04:52] Over the next few slides, I will share California's vision for dyadic services and how this approach is transforming pediatric care statewide.

[00:05:05] I'll address the gaps in early childhood behavioral health that dyadic care is designed to address.

[00:05:12] I'll also provide an overview of the Scaling Dyadic Care Grant Program, which supports organizations in implementing and sustaining these services. Together, these elements illustrate how California is advancing equity, prevention, and integrated support for children and families through the Medi-Cal Dyadic Services benefit.

[00:05:39] Next slide, please.

00:05:45—Tisha Montiero—Slide 5

[00:05:45] Thank you. California's vision for dyadic care starts with one simple principle.

[00:05:51] Supporting a child often means supporting the child and the caregiver together.

[00:05:57] Dyadic care integrates behavioral health and preventative services into settings where children and families receive care rather than waiting until a child develops a more acute behavioral health need.

[00:06:13] This model supports early detection of developmental, behavioral health, social, emotional, and family needs, and it creates pathways to appropriate services and supports.

[00:06:29] California established dyadic services as a Medi-Cal benefit in January of 2023 recognizing the relationship between health of the child and the well-being of the parenting caregiver.

[00:06:45] Our long-term vision is for the approach to become integrated into the pediatric care across Medi-Cal, not as an isolated program or benefit, but as part of how we support the whole child and the whole family health.

[00:07:04] Ultimately, the goal is for children and families to be identified early, connected to the right support, and supported through coordinated system of care.

[00:07:20] Next slide, please.

00:07:24—Tisha Montiero—Slide 6

[00:07:24] This brings us to the gap that we are collectively working to address.

[00:07:31] The earliest years of a child's life are foundational to healthy development, yet, behavioral health systems are often responded only after significant concerns.

[00:07:44] California continues to face significant challenges in early childhood and caregiver behavioral health with delays in identifying developmental and behavioral health needs, often resulting in late interventions and poorer outcomes for children and families.

[00:08:04] Pediatric settings are where children and families routinely interact with the healthcare system.

[00:08:10] By strengthening behavioral health capacity with those settings, we create opportunities for early identification and intervention.



[00:08:20] Dyadic care allows for us to look beyond the child alone and consider broader caregiving environments including caregiving, behavioral health needs, and other factors affecting the child's development and well-being.

[00:08:38] The model focuses on early intervention, addressing the need for integration between pediatric care and behavioral health services, ensuring caregiver needs are addressed and streamlined.

[00:08:56] Having a Medi-Cal benefit available does not automatically mean every organization has the infrastructure to deliver it.

[00:09:05] Providers may need support, developing clinical workflows, building workforce capacity, integrating behavioral health into pediatric practice, establishing referral pathways, strengthening billing processes, and creating operational infrastructure.

[00:09:24] By supporting wraparound services, including psychoeducation, training and counseling, and making referrals and connections to essential community support through care coordination, California is committed to improving access with dyadic care.

[00:09:43] That implementation gap is precisely where the Scaling Dyadic Care Grant Program becomes important.

[00:09:51] Next slide, please.

00:09:56—Tisha Montiero—Slide 7

[00:09:56] As part of the Children and Youth Behavior Health Initiative, DHCS partnered with UCSF's Center for Advancing Dyadic Care and Pediatrics and the California Institute for Behavioral Health Solutions to launch the Scaling Dyadic Grant Program.

[00:10:15] This two-year grant program will provide approximately 17 million in a direct funding to Medi-Cal provider organizations across California.

[00:10:27] The funding supports providers in building the clinical, operational, and data infrastructure needed to deliver, document, and bill for dyadic services sustainably.

[00:10:41] The goal is to accelerate implementation of the Medi-Cal Dyadic Services benefit statewide.

[00:10:50] UCSF will serve as our Technical Assistance vendor, offering implementation support and clinical guidance.

[00:10:59] CIBHS acts as a Third Party Administer, excuse me, Administrator, managing contracts, payments, and compliance. Together, our aim is to help eligible Medi-Cal providers adopt and expand dyadic care, a Medi-Cal reimbursable benefit, again, that

delivers integrated behavioral health services to young children and their caregivers through pediatric primary care settings.

[00:11:30] Next slide, please.

00:11:34—Tisha Montiero—Slide 8

[00:11:34] Now that we've covered the grant program overview and what we hope to accomplish, it's important to understand what dyadic care really means and why it's at the heart of this program.

[00:11:47] To provide this expert insight, I'm pleased to introduce Dr. Kate Margolis, the Director of UCSF's Center for Advancing Dyadic Care and Pediatrics. Kate?

00:12:02—Kate Margolis

[00:12:02] Thank you so much, Tisha. And I want to thank DHCS and CIBHS, Heluna Health, and our UCSF CADP team. And also for all of the participants who are here today. We are so inspired by the interest.

