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**REQUEST FOR APPLICATIONS (RFA)**

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

**Round 4: Youth-Driven Programs**

**RFA Youth-Driven Programs-001**

ADDENDUM 1

July 31, 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 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 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 areas. Applicants may apply to one or more of the grant rounds listed below:

* 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 (March 2023),
* Round 4: Youth-driven programs (July 2023),
* Round 5: Early intervention programs and practices (July/August 2023), and
* Round 6: Community-defined programs and practices (approximate timeline for release: 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, and Medi-Cal’s Strategy to Support Health and Opportunity for Children and Families.

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. **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 youth drop-in centers across the state, and
* Assist the program grant recipients with implementation, training, data collection coordination, and youth-driven design strategies.
* 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.

1. **ELIGIBLE GRANT RECIPIENTS**

Entities eligible to receive grants as a part of this RFA, Round 4: Youth Driven 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 plans,
13. Hospitals and hospital systems,
14. Health Care Districts, 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.

# Purpose and GOALS of grant opportunity

This Request for Application (RFA) details the grant parameters and requirements for Round 4: Youth-driven programs. Based on input from DHCS’ Think Tank[[2]](#footnote-2) and Workgroup[[3]](#footnote-3) discussions, Round 4 will aim to scale youth drop-in centers or other youth-driven programs 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 it’s designee, will contract with eligible recipients to support training, capacity building, implementation, and expansion of youth drop-in centers or other youth-driven programs 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 youth drop-in centers and/or other youth-driven programs designed with, by and for youth 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.

This procurement will award up to a total of $50 million in grants, to scale youth drop-in centers or other youth driven programs to provide children and youth access to mental health services throughout California. For Round 4, the following EBPs and/or CDEPs will be scaled through competitive grant awards:

* allcove™ model youth drop-in centers[[4]](#footnote-4) (Appendix 1 – allcove™ Model Components),
* Other youth-driven programs, which includes but are not limited to:
  + Drop-in centers for homeless youth
  + Drop-in centers for LGBTQIA+ youth
  + Clubhouse model (Young adults with Serious Mental Illness)
  + Fostering Healthy Futures -Preteen (FHF-P)
  + Transition to Independence Process (TIP) Model
  + Peer Respite
  + Across Ages

See Appendix 2: Examples – Other Youth-Driven Programs 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 youth drop-in centers or youth-driven 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 | July 31, 2023 |
| Applicant Bidder Conference | August 9, 2023 |
| Written Questions Due | August 16, 2023 |
| Distribute Questions and Responses | August 22, 2023 |
| Applications Due | September 15, 2023 by 3:00 p.m. |
| Grant Award Announcement\* | October 27, 2023 |

*\*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) and Cal eProcure.

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, August 9, 2023  
11:00AM – 12:30PM

<https://mhsoac-ca-gov.zoom.us/j/88230521108>

Meeting ID: 882 3052 1108  
Call-in number: (669) 900-6833

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 Youth-Driven Programs-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 Youth-Driven Programs-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)) and on the DHCS website (https://www.dhcs.ca.gov/CYBHI/Pages/EBP-CDEP-Grants.aspx) by the date listed in Table III-1 above.

# GRANT FUNDING

1. **FUNDING**
   1. Up to $50 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).
         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, or
            2. Scale delivery of a short-listed EBP and CDEP (or adaptation) by training or credentialing more providers.
   2. Eligible Applicants can submit an application specific to a single track.
   3. Eligible Applicants may apply for more than one EBP and/or CDEP by submitting separate applications for each program.
   4. For the implementation track, eligible recipients 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.
   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 an allcove™ program and it is deemed that the application does not meet the fidelity to the allcove™ model, the Commission reserves the right to move the application to the Other Youth-Driven programs and be considered for those funding amounts. (See Appendix 1, allcove™ Model Components to fully understand the commitment to implement an allcove™ program).
3. **GRANT CYCLE**
   1. The Grant contract term will 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.
4. **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** | | | |
| allcove™  Implementation Track (Start-Up) | allcove™  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, building or facility purchase),
         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),
         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.

# 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 a youth drop-in center or other youth-driven program that complies with EDB or CDEP, with all core components and be open to fidelity monitoring and improvement. The allcove™ Model Components are 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,
      3. Report data and other operational information to the Commission and or others,
      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 the allcove™ youth drop-in center, other youth drop-in centers, or other youth-driven programs.
   4. If operating an allcove™ Youth Drop-In Center, maintain a Youth Advisory Group to guide the planning, implementation, and on-going service delivery strategy. If operating other youth driven programs, maintain a youth advisory board to guide the planning, implementation, and on-going service delivery strategy.
   5. Engage community stakeholders in the program, including the planning process.
   6. 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.
   7. 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.
   8. Provide continued community support through the contract term.
   9. allcove™ grantees agree use the allcove™ brand and agree to comply with all of the requirements associated with model integrity, the brand and trademark.
4. In addition, the Grantee agrees to the following 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. Create a youth driven design with ongoing participation from youth.
   3. Increase mental health literacy and reduce mental health stigma through community engagement and education activities.
   4. Reduce suicide and suicide ideation.
   5. Reduce homelessness.
   6. Reduce unemployment through linkage to vocational training.
   7. Reduce school failure through linkage to educational support services.
   8. Provide peer support services.
   9. Provide treatment for substance use disorders.
   10. 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) and comply with all program evaluation efforts.
   1. allcove™ grantees agree to use the TA’s datacove 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. Based on input from Think Tank and Workgroup discussion, as well as DHCS OSP leadership, 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. 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[[5]](#footnote-5).
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 – allcove™ Youth Drop-In Center

