

Scaling Dyadic Care Grant Program: Request For Application Webinar

Wednesday, September 23, 2026
12:00 P.M. – 1:00 P.M. (PT)

The webinar will begin shortly.

Housekeeping

- » All webinar participants will be in listen-only mode.
- » This webinar is being recorded.
- » Participants are encouraged to provide additional questions using the Q&A panel at any time during the webinar.
- » If you have additional questions/input, please email us at scalingdyadic@cibhs.org.

Agenda



California Expanding Access to Dyadic Care



Overview of Dyadic Care



Overview of the Scaling Dyadic Care Grant Program and Request for Applications



Questions & Next Steps

California Expanding Access to Dyadic Care

Scaling the Medi-Cal Dyadic Services Benefit Through the Statewide Grant Program

Tisha Montiero, MA, Branch Chief, Department of Health Care Services

California's Vision for Dyadic Services

- » California is committed to transforming pediatric care by integrating behavioral health services for children and families and advancing equity and prevention statewide.
- » The Medi-Cal dyadic services benefit aims to improve early identification, intervention, and health outcomes for children ages 0–20 and their caregivers.
- » Dyadic care was launched to address gaps in early childhood behavioral health by delivering integrated, family-centered services in pediatric primary care settings.
- » The goal of the Medi-Cal dyadic care benefit is to ensure timely screening, intervention, and support for both children and caregivers, reduce health disparities.

Addressing Gaps in Early Childhood Behavioral Health

- » California continues to face significant challenges in early childhood and caregiver behavioral health.
- » Delays in identifying developmental and behavioral health needs too often result in late interventions and poorer outcomes for children and families.
- » Dyadic care focuses on early intervention, addressing the need for integration between pediatric care and behavioral health services, ensuring caregiver needs are addressed and care is streamlined.
- » By supporting wrap-around services, including psychoeducation, training and counseling, and making referrals and connections to essential community supports through care coordination, California is committed to improving access with dyadic care.

Scaling Dyadic Care Grant Program Overview



- » DHCS, in partnership with the University of California, San Francisco (UCSF) Center for Advancing Dyadic Care in Pediatrics (CADP) and the California Institute for Behavioral Health Solutions (CIBHS)
- » Part of the Children and Youth Behavioral Health Initiative
- » Two-year grant program
- » \$17M in direct funding to Medi-Cal provider organizations
- » Goal: Support Medi-Cal providers to implement, scale, and sustain dyadic care through the Medi-Cal dyadic services reimbursable benefit

What is Dyadic Care?

Kate Margolis, PhD, Director, UCSF Center for Advancing Dyadic
Care in Pediatrics

Why the First Years Matter

Rapid Brain Growth

The brain develops faster in these years than at any other point in life.

Foundational Attachment

Secure, responsive relationships with caregivers build the foundation for lifelong development.

A Lifelong Health Trajectory

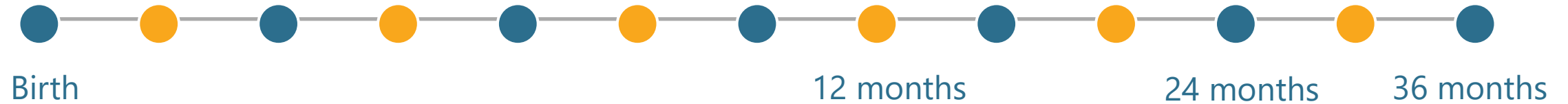
Experiences in these years shape health, learning, and behavior well beyond early childhood.

These are not sequential milestones: they happen together, continuously, across the first three years.

A healthy dyadic relationship plays a critical role in healthy development and in protecting against toxic stress and Adverse Childhood Experiences (ACEs)

Primary Care as an Entry Point for Preventive Behavioral Health

13 Well-Child Visits in the First 3 Years of Life



- » Preventive setting supporting continuum of care¹
- » Over 34,000,000 well child visits are conducted annually in the U.S.
- » 90% of families go to the pediatric office for these visits
- » Caregivers identify pediatric providers as their most trusted source of advice for their child's emotional well-being²

¹ Blanchard, Gurka & Blackman, 2006

² Stanford Center on Early Childhood, RAPID National Survey (2023), Pediatricians are Essential Support for Families
<https://rapidsurveyproject.com/article/pediatricians-are-essential-supports-for-families/>

High Impact of Primary Care for the Dyad



- » Focus on caregiver and/or environmental issue in the context of child's health and development

How Dyadic Care Supports Families:

- Relationship-based care
- Access to preventive behavioral health care
- Caregiver-level clinical care
- Promotes pediatric care engagement
- Reduces unnecessary acute and emergency care

When Dyadic Care is in Primary Care

Guiding Principles of Dyadic Care

- » Preventive Care Approach
- » Integrated Approach
- » Population-Based Approach
- » Family-Centered, Two-Generational
- » Developmental & Contextual
- » Trauma-Informed Lens