[00:12:17] Um, so, I will start by describing dyadic care. And now, there are many models of dyadic care dating decades back to mental health and other interventions.

[00:12:27] But today we'll be talking about dyadic care in the context of the Scaling Dyadic Care Grant Program, which specifically targets young children and their families who are served in the pediatric primary care setting.

[00:12:39] Next slide please.

00:12:41—Kate Margolis—Slide 9

[00:12:41] And I'll begin by talking about just the importance of the early years. Um, so dyadic care and early childhood go hand in hand.

[00:12:49] The early years of a child's development are uniquely significant.

[00:12:53] By the time a child turns three years old, eighty percent of their brain development has already occurred, and with one million neural connections occurring per second in the first year of life a baby's environment is a key to informing the pathways that are created or not created.

[00:13:14] Determining how safe an environment is to explore, learn, and form bonds, and ultimately to develop a foundational building block needed to grow, develop, and carry out the required tasks of daily living.

[00:13:30] Foundational attachments. So attachment with caregivers are a necessary and essential part of this development.

[00:13:37] Attachment relationships are found to be as important as the food we eat.

[00:13:42] When infants grow in the context of a healthy attachment, they experience the safety and freedom to regulate their nervous systems.

[00:13:51] This allows them to explore their environment in a way that promotes growth and development.

[00:13:58] The development that occurs in this early period sets the stage for the rest of a person's life: how they will experience relationships, their language and motor skills, the way they can manage and cope with difficult experiences.

[00:14:13] You may have heard about the idea of brain plasticity.

[00:14:17] This means that the brain can change, that we can develop new pathways.

[00:14:22] So there are critical periods of development wherein if a skill or a competency is not developed, we lose the capacity to learn it.

[00:14:32] And this is why supporting dyadic relationships or relationships between infants, toddlers, and their primary caregivers, and doing so early on in life during this important period in brain development, is so important to a person's long-term health and well-being.

[00:14:49] This is even found from a health economics perspective.

[00:14:53] John Heckman has done groundbreaking work that demonstrates the importance of investing in early preventative care.

[00:14:59] When we invest early, we see an unparalleled return on investment across our societal public systems when we focus specifically on the prenatal and these early years.

[00:15:10] And finally, and thanks to the groundbreaking ACEs studies and the way in which our former California Surgeon General, Dr. Nadine Burke Harris, and the State of California have done to lift it up, we also understand how important it is to both prevent and intervene early in the presence of ACEs.

[00:15:28] One of the things we know to be true is just how important the relationship with a caregiver who can buffer a child in the context of ACEs is a critical way to prevent against the harmful downstream effects of toxic stress.

[00:15:42] Next slide please.

00:15:45—Kate Margolis—Slide 10

[00:15:45] And so now I will talk about the important setting of pediatric primary care. And so just like dyadic care and early childhood go hand in hand, we can't talk about the importance of early childhood without talking about the role that pediatric primary care plays in supporting development during that time period.

[00:16:04] Pediatric primary care is one of the only healthcare settings that is set up to provide preventative care in a destigmatizing way for families.

[00:16:15] There are so many well-child visits that occur naturally. There's over 34 million well-child visits annually in the US, and for young children, there are 13 visits that occur in the first three years of life.

[00:16:28] These represent important touch points to identify concerns early, provide health promotion, and to support families as a whole.

[00:16:38] And a fun fact: caregivers see their pediatrician as the second most trusted figure in their lives for seeking advice for their social emotional concerns about their children.

[00:16:50] So, when taking the importance of those early years in development and prevention of later mental health problems combining that with the frequency of touch points in the early years and the critical role that pediatricians play in addressing mental health issues, the case for integrating behavioral health in early pediatrics well-child visits becomes abundantly clear.

[00:17:11] The question that remained is how do we offer and sustain supports to their caregivers?

[00:17:17] Who are the ones bringing them to the doctor and who are the most influential figure in children's lives?

[00:17:22] Next slide.

00:17:27—Kate Margolis—Slide 11

[00:17:27] So, pediatric primary care has a very high impact for caregivers and for these dyads.

[00:17:32] When we understand the importance of environmental well-being on children with caregiver well-being as a key part of those environments, then we appreciate the fact that the routine pediatric care setting offering so many unique touch points in the early years of life to interact with people who care for their children the most, their primary caregivers.

[00:17:53] So we are able to provide, by offering dyadic care, we're able to provide relationship-based care.

[00:18:00] So when we integrate dyadic care into pediatric primary care setting, we add a relational element into the visit—an element that strengthens relationships across many different systems. So, relationships between caregivers and the providers, between caregivers and their children, among the care team, interdisciplinary care team members who are responsible for caring for children, and their families in these settings.

