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**REQUEST FOR APPLICATIONS (RFA)**

**California Youth Behavioral Health Initiative (CYBHI)**

**Round 5:** **Early Intervention Programs and Practices**

**RFA Early Intervention-001**

Addendum 1

September 12, 2023

Mental Health Services

Oversight and Accountability Commission

1812 9th Street

Sacramento, CA 95811

<https://www.mhsoac.ca.gov>

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# BACKGROUND

1. **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 BH 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 the 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 the 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.

Beginning in Fiscal Year (FY) 2022-2023, through six competitive grant funding rounds, DHCS intends to award grants, totaling approximately $429 million, in the following focus areas1. Applicants may apply to one or more of the below grant rounds:

* Round 1: Parent/caregiver support programs and practices (December 2022),
* Round 2: Trauma-informed programs and practices (February 2023),
* Round 3: Early childhood wraparound services (August 2023),
* Round 4: Youth-driven programs (August 2023),
* Round 5: Early intervention programs and practices (September 2023), and
* Round 6: Community-defined programs and practices (TBA).

The Mental Health Services Oversight and Accountability Commission (Commission) will conduct the procurements for Round 4: Youth-driven programs, and Round 5: Early intervention programs and practices, on behalf of the DHCS.

1. **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[[1]](#footnote-1) (i.e., African Americans, Asians and Pacific Islanders, Latinos, LGBTQIA+, Native Americans).
* Specific populations or segments defined by characteristics other than race, ethnicity and sexual orientation that are experiencing disparities in BH needs (i.e., justice-involved individuals, low-income, persons with physical, intellectual, and/or developmental disabilities, refugees, migrant workers, immigrants, rural communities, non-English speakers, those experiencing housing insecurity, homelessness, children in foster care, tribal nations).

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](https://www.dhcs.ca.gov/Documents/DHCS-Medi-Cal%27s-Strategy-to-Support-Health-and-Opportunity-for-Children-and-Families.pdf), [and Medi-Cal’s Strategy to Support Health and Opportunity for Children and Families](https://www.dhcs.ca.gov/Documents/DHCS-Medi-Cal%27s-Strategy-to-Support-Health-and-Opportunity-for-Children-and-Families.pdf).

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.

Grants will be prioritized to organizations that demonstrate the ability to scale and sustain engagement with populations of focus (e.g., underserved racial and ethnic groups, underserved geographies, underserved income-levels, LGBTQIA+ people, etc.) to increase health equity for California youth.

1. **ELIGIBLE GRANT RECIPIENTS**

Entities eligible to receive grants as a part of this RFA, Round 5: Early Intervention programs grants, include but are not limited to:

1. Community-based organizations that provide services to children, youth, and/or families:
2. Provider clinics (e.g., primary care, community mental health, BH),
3. County or city governments (e.g., county BH departments, public health),
4. Early learning and care providers (e.g., childcare and preschool settings),
5. Family resource centers,
6. Statewide and local agencies (e.g., First 5 associations),
7. Faith-based organizations,
8. Regional centers,
9. Local Education Agencies (County Offices of Education, school districts), public K–12 school sites, charter schools,
10. Institutions of higher education (e.g., California Community Colleges, California State University, University of California),
11. Tribal entities (i.e., any Indian Tribe, tribal organization, Indian-controlled organization serving Indians, Native Hawaiian organization, or Alaska Native entity),
12. Health Care Districts,
13. Health plans,
14. Hospitals and hospital systems, and
15. Others, as applicable.

Note: The Commission and/or DHCS will take the practice model into consideration when determining whether a particular organization delivers services in a setting that is consistent with the model.

Applications are limited to a single program or practice. Applicants may apply for funding for more than one program or practice by submitting separate applications for each program or practice.

1. **TECHNICAL ASSISTANCE (ta) and third-party grant administrator (tpa)**

The Commission will contract with a Technical Assistance (TA) contractor to provide technical assistance to grantees, including but not limited to:

* Support the grantees, ensure program quality, and assist the expansion of early intervention programs across the state, and
* Assist the program grant recipients with implementation, training, and data collection coordination.
* Other activities defined by the Commission.

DHCS will contract with a third-party grant administrator (TPA) who may assist and/or 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.

# Purpose and GOALS of grant opportunity

This Request for Application (RFA) details the grant parameters and requirements for Round 5: Early Intervention Programs and Practices. Based on input from DHCS’ Think Tank[[2]](#footnote-2) and Workgroup[[3]](#footnote-3) discussions Round 5 will aim to scale early intervention programs and practices that provide mental health and wellness services to children, youth, parents, and caregivers in California. These programs will be equipped to meet the needs of youth, including mental and behavioral health needs, housing, education and employment support, and linkage to other services.

DHCS, or its designee, will contract with eligible recipients to support training, capacity building, implementation, and expansion of early intervention programs and practices across various settings (e.g., schools, community-based organizations, primary care, etc.), as applicable. Broadly, these funds are intended to expand and create culturally relevant and responsive services for children and youth where they participate in the development and design of the program.

Specifically, this grant funding round aims to:

* Create and expand early intervention programs and practices that reduce stigma, embrace mental wellness, increase community connection and provide access to culturally responsive services.
* Provide a safe space for children and youth to find community, support, and advice.
* Increase early intervention so children and youth with or at high risk for BH conditions can access services before conditions escalate and require higher level care.
* Reduce health disparities by improving equitable access to services for parents, caregivers, and children in California that are culturally and linguistically responsive to the needs of the populations of focus.
* Reduce utilization of higher acuity setting through early intervention.

This procurement will award up to a total of $80 million in grants, to scale early intervention programs and practices to provide children and youth access to mental health services throughout California. For Round 5, the following EBPs and/or CDEPs will be scaled through competitive grant awards:

* Coordinated Specialty Care (CSC) for First Episode of Psychosis (Appendix 1),
* Other early intervention programs and practices, which include but are not limited to:
  + Blues Program
  + Culturally Informed and Flexible Family-Based Treatment for Adolescents (CIFFTA)
  + Familias Unidas
  + Residential Student Assistance Program (RSAP)
  + Resourceful Adolescent Program-Adolescent (RAP-A)
  + Youth Mobile Crisis Response
* See Appendix 2: Examples – Early Intervention Program for information on each program.

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. As such, additional early intervention programs that are designed with, by, and for youth 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 1.B. for Equity Driven Approach) will be prioritized.

# KEY ACTION DATES

Table 3-1, Key Action Dates, provides the dates and times by which actions must be taken or completed. If the Commission finds it necessary to change these dates or times, it will be accomplished via an addendum to this solicitation. All times listed are Pacific Time. Once the RFA is released, Applications may be submitted at any time up to the Applications Due date.

**Table 3-1: Key Action Dates**

|  |  |
| --- | --- |
| **Action** | **Date & Time** |
| RFA Release | September 12, 2023 |
| Applicant Bidder Conference | September 20, 2023 |
| Written Questions Due | September 27, 2023 |
| Distribute Questions and Responses | October 6, 2023 |
| Applications Due | November 3 17, 2023 by 3:00 p.m. |
| Grant Award Announcement\* | December 13, 2023January 19, 2024 |

*\*Dates may be changed by the Commission without the issuance of an addendum to this solicitation.*

1. **RFA RELEASE**

The RFA will be posted on the Commission’s website at: [www.mhsoac.ca.gov](http://www.mhsoac.ca.gov), Cal eProcure, and https://www.dhcs.ca.gov/CYBHI/Pages/EBP-CDEP-Grants.aspx.

1. **APPLICANT BIDDER CONFERENCE**

The Commission will host a bidder conference via Zoom to walk through the RFA. The purpose is to provide an opportunity for Applicants to ask specific questions about the solicitation, the procurement process and to request clarification on components outlined in the RFA. It is not a mandatory requirement that Applicants attend.

**Bidder Conference**   
Wednesday, September 20, 1:00 PM  
https://mhsoac-ca-gov.zoom.us/j/87964859564  
Meeting ID: 845 8863 0487   
Call-in number: 1 (408) 638-0968

1. **WRITTEN QUESTIONS**

All questions must be submitted directly to the Commission in writing via email to: [procurements@mhsoac.ca.gov](mailto:procurements@mhsoac.ca.gov) by the deadline listed in Table 3-1 above and must include in the Subject Line: **RFA Early Intervention-001**. Use **Attachment 10, Questions Template,** to submit questions. At its discretion, the Commission reserves the right to contact applicants to seek clarification of any inquiry received.

1. **DISTRIBUTE QUESTIONS AND RESPONSES**

All questions submitted in writing will be answered in writing by the Commission. The questions and answers will be posted on the Commission’s website ([www.mhsoac.ca.gov](http://www.mhsoac.ca.gov)) by the deadline listed in Table 3-1 above.

Any changes to the RFA will be made in the form of an addendum. Please note that oral information will not be binding upon the Commission unless such information is confirmed in writing.

1. **APPLICATIONS DUE**

Applications must be submitted electronically to the Commission, via e-mail, to: [procurements@mhsoac.ca.gov](mailto:procurements@mhsoac.ca.gov) by the deadline listed in Table 3-1 above and must include in the Subject Line: **RFA Early Intervention-001**.

The Commission reserves the right to contact Applicants to ensure the application submitted is complete and represents the intentions of the Applicant.

1. **GRANT AWARD ANNOUNCEMENT**

The announcement of the grant awards will be posted on the Commission’s website ([www.mhsoac.ca.gov](http://www.mhsoac.ca.gov)) by the date listed in Table 3-1 above.

