

# Mental Health Services Oversight and Accountability Commission

## RFA Early Intervention-001 CYBHI Early Intervention Programs Questions and Responses 1

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	RFA Section Reference	Question	Commission Response
1	General	If County Behavioral Health applies and is awarded, is it permissible to sub-contract services?	Sub-contracting is permissible. Your implementation plan should explain everyone's role on the project.
2	General	<p>Can HealthySteps be the program model for Round 5, since this is a prevention program mitigating behavioral health problems by intervening early around the child's potential delays in development and social emotional functioning and the parent's mental health? I appreciate that this was a better fit in Round I, but the funding allocation was quite low for Round I.</p> <p>If a network of pediatric offices has HealthySteps in 3 offices, but wants to implement in 3 more, this will be a start up in these new offices. Can this qualify as Track 1 Start up? Or is this Operational expansion?</p> <p>If the hope is to implement HealthySteps within different sites (based upon areas of highest need) in the same network, when sites are in two different Counties (San Diego and Riverside), does this warrant two separate proposals/submissions?</p>	<p>Additional early intervention programs that are designed with, by, and for youth may be considered eligible for grant funding with the submission of supplementary materials that demonstrate how implementing this program aligns with the Round 5 goals listed on page 6 and 7 of the RFA.</p> <p>If an organization is already implementing HealthySteps and would like to scale delivery of a short-listed program by training or credentialing more providers, this would be considered an implementation expansion track.</p> <p>An applicant may submit more than one application for a different program. Applicants should not submit multiple applications for the same program located in multiple locations. Only one application per program</p>
3	General	I wanted to see if a Non-Profit Christian Preschool could apply for the Children and Youth Behavioral Health Initiative Evidence-Based and Community-Defined Evidence Practices Round Five: Early Intervention Programs and Practices Early Intervention Grant?	Yes, a Non-Profit Christian Preschool can apply. The Commission (and DHCS) will only select applicants that meet the minimum qualifications and program requirements identified in the RFA.

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		<p>We have been running a preschool success program at our 5 preschools for the past several years. As you know, we are seeing so many more children that are needing the early intervention. Our Success Program is doing exactly that with huge success!! Our Preschool Success Director is amazing. She provides the teachers with training in helping these students as well as works with the children. She also comes along side of the parents giving them the tools that we use so that we as a team can help their child be more successful. She also helps the parents get the services they need. She even will go with them to IEP meetings and advocates for them.</p> <p>She makes amazing “Cool Down Kits”, purchases special items that the children can play with or hold as they regulate when they start losing the ability to function in a classroom setting.</p> <p>She is now working with our local colleges to begin a program where senior students in a graduate program in the areas that cover working with children that just need more help in the day to day, hour to hour, minute to minute things that they have a hard time with. These students will come in to shadow and work with these children a few times a week.</p> <p>We are beyond excited to see how this program has taken off. We actually had one of our large public school districts inquiring about our program as they are hearing</p>	<p>Applicants may request funding for EBPs/CDEPs that are not specifically listed in RFA; however, in order to be considered for funding, the applicant must submit supporting documentation detailing the efficacy, equity, scalability, and sustainability of the practice.</p> <p>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.</p> <p>Additionally, MHSOAC and DHCS reserve 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 Five EBPs and CDEPs will be evaluated for efficaciousness, equity, sustainability, scalability, and whether the practice model is supplementary to the BH landscape. No application</p>

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		<p>about it from the children that move on to their Kindergarten program. We have had a few preschools that have heard about it asking how they can get it started as well.</p> <p>My hope is that we could apply for some funding to help cover the costs of this amazing program.</p>	<p>is guaranteed funding and applications will be reviewed holistically across the defined evaluation criteria.</p>
4	Grant Funding/Application Scoring	<p>We have seen (using the community schools grant as an example) that competitive grants lead in inequitable results for small, rural, and lower-income schools because these districts/schools lack the capacity and expertise to complete competitive applications. How does the county plan to mitigate inequitable allocation of grant funding? What kind of support are they going to provide to help low-income and small/rural districts apply?</p>	<p>The Commission will follow the scoring process stated in the RFA in meeting the goals and objectives. Rural communities and low-income are identified as specific populations or segments defined by characteristics other than race, ethnicity and sexual orientation under the goals and objectives.</p> <p>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.</p> <p>Additionally, MHSOAC and DHCS reserve the right to prioritize applications that align with the aims of the broader CYBHI initiative (e.g., increasing care to</p>

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			populations of focus, mental health professional shortage areas). Practices and programs not on the identified list of Round Five 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 evaluation criteria.
5	Purpose and GOALS: Technical Assistance	What kind of support will be offered to districts who receive grant funding but have no expertise operating a wellness center (eg hiring qualified staff, dealing with HIPAA/FERPA issues, meeting Medi-Caid certification requirements, training staff on how to document and submit claims, etc)? Who will be helping them with implementation? The county doesn't have expertise on school-based claiming programs, FERPA, or education law around hiring and labor. Are they going to bring in an expert? If not, how will the county prevent inequities that will arise when lower-resourced and small districts don't have the expertise for implementation?	<p>For CSC Early Psychosis grantees, the Technical Assistance contractor will provide support services. For all other grantees, the Third-Party Grant Administer (TPA) will provide support services.</p> <p>DHCS' TPA will provide awardees with support that includes technical assistance (e.g., grant management oversight, data collection assistance) and training (e.g., finding and obtaining specialized training) to ensure that awardees can achieve and maintain specific benchmarks (e.g., referral rates, initial assessment, providers trained).</p> <p>All grantees must participate in mandatory collaborative learning sessions (e.g., monthly calls</p>

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			with all grantees, training sessions on strategies for implementing practices with fidelity, small group learning/breakout sessions) to ensure adherence and fidelity to practice models, strengthen program participation, share best practices, and receive feedback from expert consultants.
6	Purpose and GOALS: Eligible Grant Recipients	If a district doesn't have the capacity or expertise to apply, can the district partner with the COE to apply on behalf of schools within the district?	<p>Yes, you may have another entity create your application or apply on your behalf.</p> <p>Note, no grant funds may be used prior to grant execution, therefore, no payments can be made for services such as grant writing, that were incurred before contract execution.</p>
7	2. Purpose and Goals of Grant Opportunity	Would HealthySteps qualify as an eligible alternative EBP for funding round 5 if it was a listed EBP in funding round 1?	<p>Applicants may request funding for EBPs/CDEPs that are not specifically listed in RFA; however, in order to be considered for funding, the applicant must submit supporting documentation detailing the efficacy, equity, scalability, and sustainability of the practice and demonstrate how implementing this program aligns with the Round 5 goals listed on page 6 and 7 of the RFA.</p> <p>Each procurement is a standalone process in which all requirements need to be met.</p>

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			<p>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.</p> <p>Additionally, MHSOAC and DHCS reserve 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 Five 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 evaluation criteria.</p>
8	General	I attended the Early Intervention bidder's conference and the program examples listed on page 6 and in the appendices 1 and 2 are all adolescent programs. Is this the target audience?	No, any program that serves children and youth between 0 – 25 may apply.