[00:18:25] We also provide access to preventative care.

[00:18:28] Since dyadic care does not require a DSM-5 diagnosis, we get to provide preventative behavioral health care, we catch concerns and symptoms early before they develop into a diagnosis, we can provide caregiver clinical care, we support caregivers with issues like postpartum depression, we incorporate universal screening that includes caregiver mental health and well-being, and we can identify and address them in the context of these well-child visits.

[00:18:59] We also know that having dyadic care in the primary care setting actually promotes pediatric care engagement.

[00:19:05] So when families participate in dyadic care, such as in models like Healthy Steps, the research shows that we see increased adherence to standard well-child visit schedules.

[00:19:15] The same research tells us that we see reductions in reliance on acute and emergency settings for issues that might otherwise be able to be addressed and supported in pediatric primary care. So issues such as colic or fussiness.

[00:19:29] All in all, we must view the pediatric primary care routine visit schedule as an important context for intervention for both children and their caregivers who are responsible for their well-being on the day to day.

[00:19:42] Next slide please.

00:19:46—Kate Margolis—Slide 12

[00:19:46] When the focus for dyadic care is on integrating dyadic care into pediatric primary care, we wanted to highlight a set of specific principles and components that we look for in dyadic pediatric primary care models. And so we aim to incorporate six principles.

[00:20:03] Preventative care is the first, um, meaning that there does not have to be an identified problem for families to benefit from dyadic care.

[00:20:11] We understand the value of prevention in supporting long-term health and well-being.

[00:20:15] An integrated approach.

[00:20:18] This is about behavioral health working alongside pediatric providers during the same visits with the same families, and it's not about a therapist working down the hall in a separate office.

[00:20:30] We incorporate a population-based approach, so we set up a model to systematically identify families who would benefit the most from dyadic preventative intervention and this allows everyone to be able to equitably access these critical services.

[00:20:46] It's family centered, so we see the family system as the care recipient, acknowledging that when caregiver and family needs are met, we're setting children up to have their needs met too.

[00:20:57] It's developmental and contextual.

[00:21:00] We bring a developmental lens to care, understanding that development, a child's context, their environment, and their mental health are all interconnected and we must hold that specialized lens to understand their presenting concerns.

[00:21:15] And finally, we apply a lens of trauma-informed care.

[00:21:19] So understanding the importance of and understanding the way that stress, adversity, and trauma impact a child have on child and family development, and we bring those conversations into the room.

[00:21:32] The components listed on the right column, um, describe the set of universal screenings that help us to identify and engage in these principles and the interventions that follow to support families in meeting them where they are in their journey. And so those include universal screenings for child development, autism, behavior, for social drivers of health, universal screening for caregiver well-being, and then the interventions that follow, which are team-based health prevention and promotion visits, case-based consultation for more acute problems and care coordination.

[00:22:07] Next slide.

00:22:09—Kate Margolis—Slide 13

[00:22:09] Thank you.

[00:22:11] Um, and so, with all that we know about the impact that dyadic care can have on children and families within the pediatric primary care setting, we were so thrilled to have the Medi-Cal Dyadic Services benefit as a resource to the work that we were doing with families.

[00:22:26] Um, the benefit provides different forms of care beyond traditional psychotherapy. It allows us to include briefer billable visits to be able to serve children and youth through age 20.

[00:22:38] It allows us to work with caregivers in a different kind of way, which has always been an essential part of doing dyadic children's behavioral health work.

[00:22:46] And in alignment with the EPSDT entitlement, we can now bill when providing behavioral health services for the purpose of prevention and health promotion. We can do this for the sake of the child, for a dyad, or for a caregiver, as long as we're working towards the benefit of their child's well-being.

[00:23:04] And the core dyadic services here are listed, dyadic behavioral health visits, psychoeducational services, dyadic comprehensive community support services, and dyadic family training and counseling for child development.

[00:23:19] Next slide please.

00:23:22—Kate Margolis—Slide 14

[00:23:22] Alright, so now I will shift into our next section, which is to discuss the Scaling Dyadic Care Grant Program and to review the key elements of the Request For Application. And I will be joined by my colleague Kathryn Hallinan Aguilar, LMFT, who is our CADP lead for Clinical Transformation and Technical Assistance, and by Danette McBride, who is the Director of the California Institute for Behavioral Health Solutions.

[00:23:48] Next slide please.

00:23:50—Kate Margolis—Slide 15

[00:23:50] And I will kick us off by describing the purpose of the RFA. So the purpose of this program is to promote and accelerate the Medi-Cal Dyadic Services benefit across the state.

[00:24:00] We will do this by 1) providing direct funding to clinics to use for staffing and other infrastructure needs, and 2) by providing comprehensive Technical Assistance to eligible provider organizations.