# GRANT FUNDING

1. **FUNDING**
   1. Up to $80 million is available to distribute as grants.
   2. If all grant funds are not awarded, the remaining funds may be allocated, at the discretion of the Commission in collaboration with DHCS, as additional funding for Grantees, or additional technical assistance or program evaluation, or some other option which best meets the goals of the funding.
   3. If additional funds become available, they may be allocated, at the discretion of the Commission in collaboration with DHCS, as additional grant awards to applicants who submitted an application but were not initially awarded a grant or used to support the objectives of the solicitation such as providing additional technical assistance or program evaluation. Awards will be based on the criteria stated in this solicitation.
   4. The Commission and/or DHCS reserves the right to modify any grant agreement to add additional funds.
   5. Unspent funds and unspent accumulated interest, held by the Grantees, will be monitored by the Commission and must be returned unless the Commission and/or DHCS approves a plan for the Grantee to fully expend these amounts.
2. **GRANT TRACKS**
   1. Eligible Applicants may apply for grant funding as follows:
      1. Implementation – This track is designed for organizations seeking grant funding for one of the following activities:
         1. Track 1 – 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).
            1. This includes existing CSC programs that want to implement a Hub-and-Spoke program where they provide some or all of the services to other organizations (e.g., rural counties).
            2. In this case, both the Hub and Spoke can apply for a grant. For example, the Hub could apply for an Operational expansion (Track 2) and the Spoke could apply for a Start-Up grant (Track 1), if applicable.
         2. Track 2 – Operational expansion – The operational expansion track is designed for organizations looking to:
            1. Expand provision of short-listed EBP and CDEP (or related adaptation) that they currently provide,

This includes existing CSC programs that want to implement a Hub-and-Spoke program where they provide some or all of the services to other organizations (e.g., rural counties).

In this case, both the Hub and Spoke can apply for a grant. The Hub could apply for an Operational expansion (Track 2) and the Spoke could apply for a Start-Up grant (Track 1)

* + - * 1. Scale delivery of a short-listed EBP and CDEP (or adaptation) by training or credentialing more providers.
  1. Eligible Applicants can submit an application specific to a single track.
  2. Eligible Applicants may apply for more than one EBP and/or CDEP by submitting separate applications for each program.
  3. Eligible applicants may work together to submit a joint application for an application that spans multiple organizations.
     1. Note: in these cases, one organization may act as the “primary lead” and submit the application on behalf of a collective, the application must indicate if there are subrecipients that are party to the grant application. It must also delineate the roles and responsibilities of each party.
  4. For CCSC First Episode of Psychosis Services Applicants, the “Hub and Spoke” model (National Collaborating Center for Mental Health, 2016) is allowed for this funding, in which assessment services, brief intervention/case management and/or MD evaluations are provided centrally with a warm hand off to providers delivering the complete package of Early Psychosis interventions across a wider region. Similarly, there could be providers placed in rural teams with a central hub that supports the team and coordinates the package of services. Alternatively, programs across a region may wish to build a consortium in which they share central resources. For alternative models such as this, the program must ensure access to all Early Psychosis treatment components to meet fidelity. Funds and resources must be allocated to ensure appropriate ongoing supervision of all staff. Management must be provided appropriately to ensure coordination of care across all locations.
  5. 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.
  6. Note, if applying for a CSC First Episode of Psychosis Services program and it is deemed that the application does not meet the fidelity to the CSC First Episode of Psychosis Services Model, the Commission reserves the right to move the application to the Other Early Intervention programs and be considered for those funding amounts.

1. **GRANT CYCLE**
   1. The Grant term will start upon contract execution and end on June 30, 2025. The funds will be allocated in quarterly payments in accordance with the budget worksheets. Grant disbursements will be subject to the Grantee’s compliance with the RFA requirements as submitted through the application, which will be incorporated into the grant agreement.
   2. In order to assist Grantees in managing the grant, Grantees must attend monthly check-in meetings either in-person, virtually, by phone, or by another method identified by the Commission. At the monthly meeting, Grantees will be expected to provide a status update on their program including, but not limited to, reporting requirements, hiring, spending, schedule, and any other relevant issues.
   3. The Commission may withhold funds from a Grantee who fails to meet the reporting requirements, falls behind schedule, has unexpended funds, or modifies the scope of the program. If a Grantee finds themselves in this position, the Grantee shall immediately contact the Commission and provide a mitigation plan to address the contractual program deficiency. The Commission may withhold funds until a mitigation plan is submitted and approved by the Commission. If a mitigation plan is not submitted or if it has not been approved by the Commission, the Commission reserves the right to reduce a grant award by the amount of any unexpended funds.
2. **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 to cover the entire grant award period (i.e., the amounts below are total amounts and not annual amounts).

**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.

**Table D-1: Grant Amounts by Track**

|  |  |  |  |
| --- | --- | --- | --- |
| **ESTIMATED MAXIMUM OF GRANT AMOUNTS BY TRACK** | | | |
| CSC First Episode of Psychosis  Implementation Track (Start-Up) | CSC First Episode of Psychosis  Implementation Track (Operational Expansion) | Other  Implementation Track (Start-Up) | Other  Implementation Track (Operational Expansion) |
| $2,000,000 | $1,000,000 | $750,000 | $400,000 |

As outlined in 6.E., Proposed Budget, 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 expenditure is necessary for the proposed approach and how the cost estimation was calculated.

Not all applicants will receive an award within the range outlined above. The Commission reserves the right to make final determinations about award size, including whether to award a grant covering only a partial amount of the applicant’s proposed expenses.

1. **ALLOWABLE COSTS**
   1. Grant funds must be used as proposed in the application and subsequent grant agreement approved by the Commission.
      1. Eligible expenditures must be necessary, reasonable, and allocable to the activities proposed in the application. This may include:
         1. Data collection,
         2. Equipment and capital improvements (e.g., modifications to physical space to support practices and programs),
         3. Manual access for practices and programs,
         4. Planning costs,
         5. Specialized training (e.g., disability training, cultural competence, anti-racism),
         6. Staffing (e.g., benefits, contractors, incentives and/or bonuses if allowed by your organization/government entity),
         7. Stipends or other participation incentives,
         8. Supplies (e.g., printing, toys),
         9. Technology (e.g., computers, virtual care platform, electronic medical record),
         10. Technical assistance,
         11. Training costs,
         12. Travel; and,
         13. Other (applicants must define).
      2. Administration costs, limited to 15% of total grant amount.
      3. Grant funds may be used to supplement, but not supplant, existing financial and resource commitments of the applicant for their programs.
      4. Grant funds cannot be used for or transferred to any other purposes other than the stated purpose of the grant.
      5. All expenditures may only be used to support the program funded by the grant.
         1. Specific Non-eligible costs include, but are not limited to:
            1. Fundraising,
            2. Taxes, and
            3. Debts, late payment fees, contingency funds.
      6. Funds may be spent out-of-state, but all program services must be provided in California. Examples of allowable out-of-state costs include, but are not limited to, training and program materials.

# Grantee’s Responsibilities

1. **SCOPE OF WORK**
2. The Grantee will be responsible for and agree to the following as part of receiving a grant:
3. The Grantee will be responsible for and agree to:
   1. Be located in and conduct all grant activities in the State of California.
   2. Implement or expand an early intervention program that complies with EBP or CDEP, with all core components and be open to fidelity monitoring and improvement. The definition of a CSC First Episode of Psychosis program is listed in APPENDIX 1.
   3. Collaboratively work with and take direction from the Commission, DHCS, and/or their designees (i.e., TA or TPA contractors), including but not limited to:
      1. Develop and implementation plan, including hiring, as needed,
      2. Collect program related data as defined in this RFA and/or as directed by the Commission, DHCS, and/or their designees (i.e., TA or TPA contractors),
      3. Report data and other operational information to the Commission and/or others as designated by the Commission, which would include, but not limited to the TA and/or TPA contractors,
      4. Develop a sustainability plan to continue the program after the grant ends, and
      5. Participate in a learning and training collaborative of grantees and/or counties in implementing/expanding a CSC for First Episode of Psychosis or other early intervention programs.
   4. Engage community stakeholders in the program, including the planning process.
   5. Collaborate with local entities to ensure appropriate linkage to services in order to connect youth and their families to ongoing mental health and behavioral health services.
   6. Provide data to Commission, DHCS, and/or their designees (i.e., TA or TPA contractors), including, but not limited to key program outcomes, as requested.
   7. Provide continued community support through the contract term.
   8. Commit to allocating time for staff to attend all training activities.
   9. Limit staff who attend the trainings to those staff who are directly involved in the program being funded by the grant.
4. In addition, the Grantee agrees to work toward the following longer term program goals:
   1. Increase accessibility to affordable services which provide mental and physical health care of youth with a focus on vulnerable and marginalized youth and disparity populations including, but not limited to, LGBTQ, homeless, and indigenous youth.
   2. Reduce suicide and suicide ideation.
   3. Reduce homelessness.
   4. Reduce unemployment through linkage to vocational training.
   5. Reduce school failure through linkage to educational support services.
   6. Provide peer support services.
   7. Provide treatment for substance use disorders.
   8. Provide culturally competent and relevant services for vulnerable and marginalized youth populations.
5. **DATA COLLECTION**
6. As a condition of funding, all grantees are required to share standardized data, in a manner and form determined by Commission, DHCS, and/or their designees (i.e., TA or TPA contractors).
   1. CSC First Episode of Psychosis grantees agree to use the TA’s Beehive data collection tool and agree to all of the terms and conditions associated with the tool.
7. 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.,
8. Below are examples of the type of data that will be required to be reported under each funding track:
   1. Client demographic information (e.g., age, sex, sexual orientation and gender identity, race/ethnicity).
   2. Service utilization data (e.g., number of clients enrolled, service location, average length of service, program completion rates).
   3. Child outcomes (e.g., stressful life events, adverse childhood experiences, internalizing and externalizing symptoms, social and academic functioning, child-caregiver relationship) as appropriate.
   4. Training status of Behavioral Health professionals (e.g., number of certifications, proof of certification/training completion.).
   5. Number of mandated reports submitted, as required for certain individuals under the Federal Child Abuse Prevention and Treatment Act (CAPTA) for known or suspected instances of child abuse and neglect[[4]](#footnote-4)
9. **REPORTING**
10. Grantees will be required to submit an updated budget worksheet, implementation plan, and schedule within 60 days of execution of the contract to Commission, DHCS, and/or their designees (i.e., TA or TPA contractors).
    1. Grantee will work with Commission, DHCS, and/or their designees (i.e., TA or TPA contractors) to develop the updated Budget worksheet, implementation plan, and schedule.
    2. The updated budget worksheet, implementation plan, and schedule must comply with all of the requirements in this RFA.
    3. The updated budget worksheet, implementation plan, and schedule is subject to the review and approval of the Commission and/or DHCS before grant funds will be released.
11. Grantees will be required to provide implementation status information to Commission, DHCS, and/or their designees (i.e., TA or TPA contractors) on a quarterly basis within 30 days after the end of each reporting period. The Commission may modify the reporting date to better fit in with a Grantee’s normal month-end financial cycle. The Grantee, in collaboration with the Commission, DHCS, and/or their designees (i.e., TA or TPA contractors), shall complete a quarterly Implementation status report that shall include the following:
    1. Status of implementing each of the components listed in the Implementation Strategy submitted with the application.
    2. List each type of personnel hired by the Grantee and/or hired as a contractor (e.g., peers, social workers, nurses, clinicians, mental health workers, etc.). Identify which staff are Grantees staff and which are contractors.
    3. List all costs associated with implementation including but not limited to outreach and communication.
    4. The Implementation Status Report template that will be used during this grant term will be provided to the Grantee at the start of the contract.
12. Grantees will be required to report all Grant expenditure information in the Annual Fiscal Report within 30 days of the end of the grant year. Grantees showing unexpended grant funds at the end of the contract term will be required to remit those unexpended grants funds back to the Commission or DHCS.