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9	General	The program goal says the grant is applicable to children and families and youth but there are no evidence based program examples for children who are not adolescents of can you provide some?	<p>The list provided was not meant to be all-inclusive, in order to allow any program to apply, as long as they meet the requirements.</p> <p>The Commission and/or DHCS will not be providing any more examples at this time.</p>
10	General	<p>Would Middle Eastern families and caregivers living in Los Angeles be excluded from this? There is a tremendous need in the SFV for culturally and linguistically responsive mental health caregivers to this demographic. The lack of such services has created a growing problem for this group.</p> <p>"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.</p> <p>The population of focus is defined by this grant:</p> <p>"provide mental health and wellness services to children, youth, parents, and caregivers in California with a specific focus on children and youth from African Americans, Asians and Pacific Islanders, Latinos, LGBTQIA+, Native Americans communities (California Reducing Disparities Project)".</p>	No one is excluded from applying for this grant. All applicants must meet the requirements stated in the RFA.

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11	General	Applicant Bidder Conference: September 20, 2023 did this take place and can I watch a recording if one was made?	The Bidder Conference occurred on September 20, 2023. There is no recording of the meeting. All participants were directed to send in all questions in writing in order to receive a formal response. All questions received in writing will be responded to and published based on the dates identified in the RFA.
12	General	Is it appropriate to request funding for HealthySteps in Round 5? Will a proposal for HealthySteps be considered?	Applicants may request funding for EBPs/CDEPs that are not specifically listed in the Request for Applications (RFA); however, in order to be considered for funding, the applicant must submit supporting documentation detailing the efficacy, equity, scalability, and sustainability of the practice and demonstrate how implementing this program aligns with the Round 5 goals listed on page 6 and 7 of the RFA.
13	General	As we are a bi-county entity, can we apply for funding for both counties and does that mean that we can submit a grant application beyond the amount in the RFA – if we specify we are serving Sutter and Yuba?	<p>If applying as a JPA, then the application is treated as coming from both counties. If you want to apply for funding for each county, then each county would have to submit a separate application.</p> <p>In no instance, may the requested funding exceed the amounts stated in the RFA.</p>



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			No application is guaranteed funding and applications will be reviewed holistically across the defined evaluation criteria.
14	General	If we apply for funding for our Mobile Crisis program which will not be implemented until December 31, 2023 can we apply for the start-up grant?	Based on the limited information provided, this sounds like there is a program already being funded. Therefore, this would be considered an expansion, since the grant cannot be used to supplant existing financial support.
15	General	If we apply for funding for our Mobile Crisis program are we able to pass those funds on to the provider (we are in the RFA process)?	Based on the limited information, it sounds like there is an existing procurement, in which funding has already been approved. This grant cannot be used to supplant existing financial resources.
16	General	Can the EBP HealthySteps be considered for Round 5? This program intervenes in the first 3 years during the Peds WCV and has been shown to mitigate delays, behavior concerns, child abuse through parent support and early intervention.	Applicants may request funding for EBPs/CDEPs that are not specifically listed in the Request for Applications (RFA); however, in order to be considered for funding, the applicant must submit supporting documentation detailing the efficacy, equity, scalability, and sustainability of the practice and demonstrate how implementing this program aligns with the Round 5 goals listed on page 6 and 7 of the RFA.

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17	General	I have a question about the requirements for the Round 5 RFA application. The specific treatment modalities/interventions listed are very limited and we were wondering if additional treatment modalities might be considered to qualify. Our team is getting trained on FAST (First Approach Skills Training - Schoenfelder Gonzalez, E., Jungbluth, N., McCarty, C. A., & Hilt, R. (2022). Barriers to increasing access to brief pediatric mental health treatment from primary care. Psychiatric services, 73(2), 235-238.) First Approach Skills Training (FAST) Program - Seattle Children's (seattlechildrens.org) Would it be possible to utilize this modality?	<p>Yes, programs and practices outside of what is specifically listed in Section 2 of the RFA will be considered. Applicants must provide support that the program is an Evidence-Based Practice or Community Defined Evidence Practice.</p> <p>Applicants may request funding for EBPs/CDEPs that are not specifically listed in the Request for Applications (RFA); however, in order to be considered for funding, the applicant must submit supporting documentation detailing the efficacy, equity, scalability, and sustainability of the practice.</p>
18	1.A. Background: Grant Opportunity	Are agencies still eligible to apply to Round 5 if they have an open/pending application for a previous round of MHSOAC funding? We applied to Round 4 but it was towards a different program and purpose for our agency.	<p>Yes, you may still apply.</p> <p>Applying in one round does not necessarily preclude an individual or entity from applying in another round; however, individual or organizational capacity is a component of the application and will be evaluated by DHCS.</p>
19	2 PURPOSE AND GOALS	To clarify, any EBP is acceptable as long as it furthers the purpose and goals of this opportunity? May we use a specific EBP not mentioned, such as Motivational Interviewing, for youth in therapy/psychoeducation groups?	<p>An EBP is acceptable if it meets the goals, objectives, and requirements in this RFA. Applicants must provide support that the program is an Evidence-Based Practice or Community Defined Evidence Practice.</p>