[00:24:13] Our team at the Center for Advancing Dyadic Care and Pediatric brings unique experiences in both working in and running a pediatric FQHC-based dyadic services program. And we've been doing this for the last decade.

[00:24:26] And we have also had the privilege of working with partners in health systems across the state to provide training and technical assistance as they were early adopters in implementing dyadic care interventions in primary care.

[00:24:38] So these experiences have allowed us to learn alongside the field in figuring out what's needed to be able to not just implement, but sustain dyadic services through Medi-Cal billing.

[00:24:48] And this is why the program is set up to help providers develop the clinical, operational, and data infrastructure needed to both deliver, document, bill for, and progress towards sustaining high-quality dyadic services for young children and their caregivers.

[00:25:07] The program is unique in that we are investing in integrated behavioral health services with a focus on young children and their families, and it has a priority of advancing health equity and ensuring long-term sustainability for dyadic models of care within pediatric primary care settings.

[00:25:25] Next slide please.

00:25:28—Kate Margolis—Slide 16

[00:25:28] The program will focus on four key priority outcomes that are shown here.

[00:25:33] Service delivery outcomes, so expanding access to and utilization of dyadic services and primary care through the Medi-Cal system.

[00:25:41] Improved patient and family outcomes, focusing on improvement in health, development, and health equity for children and families.

[00:25:49] Provider and system sustainability outcomes. So we will focus on building infrastructure that will stick around, focusing on the areas of clinical, operational, and financial infrastructure, and we aim to generate statewide system learning outcomes. So, through this grant program, we will seek opportunities to engage the public through regional working groups and statewide mechanisms and ensure that we're collecting data and generating learning that will help to inform future policy and the scale of the dyadic services benefit.

[00:26:19] And so now I will pass it over to my colleague, again, CADP Lead for Clinical Transformation and Technical Assistance, Kathryn Hallinan Aguilar, who will continue to talk through elements of the program design.

00:26:33—Kathryn Hallinan Aguilar

[00:26:33] Thanks so much, Kate. Hi, everyone. Next slide, please.

00:26:41—Kathryn Hallinan Aguilar—Slide 17

[00:26:41] So the program is supporting organization [illegible] California in implementing dyadic care with a central focus on diversity, equity, inclusion, accessibility, and belonging. And it's important to note that we are utilizing a framework for equity that draws on principles from trauma-informed healthcare guided by Brooks PETAL Framework, as you can see here. Really, this is a type of framework that ensures, that works to ensure that health disparities are also being addressed and recognizes targeted approaches must be used.

[00:27:12] So it's really prioritizing health equity, engaging the community targeting health disparities, acting on data, and this continual learning and improving. This approach really aligns with the program's broader goals of expanding equitable access to dyadic services, addressing disparities in early childhood behavioral health, and ensuring sustainable community response models of care statewide.

[00:27:37] Next slide.

00:27:41—Kathryn Hallinan Aguilar—Slide 18

[00:27:41] It's important to note that while the dyadic services benefit may be delivered to eligible children and youth across the pediatric age spectrum from ages 0 to 20, this program prioritizes implementation efforts focused on children ages 0 to 5 and their parents or caregivers. As Kate shared already, we know that early childhood represents a critical period for brain development, attachment, social-emotional growth, and the identification of developmental and behavioral health concerns, and that young children have the highest frequency of recommended well-child visits, creating these repeated

opportunities to engage families, provide preventive services and integrate dyadic care into routine pediatric care delivery.

[00:28:22] By focusing on children ages 0 to 5, the program seeks to maximize opportunities for prevention and early intervention while establishing sustainable clinical workflows, staffing models, and billing practices that can ultimately be expanded to serve broader pediatric populations.

[00:28:41] Within this population of focus, the initiative advances health equity by reducing disparities through targeted outreach, community engagement, and tailored support for providers serving diverse populations.

[00:28:53] Next slide.

00:28:57—Kathryn Hallinan Aguilar—Slide 19

[00:28:57] As we think about this, the grant funding and technical assistance will prioritize organizations that are serving the communities that we can see listed here. So young children, and especially those in Black, Indigenous, and People of Color communities, children and youth with developmental disabilities or behavioral health concerns, recognizing families that are facing social drivers of health or social determinants of health is concerned, being able to pay attention to communities where there's risk for systems involvement or families with complex needs, right, with children that have complex needs, including LGBTQIA+ communities, rural and under-resourced regions, lower income families, and pregnant and postpartum individuals.

[00:29:41] Next slide.

00:29:44—Kathryn Hallinan Aguilar—Slide 20

[00:29:44] So the program will utilize a tiered funding model to align grant awards with provider service location size, pediatric Medi-Cal volume, and capacity to implement dyadic services at scale.