Components of Dyadic Care

- » Health Prevention and Promotion
- » Universal Screenings for Child Development, Autism, and Behavior
- » Universal Screenings for Social Drivers of Health (SDOH)
- » Universal Screenings for Caregiver Mental Health
- » Case-Based Consultation
- » Care Coordination



Medi-Cal Dyadic Service Benefit

- » Brief billable visits for youth under 21 years
- » Supports caregivers alongside their children via pediatric primary care
- » Reimburses primary prevention / health promotion services
- » Aligns with the Early Periodic Screening Diagnostic Treatment (EPSDT) entitlement
- » Service options beyond traditional therapy

H1011-U1 Dyadic Behavioral Health Visit

H2027-U1 Dyadic Psychoeducational Services

H2015-U1 Dyadic Comprehensive Community Support Services

T1027-U1 Dyadic Family Training and Counseling for Child Development

Scaling Dyadic Care Statewide & Request for Application (RFA) Overview

Kate Margolis, PhD, Director &
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

Purpose of the RFA

- » Accelerate the implementation of the Medi-Cal dyadic services benefit across California by providing direct funding and comprehensive technical assistance to eligible provider organizations.
- » Support providers in developing the clinical, operational, and data infrastructure needed to deliver, document, bill for, and sustain high-quality dyadic care for young children and their caregivers.
- » Through this RFA, DHCS seeks to expand equitable access to integrated behavioral health services, advance health equity, and ensure long-term financial sustainability for dyadic care models within pediatric primary care settings.

Prioritized Outcomes

The program is designed to achieve the following goals (Reference RFA, 1.4 Purpose and Prioritized Outcomes):

» **Service Delivery Outcomes:**

- Expanding access and utilization of dyadic services in Medi-Cal primary care

» **Patient & Family Outcomes:**

- Improving health, development, and equity for children and families

» **Provider & System Sustainability Outcomes:**

- Building lasting clinical, operational, and financial infrastructure

» **Statewide System Learning Outcomes:**

- Generating evidence to inform future policy and scale

Equity-Driven Approach

- » UCSF CADP's equity framework draws on principles from trauma-informed healthcare guided by the **Brook's PETAL framework**¹ (Reference RFA, 1.2 Equity-Driven Approach)
 - **P**rioritize health equity
 - **E**ngage the community
 - **T**arget health disparities
 - **A**ct on the data
 - **L**earn and improve

¹ Brooks D, Douglas M, Aggarwal N, Prabhakaran S, Holden K, Mack D. Developing a framework for integrating health equity into the learning health system. Learn Health Sys. 2017; 1:e10029.

<https://doi.org/10.1002/lrh2.10029>

Population of Focus

- » Prioritizes implementation efforts focused on **children ages 0-5 and their parents or caregivers** (Reference RFA, 1.3 Population of Focus). *Note: The Medi-Cal dyadic care benefit is available for ages 0 – 20.*
- » Advances health equity by **reducing disparities** through targeted outreach, community engagement, and tailored support for providers serving diverse populations.



Population of Focus: Diverse Populations

Grant funding and technical assistance will prioritize organizations serving (Reference RFA, 1.3 Population of Focus):

- » Young children, especially those in Black, Indigenous, and People of Color (BIPOC) communities
- » Children and youth with developmental disabilities or behavioral health concerns
- » Families facing social drivers of health (SDOH) concerns or at-risk for systems involvement
- » Families of children with complex needs
- » LGBTQIA+ communities
- » Rural and under-resourced regions
- » Lower-income families
- » Pregnant and postpartum individuals

Tiered Funding Structure

The grant program utilizes a tiered funding model to align grant awards with provider service location size, pediatric Medi-Cal member volume, and capacity to implement dyadic services at scale (Reference RFA, 1.10 Grant Award Overview).

Funding Tier	Eligibility, Award & Expectations	Award Amount	Illustrative Staffing Capacity
Tier 1: Large Service Location[s]	Clinic[s] serving $\geq 1,000$ Medi-Cal children ages 0-5	Up to \$700,000	~1.0 FTE dedicated to dyadic care
Tier 2: Small to Medium Service Location[s]	Clinic[s] serving ≥ 500 Medi-Cal children ages 0-5	Up to \$500,000	~0.5 FTE dedicated to dyadic care

- Clinics may apply as a single service location or in partnership (up to 2 service locations)
- Tier placement is based on Medi-Cal volume, not scoring
- Award amounts are fixed within each tier for consistent, equitable distribution

What Providers Will Receive Through Technical Assistance

Technical Assistance is designed to support practice transformation, strengthen implementation capacity, and advance long-term sustainability of dyadic services (Reference RFA, 2.4 Technical Assistance Engagement and Participation Requirements).