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			Applicants may request funding for EBPs/CDEPs that are not specifically listed in the Request for Applications (RFA); however, in order to be considered for funding, the applicant must submit supporting documentation detailing the efficacy, equity, scalability, and sustainability of the practice.
20	4.E. Allowable Costs	Can funds go towards agency-wide, larger-scale events that spread awareness of mental health needs, reduce stigma, and educate young people on resources in the community?	<p>All expenditures may only be used to support the program funded by the grant.</p> <p>Funds must be used, as approved, to implement the selected practice model (see RFA for additional details regarding eligible expenditures).</p>
21	General	Following up from the webinar, I'd like clarification on the way evidence based practice is used in the guidance. We would like to implement an evidence based program that is a model, which inherently encompasses multiple evidence based practices within its operation. However, I'm unclear on if we would have to focus on a singular evidence-based practice within that model or if the model itself and all of it's components constitute an evidence based practice. I hope that makes sense, but please let me know if I can provide more clarification.	There is no requirement that a program is limited to a single EBP. The program itself must be an EBP and could encompass more than one EBP.
22	4. Grant Funding B. Grant Tracks Pg. 10	If an organization would like to develop Early Intervention Programs at more than one site (using the same EBP), should separate proposals be submitted for each site or combined into one proposal? If separate proposals are	All applications should represent a single program. An applicant may submit more than one application as long as they are for different programs. Multiple applications for the same program, (e.g., different locations) is not allowed.

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		<p>allowed, does that mean the maximum funding listed for that EBP is available for each site?</p>	<p>Each application may request up to the maximum funding allowed for the track.</p> <p>No application is guaranteed funding and applications will be reviewed holistically across the defined evaluation criteria</p>
23	General	<p>Campus Clinic provides school based health care including mental health.</p> <p>Based on the RFA I believe we will apply for Track 1B – Implementation Start-up – Other Early Intervention Program.</p> <ul style="list-style-type: none"> <li>• Can you confirm this is the correct track?</li> </ul> <p>Program Outline</p> <p><b>Bolded bullet points the core of the program.</b></p> <ul style="list-style-type: none"> <li>• Implement an EBP Universal Mental Health Screenings at multiple school sites at Chula Vista Elementary School Districts (San Diego, CA)</li> <li>• Provide a follow up intervention program with Mental Health Professionals                             <ul style="list-style-type: none"> <li>○ 1-1 Visits (EBP- CBT)</li> <li>○ Group Visits (Blues Program)</li> <li>▪ Considering</li> </ul> </li> </ul>	<p>Based solely on the information provide, the program does not appear to meet the CSC Early Psychosis fidelity and therefore should be considered as an Other Early Intervention Program.</p> <p>As long as the Blues Program is not the same as the UMHS, you may submit another application.</p> <p>All Applicants may apply for more than one grant as long as it is for a different program.</p>

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		<ul style="list-style-type: none"> <li>• Support adoption through a mental health awareness campaign for students and parents (decrease stigma)</li> <li>• Small capital improvements to create a percent space for Campus Clinic in Chula Vista</li> <li>○ Considering</li> </ul> <p>Factors to consider</p> <ul style="list-style-type: none"> <li>• Campus Clinic has implemented UMHS at other school sites including at a charter schools in Chula Vista but NOT at any of the public schools.</li> <li>○ Based on the fact that UMHS would be NEW to the schools sites I've identified Track 1B – Implementation Start-up – Other Early Intervention Program</li> <li>• Can we include the Blues Program as a follow up to UMHS?</li> </ul>	
24	Section C	We are a higher education institution interested in applying. For applicant background, should we include the institution's background information or the department that is apply?	Without knowing if you are applying for a Start-Up or Expansion grant, the suggestion would be for you to provide information on both the institution and department.
25	General	I am inquiring about whether it is allowable for one organization to submit two separate applications funding implementation of HealthySteps in two separate counties.	Multiple applications for the same program (e.g. different locations) is not allowed.

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26	Section 2, Pag2 7 and Section 4B Page 10	<p>Will the following qualify as an Operational Extension of First Episode Psychosis:                      Our PIER (Portland Identification and Early Referral Psychosis Prevention) program contracted with LAC DMH covers age group 16-25 with focus on early detection of high risk for psychosis and/or first episode of psychosis. Services include : outreach – screening and assessment – clinical and case management interventions including family support; educational/vocational/financial planning We’d like to extend the program to cover 0-25 population as we have encountered cases below the age of 16 that could not be accommodated in the PIER program. We would extend all services provided in PIER to additional population and reach out to LA County audience beyond SPA 5 geographic area.</p> <p>If this meets the qualification for an Operational Extension, do we need to provide information regarding the current funding for PIER program per our contract with DMH?</p>	<p>This program can choose to lower its minimum age, but current TTA support is focused on ages 12+. A responsive application would need to be clear about the necessary changes that would be made to the program (for example increased support from child psychiatry and intensive family support and evidence-based culturally responsive family treatment models beyond MFG) to appropriately cover ages 0-12 in what would be a very complex, high need population.</p> <p>The RFA asks for current funding of your existing program (outside of this grant) and the proposed funding for your proposed program (outside of this grant).</p>
27	Section 5 A – Scope of work – Page 14-15	Are telehealth and virtual formats acceptable for service delivery under CSC First Episode of Psychosis Implementation Track (Operational Expansion) ?	Yes, but the service would need to be able to see individuals in person if necessary.
28	Section 6D, Item 9 and 12, Page 21	How would we receive referrals? Are we on our own to generate referrals through community outreach? Will DHCS and/or Commission be providing referrals as well?	The question is not clear. The section referenced is the applicant’s proposed plan. Item 9 provides a reference to Section 1.B. for a description. Item 9 asks for the applicant to identify the target population being served by the program. Item 12 is

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			<p>asking for the applicant to estimate the number of youths that will be served by the applicant's program and provide support for how the number was determined.</p> <p>If the question relates to activities after contract award, the TA and/or TPA will provide assistance based on the needs of the grantee.</p>
29	4B	We are an existing agency community based mental health services AGENCY proposing to start a new evidence based practice with new/additional clients. Can you please confirm this falls under the "start up" track category as it is not an EBP we CURRENTLY provide?	<p>Based on the limited information provided that this is a new practice or program, and not an expansion of an existing practice or program, then it should be treated as a start-up.</p> <p>Per the RFA, the Start-up track is designed for organizations that are seeking startup funds to newly implement an EBP and/or CDEP (or related adaptation). The Operational expansion track is designed for organizations looking to: 1) expand the provision of short-listed EBPs and/or CDEPs (or related adaptations) that they currently provide, or 2) scale delivery of a short-listed EBP and/or CDEP (or related adaptation) by training and credentialing more providers.</p>
30	Section 1.C	Eligible participants – we are a software services firm, which fulfills the key objectives laid out in Section 2 and is able to provide services to the effect of EBP & CDEP defined by DHCS. We specialize in Early intervention	The intent of the RFA is to provide services to children and youth. As long as you are applying to provide services, meet all of the requirements, and provide support that the program is an Evidence-