[00:29:58] Providers will be assigned to Tier 1 or Tier 2 based on the number of Medi-Cal children ages 0 to 5 served by the applying Provider Service Location or Provider Service Location Partnership.

[00:30:11] And to highlight that, what we're talking about here is that provider service locations, you may apply as a single service location or up to two service locations could apply under one application and be in partnership.

[00:30:25] The service location partnership is referring to the ability for those two providers to apply jointly under the one application. Across both tiers, funding is

structured to support a clear pathway to financial sustainability through Medi-Cal reimbursement with expectations calibrated to the scale, capacity, and starting point of each provider.

[00:30:48] The tiered model is designed to balance equitable access to funding with the operational realities of provider capacity using pediatric Medi-Cal volume as a primary proxy for service demand while allowing flexibility for service locations demonstrating strong potential for scale.

[00:31:06] So in the Tier 1, these are service locations that are providing service to or serving over a thousand or more Medi-Cal children ages 0 to 5, and Tier 2 is looking at the 500 scale.

[00:31:22] And as you can see, there's a different award amount based on the tier. So for Tier 1, it is up to \$700,000 and for Tier 2, \$500,000. And these numbers were created based off of understanding what the standard amount or ratio is for behavioral health services or behavioral health provider capacity to patient care while also recognizing that in safety net setting, we're needing to ensure that there is more capacity for that to see uh you have to see more patients.

[00:31:56] Next slide.

00:32:04—Kathryn Hallinan Aguilar—Slide 21

[00:32:04] So what does this look like in practice? What will providers be receiving through Technical Assistance? Technical Assistance is the backbone of the Scaling Dyadic Care Grant Program. This will happen across different levels. So through providers, county and regional, as well as state.

[00:32:21] On the provider level, we're looking at intensive hands-on support, virtual site visits, having ongoing clinical consultation and coaching, as well as access to office hours and help desk support to assist with data submission and reporting, as well as everyday implementation.

[00:32:38] For county and regional, we're looking at learning communities which include county roundtables, lunch and learns, and convenience. These are opportunities for providers, county agencies, Managed Care Plans, and other partners to promote systems alignment, address shared barriers, and support long-term sustainability.

[00:32:58] And finally, the statewide efforts where we will be providing public educational webinars that are open access, as well as creating a Dyadic Services Toolkit to promote consistent understanding of dyadic services and how to help implement benefit utilization across the Medi-Cal delivery system.

[00:33:16] Next slide.

00:33:20—Kathryn Hallinan Aguilar—Slide 22

[00:33:20] So here we can see the application program and timeline. RFA has been released. Very exciting. Today we are having our webinar. The next date to be paying attention to is October 26th. This is when applications are due by 11:59 PM Pacific Time.

[00:33:35] January 2027 is when applicants can anticipate that DHCS will notify the awards. And by March 31st is when we're anticipating grantee contracts will have been finalized with services beginning through Technical Assistance from April 2027 through March 2029.

[00:33:55] So I'm going to now bring on Danette to be able to take over the next portion.

00:34:03—Danette McBride

[00:34:03] Thank you, Kathryn. Good afternoon, everyone.

[00:34:07] My name is Danette McBride and I am a Director with the California Institute for Behavioral Health Solutions, also known as CIBHS. We are the entity serving as the Third Party Administrator, also known as TPA, for this grant program. So pleased to join you all this afternoon.

[00:34:26] So now let's talk about the requirements for an eligible service location.

[00:34:31] And can I have you advance the slide, please?

00:34:36—Danette McBride—Slide 23

[00:34:36] Thank you.

[00:34:37] Um, this information related to eligible service locations can be found in Section 2.2 of the RFA.

[00:34:45] So when we refer to a service location, we mean the distinct physical clinical location where dyadic services will be actually implemented and delivered.

[00:34:55] So typically that location has its own Medi-Cal enrollment or National Provider Identifier, also known as an NPI.

[00:35:05] It operates as a unique carry, unique care delivery setting.

[00:35:12] To be eligible, Medi-Cal provider organization service locations must meet the following six key eligibility requirements.

[00:35:21] First is the primary care setting, so the location must provide pediatric or family serving primary care services, routinely provide well-child visits to children enrolled in Medi-Cal, and be authorized to deliver Medi-Cal dyadic services.

[00:35:40] Second is the Medi-Cal Dyadic Services eligibility, so each location must have at least one rostered provider who is eligible to deliver and bill for dyadic services.

[00:35:54] For applicants that are not Indian Health Care Providers, IHCPs, the service location must be contracted to provide non-specialty mental health services.

[00:36:06] Indian Health Care Providers are exempt from this contracting requirement.

[00:36:13] Third is the pediatric population served.

[00:36:17] Locations must serve Medi-Cal enrolled children and youth with a particular focus on children ages 0 to 5.