# INFORMATION REQUIRED IN THE GRANT APPLICATION

Attachments are provided to respond to all of the requirements. The fields are expandable. Applicants must provide a response to all requirements. Responses should be succinct and to the point of responding to the requirement. There are no additional points for the length of a response. If there is a requirement that an Applicant deems “Not Applicable,” the Applicant must respond that the requirement is “Not Applicable” and provide a reason to support the statement.

1. **GRANT APPLICATION COVER SHEET (ATTACHMENT 1)**
2. Enter the Applicant’s Name and other requested information.
   1. If this is a multi-organization Application (e.g., partnership, collaborative, etc.,) provide the requested information for the other entities involved.
3. Select the track for the grant being applied for. An Applicant may apply for more than one EBP and/or CDEP but must submit separate applications for each. The Commission reserves the right to contact the Applicant to confirm the track they are applying for to ensure the correct track was selected.

Track 1A – Implementation Start-up – CSC First Episode of Psychosis Program

Track 1B – Implementation Start-up – Other Early Intervention Program

Track 2A – Implementation Expansion – CSC First Episode of Psychosis Program

Track 2B – Implementation Expansion – Other Early Intervention Program

1. Provide the signature of someone authorized by the organization to enter into a contract or designee. Electronic signatures are accepted.
2. Provide a Grant Coordinator contact designated to receive all communications.
3. **MINIMUM QUALIFICATIONS (ATTACHMENT 2)**
   1. Applicants must be located in the State of California.
   2. Applicants must be authorized to conduct business in California. This can be accomplished with a California Secretary of State (SOS) certification showing an “Active Status”, a business license, or some other current valid document. SOS certification can be found at <https://bizfileonline.sos.ca.gov/search/business>.
   3. Applicants must have a valid CA State Tax ID and/or Federal Employer Identification Number (EIN) or SSN if applicable. (Complete STD 204).
4. **APPLICANT BACKGROUND (ATTACHMENT 3)**

Applicant Background – Track 1 – Implementation Start-Up

Provide a response to the following questions and/or requirements:

1. Describe your current experience/interest in Early intervention programs.
2. How does your current experience support your ability to be successful with your proposed new program?
3. Where does your organization currently operate (County and zip code)
4. How many staff do you employ?
   1. How many are paid staff?
   2. How many are volunteers?
5. How long has your organization been in existence?
6. What are the current funding sources for your organization?

Applicant Background – Track 2 – Implementation Expansion

Provide a response to the following questions and/or requirements:

1. Current Early Intervention Program.
   1. Describe your current Early Intervention Program. In addition, respond to the following questions:
      1. What is the name of your program?
      2. Is your program specifically identified in Section 2, Purpose and Goal of Grant Opportunity?
         1. State the program identified in Section 2.
      3. If your program is not specifically identified in Section 2, Purpose and Goal of Grant Opportunity, please provide the following information:
         1. Provide support that the program is EBP or CDEP.
         2. 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, Title IV-E Prevention Services Clearinghouse, Federal Evidence-Based Practices Resource Center).
         3. 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 the National Network to Eliminate Disparities in Behavioral Health resource library.
      4. Where is the current program located? Explain if you have dedicated facilities for the program and how the facilities are being funded.
      5. How long has your program been in existence?
      6. What services are provided?
      7. How many staff do you employ?
         1. How many are paid staff?
         2. How many are volunteers?
      8. What are their roles and responsibilities?
      9. What youth needs are being addressed?
      10. How were the youth needs that are being addressed determined?
      11. What other youth needs were determined that are not being addressed by this program?
      12. How many individuals (child/youth/family) were served in the previous 12-month period?
      13. Have you worked with a Technical Assistance advisor for this program?
          1. If so, who was it?
          2. What services did they provide?
      14. Is the program Medi-Cal certified already? Explain.
          1. Are you a Provider and Medi-Cal enrolled, or
          2. Are your program services covered under Medi-Cal?
      15. Has your program been previously evaluated to determine the effectiveness of the EBP or CDEP program and verify that the goals and objectives are being met?
          1. If yes, who conducted the evaluation, and
          2. What was the method used for the evaluation?
2. Community Collaborative Partners
   1. Provide the following information on all community collaborative partners, including health care providers, who are active in supporting the Early Intervention Program. A community collaborative partner is a local entity that provides support to your program.
      1. Entity/Individual Name
      2. Contact Name, Title, Email address
      3. Role/responsibility with the Program (this could include active involvement with in-kind services, advisory services, board member, etc.)
      4. The Commission and/or DHCS may reach out to these partners to verify the information provided.
      5. Note – If an entity/individual only donates money, do not include them in this section.
3. Describe the sources of funds currently supporting the Early Intervention Program:
   1. Medi-Cal
      1. How much is provided annually?
   2. Local (County, School, etc.)
      1. What are the sources of the local funds?
      2. How much is provided annually?
      3. Is this permanent, one-time, or temporary funding? Explain.
   3. State/Federal
      1. What are the sources of the State/Federal funds?
      2. How much is provided annually?
      3. Is this permanent, one-time, or temporary funding? Explain.
   4. Other sources (e.g. Private donors, insurance, etc.)
      1. What are the sources of the other funds?
      2. How much is provided annually?
      3. Is this permanent, one-time, or temporary funding? Explain.
      4. Is the funding a flat rate, or a cost reimbursement for providing billable services (i.e. with private insurance)? Explain.
4. **PROPOSED PLAN (ATTACHMENT 4)**

Proposed Plan – Implementation Start-Up/Expansion

Provide a response to the following questions and/or requirements:

1. What is the name of your proposed/current program?
   1. If this is a CSC First Episode of Psychosis Hub and Spoke program, state who is the hub and who is the spoke(s).
   2. Provide the other organization(s) entity name and contact person (Name, Title, Email, Phone number).
2. Provide information about the services the program will/does provide.
3. Is your program specifically identified in Section 2, Purpose and Goal of Grant Opportunity?
   1. State the program identified in Section 2.
4. If your program is not specifically identified in Section 2, Purpose and Goal of Grant Opportunity, please provide the following information:
   1. Provide support that the program is EBP or CDEP.
   2. 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, Title IV-E Prevention Services Clearinghouse, Federal Evidence-Based Practices Resource Center).
   3. 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 the National Network to Eliminate Disparities in Behavioral Health resource library.
5. Where will the program be located? Explain if you have/will have dedicated facilities for the program and how the facilities will be funded?
6. List where you plan/will provide services (County, Zip Code) and explain why these areas were selected.
7. If you are applying as a Hub, for a Hub and Spoke program, explain your qualifications/experience to be a hub and ability to provide services to the spoke(s).
8. Provide a proposed plan for implementing this program. The plan should include:
   1. The steps needed to implement/expand the program, including milestones,
   2. A schedule supporting the implementation plan that includes hiring staff, contracting staff, MOUs, training, procuring any goods needed, etc.,
   3. Identification of program staffing and whether they will be hired or re-allocated from existing positions,
      1. If hiring needs to be done, explain your recruitment process and include the timing in the schedule.
   4. A description as to how the funds will be utilized during the grant term.
   5. Include a proposed date in which services will be provided.
   6. Note - This proposed plan will be used as a basis to work with the Commission, DHCS, and/or their designees (i.e., TA or TPA contractors).
9. Identify the targeted population(s) of focus and/or population(s) and/or segments of population defined by characteristics other than race, ethnicity and sexual orientation that are experiencing disparities in BH needs that are the focus of this CSC First Episode of Psychosis program or other early intervention program. Refer to 1.B. for description.
10. Describe the community need for a CSC First Episode of Psychosis program or other early intervention program including, if available, the needs identified by the community during a recent Community Program Planning Process.
11. Describe the linkages with the other public systems of health and mental health care.
    * 1. Explain if these are existing linkages or proposed linkages as part of implementing/expanding this program.
12. With the implementation/expansion of the program, what is the expected number of youths that will be served on an annual basis.
13. Explain how this number was determined, including any assumptions.
14. Describe your capacity and ability to collect data for evaluation purposes.
15. If funding outside of this grant will be used for your program, please provide the following:
    1. Medi-Cal
       1. Projected annual amount.
    2. Local (County, School, etc.)
       1. What are the sources of the local funds?
       2. Projected annual amount
       3. Is this permanent, one-time, or temporary funding? Explain.
    3. State/Federal
       1. What are the sources of the State/Federal funds?
       2. Projected annual amount.
       3. Is this permanent, one-time, or temporary funding? Explain.
    4. Other sources (e.g. Private donors, insurance, etc.)
       1. What are the sources of the other funds?
       2. Projected annual amount.
       3. Is this permanent, one-time, or temporary funding? Explain.
       4. Is the funding a flat rate, or a cost reimbursement for providing billable services (i.e. with private insurance)? Explain.
16. For CSC First Episode of Psychosis program, Applicant agrees to use the TA’s Beehive data collection tool and agrees to all of the terms and conditions associated with using the tool.
17. For CSC First Episode of Psychosis program, Applicant confirms that they have read the information provided in Appendix 1 - Coordinated Specialty Care First Episode Psychosis, and/or watched the video at <https://youtu.be/23MtXpzPgAc> and confirm they understand the CSC First Episode of Psychosis program model and agree to follow the model to fidelity when implementing such program.