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		techniques for youth by leveraging set of unique technologies built into our software, and our services can be classified as “Other early intervention programs and practices” (as defined in Section2). We can also empower the CSCs with our software based early intervention techniques. Are we eligible to apply for this grant?	Based Practice or Community Defined Evidence Practice, then you are eligible to apply.
31	Section 4.B	For software based early intervention provider like us, under which track should we apply? Would it be possible to create a separate specialized track for companies like us, which intent to leverage cutting edge technologies to solve for the objectives laid out in this RFA? In the current structure of the tracks, we believe we would fall under Track 1B – Implementation Start-up – Other Early Intervention Program.	<p>The intent of the RFA is to provide services to children and youth. The two tracks available are for start-up or expansion. There will be no additional tracks added for this RFA.</p> <p>Per the RFA, the Start-up track is designed for organizations that are seeking startup funds to newly implement an EBP and/or CDEP (or related adaptation). The Operational expansion track is designed for organizations looking to: 1) expand the provision of short-listed EBPs and/or CDEPs (or related adaptations) that they currently provide, or 2) scale delivery of a short-listed EBP and/or CDEP (or related adaptation) by training and credentialing more providers.</p>
32	Section 4.B.4	Are we allowed to partner with existing CSC services provider so we can join forces and empower the current EBP & CDEP efforts? Would you facilitate such partnerships or do we need to explore this on our own? Would you share the list of current CSC services providers?	Yes, multiple entities may partner together to submit a joint application. A lead organization may apply on behalf of the partnership; however, the roles and responsibilities of each entity that will be party to the grant must be detailed in the application. The lead entity must also submit a letter of commitment from each of the named



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			<p>organizations. Please detail this information in the Individual/Entity Experience section of the application.</p> <p>The following are current CSC service providers:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">ICMES 3 (Los Angeles County)</td> <td style="width: 50%;">SFVCMHC (Los Angeles County)</td> </tr> <tr> <td>ICMES 4 (Los Angeles County)</td> <td>Solano SOAR</td> </tr> <tr> <td>LIFE PATH (Stanislaus County)</td> <td>Sonoma SOAR</td> </tr> <tr> <td>Marin County Felton</td> <td>Stanford INSPIRE</td> </tr> <tr> <td>Napa SOAR</td> <td>The Help Group (Los Angeles County)</td> </tr> <tr> <td>OC Crew (Orange County)</td> <td>The Whole Child (Los Angeles County)</td> </tr> <tr> <td>REACH (Santa Clara County)</td> <td>UCLA Aftercare</td> </tr> <tr> <td>SacEDAPT and EDAPT (Sacramento County)</td> <td>UCLA CAPPS</td> </tr> <tr> <td>San Diego Pathways Kickstart</td> <td>UCSD CARE</td> </tr> <tr> <td>San Francisco County Felton</td> <td>UCSF PATH</td> </tr> <tr> <td>San Mateo Felton</td> <td>VCPOP (Ventura County)</td> </tr> </table>	ICMES 3 (Los Angeles County)	SFVCMHC (Los Angeles County)	ICMES 4 (Los Angeles County)	Solano SOAR	LIFE PATH (Stanislaus County)	Sonoma SOAR	Marin County Felton	Stanford INSPIRE	Napa SOAR	The Help Group (Los Angeles County)	OC Crew (Orange County)	The Whole Child (Los Angeles County)	REACH (Santa Clara County)	UCLA Aftercare	SacEDAPT and EDAPT (Sacramento County)	UCLA CAPPS	San Diego Pathways Kickstart	UCSD CARE	San Francisco County Felton	UCSF PATH	San Mateo Felton	VCPOP (Ventura County)
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33	Section 4.B	Track 1B – Implementation Start-up – Other Early Intervention Program. Can we add a new program (created by us) under this track? We would like to mobilize a team of experts like therapists & psychiatrists, who leverages our software to provide early intervention services and work in conjunction with CSCs.	Implementing a new practice or program would be considered Track 1.B. The practice or program needs to meet the goals and objective and requirement stated in the RFA, including being a EBP or CDEP.
34	1.A	Does Early intervention programs and practices include the idea of a confidential market place where we bring stake holders (such as psychologist, medical providers, counselors, teachers and other school officials together to assist those seeking help via the platform to overcome early trauma inducing experiences qualify for the grant program?	The intent of the RFA is to provide services to children and youth. The grant is funding practices and programs that provide services to children and youth in compliance with the goals and objectives, and requirements stated in the RFA. A marketplace that focuses on stakeholders does not appear to be providing services to children and youth.
35	1.B	After the creation of the technology platform they are targeting in marketing the population that are identified by California Reduction of Disparities Project. But it is not a program requirement to “exclude” other participants?	The question is unclear the way it is written. The first sentence is a statement without context. There is no program requirement to exclude other participants.
36	1.C.15	The organization is a private 501 c3 organization. Do they fall under this Eligible Grant Recipient?	Yes, a private 501(c)(3) organization may apply.  The Commission (and DHCS) will only select applicants that meet the minimum qualifications and program requirements identified in the RFA.  Funding decisions will be based on a variety of factors, including but not limited to practice

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			<p>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.</p> <p>Additionally, MHSOAC and DHCS reserve 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 Five 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 evaluation criteria.</p>
37	2	Is the idea of a confidential market place qualified for this program?	This question cannot be answered as it does not provide an explanation or definition of a confidential marketplace.
38	4.B.	If we are eligible then this organizations activity falls under 1.a.1. a completely new program that can address EBP and CDEP.	This is a statement and not a question.

