REQUEST FOR APPLICATIONS (RFA)

Community-Driven Behavioral Health Initiative (CDBHI) Grant Program

Funding Agency:
California Department of Public Health (CDPH)

Third Party Administrator / Technical Assistance Provider:
California Institute for Behavioral Health Solutions (CIBHS)

Key Milestones and Dates	
Milestone	**Date**
RFA Publication	September 15, 2026
Initial Questions Deadline for Information Session	September 29, 2026, at 5:00 p.m. PT
RFA Information Session	October 6, 2026
First Scheduled FAQ Update	October 13, 2026
Second Questions Deadline for Final FAQ Update	October 27, 2026, at 5:00 p.m. PT
Final Scheduled FAQ Update	November 3, 2026
Additional FAQ Updates	Published as needed during the application period
Application Deadline	November 6, 2026, at 5:00 p.m. PT
Application Review	November 2026 – January 2027
Anticipated Award Notices	Late January 2027
Appeal Submission Deadline	Within five (5) business days after issuance of a Notice of Non-Selection
Anticipated Appeal Determination	Within ten (10) business days after receipt of a complete appeal
Anticipated Start Date	February 1, 2027
Anticipated Performance Period	February 1, 2027 – April 30, 2029

All questions related to this RFA should be submitted to: CDBHI@cibhs.org

Table of Contents

A. Executive Summary

On behalf of the California Department of Public Health (CDPH), the California Institute for Behavioral Health Solutions, Inc. (CIBHS) invites eligible 501(c)(3) community-based organizations (CBOs) and eligible Tribal entities to apply for funding through the Community-Driven Behavioral Health Initiative (CDBHI).

Key highlights of this funding opportunity:

- This competitive funding opportunity supports culturally responsive, community-driven population-based behavioral health prevention designed to promote behavioral health and well-being before signs or onset of a mental health or substance use disorder appear and to reduce stigma around seeking help.
- Funded projects will implement, strengthen, expand, or appropriately adapt eligible Community-Defined Evidence Practices (CDEPs), Evidence-Based Practices (EBPs), or other prevention approaches expressly permitted by this RFA and the final *CDPH Population-Based Prevention Strategy CDEP Resource Guide*.
- CDBHI-funded activities must focus on population-based prevention and will not fund early intervention, diagnosis, or treatment for individuals. Proposed projects must align with the Behavioral Health Services Act (BHSA) population-based prevention framework, address the strategic framework priorities, and demonstrate a clear connection among community need, proposed activities, intended reach, and measurable results.
- Funded projects must be culturally and linguistically responsive, must aim to reduce stigma and discrimination, and must meet one or more of the five BHSA statutory population-based prevention requirements described in this RFA.
- Applicants must demonstrate a clear prevention pathway connecting community strengths and needs, the proposed prevention approach and activities, intended population reach, short- and intermediate-term outcomes, and applicable statewide behavioral health goals.
- CIBHS and CDPH seek to invest in CBO and Tribal organizations with established relationships demonstrating a staffing structure and lived experience of the communities they propose to serve, culturally responsive approaches, appropriate organizational and fiscal capacity, meaningful community engagement, and the ability to participate in required data collection, evaluation, reporting, monitoring, training, and technical assistance.
- Selection will be based on the published evaluation criteria, available funding, minimum qualifying requirements, and statewide portfolio considerations described in this RFA.

This RFA explains the funding opportunity, eligibility standards, program and budget requirements, review process, and award obligations. Applications will be completed and submitted through the CDBHI Qualtrics application portal at: **Qualtrics Application Link.** Appendix 1 (Application Form and Checklist) provides the applicant-facing preview of required questions, certifications, and attachments. Applicants should review this RFA, *Appendix 1 (Application Form and Checklist), Appendix 2 (Evaluation and Scoring Rubric), Appendix 3 (Implementation Plan Template), Appendix 4 (Budget and Narrative Template), Appendix 5 (Frequently Asked Questions),* and *Appendix 6 (Definitions and Glossary)* before beginning the application.

Applicants should also review and reference the following core CDPH policy and guidance documents when developing their applications. These documents provide the governing framework, definitions, program requirements, and implementation guidance for BHSA population-based prevention and the CDBHI Grant Program.