1. **PROPOSED BUDGET (ATTACHMENTS 5 AND 6)**
   1. Provide a proposed budget totaling up to the total grant funding requested for the selected track. This is considered a proposed budget and will be refined after grant award and technical assistance from either the TA contractor or the TPA contractor. (Note, only ask for the amount that is needed for your program and that you can spend.)
2. Budget Worksheet (Attachment 5)
3. Include all costs to be funded by the grant.
4. Enter all amounts for Grant Year 1 and 2 (grant term).
   1. For purposes of this RFA only, Grant Year 1 is defined as contract execution date through June 30, 2024, and Grant Year 2 is defined as July 1, 2024, through June 30, 2025.
5. This is the proposed budget for scoring purposes that will be used to manage the grant over the grant term.
6. Refer to Attachment 5-1 for the Budget Worksheet Instructions.
7. Budget Requirements:
8. List all costs being supported by the Grant.
   1. List the costs per Grantee staff, if applicable,
   2. List the costs per contractor or other non-staff contracted services, if applicable,
   3. List all other non-staff and non-contracted costs (e.g., training, technology, facilities, data collection, capital outlay, transportation and mileage reimbursement, and supplies and goods),
9. The total amount will equal the grant amount requested in this Application.
10. Budget Narrative (Attachment 6)
11. In conjunction with the Budget Worksheet (Attachment 5), Applicants must complete the Budget Narrative (Attachment 6) with a description of the types of costs that are planned to be incurred by the Applicant including the following, if applicable:
    * + 1. Staffing
12. For each staff listed, what is their role and what will they be doing,
13. Explain how the cost was determined, including what is included in the cost,
14. State the proposed hiring month.
    * + 1. Contractors or Other Non-Staff Contracted Services
15. For each contractor listed, what is their role and what will they be doing,
16. Explain how the cost was determined, including what is included in the cost,
17. State the proposed hiring month.
    * + 1. Other Non-Staff and Non-Contracted Costs
18. For each line item, explain what is planned to be purchased and how it will be used to support the program,
19. Explain how the cost was determined, including what is included in the cost.
20. State the proposed purchase month.
21. **COMMUNITY COLLABORATION PARTNERS (ATTACHMENT 7)**
22. One Attachment 7 must be completed for each Community Collaboration Partner that will be providing services, funding, goods, capital outlay (e.g., facilities), etc. This does not include donations from individual people, if not directly involved with the program in some capacity. Provide the following information:
    1. Individual/Entity Name and contact information.
    2. Description of roles/responsibilities, goods/services and/or other statement which describes their involvement with the early intervention program.
    3. Value of the goods/services that will be provided to the early intervention program, if applicable.
       1. Volunteer services should not be valued, whereas commitment to provide staffing at no cost, can be valued.
       2. Facilities must be described; but does not need to be valued.
    4. Statement of support for the early intervention program.
    5. Signed and dated by the individual or entity authorized representative of the Community Collaboration Partner.

# APPLICATION INSTRUCTIONS

1. **APPLICANT ADMONISHMENT**

This solicitation will follow an approach designed to increase the likelihood that applicants have a full understanding of the requirements before attempting to develop their applications.

* + - 1. It is the applicant’s responsibility to:
         1. Carefully read the entire solicitation,
         2. Ask appropriate questions in a timely manner, if clarification is necessary,
         3. Submit all required responses by the deadlines,
         4. Make sure that all procedures and requirements of the solicitation are accurately followed and appropriately addressed, and
         5. Carefully re-read the entire solicitation before submitting an application.

1. **WRITTEN QUESTIONS**

Written questions must be submitted by email identified in section7.C, Procurement Communications, using ATTACHMENT 10, Questions Template. Only questions submitted in writing and answered in writing by the Commission shall be binding and official. All written questions submitted by the deadline, specified in the Key Action Dates (Table 3-1), will be responded to by the Commission. At its discretion, the Commission reserves the right to contact an applicant to seek clarification of any inquiry received.

Any changes to the RFA will be made in the form of an addendum. Please note that no verbal information given will be binding upon the Commission unless such information is confirmed in writing as an official addendum.

The Commission’s website ([www.mhsoac.ca.gov](http://www.mhsoac.ca.gov)) will be the official means to communicate with prospective applicants. Information and ongoing communications for this solicitation will be posted on the website and through email for the contacts listed on the Intent to Apply.

1. **PROCUREMENT COMMUNICATIONS**

Applicants are directed to submit questions, bids, and all correspondence regarding this solicitation to following contact information:

Mental Health Services Oversight and Accountability Commission  
E-mail: [procurements@mhsoac.ca.gov](mailto:procurements@mhsoac.ca.gov)

Subject Line: RFA Early Intervention-001

1. **SOLICITATION DOCUMENT**

This solicitation document includes, in addition to an explanation of the Commission’s requirements which must be met, instructions which prescribe the format and content of bids to be submitted and the model of the grant to be executed between the Commission and the successful applicants.

If an applicant discovers any ambiguity, conflict, discrepancy, omission, or other error in this solicitation document, the applicant shall immediately notify the Commission at the email address listed in section 7.C. of such error in writing and request clarification or modification of the document.

If the solicitation document contains an error known to the applicant, or an error that reasonably should have been known, the applicant shall bid at its own risk. If the applicant fails to notify the Commission of the error prior to the date fixed for submission of bids, and is awarded the grant, the applicant shall not be entitled to additional compensation or time by reason of the error or its later correction.

1. **CONFIDENTIALITY**

Applicant material becomes public only after the Notice of Award is released. If material marked “confidential,” “proprietary,” or “trade secret” is requested pursuant to the California Public Records Act, Government Code Section 6250 et seq., the Commission will independently assess whether it is exempt from disclosure.

The Applicant should be aware that marking a document “confidential” or “proprietary” in a bid may exclude it from consideration for award and will not keep that document from being released after Notice of Intent to Award as part of the public record.

1. **ADDENDA**

The Commission may modify the solicitation prior to grant award by issuance of an addendum to all applicants who are participating in the bidding process at the time the addendum is issued. Addenda will be numbered consecutively.

1. **APPLICANT’S COST**

Costs for developing the application are the responsibility entirely of the applicant and shall not be chargeable to the Commission.

1. **SIGNATURE OF BID (APPLICATION)**

A cover letter (which shall be considered an integral part of the application), and any bid form requiring signature, must be signed by an individual who is authorized to bind the bidding organization contractually. Electronic signatures will be accepted for the submission of an application. The signature block must indicate the title or position that the individual holds in the bidding organization. An unsigned application may be rejected.

1. **FALSE OR MISLEADING STATEMENTS**

Applications which contain false or misleading statements may be rejected. If, in the opinion of the Commission, such information was intended to mislead the Commission in its scoring of the bid, and the attribute, condition, or capability is a requirement of this solicitation document, it will be the basis for rejection of the application.

1. **DISPOSITION OF APPLICATIONS**

All materials submitted in response to this solicitation will become the property of the State of California and will be returned only at the Commission’s option and at the applicant’s expense. At a minimum, the master copy of the application shall be retained for official files and will become a public record after the Notice of Intent to Award is posted. However, materials the Commission considers confidential information will be returned upon request of the applicant.

1. **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. The Commission’s and DHCS’s award decision shall be final.

# APPLICATION SUBMISSION INSTRUCTIONS

This section contains the format requirements and instructions on how to submit an application. The format is prescribed to assist the applicant in meeting State bidding requirements and to enable the Commission to assess each application uniformly and fairly. Applicants must follow all application format instructions, answer all questions, and supply all required documents.

1. **REQUIRED DOCUMENTS**

Applications must include all required attachments organized in the following order:

Attachment 1: Grant Application Cover Sheet

Attachment 2: Minimum Qualifications

Attachment 3: Applicant Background

Attachment 4: Proposed Plan

Attachment 5: Budget Worksheet

Attachment 6: Budget Narrative

Attachment 7: Community Collaboration Partners

Attachment 8: Payee Data Record (Std. 204)

Attachment 9: Final Submission Checklist

Applications that do not include all of the above listed items, with proper signatures when required, shall be deemed non-compliant. ***A non-compliant application is one that does not meet the basic application requirements and may be rejected***.

1. **REQUIRED APPLICATION FORMAT**

Applications must be submitted electronically to the email address listed in Section 7.C above. Applications may be submitted in either Word or PDF format. If submitting in PDF format, please ensure the document is in a readable PDF format. Applications should have a Table of Contents and page numbers on each page. Applications must comply with all RFA requirements. Before submitting a response to this RFA, Applicants should review the application, correct all errors, and confirm compliance with the RFA requirements. Not complying with all of the RFA requirements is cause for an application to be rejected.

Applications must be submitted by the due date and time listed on Table 3-1 above.

# ADMINISTRATION

1. **PAYEE DATA RECORD (STD. 204) (ATTACHMENT 8)**

The Payee Data Record is required to receive payment from the State of California and is completed in lieu of an IRS W-9 or W-7. The information provided is used to populate the check (warrant) when payments are made.

1. **BUDGET DETAIL AND PAYMENT PROVISIONS**
   1. Invoicing and Payment
      1. For activities/tasks satisfactorily rendered (i.e., upon receipt and approval of agreed upon deliverables), and upon receipt and approval of the invoices, the Commission agrees to compensate the Grantee in accordance with the rates specified in the grant.
      2. Invoices shall include the grant agreement number and shall not be submitted more frequently than quarterly in arrears via email to:

MHSOAC  
Attention: Accounting Office  
[Accounting@mhsoac.ca.gov](mailto:Accounting@mhsoac.ca.gov)  
Subject Line: Early Intervention Programs Grant

* 1. Budget Contingency Clause
     1. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this grant does not appropriate sufficient funds for the program, the grant shall no longer be in full force and effect. In this event, the State shall have no liability to pay any funds whatsoever to the Grantee or to furnish any other considerations under the grant and the Grantee shall not be obligated to perform any provisions of the grant.
     2. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel the grant with no liability occurring to the State or offer an agreement amendment to the Grantee to reflect the reduced amount.
     3. If the grant overlaps Federal and State fiscal years, should funds not be appropriated by Congress and approved by the Legislature for the fiscal year(s) following that during which the grant was executed, the State may exercise its option to cancel the grant.
     4. In addition, the grant is subject to any additional restrictions, limitations, or conditions enacted by Congress or the Legislature which may affect the provisions or terms of funding of the grant in any manner.
  2. Cost
     1. The total amount of the grant cannot exceed the total amount requested on the Budget Worksheet (ATTACHMENT 5).
     2. The Commission reserves the right to adjust the grant amount and grant term as needed during the grant term. Any change will occur through a grant amendment.
  3. Prompt Payment Clause
     1. Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927. Payment for deliverables is meant to be inclusive of all of the preparatory work, planning, and material cost involved in the completion of the intent of the deliverable, not just the report itself.
  4. General Terms and Conditions
     1. See Appendix 2 – General Terms and Conditions for the standard rules covering the grant.