Track 1B – Implementation Start-up – Other Youth-Driven Program

Track 2A – Implementation Expansion – allcove™ Youth-Drop-In Center

Track 2B – Implementation Expansion – Other Youth-Driven 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 youth-driven 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. Explain how your organization has successfully engaged with youth and have provided spaces for leadership skill building, mental health advocacy, and opportunities to engage in program/service delivery.
2. Current youth drop-in center or other youth-driven program.
   1. Describe your current youth drop-in center or other youth-driven 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. If not, explain how this program is either an EBP or CDEP.
      3. Where is the current program located? Explain if you have dedicated facilities for the program and how the facilities are being funded.
      4. How long has your program been in existence?
      5. What services are provided?
      6. How many staff do you employ?
         1. How many are paid staff?
         2. How many are volunteers?
      7. What are their roles and responsibilities?
      8. What youth needs are being addressed?
      9. How were the youth needs that are being addressed determined?
      10. What other youth needs were determined that are not being addressed by this program?
      11. How many individuals were served in the previous 12-month period?
      12. Have you worked with a Technical Assistance advisor for this program?
          1. If so, who was it?
          2. What services did they provide?
      13. 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?
3. Youth Advisory Board
   1. Describe your current youth advisory board. In addition, respond to the following questions:
      1. How many individuals make up your youth advisory board?
      2. What are their roles and responsibilities?
      3. How do you ensure that the youth who are selected are representative of the youth in your community?
      4. Do any of the youth advisory board members hold positions of leadership within the county? Explain.
4. Community Collaborative Partners
   1. Provide the following information on all community collaborative partners, including health care providers, who are active in supporting the youth drop-in center or other youth-driven 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. Note – If an entity/individual only donates money, do not include them in this section.
5. Describe the sources of funds currently supporting the youth drop-in center or other youth-driven 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.
6. **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?
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. If not, explain how this program is either an EBP or CDEP.
4. Where will/is the program be located?
5. List where you plan/will provide services (County, Zip Code) and explain why these areas were selected.
6. 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).
7. Identify the 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 youth drop-in center or other youth-driven program. Refer to 1.B. for description.
8. Describe the community need for a youth drop-in center or other youth-driven program including, if available, the needs identified by the community during a recent Community Program Planning Process.
9. 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.
10. With the implementation/expansion of the program, what is the expected number of youths that will be served on an annual basis.
11. Explain how this number was determined, including any assumptions.
12. Describe your capacity and ability to collect data for evaluation purposes.
13. For allcove™, Applicant agrees to use the allcove™ brand and agrees to comply with all of the requirements associated with model integrity, the brand and trademark.
14. For allcove™, Applicant agrees to use the TA’s datacove data collection tool and agrees to all of the terms and conditions associated with using the tool.

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 youth drop-in center or other youth-driven program.
    3. Value of the goods/services that will be provided to the youth drop-in center or other youth-driven 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 youth drop-in center.
    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 Youth-Driven Prorgams-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 as 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: Youth-Driven 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 3 – 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 will only fund applications 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. Each application will be scored based on the strengths of the application and the responsiveness to the selection criteria and project aims, as follows:

* + - * + Ability to provide access to a range of emotional, physical and social support services to the population of focus.
        + Provide an integrated approach with room to reflect the specific needs of local youth and community.
        + 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.
        + 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 4 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

**Youth-Driven 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 – allcove™ Youth Drop-In Center  Track 1B - Implementation Start-up – Other Youth-Driven Programs  Track 2A - Implementation Expansion – allcove™ Youth Drop-In Center  Track 2B - Implementation Expansion – Other Youth-Driven Programs |