- *CDPH BHSA Population-Based Prevention Program Final Plan*: https://www.cdph.ca.gov/Programs/OPP/CDPH Document Library/CDPH-BHSA-Population-Based-Prevention-Final-Plan.pdf
- *CDPH Population-Based Prevention Strategy CDEP Resource Guide: https://www.cdph.ca.gov/Programs/OPP/Pages/Community-Defined-Evidence-Practices.aspx*
- *Factsheet*: https://www.cdph.ca.gov/Programs/OPP/Pages/Population-Based-Prevention-Early-Intervention-Factsheet.aspx

B. Overview and Background

1. Funding Opportunity Overview

CIBHS is issuing this RFA on behalf of CDPH to fund eligible community-based organizations (CBOs) and Tribal entities to implement CDEPs, EBPs, and other allowable prevention approaches that advance population-based behavioral health prevention across California. The opportunity is grounded in the Behavioral Health Services Act (BHSA), CDPH's BHSA Population-Based Prevention Program Final Plan, the CDPH Population-Based Prevention Strategy CDEP Resource Guide, and the CDPH/DHCS Population-Based Prevention vs. Early Intervention Factsheet. Public and community input also informed the solicitation design and applicant-support approach.

The funding opportunity is intended to increase behavioral health awareness, reduce stigma and discrimination, strengthen protective factors and community resilience, address social and structural drivers of behavioral health, and prevent the onset of mental health and substance use disorders at the population or community level. Population-based prevention includes promotion, universal prevention, and selective prevention; it does not include early intervention, diagnosis, or treatment for individuals.

CDBHI recognizes that communities are often best positioned to identify their strengths, priorities, trusted approaches, and measures of success. Eligible CBOs and Tribal entities bring cultural knowledge, lived and living experience, sustained community relationships, and local leadership that are essential to effective prevention. Funded projects must reflect the values, traditions, strengths, and experiences of the populations served while aligning with statewide population-based prevention goals.

2. BHSA Background

The Behavioral Health Services Act (BHSA) establishes a statewide framework for behavioral health transformation. For purposes of this RFA, behavioral health encompasses mental health and substance use disorders. CDPH is

responsible for statewide population-based prevention, while Early Intervention is overseen by the Department of Health Care Services (DHCS) with county-level implementation and reporting. These functions are complementary across the prevention continuum but are distinct for purposes of allowable funding under this RFA.

Population-based prevention operates at the population or community level before signs or onset of a mental health or substance use disorder appear. It includes health promotion[1], universal prevention[2], and selective prevention[3] and intended to reduce risk factors, strengthen protective factors, address social drivers of health, increase awareness, reduce stigma and discrimination, and create community conditions that support behavioral health and well-being. Population-based prevention programs funded under this RFA do not include the provision of early intervention, diagnosis, or treatment for individuals.

CDPH recognizes that some CDEPs or broader programs may contain a mix of population-based prevention and Early Intervention components. Such programs are not automatically ineligible; however, the CDBHI-funded scope of work, personnel effort, budget, activities, outputs, and reported outcomes must be limited to allowable population-based prevention components. Applicants must clearly segregate any Early Intervention, diagnostic, treatment, or other non-CDBHI activities and funding.

CDEPs are culturally grounded and community-driven practices whose effectiveness may be demonstrated through real-world experience, sustained community use, cultural knowledge, lived and living experience, community consensus, practice-based evidence, local evaluation, and community-defined measures of success. CDEPs may complement or appropriately adapt other practices while preserving cultural relevance and community ownership.

3. Statement of Need

California continues to experience significant behavioral health challenges, including suicide, self-harm, overdose, substance use-related harms, psychological distress, social isolation, and limited access to behavioral health information and prevention supports. These challenges are not experienced equally. Behavioral health risk and access to prevention resources may be affected by race, ethnicity, Tribal status, age, disability, sexual orientation and gender identity, language, geography, housing instability, justice-system involvement, immigration experience, economic conditions, exposure to violence or trauma, and other social and structural factors.