# APPLICATION SCORING

The CYBHI EBP/CDEP grant funding is a competitive application grant program. The Commission and 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. Based on input from DHCS’ Think Tank[[5]](#footnote-5) and Workgroup[[6]](#footnote-6) discussions, each application will be scored based on the strengths of the proposal and the responsiveness to the selection criteria and project aims, as follows:

* + - * + Create and expand early intervention programs and practices that reduce stigma, embrace mental wellness, increase community connection and provide access to culturally responsive services.
        + Provide a safe space for children and youth to find community, support, and advice.
        + Increase early intervention so children and youth with or at high risk for BH conditions can access services before conditions escalate and require higher level care.
        + Reduce health disparities by improving equitable access to services for parents, caregivers, and children in California that are culturally and linguistically responsive to the needs of the populations of focus.
        + Reduce utilization of higher acuity setting through early intervention.
        + Community support for the program.

Additionally, the Commission reserves the right to prioritize applications that align with the aims of the broader CYBHI initiative (e.g., increasing care to populations of focus, mental health professional shortage areas).

Practices and programs not on the identified list of Round 5 EBPs and CDEPs will be evaluated for efficaciousness, equity, sustainability, scalability, and whether the practice model is supplementary to the BH landscape. No application is guaranteed funding and applications will be reviewed holistically across the defined scoring criteria.

# ATTACHMENT 1: GRANT APPLICATION COVER SHEET

**Early Intervention Programs**

**Grant Application Cover Sheet**

Provide the information below.

|  |  |  |
| --- | --- | --- |
| Applicant/Entity Name (Lead Entity if this is a multi-organization effort) | Name and Title of Authorized Signor | |
|  |  | |
| Signature of Authorized Signor | | Date |
|  | |  |

I HEREBY CERTIFY under penalty of perjury that I have the authority to apply for this grant and that all information provided is true and accurate. In addition, agree to accept and comply with all the requirements of this RFA and related documents.

If this is a multi-organization Application (e.g., partnership, collaborative, etc.,) provide the following information for the other entities involved. *(Add lines as needed)*

|  |  |  |
| --- | --- | --- |
| Entity Name | Director or Designee | Date Signed |
| 1. | Name: |  |
| Signature: |
| 2. | Name: |  |
| Signature: |

Applicant’s Grant Coordinator Contact Information:

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Email: |  |
| Phone Number: |  |

|  |
| --- |
| **Grant track being applied for (Select one):** |
| Track1A - Implementation Start-up – CSC First Episode of Psychosis Program  Track 1B - Implementation Start-up – Other Early Intervention Program  Track 2A - Implementation Expansion – CSC First Episode of Psychosis Program  Track 2B - Implementation Expansion – Other Early Intervention Program |
|  |

# ATTACHMENT 2: MINIMUM QUALIFICATIONS

|  |  |  |
| --- | --- | --- |
| Qualification | Yes/No | Response/Documentation Provided: |
| B.1. Applicants must be located in the State of California. | Yes  No |  |
| B.2. Applicants must be authorized to conduct business in California. This can be accomplished with a California Secretary of State (SOS) certification showing an “Active Status”, a business license, or some other current valid document. SOS certification can be found at <https://bizfileonline.sos.ca.gov/search/business>. | Yes  No |  |
| B.3. Applicants must have a valid CA State Tax ID and/or Federal Employer Identification Number (EIN) or SSN if applicable. (Complete STD 204). | Yes  No |  |

# 

# ATTACHMENT 3: APPLICANT BACKGROUND

|  |  |
| --- | --- |
| **C. APPLICANT BACKGROUND** | |
| **Applicant Background – Track 1 – Implementation Start-Up** | |
| C.1. | Describe your current experience/interest in Early intervention programs. |
| C.2. | How does your current experience support your ability to be successful with your proposed new program? |
| C.3. | Where does your organization currently operate (County and zip code) |
| C.4. | How many staff do you employ? |
| C.4.a. | How many are paid staff? |
| C.4.b. | How many are volunteers? |
| C.5. | How long has your organization been in existence? |
| C.6. | What are the current funding sources for your organization? |
| **Applicant Background – Track 2 – Implementation Expansion** | |
| C.7. | Current Early Intervention Program. |
| C.7.a. | Describe your current Early Intervention Program. In addition, respond to the following questions: |
| C.7.a.1) | What is the name of your program? |
| C.7.a.2) | Is your program specifically identified in Section 2, Purpose and Goal of Grant Opportunity? |
| C.7.a.2)a. | State the program identified in Section 2. |
| C.7.a.3) | If your program is not specifically identified in Section 2, Purpose and Goal of Grant Opportunity, please provide the following information: |
| C.7.a.3)a. | Provide support such as the specific EBP or CDEP. |
| C.7.a.3)b. | 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, Title IV-E Prevention Services Clearinghouse, Federal Evidence-Based Practices Resource Center). |
| C.7.a.3)c. | 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 the National Network to Eliminate Disparities in Behavioral Health resource library. |
| C.7.a.4) | Where is the current program located? Explain if you have dedicated facilities for the program and how the facilities are being funded. |
| C.7.a.5) | How long has your program been in existence? |
| C.7.a.6) | What services are provided? |
| C.7.a.7) | How many staff do you employ? |
| C.7.a.7)a. | How many are paid staff? |
| C.7.a.7)b. | How many are volunteers? |
| C.7.a.8) | What are their roles and responsibilities? |
| C.7.a.9) | What youth needs are being addressed? |
| C.7.a.10) | How were the youth needs that are being addressed determined? |
| C.7.a.11) | What other youth needs were determined that are not being addressed by this program? |
| C.7.a.12) | How many individuals were served in the previous 12-month period? |
| C.7.a.13) | Have you worked with a Technical Assistance advisor for this program?  If so, who was it?  What services did they provide? |
| C.7.a.14) | Is the program Medi-Cal certified already? Explain. |
| C.7.a.14)a. | Are you a Provider and Medi-Cal enrolled, or |
| C.7.a.14)b. | Are your program services covered under Medi-Cal? |
| C.7.a.15) | Has your program been previously evaluated to determine the effectiveness of the EBP or CDEP program and verify that the goals and objectives are being met? |
| C.7.a.15)a. | If yes, who conducted the evaluation, and |
| C.7.a.15)b. | What was the method used for the evaluation? |
| C.8. | Community Collaborative Partners |
| C.8.a. | Provide the following information on all community collaborative partners, including health care providers, who are active in supporting the Early Intervention Program. A community collaborative partner is a local entity that provides support to your program (*add lines as needed*)  Note - The Commission and/or DHCS may reach out to these partners to verify the information provided.   |  |  |  | | --- | --- | --- | | 1) Entity/Individual Name | 2) Contact Name, Title, Email address | 3) Role/responsibility with the Program  (this could include active involvement with in-kind services, advisory, board member, etc.) | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| C.9. | Describe the sources of funds currently supporting the Early Intervention Program: |
| C.9.a. | Medi-Cal |
| C.9.a.1) | How much is provided annually? |
| C.9.b. | Local (County, School, etc.) |
| C.9.b.1) | What are the sources of the local funds? |
| C.9.b.2) | How much is provided annually? |
| C.9.b.3) | Is this permanent, one-time, or temporary funding? Explain. |
| C.9.c. | State/Federal |
| C.9.c.1) | What are the sources of the State/Federal funds? |
| C.9.c.2) | How much is provided annually? |
| C.9.c.3) | Is this permanent, one-time, or temporary funding? Explain. |
| C.9.d. | Other sources (e.g. Private donors, insurance, etc.) |
| C.9.d.1) | What are the sources of the other funds? |
| C.9.d.2) | How much is provided annually? |
| C.9.d.3) | Is this permanent, one-time, or temporary funding? Explain. |
| C.9.d.4) | Is the funding a flat rate, or a cost reimbursement for providing billable services (i.e. with private insurance)? Explain. |