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39	4.E	Implementation of the SaaS solution will fall under 1.a.9? Or is this the category 1.a.13	The section referenced is Allowable Costs. A SaaS solution would be considered as technology.
40	4.E.1.C	Currently the organization has no funding, does this make them non eligible for this program?	<p>No, you are still eligible to apply. Per the RFA, the Start-up track is designed for organizations that are seeking startup funds to newly implement an EBP and/or CDEP (or related adaptation). The Operational expansion track is designed for organizations looking to: 1) expand the provision of short-listed EBPs and/or CDEPs (or related adaptations) that they currently provide, or 2) scale delivery of a short-listed EBP and/or CDEP (or related adaptation) by training and credentialing more providers.</p> <p>However, there is no possibility of contract renewal under the CYBHI. The grants are funded through a one-time budget allocation in the state general fund. Applicants must describe the entity’s sustainability plan for maintaining the practice model over time.</p>
41	4.A.a.1	Can the applicant contract a provider that is out of state? The applicant has excellent relationships with a leading Psychologist that offers evaluation test for various PTSDs and intends to use those for self-assessment tests, that will be reviewed by a local provider who will be trained by the creator of the tests.	<p>Section 5.A.1.a.1) states, “The Grantee will be responsible for and agree to: 1) Be located in and conduct all grant activities in the State of California.”</p> <p>This applies to subcontractors and anyone else who may be paid with these grant funds. Therefore, you cannot contract a provider that is out of state.</p>

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42	6.A.2	Are we correct to assume that this applicant will be eligible under Track 1B?	If your program does not meet the requirements of a CSC Early Psychosis model, then you would apply as an Other Early Intervention Program. If you are applying to start a new program, then Track 1B would be appropriate. If this is an expansion of an existing program, then select Track 2B.
43	6.C	After the formation of the company the initiative got stopped based on lack of funding because the organization started prior to COVID, but also they had not the proper guidance. Will this impact the decision?	The question is not clear. All applications will be assessed based on meeting the goals and objectives, and requirements stated in the RFA.
44	General	What definition of "early intervention programs and practices" is being used for this grant?	EBPs are those with documented, empirical evidence (e.g., randomly controlled trials, peer-reviewed studies, and publications) of effectiveness in improving children and youth BH. These programs and practices have been clinically reviewed and codified, meaning the practices have been manualized to ensure the fidelity of implementation in a variety of settings. <a href="https://www.dhcs.ca.gov/CYBHI/Documents/DHCS-CYBHI-EBP-CDEP-Grant-Strategy-Overview-December-2022.pdf">https://www.dhcs.ca.gov/CYBHI/Documents/DHCS-CYBHI-EBP-CDEP-Grant-Strategy-Overview-December-2022.pdf</a>
45	General	What definition of "community-defined evidence practice" is being used for this grant?	Community-Defined Evidence Practices are a set of practices that communities have used and found to yield positive results as determined by community consensus over time. These practices may or may not have been measured empirically but have reached a level of acceptance by the community.

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			An eligible CDEP is a program or practice that aligns with the goals of this funding round. <a href="https://www.dhcs.ca.gov/CYBHI/Documents/DHCS-CYBHI-EBP-CDEP-Grant-Strategy-Overview-December-2022.pdf">https://www.dhcs.ca.gov/CYBHI/Documents/DHCS-CYBHI-EBP-CDEP-Grant-Strategy-Overview-December-2022.pdf</a>
46	General	If we already have a contract with the county to provide Functional Family Therapy, and we want to use this grant to provide Functional Family Therapy to other clients that are not through this contract, would we only be eligible for the Operational Expansion track? Or because we do not offer these services to the clients proposed for this grant, would we be eligible for the Start-up track?	This would be an Operational Expansion, since the program already exists and you are expanding it to other clients.
47	8.B. Required Application Format	How large of an attachment file size can be received by the email in 7.C – procurements@mhsoac.ca.gov?	For purposes of this RFA, please do not submit a file larger than 25Mb. If the file size is larger, please save it into multiple files. In addition, please send a follow up email after you submit your application to verify receipt of your application.
48	8.B. Required Application Format	Does the submitted RFA need to be in one single consolidated attachment, or can multiple attachments be sent in the email?	There is no requirement on whether the submitted application should be in one file or multiple files.
49	8.B. Required Application Format	Are there margin requirements?	No
50	8.B. Required Application Format	Is there a page limit requirement?	No, it is encouraged that you be concise in your response, but there is no page limit.
51	8.B. Required Application Format	Are there any word count (limit) requirements?	No, it is encouraged that you be concise in your response, but there is no page limit.
52	8.B. Required Application Format	Is there a font size requirement?	No, but it is encouraged that you use a standard font size to provide a legible application.

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53	3.B. Applicant Bidder Conference	Is there, or will there be, a posted recording of the bidder conference?	No, the Bidders Conference was not recorded.
54	Appendix 2: Examples	Our program is not specifically listed in Section 2, so we will submit with support demonstrating that our program is an EBP or CDEP. Along with the scientific evidence, is it mandatory that our program also has a rating from a relevant clearinghouse?	<p>No, it is not mandatory that your program, has a rating from a relevant clearinghouse. However please describe the evidence which supports that the selected EBP/CDEP or adaption will drive the outcomes contained in Section 1B “Equity-Driven Approach”.</p> <p>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<sup>18</sup>, Title IV-E Prevention Services Clearinghouse<sup>19</sup>, Federal Evidence-Based Practices Resource Center<sup>20</sup>)</p> <p>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</p>
55	Appendix 2: Examples	The specific treatment modalities/interventions listed are very limited, do additional treatment modalities qualify?	Applicants may request funding for EBPs/CDEPs that are not specifically listed in the Request for