# 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 youth-driven 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. | Explain how your organization has successfully engaged with youth and have provided spaces for leadership skill building, mental health advocacy, and opportunities to engage in program/service delivery. |
| C.8. | Current youth drop-in center or other youth-driven program. |
| C.8.a. | Describe your current youth drop-in center or other youth-driven program. In addition, respond to the following questions: |
| C.8.a.1) | What is the name of your program? |
| C.8.a.2) | Is your program specifically identified in Section 2, Purpose and Goal of Grant Opportunity? |
| C.8.a.2)a. | If not, explain how this program is either an EBP or CDEP. |
| C.8.a.3) | Where is the current program located? Explain if you have dedicated facilities for the program and how the facilities are being funded. |
| C.8.a.4) | How long has your program been in existence? |
| C.8.a.5) | What services are provided? |
| C.8.a.6) | How many staff do you employ? |
| C.8.a.6)a. | How many are paid staff? |
| C.8.a.6)b. | How many are volunteers? |
| C.8.a.7) | What are their roles and responsibilities? |
| C.8.a.8) | What youth needs are being addressed? |
| C.8.a.9) | How were the youth needs that are being addressed determined? |
| C.8.a.10) | What other youth needs were determined that are not being addressed by this program? |
| C.8.a.11) | How many individuals were served in the previous 12-month period? |
| C.8.a.12) | Have you worked with a Technical Assistance advisor for this program?  If so, who was it?  What services did they provide? |
| C.8.a.13) | Is the program Medi-Cal certified already? Explain. |
| C.8.a.13)a. | Are you a Provider and Medi-Cal enrolled, or |
| C.8.a.13)b. | Are your program services covered under Medi-Cal? |
| C.9. | Youth Advisory Board |
| C.9.a. | Describe your current youth advisory board. In addition, respond to the following questions: |
| C.9.a.1) | How many individuals make up your youth advisory board? |
| C.9.a.2) | What are their roles and responsibilities? |
| C.9.a.3) | How do you ensure that the youth who are selected are representative of the youth in your community? |
| C.9.a.4) | Do any of the youth advisory board members hold positions of leadership within the county? Explain. |
| C.10. | Community Collaborative Partners |
| C.10.a. | Provide the following information on all community collaborative partners, including health care providers, who are active in supporting the youth drop-in center or other youth-driven program (*add lines as needed*)   |  |  |  | | --- | --- | --- | | 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.11. | Describe the sources of funds currently supporting the youth drop-in center or other youth-driven program: |
| C.11.a. | Medi-Cal |
| C.11.a.1) | How much is provided annually? |
| C.11.b. | Local (County, School, etc.) |
| C.11.b.1) | What are the sources of the local funds? |
| C.11.b.2) | How much is provided annually? |
| C.11.b.3) | Is this permanent, one-time, or temporary funding? Explain. |
| C.11.c. | State/Federal |
| C.11.c.1) | What are the sources of the State/Federal funds? |
| C.11.c.2) | How much is provided annually? |
| C.11.c.3) | Is this permanent, one-time, or temporary funding? Explain. |
| C.11.d. | Other sources (e.g. Private donors, insurance, etc.) |
| C.11.d.1) | What are the sources of the other funds? |
| C.11.d.2) | How much is provided annually? |
| C.11.d.3) | Is this permanent, one-time, or temporary funding? Explain. |
| C.11.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.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. | If not, explain how this program is either an EBP or CDEP. |
| D.4. | Where will/is the program be located? |
| D.5. | List where you plan/will provide services (County, Zip Code) and explain why these areas were selected. |
| D.6. | Provide a proposed plan for implementing this program. The plan should include: |
| D.6.a. | The steps needed to implement/expand the program, including milestones, |
| D.6.b. | A schedule supporting the implementation plan that includes hiring staff, contracting staff, MOUs, training, procuring any goods needed, etc., |
| D.6.c. | Identification of program staffing and whether they will be hired or re-allocated from existing positions, |
| D.6.c.1) | If hiring needs to be done, explain your recruitment process and include the timing in the schedule. |
| ~~C~~ D.6.d. | A description as to how the funds will be utilized during the grant term. |
| ~~C~~ D.6.e. | Include a proposed date in which services will be provided. |
| ~~C~~ D.7. | Identify the 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 youth drop-in center or other youth-driven program. Refer to 1.B. for description. |
| ~~C~~ D.8. | Describe the community need for a youth drop-in center or other youth-driven program including, if available, the needs identified by the community during a recent Community Program Planning Process. |
| ~~C~~ D.9. | Describe the linkages with the other public systems of health and mental health care. |
| ~~C~~ D.9.a. | Explain if these are existing linkages or proposed linkages as part of implementing/expanding this program. |
| ~~C~~ D.10. | With the implementation/expansion of the program, what is the expected number of youths that will be served on an annual basis. |
| ~~C~~ D.10.a. | Explain how this number was determined, including any assumptions. |
| ~~C~~ D.11. | Describe your capacity and ability to collect data for evaluation purposes. |
| ~~C~~ D.12. | For allcove™, Applicant agrees to use the allcove™ brand and agrees to comply with all of the requirements associated with model integrity, the brand and trademark.  (Circle One)  Yes / No |
| ~~C~~ D.13. | For allcove™, Applicant agrees to use the TA’s datacove data collection tool and agrees to all of the terms and conditions associated with using the tool.  (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: MHSOAC RFA Youth-Driven Programs-001 – ATTACHMENT 5 – Budget Worksheet

Complete the Budget Worksheet Excel workbook and attach it 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 youth drop-in Center or other youth-driven 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 youth-driven program, or

Other Youth-Driven Program.

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

Track 1 – Start-Up, or

Track 2 – Operational Expansion

* + - 1. EXPENDITURES
    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 item 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 item 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 Youth-Driven Programs-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 - Youth-Driven Programs** | | | | |
|  | (Whole Dollars) | | | | |
|  | **Applicant: EXAMPLE** |  |  |  |  |
|  | **Program: Other Youth-Driven 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 | 1 | 40,000 | 115,000 | 155,000 |
|  | Mental Health Specialist | 3 | 25,000 | 100,000 | 125,000 |
|  | Community Coordinator | 3 | 10,000 | 60,000 | 70,000 |
|  | Family Outreach Specialist | 4 | 10,000 | 80,000 | 90,000 |
|  | Youth Outreach Specialist | 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 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 Youth-Driven Programs-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 purchased 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 youth drop-in center or other youth-driven program. |
| F.1.c. | Value of the goods/services that will be provided to the youth drop-in center or other youth-driven 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 youth drop-in center. |
| 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 Youth-Driven Programs-001** | | |
|  | **RFA Section Reference** | **Question** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |

# APPENDIX 1: allcove™ Model Components

Introduction and background

allcoveTM is a program initiated by the Center for Youth Mental Health and Wellbeing in Stanford’s Department of Psychiatry and Behavioral Sciences. The allcove™ model has been developed by the Stanford Center with input from its international collaborators, many youth advisors, the state of California, and its communities.