Provider-Level

- » Hands-on support
- » Virtual site visits
- » E-learning
- » Ongoing clinical consultation
- » Office hours
- » Help desk support



County and Regional

- » Learning Communities
 - County Roundtables
 - Lunch and Learns
 - Convenings



Statewide

- » Public educational webinars
- » Dyadic Services Toolkit

Application & Program Timeline



Eligible Provider Service Locations (1 of 2)

To be eligible, Medi-Cal provider organization service location(s) must meet the following criteria (Reference RFA, 2.2 Eligible Service Locations):

- Primary Care Settings
- Medi-Cal Dyadic Services Eligibility
- Pediatric Population Served
- Minimum Volume Thresholds
- Implementation Readiness
- Workforce Capacity and Hiring Readiness

Eligible Applicant (2 of 2)

- » Applicants may apply as a **single-service location or multi-service location** (Reference RFA, 2.1 Eligible Applicant).
- » **Organizations may submit:**
 - A **single-service location** application on behalf of one eligible provider service location; or
 - A **multi-service location** application on behalf of two eligible provider service locations operating under the same legal entity or through a formal partnership
- » Each participating provider service location must independently meet the eligibility requirements described in the RFA, Section 2.2.

Eligibility Criteria

Applicants must meet the following criteria (Reference RFA, 2.1 Eligibility Criteria):

- » **Medi-Cal Enrolled:** Must be an organization enrolled with Medi-Cal providing pediatric primary care services.
- » **Organizational Eligibility:** Must be a legal entity capable of entering into a grant agreement and managing awarded funds.
- » **Reporting & Compliance:** Demonstrate organizational capacity to comply with all program reporting, monitoring, fiscal, and data submission requirements.
- » **Operational Authority and Oversight:** Have authority and direct operational oversight to implement clinical, operational, and administrative changes within the proposed provider service location[s].
- » **Fiscal and Administrative Capacity:** Demonstrate capacity to manage grant funds in accordance with state requirements.
- » **Commitment to Program Participation:** Commit to full participation in the TA program.

How to Apply

Applicants are expected to complete the [Scaling Dyadic Grant Program Grant Application](#) (Reference RFA, 3.1 Application and Submission Format).



Application Components

- » Eligibility Confirmation & Program Commitment
- » Provider Profile and Organizational Characteristics
- » Leadership Letter of Support
- » Proposed Budget for Use of Grant Funds
- » Proposed Approach for Dyadic Services
- » Provider Survey
- » Application Attestation

Required Documents

- » Curriculum vitae or resumes of program lead and other key staff
- » Organizational chart
- » Audited financial statement
- » Federally Approved Indirect Rate Cost letter, if applicable
- » W-9 form

- Email questions to the Help Desk at scalingdyadic@cibhs.org.
- Locate the RFA on the [DHCS Dyadic Services as a Medi-Cal Benefit webpage](#).

Application Assistance

Applicants are expected to complete the [Scaling Dyadic Grant Program Grant Application](#) (Reference RFA, 3.1 Application and Submission Format).

Office Hours:

- September 29, 2026, at 12 P.M.
- October 14, 2026, at 2 P.M.
- October 22, 2026, at 10 A.M.

Alternative application formats could include:

- Video submissions
- Virtual interviews
- Other alternative formats

To request an alternative format: please contact CIBHS at scalingdyadic@cibhs.org.

As part of your request, include a justification for the request and an explanation of how granting the request will further DHCS' goals of promoting diversity, equity and inclusion.

Scoring Criteria

Applications will undergo a standardized multi-step review process to assess the following (Reference RFA, 3.4 Application Scoring Criteria):

- » Provider Equity
- » Implementation Readiness
- » Project Impact
- » Strategic Alignment
- » County Composite Index
- » Workforce Development Incentive

Post Award Expectations

- » Once selections have been made, selected applicants will receive a **Funding Approval Letter or Conditional Award Notification** to initiate contract development and negotiation (Reference RFA, 4.1 Administrative Details)
- » Upon successful contract development and negotiation, a **Standard Agreement / Subaward Agreement from the TA Vendor and TPA** will need to be fully executed prior to the release of funds to begin the grant program
- » **Additional forms**, such as a Certificate of Insurance and other required forms, will be required prior to the execution of the subaward agreement

Questions and Next Steps

Tisha Montiero, MA, Branch Chief, Department of Health Care Services

Frequently Asked Questions

Frequently Asked Question	Response
What is the application deadline?	The application deadline is October 26, 2026, at 11:59 P.M. PT. Applications received after 11:59 P.M. on October 26 may not be reviewed or considered.
Where can I find frequently asked questions (FAQs)?	DHCS will post FAQs on its Dyadic Services as a Medi-Cal Benefit webpage . DHCS will periodically update the FAQs.
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 scalingdyadic@cibhs.org to make a request for assistance. See RFA section 3.1 <i>Application Submission and Format</i> on page 45 for additional information.
Who do I contact if I have questions regarding the application as I am completing it?	Updates will be posted to the FAQs on the DHCS webpage. If questions still arise you may email questions to scalingdyadic@cibhs.org . We will respond as timely as possible.



Request for Applications

Deadline to apply: October 26, 2026

Questions? Email scalingdyadic@cibhs.org