Many communities face prevention systems that are difficult to access, insufficiently responsive to local culture and language, or not delivered by organizations they know and trust. Common barriers include stigma and discrimination, limited language access, geographic isolation, transportation challenges, fragmented referral

1 Health Promotion is defined as population-level strategies designed to improve behavioral health and well-being by creating environments and conditions that strengthen protective factors, increase awareness, reduce stigma, and support the ability of individuals and communities to withstand challenges. Health promotion strategies are directed to the general public or entire populations.
2 Universal Prevention is defined as prevention directed to the general public or a whole population that has not been identified on the basis of increased risk.
3 Selective Prevention is defined as prevention directed to individuals or subgroups of the population whose risk of developing a mental health and/or substance use disorder is significantly higher than average, based on biological, psychological, social, or other relevant risk factors. See CDPH and DHCS, *Behavioral Health Services Act Population-Based Prevention vs. Early Intervention Factsheet*.

pathways, historical and institutional mistrust, limited community-based infrastructure, and approaches that do not adequately reflect community strengths, traditions, values, or lived and living experience.

Population-based prevention aims to reduce risk factors and promote and strengthen conditions that support overall behavioral health and well-being before signs of disorder appear. Effective prevention can increase awareness and behavioral health literacy, strengthen protective factors, reduce risk factors and stigma, promote social connection and community resilience, and improve access to culturally relevant information and supports.

Achieving these goals requires both statewide investment and locally responsive implementation. Community-based organizations and Tribal entities are well positioned to reach populations that may not be effectively served through traditional systems. These organizations can deliver prevention activities in familiar, nonclinical settings, use trusted messengers, build on cultural knowledge and community assets, and adapt implementation to local language, geography, history, and lived experience.

CDEPs are particularly valuable because they build from community strengths rather than relying solely on externally developed models. At the same time, community-grounded implementation must be paired with appropriate data collection, implementation monitoring, evaluation, and continuous quality improvement. This funding opportunity is designed to support both: culturally responsive prevention practices and a structured approach to demonstrating implementation quality, community benefit, and progress toward the 14 statewide population behavioral health goals[4] outlined in the *BHSA Population-Based Prevention Program Final Plan*.

4. Program Goals and Desired Outcomes

The goal of this RFA is to fund eligible organizations to implement, strengthen, expand, or appropriately adapt culturally grounded population-based prevention approaches that advance the BHSA statewide behavioral health goals and CDPH's Population-Based Prevention Program. Funded projects will be expected to:

- Advance health equity by addressing population-level behavioral health risks, protective factors, disparities, systemic barriers, and social drivers of health.
- Promote behavioral health and well-being before signs or onset of a mental health or substance use disorder appear.
- Increase behavioral health awareness and literacy through culturally and linguistically responsive education, outreach, and community engagement.

4 California has established 14 statewide Population Behavioral Health Goals, including goals for improvement in care experience, access to care, prevention and treatment of co-occurring physical health conditions, quality of life, social connection, engagement in school, and engagement in work; and goals for reduction in suicides, overdoses, untreated behavioral health conditions, institutionalization, homelessness, justice-involvement, and removal of children from home. Health equity is incorporated across all 14 goals. See CDPH, *BHSA Population-Based Prevention Program Final Plan*, "Statewide Population Behavioral Health Goals," pp. 12–13. Available at: https://www.cdph.ca.gov/Programs/OPP/CDPH Document Library/CDPH-BHSA-Population-Based-Prevention-Final-Plan.pdf.

- Reduce stigma and discrimination associated with mental health and substance use disorders and help-seeking.
- Strengthen protective factors, social and cultural connection, community resilience, and supportive community conditions.
- Prevent suicide, self-harm, substance misuse, and/or other behavioral health harms where consistent with the project's selected statutory prevention requirement(s) and prevention pathway.
- Strengthen and validate CDEPs and other eligible practices through community-defined evidence, appropriate evaluation, continuous quality improvement, and learning.
- Support equitable statewide investment across CDPH populations of focus, geographies, organization types and sizes, and communities that have historically experienced barriers to prevention resources.
- Coordinate, where appropriate, with local and regional prevention efforts, Local Health Jurisdictions, county behavioral health departments, Tribal entities, community coalitions, and other relevant partners to reduce duplication and strengthen complementary investment.
- Contribute through a credible prevention pathway to one or more applicable statewide behavioral health goals. Applicants are not expected to claim that a single project will independently cause statewide changes in suicide, overdose, or prevalence of mental health or substance use disorders.

5. Funding Overview

5.1 Available Funding

Up to $30,000,000 is available for CDBHI subawards over the anticipated 27-month award period, subject to continued availability of funds, final CDPH approval, and the terms of the CDPH-CIBHS prime agreement.