# ATTACHMENT 4 PROPOSED PLAN

|  |  |
| --- | --- |
| **D. PROPOSED PLAN** | |
| **Proposed Plan – Implementation Start-Up/Expansion** | |
| D.1. | What is the name of your proposed/current program? |
| D.1.a. | If this is a CSC First Episode of Psychosis Hub and Spoke program, state who is the hub and who is the spoke(s). |
| D.1.b. | Provide the other organization(s) entity name and contact person (Name, Title, Email, Phone number). |
| D.2. | Provide information about the services the program will/does provide. |
| D.3. | Is your program specifically identified in Section 2, Purpose and Goal of Grant Opportunity? |
| D.3.a. | State the program identified in Section 2. |
| D.4. | If your program is not specifically identified in Section 2, Purpose and Goal of Grant Opportunity, please provide the following information: |
| D.4.a. | Provide support such as the specific EBP or CDEP. |
| D.4.b. | 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, Title IV-E Prevention Services Clearinghouse, Federal Evidence-Based Practices Resource Center). |
| D.4.c. | 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 the National Network to Eliminate Disparities in Behavioral Health resource library. |
| D.5. | Where will the program be located? Explain if you have/will have dedicated facilities for the program and how the facilities will be funded. |
| D.6. | List where you plan/will provide services (County, Zip Code) and explain why these areas were selected. |
| D.7. | If you are applying as a Hub, for a Hub and Spoke program, explain your qualifications/experience to be a hub and ability to provide services to the spoke(s). |
| D.8. | Provide a proposed plan for implementing this program. The plan should include: |
| D.8.a. | The steps needed to implement/expand the program, including milestones, |
| D.8.b. | A schedule supporting the implementation plan that includes hiring staff, contracting staff, MOUs, training, procuring any goods needed, etc., |
| D.8.c. | Identification of program staffing and whether they will be hired or re-allocated from existing positions, |
| D.8.c.1) | If hiring needs to be done, explain your recruitment process and include the timing in the schedule. |
| D.8.d. | A description as to how the funds will be utilized during the grant term. |
| D.8.e. | Include a proposed date in which services will be provided. |
| D.9. | Identify the targeted population(s) of focus and/or population (s) and/or segments of population defined by characteristics other than race, ethnicity and sexual orientation that are experiencing disparities in BH needs that are the focus of this CSC First Episode of Psychosis program or other early intervention program. Refer to 1.B. for description. |
| C.10. | Describe the community need for a CSC First Episode of Psychosis program or other early intervention program including, if available, the needs identified by the community during a recent Community Program Planning Process. |
| D.11. | Describe the linkages with the other public systems of health and mental health care. |
| D.11.a. | Explain if these are existing linkages or proposed linkages as part of implementing/expanding this program. |
| D.12. | With the implementation/expansion of the program, what is the expected number of youths that will be served on an annual basis. |
| D.12.a. | Explain how this number was determined, including any assumptions. |
| D.13. | Describe your capacity and ability to collect data for evaluation purposes. |
| D.14. | If funding outside of this grant will be used for your program, please provide the following: |
| D.14.a. | Medi-Cal |
| D.14.a.1) | Projected annual amount. |
| D.14.b. | Local (County, School, etc.) |
| D.14.b.1) | What are the sources of the local funds? |
| D.14.b.2) | Projected annual amount. |
| D.14.b.3) | Is this permanent, one-time, or temporary funding? Explain. |
| D.14.c. | State/Federal |
| D.14.c.1) | What are the sources of the State/Federal funds? |
| D.14.c.2) | Projected annual amount. |
| D.14.c.3) | Is this permanent, one-time, or temporary funding? Explain. |
| D.14.d. | Other sources (e.g. Private donors, insurance, etc.) |
| D.14.d.1) | What are the sources of the other funds? |
| D.14.d.2) | Projected annual amount. |
| D.14.d.3) | Is this permanent, one-time, or temporary funding? Explain. |
| D.14.d.4) | Is the funding a flat rate, or a cost reimbursement for providing billable services (i.e. with private insurance)? Explain. |
| D.15. | For CSC First Episode of Psychosis program, Applicant agrees to use the TA’s Beehive data collection tool and agrees to all of the terms and conditions associated with using the tool.  (Circle One)  Yes / No |
| D.16. | For CSC First Episode of Psychosis program, Applicant confirms that they have read the information provided in Appendix 1 - Coordinated Specialty Care First Episode Psychosis, and/or watched the video at <https://youtu.be/23MtXpzPgAc> and confirm they understand the CSC First Episode of Psychosis program model and agree to follow the model to fidelity when implementing such program.  (Circle One)  Yes / No |

# ATTACHMENT 5: budget worksheet

**The Budget Worksheet (ATTACHMENT 5) must be prepared according to the Budget Worksheet Instructions found in ATTACHMENT 5-1. The total cost on the Budget Worksheet must equal the total amount of the grant.**

File name is: RFA Early-Intervention-001 – ATTACHMENT 5

Complete the Budget Worksheet Excel workbook and attach to the application.

# ATTACHMENT 5-1: budget worksheet instructions

Information provided in the Budget Worksheet (Attachment 5) should reflect the Applicant’s plans to implement the components of a CSC First Episode of Psychosis program or other early intervention program. The staff and contractors to be hired shall be itemized and be comprised of personnel related to providing the services in the proposed program, including staff devoted to data collection, program evaluation, and administrative staff. Administration costs cannot exceed 15% of the total Grant Request. The information entered onto the Budget Worksheet should correspond with the information provided in the Budget Narrative.

The Applicant should provide its best estimate in terms of types of staff being sought for positions and anticipated expenditures. The Budget Worksheet will be used to manage the grant over the grant term. Any changes to the Budget Worksheet must be reviewed and approved by the Commission, with the understanding that the total grant amount will not change.

The following instructions are in worksheet order, and the numbers pertain to each line item identified on the Budget Worksheet. All amounts shall be entered using whole dollars only.

* + - 1. APPLICANT
         1. Enter Applicant’s name.
      2. PROGRAM
         1. Select from the drop-down either:

The specific early intervention program, or

Other Early Intervention Program.

* + - 1. TRACK
         1. Select from the drop-down either:

Track 1 – Start-Up, or

Track 2 – Operational Expansion

* + - 1. EXPENDITURES (*If applying for Track 1 – Training, only complete the Other Cost section (14), listing the training and cost for each in the appropriate GY*).
    1. Hire Staff (Employees)
       1. List each staff position /classification proposed to be hired for this program.
    2. Hiring Month
       1. List the hiring month in which each staff will be hired. For instance, entering a "1" means that the staff will be hired within the first 30 days of grant execution. Entering a "2" means that the position will be hired within 31-60 days of grant execution. Enter a number between 1 and 24.
    3. GY 1
       1. Enter the cost (salary, benefits, etc.) of the staff for the first Grant Year (i.e., months 1-12 from the grant execution date).
    4. GY 2
       1. Enter the cost (salary, benefits, etc.) of the staff for the second Grant Year (i.e., months 13 -24 from the grant execution date).
    5. Total All GYs
       1. Summation of all Grant Years for each line item on the Cost Worksheet.
    6. Total Personnel Services
       1. Summation, by Grant Year, of personnel service costs for staff hired.
    7. Hire Contractors or other non-staff
       1. List each entity/role/classification that will be hired as a contractor for this program.
    8. Hiring Month
       1. List the hiring month in which each contractor will be hired. For instance, entering a "1" means that the contractor will be hired within the first 30 days of the grant execution. Entering a "2" means that the position will be hired within 31-60 days of grant execution. Enter a number between 1 and 36.
    9. GY 1
       1. Enter the cost for each contractor listed for the first Grant Year (i.e., months 1-12 from the grant execution date).
    10. GY 2
        1. Enter the cost for each contractor listed for the second Grant Year (i.e., months 13-24 from the grant execution date).
    11. Total All GYs
        1. Summation of all Grant Years for each line items on the Cost Worksheet.
    12. Total Contracted Services
        1. Summation, by Grant Year, of contractors cost.
    13. Total Personnel/Contracted Services
        1. Summation, by Grant Year, of Total Personnel Services and Total Contracted Services.
    14. Other Costs (non-staff and non-contracted services)
        1. List each Other Costs that will be incurred by the Applicant as part of operating the program. Costs may be grouped into categories (e.g., training).
    15. Exp Month
        1. List the month in which the expenditure will occur/first occur. For instance, entering a "1" means that the Other Costs will be incurred within the first 30 days of the grant execution. Entering a "2" means that Other Costs will be incurred within 31-60 days of grant execution. Enter a number between 1 and 36.
    16. GY 1
        1. Enter the cost for each Other Costs listed for the first Grant Year (i.e., months 1-12 from the grant execution date).
    17. GY 2
        1. Enter the cost for each Other Costs listed for the second Grant Year (i.e., months 13-24 from the grant execution date).
    18. Total All GYs
        1. Summation of all Grant Years for each line items on the Cost Worksheet.
    19. Total Other Costs
        1. Summation, by Grant Year, of Other Costs.
    20. Total Grant Request
        1. Summation of all grant costs proposed by Grant Year.
        2. The total of all 2 years shall equal the total amount of the grant request.

Preparation Notes

* Administration costs cannot exceed 15% of the Total Grant Request (line 20).
* Add/Delete lines as needed.
* Do not change any of the formulas.
* Enter amounts in whole dollars .
* Line 20 - Total Grant Request cannot exceed the funding amount available for the Track as noted in Table D-1 of RFA Early Intervention-001,
* For the purpose of this RFA only, Grant Year 1 is defined as contract execution date through June 30, 2024, and Grant Year 2 is defined as July 1, 2024, through June 30, 2025.

See Budget Worksheet Example on the next page.

**EXAMPLE BUDGET WORKSHEET**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **ATTACHMENT 5** | | | | |
|  | **BUDGET WORKSHEET – Early Intervention** | | | | |
|  | (Whole Dollars) | | | | |
|  | **Applicant: EXAMPLE** |  |  |  |  |
|  | **Program: Other Early Intervention Program** | |  |  |  |
|  | **Track 1 – Start-Up** |  |  |  |  |
| (1) Hire Staff (list individual role/classification) (add rows as needed) | | (2) Hiring Month | (3) GY 1 | (4) GY 2 | (5) Total All GYs |
|  | Psychologist/Therapist/Physician | 1 | 40,000 | 115,000 | 155,000 |
|  | Mental Health Specialist | 3 | 25,000 | 100,000 | 125,000 |
|  | Clinician | 3 | 10,000 | 60,000 | 70,000 |
|  | Nurse/Nurse Practitioner | 4 | 10,000 | 80,000 | 90,000 |
|  | Family Partner | 4 | 10,000 | 60,000 | 70,000 |
|  | Peer Specialist (2) | 4 | 10,000 | 80,000 | 90,000 |
|  |  |  |  |  |  |
|  | (6) Total Personnel Services |  | 105,000 | 495,000 | 600,000 |
|  |  |  |  |  |  |
| (7) Hire Contractors or other non-staff (If applicable, list individual role/classification) (Add rows as needed) | | (8) Hiring Month | (9) GY 1 | (10) GY 2 | (11) Total All GYs |
|  | CBO/Contractor A | 3 | 10,000 | 40,000 | 50,000 |
|  |  |  |  |  | - |
|  |  |  |  |  |  |
|  | (12) Total Contracted Services |  | 10,000 | 40,000 | 50,000 |
|  |  |  |  |  |  |
|  | (13) Total Personnel/Contracted Services |  | 115,000 | 535,000 | 650,000 |
|  |  |  |  |  |  |
| (14) Other Costs (non-staff and non-contracted services) | | (15) Exp Month | (16) GY 1 | (17) GY 2 | (18) Total All GYs |
|  | Training | 4 | 5,000 | 5,000 | 10,000 |
|  | Facilities | 6 | 20,000 | 40,000 | 60,000 |
|  | Technology | 3 | 10,000 | 20,000 | 30,000 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | (19) Total Other Costs |  | 35,000 | 65,000 | 100,000 |
|  |  |  |  |  |  |
|  | (20) Total Grant Request |  | **150,000** | **600,000** | **750,000** |
|  |  |  |  |  |  |
|  | **NOTE** |  |  |  |  |
|  | - Administration costs cannot exceed 15% of the total Grant Request. | | |  |  |
|  | - Add/Delete lines as needed. |  |  |  |  |
|  | - Do not change any of the formulas. |  |  |  |  |
|  | - Enter amounts in whole dollars. |  |  |  |  |
|  | - (20) Total Grant Request cannot exceed the funding amount available for the Track as noted in Table D-1 of RFA Early Intervention-001. | | | |  |
|  | - For the purpose of this RFA only, Grant Year 1 is defined as contract execution date through June 30, 2024, and Grant Year 2 is defined as July 1, 2024, through June 30, 2025. | | | |  |