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		We are specifically interested in the First Approach Skills Training (FAST) model. This is an evidence-based program: Schoenfelder Gonzalez, E., Jungbluth, N., McCarty, C. A., & Hilt, R. (2022). Barriers to increasing access to brief pediatric mental health treatment from primary care. <i>Psychiatric services</i> , 73(2), 235-238.) First Approach Skills Training (FAST) Program - Seattle Children's ( <a href="http://seattlechildrens.org">seattlechildrens.org</a> )	Applications (RFA); however, in order to be considered for funding, the applicant must submit supporting documentation detailing the efficacy, equity, scalability, and sustainability of the practice and demonstrate how the program aligns with the goals, objectives, and requirements of Round 5.
56	General	We are considering applying to establish a program to serve youth at clinical high-risk for psychosis (CHRP). Would a CHRP program be considered for funding under this round? If so, would it fall into an “Other Early Intervention Track” or a CSC track. Many thanks, Jason	If the CHRP program is an early intervention program and meets all the requirements in the RFA, then it would be considered for funding. If applying for a CSC Early Psychosis track, then the program would need to comply with the fidelity of CSC Early Psychosis model presented in the RFA. If the program does not comply, then it would be considered an Other Early Intervention program.
57	General	We have an existing CHRP program that offers assessment services, but not intervention. (If CHRP programs are even considered in this round), would we be considered an expansion (from assessment to treatment) or a new program (new to intervention services)?	Based on the information provided, it appears this would be considered an expansion of an existing program. Applicants may request funding for EBPs/CDEPs that are not specifically listed in the Request for Applications (RFA); however, in order to be considered for funding, the applicant must submit supporting documentation detailing the efficacy, equity, scalability, and sustainability of the practice and demonstrate how the program aligns with the goals, objectives, and requirements of Round 5.



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58	General	1. Are there page, word or character limits for the attachments?	No, there are no limits. You are encouraged to be concise with your responses.
59	Page 21, Attachment 4, question 9	2. Would it be appropriate to discuss cultural background in question 9 on attachment 4? For example, if we serve an LGBT population that comes from a culture that is less accepting of LGBT youth and this is impacting their mental health.	Please provide as much information on your target population as you feel is needed to thoroughly explain the population that you serve.
60	Page 23, Attachment 5, question 2a	3. Is there an estimated month for the contract execution?	Per the Key Action Dates in the RFA, contract awards are expected to be announced on December 13, 2023. Contracts will be executed after that date. There is no estimated month as the contracting process is unique to each grantee.
61	Page 23, Attachment 6, question 1a	4. How should fringe benefits be included in the personnel section of the budget? Can it be lumped into one percentage or does it need to be detailed out? Should it just be part of the salary line for each staff member?	Each applicant can decide how they want to present fringe benefits on the budget, whether to include in the staff salaries or a separate line item. Please explain this in the budget narrative.
62	Page 23, Attachment 6, question 1c3	5. If an "other" expense is ongoing, such as monthly supplies, what should be used for the expected month of purchase column on the budget worksheet?	The expected month should be the month in the expense is first incurred.
63	Page 24, Attachment 7, question 1	6. Does Attachment 7 need to be submitted for the project lead that is submitting the application or just for any partners?	If the project lead is the grantee, they do not need to complete the attachment. This is only for any Community Collaboration Partners.
64	Page 27, 8b	7. If submitting in PDF format, should all attachments be merged into one file with a table of contents as page one?	There is no requirement on whether the submitted application should be in one file or multiple files
65	Page 33, attachment 2, question B1	8. What documentation is acceptable for the minimum qualification requirement of being located in California?	This is no specific documentation required, but examples may include: business license, tax return, utility bill, etc.

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66	Page 33, attachment 2, question B3	9. Is a federal 501c3 letter sufficient documentation for minimum qualification B3 (valid CA state tax ID and/or federal EIN)?	It is acceptable as long as it contains a CA state tax ID or a FEIN. In addition, completion of the STD 204 (Attachment 8) would meet this requirement.
67	General	Is there a target or minimum number of children/youths served per grant?	<p>No, there is no target or minimum requirement.</p> <p>However, the Commission (and DHCS) will take impact of the award into consideration when making funding decision.</p> <p>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.”</p> <p>Additionally, MHSOAC and DHCS reserve 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 Four EBPs and CDEPs will be evaluated for efficaciousness, equity, sustainability, scalability, and whether the practice model is</p>

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			supplementary to the BH landscape. No application is guaranteed funding and applications will be reviewed holistically across the defined evaluation criteria.
68	General	Do the children/youth served have to participate across all 18 months of the grant period? Or can it be different children/youth between two academic school years? (School Year 2024 = Dec 2023 – Jun 2024. School Year 2025 = Aug 2024 – June 2025)?	There is no requirement that the same children and youth need to be served across the entire grant period.
69	General	Can we submit multiple applications if we are starting up the same EBP at multiple school sites? (up to 12 different locations)	No, only one application per program is allowed. You may submit a separate application for a different program.
70	Attachment 3 Applicant Background	In APPLICANT BACKGROUND (ATTACHMENT 3), if we are applying only to Track 1 - Implementation Start Up, can we delete questions 7 through 9 (and all associated sub-questions)? Or must we keep each and note "Not Applicable"?	The RFA requirements state respond “not applicable” for any requirement that does not apply. This is to ensure all applicants have seen/read the requirements.
71	Attachment 4 Proposed Plan	In PROPOSED PLAN (ATTACHMENT 4), is Question 1 (What is the name of your proposed/current program?) asking for the name of the EBP? Same as Question 3.a. (State the program identified in Section 2.)?	Question 1 is the name the applicant has given to their program. Question 3.a. is asking if your program is listed in Section 2, to specifically identify it from the list and state the name that is on the list.
72	4.C.2	For the monthly check-in meetings, is there a recommendation on who to attend? In other words, should this be a grant liaison or a program lead?	The details of the monthly check-in meeting will be reviewed with each grantee after contract execution.