The licensing program (granting rights to use the allcove name and logo) is overseen by California’s [Mental Health Services Oversight and Accountability Commission](https://mhsoac.ca.gov/) with technical support and model integrity support provided directly to centers by the Central allcove™ Team at the Stanford Center for Youth Mental Health and Wellbeing.

At its core, the allcove™ model is community-based and community-led. It is intended to reflect a community’s culture and be flexible enough to adapt to the needs and unique characteristics of a given community, whether large or small. Each center should be powered by a coalition of young people, families, service providers and community-based agencies joining together in an integrated approach to serving young people.

Thus, the first step in bringing a new center to life is to go out into the community, assemble stakeholders, especially youth, and test the concept with those it is intended to serve. There is no one way to do this and each community is different. This document offers suggested steps for how to lay the groundwork for developing a center in one’s community.

Understanding the allcove™ model and the practice principles

Foundational to the allcove™ model are key overarching practice principles that inform the components that together provide a framework for the integrated youth mental health model that is allcove™. The model ensures that young people are provided holistic, evidence-based integrated services and that young people’s experience in any center of the allcove™ network is timely, consistent and high-quality.

While the model has been informed by international best practice[[6]](#footnote-6) and shares the characteristics of integrated youth mental health centers worldwide[[7]](#footnote-7), the Central allcove™ Team hopes to further develop and refine the model as it works with the Commission and the lead agencies of allcove™ centers across California and the U.S., as well as the Stanford Center’s international collaborators.

Overarching practice principles

Key practice principles are embedded in all components.

**Youth-centered care**

* Services co-designed with youth
* Young people as experts in their own care
* Socially and culturally inclusive
* Holistic service offering
* Strength-based, hope inspired
* Shared decision making
* Peer supported
* Staffed by professionals with expertise and passion for working with youth
* Developmentally appropriate interventions
* Informed consent and confidentiality

**Prevention, screening and early intervention**

* Actively working in the community to build youth resilience, increasing early help seeking, reduce stigma and increase mental health literacy
* Community-based services with active community partnerships
* Use of standardized screening tools to identify the state of health and wellbeing of young people
* Address and support social determinants of health through psycho-social service offerings

**Rapid, easy and affordable access**

* Wide service criteria for youth ages 12 to 25
* Drop-in services, when possible
* Located in areas where youth naturally congregate, accessible by public transportation, youth friendly environmental design
* Free or low cost, regardless of personal situation
* Most commonly sought services provided or connected in one location
* Strong linkages to referral sources, such as schools and other educational settings
* Integrated services with linkages to external services that support the continuum of care and higher levels of need

**Holistic and integrated care**

* Co-location of core service streams, especially mental and physical health
* Multidisciplinary team-based care
* Coordinated care – Internal and external integration within the local youth-serving system
* Family inclusive, as appropriate
* Use of appropriate technology and service delivery modes

Chart, diagram

Description automatically generatedModel components

1. Youth engagement, participation   
   and development
2. Clinical services
3. Supported education   
   and employment
4. Youth and family peer support
5. Branding, communications and   
   environmental design
6. Evaluation and shared minimum   
   data set
7. Community engagement and partnerships
8. Financial sustainability
9. Informed consent and confidentiality
10. Learning Community

The first component of *youth engagement, participation and development* identifies a pillar of the model and the fundamental importance of keeping the voice of youth central to the program.

Components two to four relate to core direct service streams, and components five to 10 are overarching or facilitating components.

**Youth engagement, participation and development**

Every allcove™ center is guided by an active Youth Advisory Group, composed of young people from the local community who represent diversity in race, ethnicity, gender identity and expression, sexual orientation, lived experience, ability, and socioeconomic status. The goal is to ensure that youth voice and experience is included in the development and services of each center. Youth advisors also serve as community ambassadors for the program, conducting outreach and education through schools, community events, conferences, social media and within their own peer groups.

**Clinical services**

At the core of the model are early intervention mental health, physical health and substance use services offered to meet the mental and physical care needs of young people ages 12 to 25. The services are provided in an integrated fashion and service providers, who may be from a range of organizations, work as a team to support the young person and their family. Service providers work collaboratively within shared pathways for care, matching the intensity of care to the individual needs of young people. Services may range from individual to group to family support. Linkages to other complementary services at the center and in the community ensure a holistic support for youth wellbeing.

**Supported education and employment**

A supported education and employment specialist is part of the service team at every center, offering young people assistance in navigating their school and work lives. Young people are offered opportunities to participate in a range of individual services, groups and workshops focused on developing skills to support transitions and progress through school or career. These opportunities include educational rights, studying or test preparation, resume development, career planning, job searching, interview preparation, job placement referrals, school applications, financial support, and course-load management.

**Youth and family peer support**

Peer and family support are core allcove™ services that assist young people and families to navigate systems and connect with a range of services. With a peer or family support specialist on the team, young people and families can connect with another person who has personal experiences navigating mental health or substance use needs and who can be a sounding board and assist in accessing allcove™ and/or other resources. Both peer and family support staff offer non-judgmental support and understanding and can help others navigate systems to locate the appropriate services and resources.

**Branding, communications and environmental design**

The essence of allcove™ is expressed through its brand, co-designed through an extensive, iterative engagement with youth from across California and the United States. Maintaining brand integrity is fundamental to consistently reaching youth with the common messaging, vocabulary, styling, and touchpoints that resonate with and matter to them. allcove™ centers reflect a brand that has been informed by an intentional youth-designed process based on the optimal service flow that centers the youth experience. At the same time, the allcove™ brand maintains some flexibility to be adapted to reflect the local community’s context and culture.

