

## **Public comment from M. Morabito**

**From:** Marissa Morabito <marissa.morabito@triplep.net>

**Sent:** Friday, December 19, 2025 7:03 AM

**To:** BHSOAC Public Comment <publiccomment@bhsoac.ca.gov>

**Cc:** Sara van Driel <Sara@triplep.net>; Raquel Diaz <raquel.diaz@triplep.net>; Rocco S. Pallin <rocco.pallin@gtlaw.com>; Magaly Zagal <magaly.zagal@gtlaw.com>

**Subject:** Public Comment: RFP Outline

We appreciate the opportunity to provide feedback on the IPF Framework and RFP outline and commend the Commission for soliciting, considering, and incorporating stakeholder input throughout this process. We also appreciate the transparency demonstrated to date. Below are several comments related to the RFP outline and the components discussed during the December 15 Committee meeting.

### **Grant Size and Structure**

We urge the Commission to include variable grant award amounts that accommodate both larger-scale innovative projects and smaller-scale initiatives, including awards in the \$1.5 million–\$5 million range. Consideration should be given to investments that operate at scale and reach large populations, particularly given the size and diversity of California. Large-scale innovation—especially projects leveraging technology or serving high-need populations—requires sufficient resources to achieve intended outcomes and project scale. Projects may serve a variety of age ranges and populations of focus and be delivered across multiple settings. According to DHCS, common barriers to implementing evidence-based practices (EBPs) include limited funding, insufficient knowledge and skills, and inadequate resources for training. Adjustments to grant structure can help ensure projects are positioned for success. In addition, we recommend carving out a small-grants category specifically for community-based organizations (CBOs).

### **Success Measures**

Potential success measures could include:

1. Increases in protective factors for children and youth, as measured by improvements in reported well-being among children, youth, parents, and caregivers.
2. Incremental increases in capacity, access, integration, and uptake of selected evidence-based and community-defined evidence behavioral health services, including in non-clinical settings.

3. Support for the codification of practices that can be adapted for or normed to populations of focus.
4. Increased access to timely, high-quality, appropriate care for all children and youth.
5. Destigmatization of community support by enabling communities to recognize behavioral health concerns and support individuals without prejudice or discrimination.

### **Parent Training and Family Support Programs**

Parent training and support programs are associated with reductions in child hyperactivity, aggression, and disruptive behaviors, as well as improvements in positive parenting practices, caregiver-child relationships, and caregiver-related stress. Grants in this category could be designed to:

1. Strengthen positive parenting practices;
2. Improve emotional and behavioral challenges commonly experienced in childhood;
3. Promote child social and emotional development; and
4. Strengthen child and parent/caregiver relationships.

Outcomes should align with the primary focus of the program and the needs of participants—whether children, youth, or parents/caregivers. Offering choice is essential to ensure programs are tailored to each family’s unique needs. For example, parent- or caregiver-focused programs may measure reductions in stress, increased caregiver efficacy, enhanced confidence, and strengthened relationships. Child-focused programs may emphasize improvements in emotional regulation, confidence, and behavior. Flexibility and responsiveness should be core program features.

### **Scalability, Fidelity, and Evidence**

We recommend weighting scoring criteria to prioritize projects that are scalable while maintaining fidelity. This includes flexible provider options, accessibility, and adaptability across multiple settings (e.g., schools, CBOs, homes, telehealth, and online platforms). Additionally, scoring should account for whether a project has demonstrated efficacy. As noted by DHCS, barriers to EBP implementation include limited funding, workforce capacity, and training resources—factors that should be addressed through program design and evaluation.

### **Population Reach**

We encourage the Commission to include a grant category or scoring criterion that considers the total number of individuals expected to be impacted or served by a project.

## **Sustainability**

With respect to sustainability, DHCS has examined whether models are reimbursable and whether programs have a clear pathway to ongoing funding. Similar considerations could be incorporated into IPF sustainability criteria to support long-term impact beyond the grant period.

Sincerely,

Marissa Morabito  
U.S. Head of Public Affairs  
Washington, D.C.  
**Triple P America, Inc**

**Head Office Address:** 1201 Lincoln Street, Suite 201, Columbia, SC 29201

**Cell:** (202) 306-4832

**Tel:** (803) 451-2278

**Email:** [marissa.morabito@triplep.net](mailto:marissa.morabito@triplep.net)

**Web:** [www.triplep.net](http://www.triplep.net)