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73	Attachment 4 Proposed Plan	In PROPOSED PLAN (ATTACHMENT 4), is Question 2 (Provide information about the services the program will/does provide.) simply asking for a summary of the EBP goals, objectives and proposed activities?	This question relates to the services the applicant is/will actually provide through their program.
74	General	Is there any preference for projects that can demonstrate grant funds will be matched with other funding sources?	No, there is no preference, but sustainability is a consideration identified in Section 10 Application Scoring.
75	Attachment 5-1 Budget Worksheet Instructions	The budget instructions/example only reference hiring new staff. For Track 1 - Start Up, is there any preference for hiring new staff vs. allocating time from current staff to implement the EBP?	No, there is no preference. For this RFA only, the term new staff is used since all staff are considered new if they will be funded from this grant.
76	B. Grant Tracks	When submitting a joint application, can multiple LEAs be on the same application if they are applying for the same track, e.g., Track 1 – Start Up, but with different EBP selected (non-CSC application)? For this question, the COE is the Applicant, but multiple LEAs will be part of multi-organization application.	Yes, this is acceptable. As a reminder, applications should be for a specific program. If a multi-organization application has multiple programs, they may want to consider submitting an application for each individual program, if it make sense to separate the applications.
77	Attachment 3: Applicant Background, C.6.	How specific should current funding sources be described for this question?	For this requirement, you may only provide the names of your current funding sources.
78	B. Grant Tracks	Are applications to be submitted by Track 1 or Track 2 or by LEA? For this question, the COE is the Applicant, but multiple LEAs will be part of multi-organization application.	An application needs to be for a specific track as requirements and funding limits are set by track.
79	B. Grant Tracks	We heard in the bidder’s conference that LEAs cannot apply for the same program to be implemented in different locations. Please clarify this. What is meant by location? School site vs. District?	If there is an existing program, an application can be submitted to implement the same program in a different location. This would be considered an expansion.

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			You may not submit multiple applications to implement the same program in different locations. Location is defined as any space or geography in California.
80	Grant Opportunity	We are proposing programming and practices that are evidence-based but outside the list of pre-identified practices in the RFA. What is the level of evidentiary rigor we should provide in order to be recognized as an EBP for the purposes of this proposal?	<p>There is no defined level of evidentiary rigor that needs to be provided. Applicants should provide as much detail to allow a reasonable person to understand and make a determination.</p> <p>Please describe the evidence which supports that the selected EBP/CDEP or adaption will drive the outcomes contained in Section 1B “Equity-Driven Approach”.</p> <p>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<sup>18</sup>, Title IV-E Prevention Services Clearinghouse<sup>19</sup>, Federal Evidence-Based Practices Resource Center<sup>20</sup>).</p> <p>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</p>

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			as an Innovative Practices in the National Network to Eliminate Disparities in Behavioral Health resource library.
81	Grant Tracks	We plan on submitting an application under 2B “Program Expansion”. Can we also submit a second application under the operational start-up track (1B) in order to implement a new program with unique staff roles, services, activities and outcomes that support our enrolled youth’s caregivers?	Multiple applications are allowed, as long as they are not for the same program.
82	RFA Early Intervention-001	We are a Research Center located in an underserved area where early intervention programs are limited. The community often reaches out to us requesting these services. Currently, we don’t have programs available for this specific population. We are looking for funds to support the community’s needs. We are planning to implement a public awareness program for early detection of developmental disabilities (0-5 years) where we will provide education on early identification of infants and toddlers with disabilities in the community and provide primary referral source. As a Research Center, are we eligible to apply for this grant?	<p>The intent of the RFA is to provide services to children and youth, through early intervention programs, that meet EBP or CDEP.</p> <p>As your question states that you do not have a program, so this grant may not be for you. You may apply for a start-up grant, but the program must meet the goals and objectives, and requirements in the RFA, including being an EBP or CDEP</p>

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83	6.C.8. Community Collaborative Partners	With regard to the data collection you have specified, we would appreciate clarification regarding whether the target audience should exclusively encompass residents of the State of California. We wish to highlight that our Program, The Steps to Becoming a Superhero, has been successfully implemented in other international regions, including Colombia, Puerto Rico, and Guatemala. However, we have not collected data in the US yet.	Yes, the intent of this grant is to provide services to California children and youth.
84	B. Grant Tracks	Trinity is exploring the possibility of bringing the RSAP EBP to youth in Southern California who have experienced trauma/abuse, neglect, who are using or at risk for using substances and/or who are part of the Juvenile Justice system. Our conceptualization includes training staff in the EBP and bringing the services to the youth in our residential sites as well as the sites of outside/sister agencies in the surrounding counties. To provide the best proposal, we hoped to clarify the Hub and Spoke language as well as limitations for Start-up/Expansion. As we have not delivered this program before, would we be limited to just the Start-Up aspect and our own staff would need to reach out to other agencies/communities to provide these prevention and direct services? Or can a start-up agency apply on behalf of multiple agencies who will collaborate in training their respective staff to deliver the services to more youth? Is this the Hub/Spoke situation or can you please provide a bit more information to this situation?	<p>For purposes of this RFA, the Hub and Spoke language is for CSC Early Psychosis programs.</p> <p>Based on your comment that you have not delivered these services before, this would be considered a Start-up.</p> <p>It is the responsibility of each applicant to identify partners who can provide the necessary services to your program.</p> <p>Training additional staff to deliver services is not considered a Hub and Spoke for this RFA.</p> <p>For the purposes of this RFA, a Hub is an existing CSC Early Psychosis program, and a Spoke is an entity (e.g., county BH) who cannot provide the services themselves, but has developed an agreement for the Hub to provide the services to the Spoke.</p>

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85	Residential Student Assistance Program	For the RSAP EBP, are you aware if there is a train-the-trainer aspect to the EBP as we could not find this on the Clearinghouse and other areas.	Since this is a competitive procurement, we cannot advise on aspects of each applicants program as that research would need to be performed by each applicant.
86	3.B	Can we secure a recording of the Bidder Conference that was held on Wednesday, September 20th?	The Bidder's Conference was not recorded.
87	Section 4 (Grant Funding)	This question pertains to Track 2A (expansion) of an existing CSC FEP program: Our organization operates three distinct CSC FEP programs, distinguished by County. Each distinct CSC FEP program is unique in that they have undergone independent fidelity assessments, receive varying levels of TA at this time, and are funded in a variety of different ways based on the County (e.g., PEI, MHBG, EPI+, EPSDT, etc.). Additionally, each program is operating to the degree that it is currently funded. For example, one program may have funding to cover adequate costs for psychiatry while another program does not. Question: Is the organization permitted to submit three distinct applications to pursue three separate operational expansion grants for the three distinct programs, or is the organization only permitted to submit one application for a max award of one operational expansion total for the organization?	You are only allowed to submit one application to expand an existing program at another location. Multiple applications for the same program at different locations is not allowed.