**Evaluation with shared minimum data set**

The integrated youth mental health model that allcove™ is based upon is being continuously evaluated and refined internationally for both clinical value and cost effectiveness. The allcove™ program is linked to these international evaluation efforts and has developed a minimum data set and common data collection system, known as the datacove. The capture of the same data by all centers in the allcove™ network will provide critical information to better serve young people across California; to evaluate their experience with allcove™; to assess the cost effectiveness of the program, and to link to international data sets to better understand and meet the needs of young people globally.

**Community engagement and partnerships**

The voice of community partners, including families and caregivers, schools, community-based agencies, social service providers, advocacy organizations, and the business community are critical to ensuring that centers are supporting the needs of their community’s youth and families in a collaborative manner. The formal mechanism for this connection is the Community Consortium, which meets regularly to provide strategic advice and a collaborative platform to support the center as a strong community partner. Community partnerships also allow for the creation of referral loops and pathways to both additional onsite services and warm handoffs to develop a seamless range of services to meet the presenting needs of youth who come to an allcove™ center.

**Financial sustainability**

Key to creating accessibility and early intervention is the ability to offer services that are low to no cost. Thus, financial sustainability of the allcove™ model is one of the innovation’s most fundamental challenges. As centers emerge across the state and nation, collaborative sustainability efforts and strategies for uninsured, Medi-Cal, and commercially-covered young people and families will be required to expand opportunities for center funding through public-private partnerships.

**Informed consent and confidentiality**

The autonomy and flexibility to reach out for support on one’s own terms is a fundamental value that allcove™ youth and centers share. Center intake procedures, data policies, billing structures and physical and online experiences are designed to protect privacy, while at the same time complying with state and federal laws governing informed consent and confidentiality for minors and adults. Through statewide coordination, the Central allcove™ Team supports local centers in navigating this complexity and ensuring laws are followed and policies are implemented consistently and appropriately.

**Learning Community**

The Central allcove™ Team fosters and manages a national learning community, a network of lead agencies implementing centers in their communities, infused by the expertise of international partners doing similar work. The Learning Community communications infrastructure includes a Slack workspace, email list, webinars, conferences and site consultation, allowing for collaboration and ongoing knowledge transfer to support integrity and success with the model.

Exploration phase and steps

In the exploration phase, a group of individuals or organizations that have a vested interest in supporting the health and wellbeing of young people come together to carry out the groundwork to identify if allcove™ is the right programmatic response to the needs of youth and families in their community.

As the Central allcove™ Team works with individuals and organizations to develop the allcove™ program in California and across the U.S., they have identified key activities which can provide a road map to building the infrastructure and knowledge needed for the exploration phase. ~~By reviewing the timeline in table 1 you can plan the sequence and coordination of activities.~~

Activity 1: Development of initial leadership capability and project infrastructure

The early development of leadership capability and project management infrastructure in the exploration phase sets the foundations for the service collaboration that is required if allcove™ is chosen to be the programmatic response.

Although formalizing a lead agency is not required in the exploration phase, it is important to understand at the onset that an organization will ultimately be required to lead the establishment of a center and that movement towards identifying center leadership should begin early.

Youth engagement and leadership development is also a key activity at this point and emerging leaders in the community should be sought out and actively engaged.

#### What is the role of an allcove™ lead agency?

An allcove™ lead agency oversees the clinical and operational governance of the center, and therefore, holds the ultimate responsibility of ensuring that young people and their families receive high quality, safe and effective care.

The lead agency ensures that the roles and responsibilities of, and essential partnership between, young people and families, clinicians, managers and governing bodies, in implementing effective clinical and operational governance systems for allcove™, are in place.

The lead agency ensures that all service providers commit to the allcove™ practice principles and the adoption of the allcove™ service approach to provide holistic, accessible youth-centered, integrated care. Internal integration of the services and the external integration of the center within the local youth-facing service system is built through well-defined partnerships and a community-led approach and supported by the leadership of the lead agency.

Typically, allcove™ lead agencies are organizations that champion youth-empowerment, have an important local footprint in the youth-serving system, have expertise in supporting the health and wellbeing of youth within the age of 12 to 25 and have been able to galvanize the local service system.

#### **Suggested steps:**

1. Identify leadership (individual and/or group) capability to convene and lead initial phase.
2. Explore possible sources of funding (state, county, federal and/or philanthropic) for the scoping phase.
3. Identify available staff or a new position to resource project coordination.
4. Identify and engage new and emerging youth leaders to be involved in the project.
5. Identify the group of key stakeholders to lead the scoping phase and galvanize commitment of the local service system.
6. Confirm “seed” team, develop a charter for the ongoing functioning of the team.

Activity 2: Needs analysis, community consultation and information gathering

Often the initial group of key stakeholders holds valuable knowledge around both the strengths and shortcomings of the local youth-serving systems and are aware of major service challenges and poor health outcomes. A key next step is to carry out a thorough needs analysis to focus on needs and gaps and evaluate the best programmatic response. Does an integrated youth mental health service with a focus on prevention and early intervention service help address the identified needs?

A key part of this activity includes establishing mechanisms to bring the voice of a diverse set of youth from the community to the forefront. Often there are already established youth groups or networks who are passionate about supporting the health and wellbeing of their peers in the community that can be engaged to assist with initial consultations and may include youth who are willing to be involved going forward.