[00:36:26] Fourth is the minimum volume thresholds. Applicants must meet the pediatric Medi-Cal volume requirement associated with the tiered funding structure referenced just a few slides ago by Kathryn.

[00:36:40] Joint applicants may combine eligible patient volume when implementing a coordinated model.

[00:36:49] Fifth we have implementation readiness.

[00:36:52] Applicants must demonstrate that they are prepared to integrate dyadic services within primary care.

[00:36:59] That also means adapting workflow, supporting team-based care, and integrating behavioral health services.

[00:37:06] Lastly, we have workforce capacity and hiring readiness, so applicants need to demonstrate ability to recruit, hire, and onboard qualified staff in a timely manner to support the implementation of dyadic services.

[00:37:24] Let's move to the next slide, please.

00:37:30—Danette McBride—Slide 24

[00:37:30] We're going to talk a little bit more about eligible applicants.

[00:37:33] So we talked about what qualifies an eligible service location. Let's look really briefly at what, uh, how grantees can apply, so, whether that is a single service versus a multi-service location, and this information can be found in Section 2.1 of the RFA.

[00:37:56] So organizations may submit a single service location application on behalf of one eligible provider service location, or organizations can submit a multi-service

location application on behalf of two service provider locations operating under the same legal entity or through a formal partnership.

[00:38:20] An important point to emphasize is that regardless of how organizations apply, each participating service location must independently meet all of the eligibility requirements outlined in Section 2.2 of the RFA.

[00:38:38] For multi-service location applications, one organization must be designated as the grantee of record.

[00:38:46] The grantee of record will have primary responsibility for receiving and administering the grant funds, coordinating implementation across the participating service locations, and ensuring compliance with all grant requirements.

[00:39:03] Next slide, please.

00:39:08—Danette McBride—Slide 25

[00:39:08] Now we're going to talk a little bit about eligibility criteria.

[00:39:12] This information can be found in Section 2.1 of the RFA.

[00:39:18] First thing that I want to mention is Medi-Cal enrolled. So again, eligible applicants must be an organization enrolled with Medi-Cal providing pediatric primary care services.

[00:39:32] The next one is organization eligibility.

[00:39:35] The applicant must be a legal entity capable of entering into a grant agreement and managing awarded funds.

[00:39:44] Eligible entities include Federally Qualified Health Centers FQHCs, rural health clinics, Indian Health Care Providers, hospital-affiliated health systems, and other community-based organizations operating eligible Medi-Cal enrolled primary care clinics.

[00:40:12] When it comes to reporting and compliance, applicants must have the organizational capacity to comply with all program reporting, monitoring, fiscal, and data submission requirements throughout the grant program.

[00:40:29] For operational authority and oversight, the applicant must have authority and direct operational oversight to implement clinical, operational, and administrative changes within the proposed provider service location or locations.

[00:40:47] That includes areas such as staffing, clinical workflows, billing practices, and data reporting.

[00:40:57] As it relates to fiscal and administrative capacity, applicants must demonstrate capacity to manage grant funds in accordance with state requirements.

[00:41:07] Applicants must be able to appropriately manage and account for grant funds, including budgeting, tracking expenditures, and completing all of the required financial reporting.

[00:41:20] And lastly, for commitment to program participation, applicants must be able to fully commit to the participation of the Technical Assistance program, including the required trainings, learning communities, site visits, and data reporting activities.

[00:41:42] Next slide, please.

00:41:46—Danette McBride—Slide 26

[00:41:46] So let's talk about how to apply.

[00:41:50] We're going to review the application and submission format, and this information can be found in Section 3.1 of the RFA.

[00:42:00] The application is designed to collect standardized and comprehensive information to assess applicant eligibility, organization readiness, population need, and capacity to implement and sustain dyadic care services within pediatric primary care settings.

[00:42:20] There are seven primary components to the application.

[00:42:26] The first is eligibility confirmation and program commitment.

[00:42:32] This is where applicants will attest that they meet the eligibility requirements and understand the expectations related to Technical Assistance, data reporting, monitoring, and overall program participation.

[00:42:48] The next is the provider profile and organizational characteristics section.

[00:42:54] This will give us information about your organization and your service location including your funding tier, your organization type, pediatric care model, Managed Care participation, and whether you are applying as a single service location or a multi-service location.

[00:43:16] Applicants will also have to submit a Letter of Support and I am so sorry that should be Leadership Letter of Support.

[00:43:23] This can be from a provider service location Director, CEO, or other lead that has the authority to institute change and allocate resources.

[00:43:35] This is really important because successful implication requires organization commitment.

[00:43:43] You will also have to submit a proposed budget describing how you intend to use the grant funds. This must align with the eligible proposed expenditures outlined in the RFA.