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88	Attachment 1-4, 6, 7	Would you kindly confirm: Should the grant be submitted written directly into the attachment templates, with no changes to the existing text? For example, on Attachment 3 question C.1., should applicants delete the prompt and replace it with their response, or should applicants leave the prompt (entire template) intact and enter the response in the section following the prompt?	Use the Attachments to respond to the requirements. Do not delete or change the prompts/requirements.
89	Attachment 1 and Section 7.H.	With reference to the “cover letter” should the cover letter be page 1 of the entire application packet or should the cover letter be added after Attachment 1 (should cover letter follow the Grant Application Cover Sheet)?	A separate cover letter is not required but can be added to your application. This separate cover letter could be the first document before the attachments.
90	Section 4 (Grant Funding) B.2) b)	The grant track for operational expansion supports organizations to train or credential more providers. As an existing CSC FEP program, we have identified infrastructure needs (e.g., allocation of staff (such as an analyst) to data tracking and reporting for example) that the CSC FEP model requires, in order to support providers and increase the time providers can spend with clients (rather than on administrative activities). Will investments in activities and costs that are necessary to support scaling of the program be permitted, even if the number of additional providers immediately being increased is minimal?	All expenditures may only be used to support the program funded by the grant. This would include scaling an existing program.

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91	Section 4.B.3 (Grant Funding, Grant Tracks)	Lucidity Behavioral Health, LLC operates “California OnTrack,” which is a Coordinated Specialty Care program for Early Psychosis Intervention for people ages 18 – 25. We have been operating this program since August 2022. We sometimes admit individuals older than 25 if they meet strict criteria for our CSC program and participation would not disrupt the 18-25 year old interventions. Is that a problem for the purposes of qualifying for a Track 2A grant to expand our existing CSC?	The intent of this funding is to provide early intervention services to children and youth, ages 0 – 25. Your question does not provide enough information to adequately respond as we do not know the strict requirements, how often this occurs, or even the number of participants that are over 25.  You may apply, but these items need to be addressed in order for the Commission and DHCS to make a proper determination to ensure funds are being used for appropriate purpose.
92	Section 4.B.3 (Grant Funding, Grant Tracks)	Teens have very different needs than adults, and we intend to begin an adolescent CSC program - with programming and curriculum for teens, not adults, as well as SEE that focuses on adolescent supports. This will require new curricula, materials, structure, scheduling, staffing, and space to accommodate the nuanced needs of the adolescent population. Does this program qualify as a Track 1A start-up?	A track 1A Start-Up CSC First Episode of Psychosis program must meet the fidelity of the CSC First Episode of Psychosis model stated in the RFA. If it does not, then it would be considered an Other Early Intervention program.
93	Page 5, section 1C (Eligible Grant Recipients)	SHC has Medi-Cal contract for medical services, however for mental health we do not, can we still apply?	You would be considered an eligible grant recipient, but still must meet the requirements stated in the RFA.
94	Page 10, section 4B (Grant Tracks)	Should we apply for the new or expansion program? INSPIRE (psychosis clinic) currently exists as a clinic within the general department of Psychiatry and we would like to become a full C&C program (hire OT, Social workers, Job Specialist, Life Coach).	If it is an existing program and you are expanding the size or adding locations then it would be considered an expansion.

# Mental Health Services Oversight and Accountability Commission

## RFA Early Intervention-001

### CYBHI Early Intervention Programs

#### Questions and Responses 1

RFA Early Intervention-001 Questions and Responses 1			
	RFA Section Reference	Question	Commission Response
95	Page 9, section 3E (Applications Due)	The INSPIRE clinic serves adults through the Adult Division of Psychiatry and children through the Child Division of Psychiatry (two different entities with different tax IDs). Do Child Psych and Adult Psych need to submit separate applications or can one be submitted on behalf of both?	Either way is acceptable and dependent upon the intent of the applicants
96	Section 8.B: Required Application Format; AND Appendix 3, Section 8: Electronic Signature	<p>The requirement that a table of contents and page numbers must be included within the application seems to suggest that the full application should be submitted as one complete Word or PDF file. However, when a PDF is signed with embedded authentication and password protection (as is seemingly required for Attachment 1 and Attachment 8), it may prevent us from merging those PDFs with other application attachments.</p> <p>Would it be acceptable to include non-password protected versions of Attachment 1 and Attachment 8 within the full application PDF and also submit standalone versions of those attachments that do meet the electronic signature requirements?</p>	Yes, that is acceptable.

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#### Questions and Responses 1

RFA Early Intervention-001 Questions and Responses 1			
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97	Section 6.F: Community Collaboration Partners (Attachment 7)	<p>Please identify which, if any, of the following hypothetical situations would require the submission of an Attachment 7:</p> <ul style="list-style-type: none"> <li>- A contracted partner named in the application who will be paid grant funds to assist with outreach/marketing to the target populations.</li> <li>- A contracted partner named in the application who will be paid grant funds to provide necessary training for program staff.</li> <li>- A non-contracted service provider named in the application to whom the applicant will refer/link clients in need of supplemental services.</li> </ul>	Community Collaboration Partners are ones that provide services, funding, goods, capital outlay (e.g., facilities), etc., to your program and not partners which you are paying with the grant funds.
98	Section 2: Purpose and Goals of Grant Opportunity	Would an application for a program focusing on infants and young children (ages 0-5) be considered as seriously/ to be as competitive as an application focusing on older children/youth/young adults?	All applications will be reviewed according the same guidelines.
99	General	I am writing to inquire about this round of funding being used for buying property, which would then be used for the place of service delivery for the objectives of this grant.	Property or capital outlay would be considered an allowable cost if it only supports the program being funded by the grant.

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#### Questions and Responses 1

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100	Appendix 2, Examples	<p>Our organization is examining EBPs and CDEPs that focus on addressing the linkages between intellectual and/or developmental disabilities (IDD) and mental/behavioral health, with a specific focus to better support children who have both an IDD diagnosis and behavioral health need, a focus derived in part from the DHCS document, "Medi-Cal's Strategy to Support Health and Opportunity for Children and Families."</p> <p>While the program will target all ages, a primary focus will be for younger children.</p> <p>However, we noticed each example focused on adolescents and/or substance issues.</p> <p>Our question is whether applications are welcomed in this round that focus on younger children as well as autism/IDD linkages to mental health, or is the focus on older youth/adolescents and substance issues?</p>	<p>The intent of this funding is to provide early intervention services to children and youth, ages 0 – 25.</p>