# ATTACHMENT 6: BUDGET NARRATIVE

|  |  |  |
| --- | --- | --- |
| **E. Budget Narrative** | | |
| The Budget Narrative (ATTACHMENT 6) must be prepared in conjunction with the Budget Worksheet (ATTACHMENT 5). | | |
| E.1.b.1.a) | Staffing | |
| 1) | For each staff listed, what is their role and what will they be doing. |
| 2) | Explain how the cost was determined, including what is included in the cost. |
| 3) | State the proposed hiring month. |
| E.1.b.1.b) | Contractors or Other Non-Staff Contracted Services | |
| 1) | For each contractor listed, what is their role and what will they be doing. |
| 2) | Explain how the cost was determined, including what is included in the cost. |
| 3) | State the proposed hiring month. |
| E.1.b.1.c) | Other Non-Staff and Non-Contracted Costs | |
| 1) | For each line item, explain what is planned to be purchase and how it will be used to support the program. |
| 2) | Explain how the cost was determined, including what is included in the cost. |
| 3) | State the proposed purchase month. |

# ATTACHMENT 7: COMMUNITY COLLABORATION PARTNER

|  |  |
| --- | --- |
| **F. COMMUNITY COLLABORATION PARTNERS** | |
| F.1. | One Attachment 7 must be completed for each Community Collaboration Partner that will be providing services, funding, goods, capital outlay (e.g. facilities), etc. This does not include donations from individual people, if not directly involved with the program in some capacity. Provide the following information.  (*Submit one (1) form per partner*) |
| F.1.a. | Individual/Entity Name and contact information. |
| F.1.b. | Description of roles/responsibilities, goods/services and/or other statement which describes their involvement with the early intervention program. |
| F.1.c. | Value of the goods/services that will be provided to the early intervention program, if applicable.  1. Volunteer services should not be valued, whereas commitment to provide staffing at no cost, can be valued.  2. Facilities must be described; but does not need to be valued. |
| F.1.d. | Statement of support for the early intervention program. |
| F.1.e. | Signed and dated by the individual or entity authorized representative of the Community Collaboration Partner. |

# ATTACHMENT 8: PAYEE DATA RECORD (STD. 204)

The applicant must complete and submit the Payee Data Record (STD. 204) with their application.

This form is available at: <http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>

# ATTACHMENT 9: Final submission checklist

Complete this checklist to confirm the items in your application. Place a check mark or “X” next to each item that you are submitting to the Commission. For your application to be complete, all required attachments, along with this checklist, must be returned with your application.

|  |  |
| --- | --- |
| **Check** | **DESCRIPTION** |
|  | Attachment 1: Grant Application Cover Sheet |
|  | Attachment 2: Minimum Qualifications |
|  | Attachment 3: Applicant Background |
|  | Attachment 4: Proposed Plan |
|  | Attachment 5: Budget Worksheet |
|  | Attachment 6: Budget Narrative |
|  | Attachment 7: Community Collaboration Partners |
|  | Attachment 8: Payee Data Record (Std. 204) |
|  | Attachment 9: Final Submission Checklist |

# ATTACHMENT 10: QUESTIONS TEMPLATE

Use this template for submitting questions in relation to this solicitation. Add rows as needed. Follow the Key Action Dates in Table 3-1 and submit to the email address identified in Section 7.C.

|  |  |  |
| --- | --- | --- |
| **RFA Early Intervention-001** | | |
|  | **RFA Section Reference** | **Question** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |

# APPENDIX 1: COORDINATED SPECIALTY CARE FIRST EPISODE OF PSYCHOSIS

Coordinated Specialty Care (CSC) model is a team-based program providing an array of evidence-based interventions for recent onset/first episode psychosis. The CSC model focuses on both the client and their family/caregivers/support. It also uses assertive case management and includes Peers and Family Partners, community outreach and education, and weekly team meetings to improve client outcomes.

Please see file RFA Early-Intervention-001 – CSC Early Psychosis.pdf or <https://youtu.be/23MtXpzPgAc> for more information on the CSC model including fidelity assessment.

This is required for Applicants wanting to implement or expand a CSC First Episode of Psychosis program, as stated in requirement D.13.

“For CSC First Episode of Psychosis program, Applicant confirms that they have read the information provided in Appendix 1 - Coordinated Specialty Care First Episode Psychosis, and/or watched the video at https://youtu.be/23MtXpzPgAc and confirm they understand the CSC First Episode of Psychosis program model and agree to follow the model to fidelity when implementing such program.”

# APPENDIX 2: EXAMPLES –OTHER EARLY INTERVENTION PROGRAMS

## Blues Program

Blues program is a manualized cognitive-behavioral prevention intervention for high school-aged adolescents experiencing depressive symptoms (e.g., low mood, loss of interest, negative thoughts and decreased self-esteem). The program aims to address these symptoms, prevent the future onset of major depressive disorder, and delay the onset and reduce the use of alcohol and illicit substances.

The program consists of 6 weekly 1-hour group sessions as well as at-home practice assignments. The weekly sessions focus on learning and practicing cognitive restructuring techniques, enabling rapport building, and encouraging active engagement in activities. Additionally, participants develop individual plans and approaches to addressing anticipated life stressors. The assigned homework reinforces learnings and skills developed in the sessions, and guides participants on how to actively apply their newly acquired techniques to real-world situations.

The program has been rated as “2 (Supported by Research Evidence)” by the California Evidence-based Clearinghouse (CEBC).

## Culturally Informed and Flexible Family-Based Treatment for Adolescents (CIFFTA)

CIFFTA is a 12–24-week outpatient treatment for adolescents (ages 11-18 yrs) and their family/caregivers, which aims to address disruptive behaviors, improve emotional regulation, reduce substance use, improve mood and anxiety symptoms, limit risky sexual behaviors, address race/ethnicity-related stressors (including immigration and acculturation stressors), and mitigate adverse outcomes from justice system involvement.

CIFFTA relies on a modular design to tailor treatment to the specific needs of diverse adolescents (e.g., race, ethnicity, LGBTQIA). The core practice components include individual adolescent treatment, family treatment, and psychoeducational services.

The program is delivered as a mix of individual and family sessions, some of which are therapy-based and others psychoeducational. The program may also involve other support systems in the individual treatment component (e.g., juvenile justice, teachers and school counselors, healthcare providers, and specialty trauma clinics)

The program is rated as “3 (Promising Research Evidence)” in the California Evidence-based Clearinghouse (CEBC). In 2014, the program was accepted into SAMHSA’s National Registry for Evidence Based Programs and Practices (NREPP) (now known as the SAMHSA EBP center).

## Familias Unidas

Familias Unidas is a family-centered drug use and sexual risk behavior prevention intervention that is designed for Hispanic adolescents (ages 12-16 years) and their parents. The program supports parental empowerment, giving parents the tools required to speak with their adolescent children about drug use and risky sexual behaviors.

Familias Unidas is a multilevel intervention that targets risk factors and strengthens protective factors with the goal of reducing adolescent initiation and use of substances as well as engagement in high-risk sexual behaviors. The program also aims to enhance family functioning, and strengthen parent-adolescent communication.

Familias Unidas is typically delivered over the course of 12 weeks and consists of five intervention components: (1) Facilitator-led parent support groups (2) Family visitation in the home environment (3) Individual and group parent-school conferences (4) Family supervised activities for adolescents with their peers (5) Family homework assignments for parents. The program has been adapted for virtual use and is currently being assessed for delivery in primary care settings.

Familas Unidas has received a scientific rating of 1 — Well-Supported by Research Evidence by the California Evidence-based Clearinghouse.

## Residential Student Assistance Program (RSAP)

RSAP is a substance use reduction and prevention program for adolescents (ages 12-18 yrs) living in residential facilities (e.g., foster care locations, psychiatric residences, correctional settings), many of whom have been previously neglected or abused and have experienced behavioral health challenges (e.g., substance use).

RSAP aims to prevent substance use initiation for those youth who are not using substances and reduce the frequency and quantity of use for those participants who are actively using alcohol and illicit substances.

This multicomponent program is implemented by trained substance abuse prevention specialists. The program consists of an 8-session core curriculum, complemented by screening assessments, individual and group counseling sessions, awareness activities, and referrals to specialty services (when indicated).

The program has received a scientific rating of 3 (Promising Research Evidence) by the California Evidence-based Clearinghouse.

## Resourceful Adolescent Program-Adolescent (RAP-A)

Resourceful Adolescent Program-Adolescent (RAP-A) is a universal resilience-building program for ages 11-15 yrs that consists of 6-11 weekly group sessions (8-16 participants per group). The program attempts to integrate both cognitive-behavioral and interpersonal approaches to improve coping skills, build resiliency, and promote positive development.1 The program is complemented by a parent program (RAP-P) which supports parents in establishing healthy home environments.

Participating adolescents develop their “RAP-A house” with “resource bricks” (e.g., personal strength, keeping calm, problem solving). The program’s cognitive-behavioral component enables participants to learn and practice approaches to cognitive restructuring and problem solving. The interpersonal component focuses on skills for dealing with disputes and conflicts. The program has additionally been adapted for populations of focus such as adolescents from indigenous communities, young caregivers, and adolescents with autism spectrum disorder.