[00:43:55] We've also provided a sample budget template as part of the RFA as well.

[00:44:03] A significant portion of your application is going to be the applicant survey and so this will capture information about your patient volume and population of focus, cultural responsiveness and community engagement, workforce and service capacity, implementation support staffing, data reporting and quality improvement infrastructure, and your current level of readiness to implement dyadic services.

[00:44:34] And there is a link for you and so that has been or will be dropped in the chat for you to access and see.

[00:44:45] The proposed approach for dyadic services gives you an opportunity to tell us more about your specific implementation strategy, who you intend to serve, the needs or disparities you are trying to address, and the dyadic services you plan to prioritize, your staffing approach, and how this funding will help you advance that work.

[00:45:06] Finally, applicants will complete an application attestation, certifying that the information submitted is accurate and complete.

[00:45:17] Please note, in addition to the things that I've mentioned, there are also several required documents that you will need to include.

[00:45:24] That includes resumes and C V's for key staff, an organizational chart, copy of your audited financial statements, your most recent one, a federally approved indirect rate cost letter, if applicable, and W9.

[00:45:43] Additional administrative documentation, such as insurance and registration information, will be required if an organization is selected for funding.

[00:45:57] We can go to the next slide, please.

00:46:02—Danette McBride—Slide 27

[00:46:02] So there is some assistance that we want to make sure that you are aware of.

[00:46:08] And so what I want to share a little bit is just the assistance that we have available, um, to help you submit a complete application for this grant opportunity. So, here are a few resources that are available to you.

[00:46:24] We have three scheduled office hours. They will take place on September 29th at 12, October 14th at 2 p.m., and October 22nd at 10 a.m.

[00:46:38] In addition to the office hours, we also recognize that a traditional written application may present a barrier for some organizations with a demonstrated history of serving populations of focus, and so if organizations need to complete portions of the application in an alternative format, they can reach out to us and submit an email to us at the scalingdyadic@cibhs.org email address by 5 p.m. on October 13th.

[00:47:14] And as part of that request, you must include a full justification of why you may need an alternative format.

[00:47:23] And then also we do have our help desk that is available. And again, it is the same email that I just shared, the scalingdyadic@cibhs.org.

[00:47:35] And then lastly, unless otherwise specified, applicants using an alternative format will still need to meet the October 26th application deadline.

[00:47:48] So we have now looked at who's eligible, what are the application components and the assistance. Let's talk a little bit about scoring. Next slide.

00:48:04—Danette McBride—Slide 28

[00:48:04] Applications will undergo a standardized, multi-step review process to assess organizational readiness, implementation capacity, alignment with program goals, and the other components I've already covered.

[00:48:19] At a high level, we will look at eligibility and we, at a high level, we will review your eligibility and completeness. That is the first step.

[00:48:29] So for applications who have completed all of those, we will then categorize and move you into geographical areas so that we can look at those components. And then we will also look at and confirm established competitive thresholds to advance towards the final award consideration.

[00:48:50] We will be scoring five domains and each domain is weighted at 20% for a total possible score of 100. We will look at the first domain of provider equity, so we'll consider the populations that you serve and how you plan to address health disparities and engage communities.

[00:49:09] The second domain is implementation readiness, so we'll really focus on the infrastructure and capacity that you have in place to successfully implement dyadic care.

[00:49:21] The third one is program impact, so we'll look at how the grant funding and Technical Assistance can strengthen existing services, build workforce capacity, and support longer term sustainability.

[00:49:34] Fourth, we'll look at strategic alignment. This is where your narrative responses become particularly important.

[00:49:41] We will review how well you responded to the proposed approach, how it aligns with the populations you intend to serve, and your identified needs and goals, your rationale, and your proposed staffing model and planned use of grant funds.

[00:49:55] And finally, there's a 20% that is associated with the County Composite Index. Unlike other domains, this incorporates publicly available county and regional data, including pediatric Medi-Cal enrollment, the Healthy Places Index, and the indicators related to pediatric behavior health infrastructure. Should also note there's also a workforce development incentive adjustment for applicants that meet predefined workforce development criteria.

[00:50:27] Final award decisions will consider all of the above with geographic allocation pools along with regional representation and geography, geographic diversity, minimum quality thresholds, and available funding. And so, with that, I will briefly go over what's going to happen once awards are granted.

[00:50:50] Um, selected applicants will receive a conditional award notification. And we can go to the next slide.

00:50:57—Danette McBride—Slide 29

[00:50:57] Yes, they'll receive a conditional award notification, which will begin the contracting process. During this time, we may also have a negotiation process. A conditional award is not a fully executed agreement.

[00:51:10] During this phase, applicants will be able to work and update budget, scope of work, implementation, and other application components as needed.