**Suggested steps:**

1. Carry out needs analysis.
   * Explore emerging or existing public health and wellbeing needs of young people.
2. Youth and family consultations.
   * What outcomes do young people and families want?
3. Service mapping/provider consultations.
   * What needs are/are not being met at a systems level, including those with an early intervention focus?
   * What is being provided in the community and in schools, and what gaps exist along the continuum of care?
   * What service system reform is needed?
4. Engage expertise and gather information on integrated youth mental health models and other potential programmatic responses to inform effective decision-making.
5. Assemble and synthesize needs analysis information with the youth to educate, engage and galvanize stakeholders towards a common goal.
6. Continue to explore possible sources of funding (state, county, or federal government and/or philanthropic) that address identified needs.

Activity 3: Stakeholder engagement

To further widen the scope of information gathering, and to grow a possible future network of advocates, it is useful to plan the engagement of a wide circle of stakeholders who are knowledgeable about youth issues and committed to empowering youth. This activity will also help you identify which stakeholders could become committed advocates as the project moves forward from the exploration phase.

A key step in this activity is continuing to grow the strength of the youth voice to guide all activities and provide expert advice on an ongoing basis. Ideally, this means moving towards the creation of a youth advisory group specific for allcove™.

**Suggested steps:**

1. Develop a stakeholder engagement plan.
2. Create, engage, and support a youth advisory group made up of a local coalition of young people to participate in decision making and commit to informing the exploration phase of the project.
3. Carry out stakeholder analysis to identify who has a substantial interest in supporting youth health and wellbeing of young people and needs to be informed, engaged, and/or solicited (policy makers, mental health government agencies, city council members, elected officials, school boards, etc.).
4. Educate key stakeholders to understand the integrated youth mental health model and other potential programmatic responses to support inter-agency commitment.
5. Consolidate a local coalition of individuals and/or organizations to inform decision making and commit to implementing the exploration phase.
6. Identify possible sources of initial funding and submit proposals (state, county, federal and/or philanthropic) and develop a fundraising strategy with key stakeholders.

Activity 4: Assess feasibility and confirm that your community needs an allcove™ center

Once all the information has been gathered and analyzed, and with the additional support of expertise as required, the project should be able to confirm if your community is best served by an allcove™ center. Once this decision point has been reached, the project is now able to focus on feasibility planning.

Keeping youth at the center of decision making and modeling best practice in youth participation will become a powerful asset as the project starts to build the consensus needed to advocate broadly for the allcove™ center.

**Suggested steps:**

1. Gather the required expertise to analyze and confirm the match between the identified needs and the goals of an integrated youth mental service like allcove™.
2. Gather information on a business model and resource requirements of the integrated youth mental health model within the local funding environment.
3. If required, engage additional expertise in youth mental and physical health to inform decision making.
4. Actively engage youth advisors in decision making regarding allcove™ development, services and direction.
5. With key stakeholders, formally confirm the intention to progress with the allcove™ model. This may include a decision to pool initial resources and designate a part-time allcove™ implementation coordinator.
6. Liaise with the stakeholder engagement and grants division of the California Mental Health Services Oversight and Accountability Commission to obtain information on the use of the allcove™ trademark.
7. Consolidate key sources of funding (state, county, federal and/or philanthropic) and develop a targeted fundraising strategy for allcove™ with key stakeholders.

Activity 5: Fundraising and resourcing

A key hurdle to getting an allcove™ center into the community is identifying sources of funding and carrying out successful fundraising. Currently, the allcove™ centers in Santa Clara County, California are funded for an initial three years by the California Mental Health Services Oversight and Accountability Commission though the Mental Health Services Act Innovation funding stream, specifically for the establishment and expansion of two integrated mental health youth centers known as allcove™.

For the sites across California that have been awarded state allcove™ center seed-funding, lead agencies, in collaboration with the Central allcove™ Team and the Commission, will work to develop and implement a sustainability plan to identify ongoing reimbursement mechanisms (Medi-Cal and commercial insurance) and other sources of funding (federal, state, county, donations, foundations) to help the centers become sustainable upon the end of the grant’s timeline.

Consequently, it is recommended that a fundraising strategy broadly considers all these possible funding streams as well as additional philanthropic ones. Keeping youth at the center of this activity is crucial as young people are the most powerful advocates for an allcove™ center.

**Suggested steps:**

1. Fundraising planning and implementation can begin at the very onset of the exploration phase and be carried incrementally in all phases of activities.
2. Assemble all the required information to produce a feasibility plan/proposals/presentation to assist with fundraising, including facility requirements.
3. Complete and implement the fundraising strategy with group of key stakeholders.
4. Support continued youth advocacy activities, such as presentations.
5. Support continued community advocacy activities, such as petitions.
6. Connect with allcove™ state effort and conversations about with Medi-Cal and commercial payers.

Central allcove™ Team assistance in the exploration phase

The Central allcove™ Team at Stanford Center for Youth Mental Health and Wellbeing is available to assist with the exploration phase, at all stages of the above activities, in the following ways:

* Participate in meetings to present, consult and provide expertise on the allcove™ model and implementation.
* Provide allcove™ technical assistance.
* Provide access to ongoing learning opportunities and resources.

Building knowledge and exploring additional learning

The Central allcove™ Team offers learning opportunities and resources for groups of individuals or organizations exploring allcove™. The learning activities and communications includes an exploring allcove™ tool kit, a statewide conference, introductory webinars, and a Listserv to support groups and organizations in deepening knowledge of allcove™ and generating connections with others exploring and implementing the model.