RAP-A has received a scientific rating of 1 (Well-Supported by Research Evidence) by the California Evidence-based Clearinghouse.

## Youth Mobile Crisis Response

Mobile crisis services provide rapid response, individual assessment and community-based stabilization to individuals who are experiencing a behavioral health crisis. Mobile crisis teams use de-escalation and stabilization techniques that reduce the immediate risk of danger and avoid unnecessary emergency department care, psychiatric hospitalizations, and law enforcement involvement.

In delivering mobile crisis response for youth, the program embeds peers (or individuals with lived experience) in multi-disciplinary mobile crisis teams alongside licensed clinicians and care coordinators. Peers are trained and certified to provide a range of culturally competent services to support children and families experiencing crises.

DHCS may aim for peer support specialists to be embedded in mobile crisis teams across the state and for Youth Mobile Crisis Response to be available 24/7 to children and youth under the age of 21 in California.

# APPENDIX 3: GENERAL TERMS AND CONDITIONS

1. Amendment: No amendment or variation of the terms of this Agreement shall be valid unless made in writing and signed by the parties. No oral understanding or agreement not incorporated in this Agreement is binding on the parties.
2. Assignment: This Agreement or any interest herein shall not be assigned to another party. Any attempt to make such an assignment is cause for immediate termination. (See Section 25.)
3. Audit: Commission or California State Auditor or any State of California fiscal oversight agency has the right to audit performance under this Agreement. The auditor(s) shall be entitled to review and copy Grantee’s records andsupportingdocumentationpertinent to its performance. Grantee agrees to maintain such records and documents for three years after the contract ends. Grantee agrees to allow the auditor(s) access to such records and documents as are relevant and pertinent, at its facilities during normal business hours; and to allow its employees to be interviewed as deemed necessary, in the professional opinion of the auditor(s). Commission agrees to give Grantee advance written notice of any onsite audit.
4. Captions: The subject matter headings appearing in this Agreement have been inserted for the purpose of convenience and ready reference. They do not purport to and shall not be deemed to define or modify party intent.
5. Confidentiality: Grantee shall not disclose data or documents or disseminate the contents of any preliminary report or work product created under this Agreement without written permission of Commission.
6. Counterparts: The parties may sign this Agreement in multiple counterparts, each of which constitutes an original, and all of which, collectively, constitute only one agreement.  This Agreement may be executed electronically through any means that includes password-protected authentication. The parties agree that signed electronic counterparts will be binding upon them in the same way as though they were hardcopies with original signatures.
7. Dispute Resolution:
   1. *First Level*. Grantee shall first discuss and attempt to resolve any dispute arising under its performance of this Agreement informally with the Commission Grant Manager. If the dispute cannot be disposed of at this level, it shall be decided by the Commission Executive Director for which purpose Grantee shall submit a written statement of dispute to: Executive Director, MHSOAC, 1812 9th Street, Sacramento, California 95811. The submission may be transmitted by email but must also be sent by overnight mail with proof of receipt (see provisions for Notice above).
   2. *Second Level*. Within ten (10) days of receipt of the statement described above, the Executive Director or designee shall meet Contractor’s representative(s) for the purpose of resolving the dispute. The Executive Director shall issue a decision to be served in the same manner as the written statement, which shall be final at the informal level.
   3. *Arbitration*. After recourse to the informal level of dispute set forth above, any controversy or claim arising out of or relating to this Agreement or breach thereof shall be settled by arbitration at the election of either party in accordance with California Public Contract Code Section 10240 et. seq. and judgment upon the award rendered by the arbitration may be entered in any court having jurisdiction thereof.
8. Electronic Signature:  Unless otherwise prohibited by law, the parties agree that an electronic signature has the same legal force and effect as a hard-copy with ink signature.  The term “electronic signature” means one that is applied using a mutually-approved technology with imbedded authentication and password protection; the parties agree that either DocuSign™ or Adobe Acrobat™ is so approved.  The parties further agree that a signed copy of this Agreement may be transmitted by electronic means including facsimile and email.
9. Governing Forum: In the event of dispute, the parties agree that the County of Sacramento and City of Sacramento shall be the proper forum.
10. Governing Law: This Agreement is governed by and shall be interpreted in accordance with the laws of the State of California, without regard to state conflict-of-law.
11. Indemnification: Grantee agrees to indemnify, defend and hold harmless Commission and its officers, agents and employees from any and all claims or losses resulting from its negligence or intentional actions in utilizing the grant funds under this Agreement.

1. Independent Contractor*:* Grantee and its agents shall act in an independent capacity in the performance of this Agreement and not as employees or agents of Commission.
2. Interpretation: In the event of ambiguity, the language in this Agreement shall be assigned its ordinary English meaning; or its meaning under industry jargon, as may be applicable.
3. Commission Logo: Grant agreement hereby authorizes the uses of Commission Logo by Grantee for outreach and information purposes in connection with this Agreement. Grantee understand and agrees it must adhere to the guidelines in the Commission Brand Book in using this logo. A copy of Brand Book will be provided to the Grantee upon the request.
4. Non-Discrimination: Grantee shall not discriminate against any person on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status. Grantee represents that this pledge extends to its obligations as an employer. Grantee also represents that it will follow all federal and state laws that apply to anti-discrimination, anti-harassment and workplace safety.
5. Notice: The parties agree that any writing or Notice required under this Agreement shall be made in writing to each other’s Grant Managers as identified in Exhibit A, including Reports and other non-binding communications. The parties agree that email will be considered sufficient for Notices, Reports and other writings required under this Agreement; except for a Notice of Termination which shall be sent by overnight mail with proof of receipt to the Grant Manager, and also to the fiscal agent named in Exhibit B.
6. Presentations: Grantee shall meet with Commission upon request to present any findings, conclusions or recommendations that result from its performance under this Agreement.
7. Progress Reports: Unless otherwise specified in the RFA, Grantee shall provide a monthly progress report to Commission. This Report must be in writing unless an oral Report is approved in advance. This Report shall include the status of grant deliverables and a statement as to why they are (or are not) on schedule. Grantee shall cooperate with and shall be available to meet with Commission to discuss any difficulties, or special problems, so that solutions or remedies can be developed as soon as possible.
8. Public Records Act: Commission is governed by and shall comply with the California Public Records Act (PRA) at Government Code Sections 6250 *et seq*. Under the PRA, medical records, data and any other information in the custody of Commission are exempt from disclosure to the extent they contain personally identifiable information and shall be withheld from disclosure to that extent.
9. Publications And Reports: Commission reserves the right to use and reproduce all reports and data produced and delivered under this Agreement. Commission further reserves the right to authorize others to use or reproduce such materials.
10. Severability: In the event any provision of this Agreement is unenforceable that the parties agree that all other provisions shall remain in full force and effect.
11. Staff Partnering: Selected Commission staff shall be permitted to work side-by-side with Grantee’s staff to the extent and under conditions agreed upon between the parties. Commission staff will be given access to Grantee’s data, working papers and other written materials as needed for this purpose.
12. Subordinate Agreements:
    1. Pass-Through. Grantee shall not “pass through” any portion of its funding under this Agreement except to its school partners as identified in the Application for Grant Funding; or, as identified by written Notice to the Grant Manager during the course of this Agreement. Said pass-through shall be documented in a written agreement subordinate to this Grant Agreement (Sub-Grant) which shall be provided to the Commission upon request. The Sub-Grant may be collateral to any Partnership Agreement submitted in connection with the Application. The Sub-Grant shall:
       1. Incorporate the reporting requirements in this RFA
       2. Incorporate the invoicing requirements in this RFA
       3. Incorporate the data requirements in this RFA
       4. Include the following provisions from this Exhibit 1: Audit, Commission Logo, Presentations and Governing Law/Forum
    2. Vendors. Grantee is authorized to retain third-party vendors in furtherance of the objectives of this Agreement. The Commission is entitled to receive copies of the contracts between Grantee and said vendor(s), upon request. The Commission is also entitled to require advance review and approval for a given vendor contract, upon request. Grantee agrees to include the following provisions from this Exhibit C in its vendor contracts: Audit, Commission Logo, Presentations and Governing Law/Forum.
13. Survival: The following terms and conditions in this Exhibit C shall survive termination of this Agreement: Audit, Commission Logo, Presentations, and Governing Law/Forum.
14. Termination For Cause: Commission is entitled to terminate this Agreement immediately and be relieved of any payments should the Grantee fail to perform its responsibilities in accordance with the due dates specified herein. However, MSHOAC agrees to give Grantee advance written Notice stating the cause and provide an opportunity to cure, on a case-by-case basis, and at its sole discretion. All costs to Commission that result from a termination for cause shall be deducted from any sum due the Grantee for work satisfactorily performed; the balance shall be paid upon demand pursuant to Exhibit B.

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1. Waiver: Waiver of breach under this Agreement shall not be held to be a waiver of any other or subsequent breach. All remedies afforded in this Agreement shall be cumulative; that is, in addition to every other remedy provided by law. Any failure by Commission to enforce a provision(s) of this Agreement shall not be construed as a waiver nor shall it affect the validity of this Agreement overall.

1. [California Reducing Health Disparities Project, June 2022](https://www.cdph.ca.gov/Programs/OHE/pages/crdp.aspx) [↑](#footnote-ref-1)
2. [Think Tanks Overview and Members](https://www.dhcs.ca.gov/CYBHI/Documents/CYBHI-Think-Tanks-Members-and-Biographies.pdf) [↑](#footnote-ref-2)
3. [Workgroup Member List](https://www.dhcs.ca.gov/CYBHI/Documents/EBP-CDP-Workgroup-Member-List.pdf) [↑](#footnote-ref-3)
4. [Mandatory Reporters of Child Abuse and Neglect](https://www.childwelfare.gov/pubPDFs/manda.pdf) [↑](#footnote-ref-4)
5. [Think Tanks Overview and Members](https://www.dhcs.ca.gov/CYBHI/Documents/CYBHI-Think-Tanks-Members-and-Biographies.pdf) [↑](#footnote-ref-5)
6. [Workgroup Member List](https://www.dhcs.ca.gov/CYBHI/Documents/EBP-CDP-Workgroup-Member-List.pdf) [↑](#footnote-ref-6)