[00:51:20] Note, we may make adjustments to the final award based on our negotiations. And then following all of that, applicants will receive a Subaward Agreement from the TPA and a Collaboration Agreement from the Technical Assistance vendor. Both of those will need to be signed and returned. And so that brings me to the end of my presentation. And I'll turn it over to Tisha, who will cover some of our frequently asked questions.

00:51:51—Tisha Montiero

[00:51:51] I appreciate that. That provides an overview of the various components for the RFA. And so we just would like to take a moment and share our appreciation for the thoughtful and diverse questions that have been submitted through the Q&A feature during today's webinar, we have received some really insightful questions. Your engagement and your several important topics have been highlighted. And I just wanna touch on a few. We received several questions related to eligibility and as it relates to partnership structures.

[00:52:35] For applicants and subcontractors, we received several questions related to indirect costs and rates and allowable expenditures.

00:52:45—Tisha Montiero—Slide 30

[00:52:45] We received questions related to training resources and opportunities for dyadic care implementation, application requirements, eligibility for community-based providers, and more.

00:52:55—Tisha Montiero—Slide 31

[00:52:55] I just want to take this time to just say thank you again for these insightful questions. These questions will continue to inform us in our ongoing communication. It will help us to ensure clarity and transparency through the grant process, and we will take them back for consideration. As you're aware, we've had many colleagues responding to some of your questions in real time via the Q&A chat features. And for those that we weren't able to respond to, we are taking them back for further consideration. So, again, thank you.

[00:53:31] I would also like to strongly encourage you to review the Grant Strategy document. It may have been dropped in the Q&A feature for your reference, but you can also find it on DHCS's Medi-Cal Dyadic Services webpage. The Grant Strategy document may provide you some key insight related to the questions that you raised, as well as your review of the RFA.

[00:53:57] The Grant Strategy document provides a comprehensive overview of the program's goals, eligibility criteria, funding structure, and implementation expectations. By understanding the strategy, applicants can ensure their proposals align with the grant's objectives, maximize their chances for success, stay informed about key requirements and priorities.

[00:54:23] So I again, we highly encourage you to review the Grant Strategy document to help clarify some of your questions about eligibility, allowable expenditures, and the



broader vision for the Scaling Dyadic Care Grant Program and to accelerate scaling the Medi-Cal Dyadic Service benefits statewide.

[00:54:46] Now, I would like to take a moment to address a few of the frequently asked questions we received. And you may have heard them time and time again on today's webinar, but we want to make sure that you're informed and you receive the support you need.

[00:55:02] I would like to highlight a few questions.

[00:55:06] The first question, What is the application deadline? You've heard this throughout today's webinar, but we want to make sure that participants are aware of when applications are due.

[00:55:18] October 26, 2026 at 11:59 Pacific Standard Time is the deadline.

[00:55:25] Applications submitted after this time may not be reviewed or considered.

[00:55:31] We've also received a question related to if the Department is going to issue FAQs.

[00:55:39] There is very much based on today's high interest and great topics received. FAQs will be updated periodically, so please check back again at the DHCS Medi-Cal Dyadic Services Benefit webpage for the latest information related to this grant.

[00:56:01] You heard from Danette related to if accommodations are needed when completing an application, who should you contact?

[00:56:12] The Department is committed to an equitable application process and will provide technical assistance to potential applicants on a case by case.

[00:56:22] We ask that you please email again the scalingdyadic@cibhs.org to request for support.

[00:56:32] You can also find additional data and details about accommodations in the RFA under Section 3.1.

[00:56:42] Last question we received. Who do I contact if I have questions completing this application? As you can see today, we've received a lot of questions related to single applicants, multiple applicants and more. We encourage you again, FAQs may be posted periodically, but we highly encourage you to reach out for consultation at the email provided.

[00:57:07] Next slide, please.



00:57:16—Tisha Montiero—Slide 32

[00:57:16] Thank you. We can't mention this enough.

[00:57:18] The deadline for all applications is October 26, 2026. Please be sure to submit your application on time. If you have questions as you prepare your application again, please reach out. We're here to support you throughout the entire process.

[00:57:36] You can see here provided on a screen a QR code on the slide to access the application and materials and additional resources. This QR code will take you directly to DHCS's Medi-Cal Dyadic Services webpage where you can access the Grant Strategy document, the RFA, as well as the budget form and more materials.

[00:58:01] This does conclude our webinar for today.

[00:58:04] On behalf of the department, UCSF, CIBHS, we thank you for joining us today and for your commitment to advancing behavioral health for children and families across California.

[00:58:18] We look forward to reviewing your applications and partnering with you to expand access to dyadic care statewide.

[00:58:28] If you have further questions or need support, please don't hesitate to reach out.

[00:58:32] Thank you again for your participation, and have a good afternoon.