**Suggested steps:**

1. Agencies interested in establishing centers can participate in webinars providing an overview of components of the model and can register and attend allcove™ conferences.
2. Join the allcove™ network of interested groups and centers through a Listserv and share knowledge, resources, questions, and ideas with other groups and organizations exploring the allcove™ model.
3. Review the exploring allcove™ tool kit that houses helpful information on service components and resources to support the exploration of the allcove™ model.

Optimal staffing plan

The following list and table provide recommendations for an allcove™ center. In alignment with the requirements of the model, each applicant may make their own determination based on their needs and size of program that supports meeting all model requirements while providing all core services at the allcove™ center.

There is some flexibility with staffing plans based on the size and location of the community as well as our interest in developing smaller models based on community needs. The Central allcove™ Team can work with you to build a staffing structure that will best suit the circumstances and needs of your center.

Staff at allcove™ centers need to carry out the following functions. Please note some responsibilities can be combined into a single position.

**Leadership**

* Operational leadership – in additional to overall center operations and administrative oversight, also includes oversight of high-level stakeholder interface and community consortium management, quality improvement, data collection and evaluation. Supervision of outreach and/or community engagement and administrative activities.
* Clinical leadership – Can be performed by a licensed psychologist, clinical social worker, counselor or marriage and family therapist and oversees management of clinical services. Supervision of clinical and non-clinical service team.

**Service provision**

* Youth mental health and substance use care
* Primary medical care – Service provision and supervision
* Nursing support
* Child and adolescent psychiatry – Service provision, secondary consultation and supervision
* Supported education and employment
* Youth peer support
* Family support
* Case management or care coordination

**Youth and community engagement**

* Youth outreach – engagement of youth in the community and Youth Advisory Group management
* Community engagement – planning and delivery of community engagement activities
* Community awareness or center marketing

**Administrative**

* Reception, billing and facility management.

|  |  |  |
| --- | --- | --- |
| **Function** | **Position** | **FTE** |
| Administrative and operational leadership and supervision | Center manager | 1 |
| Clinical and service leadership and service supervision | Clinical leader | 1 |
| Youth mental health and substance use care | Licensed behavioral health clinicians | 4 |
| Primary medical care – Service provision and supervision | Medical physician with adolescent/young adult expertise | 0.4 |
| Nursing support | Registered nurse or licensed vocational nurse | 0.5 |
| Child and adolescent psychiatry service provision, secondary consultation and supervision | Psychiatrist with adolescent/young adult expertise. | 0.4 |
| Supported education and employment specialist | Supported education and employment specialist | 1 |
| Peer support, case management and/or care coordination | Youth peer support specialist | 3 |
| Youth outreach, community awareness and engagement | Youth outreach specialist | 1 |
| Reception, billing and facility management | Receptionist/administrative assistant | 2.5 |
|  | **Total** | **14.8** |

For more information about the allcove™ model:

Sign up to receive allcove™ materials as you consider the fit for your community. *Exploring allcove™* provides overview resources that help grow your understanding in the allcove™ model, its components, implementation and model integrity.

Sign up here: <https://stanforduniversity.qualtrics.com/jfe/form/SV_86dXvZ9e7iYnx0q>

# APPENDIX 2: EXAMPLES – OTHER YOUTH–DRIVEN PROGRAMS

## Drop-in centers for homeless youth

Drop-in centers (or “access centers”) are physical safe spaces that address the basic needs of homeless youth1 (food, hygiene, and clothing), as well as more resource intense needs (e.g., physical and mental health services, including substance use and mental health treatment).2 In contrast to the traditional shelter system, drop-in centers often embrace a “come as you are” approach (e.g., not requiring abstinence from substances or curfews). Their welcoming posture is especially significant for those individuals who may not be comfortable accessing services at more traditional sites.

According to SAMHSA, drop-in centers are valuable sources of peer support for homeless youth, especially those with Serious Mental Illness (SMI). They are effective at improving well-being and social functioning by building self-esteem and social support.

In terms of service design, a leading practice is to build a collaborative model with drop-in centers becoming referral sources to specialized behavioral health clinics (e.g., centers that specialized in serving LGBTQIA+ youth). Faith-based organizations are other potential collaborators/hosts of drop-in centers.

## Drop-in centers for LGBTQIA+ youth

Drop-in centers for LGBTQIA+ youth are physical safe spaces that provide an array of services for LGBTQIA+ youth, their families, friends, and allies. These services include the provision of gender affirming clothing, access to food pantries, available housing and peer support, connections with community-based mental health treatment, and individualized case management.

LGBTQIA+ youth are at risk for a range of adverse experiences and outcomes associated with how others react to their sexual orientation, gender identity, or gender expression (SOGIE). These centers aim to develop self-sufficiency and individual pride within the local LGBTQIA+ and allied communities by establishing a welcoming environment built on a culture of respect. They address barriers and deterrents to service access that are unique to the LGBTQIA+ community, including institutional erasure as well as homophobic and transphobic discrimination and violence.

One of the key recommendations by the NYC Commission on LGBTQIA+ youth is to incorporate additional outreach and drop-in center services to reach LGBTQIA+ homeless youth who are less connected to services.

## Clubhouse model of Psychosocial rehabilitation

Clubhouses are non-clinical, integrated therapeutic working communities for adults and youth with Serious Mental Illness (members) and staff. They offer members transitional, supported and independent employment programs, access to crisis intervention services, and assistance in securing and sustaining housing.

Clubhouse communities rely on the restorative power of work, and work-mediated relationships, to build a firm foundation for growth and individual achievement for members. They emphasize strengths-based teamwork and opportunities to contribute to the Clubhouse operations through the work-ordered day. Normalized social and recreational opportunities further contribute to a member’s path and success in recovery.

In 2011, the International Center for Clubhouse Development (ICCD) Model was accepted for inclusion as Evidence Based Practice by SAMHSA.

## Fostering Healthy Futures - Preteen (FHF-P)

FHF-P is a 30-week mentoring and skills group program for pre-adolescent children (ages 9–11 yrs) who have current or previous child welfare involvement from documented adverse childhood experiences (ACEs). The program is focused on fortifying protective factors and addressing risks that have been associated with adolescent mental health outcomes, both positive and negative.

More specifically, FHF-P targets skill building for behavioral regulation and adaptive coping to pre-empt related mental health conditions. Program goals include reducing delinquency, substance use, risky sexual behavior, arrests and incarceration.

Participants attend skills groups for 1.5 hrs/week, following a manualized curriculum with cognitive-behavioral strategies that teach emotion recognition, anger management and approaches to peer pressure. Multicultural activities are integrated throughout. The program additionally includes 2-4 hrs per week of 1:1 mentoring from graduate students who role model and additionally advocate for needed services.

The program has been identified as evidence-based by the Administration on Children, Youth and Families and listed on both the CEBC and SAMHSA registries. It is rated as “1 - Well- Supported by Research Evidence” by the California Evidence-based Clearinghouse.

## Transition to Independence (TIP) Model

The Transition to Independence Process (TIP) Model is a targeted coaching program for person-centered planning, emotional wellness and overall life achievement for youth. It serves youth and young adults (14-29 yrs old) with emotional/behavioral difficulties (EBD), serious mental illness (SMI), multisystem involvement, out-of-home placements or homelessness, developmental trauma and delays, justice involvement, and co-occurring substance use challenges.

The program aims to facilitate youth movement toward greater self-sufficiency and successful achievement of short-term and long-term goals across relevant Transition Domains, (employment/career, educational opportunities, living situation, personal effectiveness/well-being, and community-life functioning). Program priorities include reducing mental health challenges, substance use, homelessness, criminal behavior, and incarceration.2 The program varies in duration but averages ~18 months.

The TIP model provides youth with developmentally appropriate, culturally competent, trauma-informed services and supports, operationalized through seven Guidelines and their associated Core Practices. The program is rated as “3— Promising Research Evidence” by the California Evidence-based Clearinghouse.

## Peer Respite

Peer respite is a voluntary, short-term, residential program that provides community-based, non-clinical support to individuals (18 yrs and above) experiencing a psychiatric crisis or “pre-crisis,” which may include acute emotional, psychological, or life circumstance stressors that could be precursors to suicidality or psychosis.2 These sites are staffed and operated by people with lived experience.

Peer respites offer many non-clinical services (e.g., support groups for suicidality and substance use, meditation and mindfulness exercises, religious or spiritual engagement, Wellness Recovery Action Plan (WRAP) participation). Additionally, individuals receiving respite services may be connected to clinicians at partner organizations.

Peer respites can be considered a “hospital diversion program”, offering a changed safe and stable temporary living situation when hospital care is not necessary. Guest stays at a peer respite are usually limited to 30 days, with an average duration of 5-8 days.

Peer respites have been recognized by SAMHSA as effective crisis care alternatives in its national guidelines for behavioral health crisis care.

## Across Ages

Across Ages is a school- and community-based substance use prevention program for youth (ages 9 to 13 yrs). It relies on intergenerational mentoring, by pairing older adult mentors (55 yrs and older) with young adolescents transiting into middle school. The program aims to delay substance initiation behaviors as well as reduce overall substance use by strengthening youth resiliency and developing protective factors for at-risk middle schoolers.

Older mentors, acting as advocates, challengers, nurturers, role models, and friends, support program participants in developing awareness, self-confidence, and the specific skills needed to effectively avoid alcohol and drug use. Program activities include collaborative homework sessions, team-based school projects, trips to sporting events, engagement in cultural activities, and participation in community service activities. Mentors and mentees typically meet year-round for at least 4 hrs/week. Additionally, the program provides a classroom-based life skills curriculum as well as parent-training workshops.

The program has been rated as “3 — Promising Research Evidence” by the California Evidence-based Clearinghouse for Child Welfare.

# 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.
15. (Removed. Does not apply.)
16. 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. [allcove™](http://www.allcove.org) [↑](#footnote-ref-4)
5. [Mandatory Reporters of Child Abuse and Neglect](https://www.childwelfare.gov/pubPDFs/manda.pdf) [↑](#footnote-ref-5)
6. World Economic Forum Global Youth Mental Health Framework at <https://www.weforum.org/reports/a-global-framework-for-youth-mental-health-db3a7364df> [↑](#footnote-ref-6)
7. Integrated (one-stop shop) youth health care: best available evidence and future directions

   Sarah E Hetrick1, Alan P Bailey1, Kirsten E Smith2, Ashok Malla3, Steve Mathias4, Swaran P Singh5, Aileen O’Reilly6, Swapna K Verma7, Laelia Benoit8, Theresa M Fleming9, Marie Rose Moro8, Debra J Rickwood10, Joseph Duffy6, Trissel Eriksen11, Robert Illback12, Caroline A Fisher13, Patrick D McGorry1 [↑](#footnote-ref-7)