5.2 Number of Anticipated Awards

CIBHS anticipates making **approximately 30 to 40 awards**. The final number will depend on requested award amounts, application quality, portfolio objectives, available funding, and final CDPH approval. If necessary, CIBHS will make fewer or more awards to achieve a balanced and effective statewide portfolio.

5.3 Funding Period

The **anticipated award performance period is February 1, 2027 through April 30, 2029**. The authorized period for each subrecipient will be stated in the final award agreement. The period following April 30, 2029, is reserved for final program reconciliation and closeout. Unless expressly authorized through an approved written extension, applicants should not plan project implementation activities or costs beyond April 30, 2029.

5.4 Award Amounts

CIBHS anticipates total awards ranging from approximately $400,000 to $1,000,000, subject to final CDPH approval. CIBHS and CDPH may fund an application at an amount lower than requested. Applicants must request only the amount reasonably necessary for the proposed project and must provide a budget proportional to proposed activities, reach, staffing, partnerships, and organizational capacity. Applicants may request any amount within the anticipated award range that is reasonably necessary and proportionate to the proposed project. CDBHI does not establish separate applicant-facing small- and large-award funding tracks.

5.5 Geographic Distribution

Funding decisions will consider statewide geographic distribution, including representation of urban, rural, frontier, and Tribal communities. Geographic distribution is one consideration and does not guarantee an award to any region.

5.6 Population-Based Prevention

CDBHI funds will support only the approved population-based prevention scope. Funds will not support Early Intervention[5], diagnosis, treatment for individuals, unrestricted organizational operations, or activities outside the approved project. If an applicant operates a broader program that includes Early Intervention, clinical, treatment, or other services, the application must clearly segregate the CDBHI-funded scope, personnel effort, budget, activities, outputs, and outcomes. BHSA population-based prevention funding is intended to address gaps in current prevention investments. Applicants must disclose other federal, State, local, county, Tribal, private, or philanthropic funding that supports the same or closely related activities and must explain the specific investment gap the requested CDBHI funds will fill. Award funds will not duplicate costs or supplant ongoing available funding in a manner prohibited by BHSA, CDPH guidance, or the final award agreement.

6. Eligibility Requirements

To be eligible, the applicant 1) must be one of the entity types expressly identified below, 2) must satisfy all applicable legal-status and authorization requirements, and 3) must be in good standing and not be suspended, debarred, or otherwise excluded from receiving public funds.

6.1 Eligible Applicants

Only the following entity types are eligible to serve as the legal applicant under this RFA:

- **501(c)(3) Community-Based Organizations (CBOs).** The applicant must be a community-based nonprofit organization recognized as tax exempt under Section 501(c)(3) of the Internal Revenue Code.
- **Eligible Tribal Entities.** For purposes of this RFA, Tribal entities include federally recognized Tribes, Indian Health Clinics/Indian Health Programs, and Urban Indian Organizations.

Any entity receiving CDBHI funds as a subrecipient must independently qualify as an eligible 501(c)(3) community-based organization or eligible Tribal entity under this RFA.

Other entities may participate as project partners only to the extent permitted by this RFA and CDPH guidance; participation as a partner does not make an otherwise ineligible entity eligible to serve as the legal applicant.

5 Early Intervention is defined as services and supports directed to specific individuals who are at risk of, or are already experiencing, early signs of a mental health or substance use disorder, with the purpose of preventing the condition from becoming severe or disabling. Early Intervention may include indicated prevention, case identification, screening, assessment, brief intervention, referral, navigation, and linkage to care. Early Intervention is distinct from population-based prevention and is not allowable for funding under this RFA. See DHCS, *BHSA County Policy Manual*, Section A.7.1 (Early Intervention).

Contractors, consultants, and vendors are not subject to the applicant eligibility criteria unless otherwise required by CDPH, but must satisfy all applicable legal, procurement, and award requirements.

6.2 Legal Status and Registration Requirements

Applicants must provide documentation sufficient to verify their legal status, organizational eligibility, and authority to receive public funds. Documentation requirements vary by applicant type.

501(c)(3) Community-Based Organizations. Applicants applying as a 501(c)(3) community-based organization must provide documentation demonstrating current tax-exempt status and legal good standing, including:

- IRS determination letter confirming recognition under Section 501(c)(3) of the Internal Revenue Code;
- California Secretary of State registration or status documentation showing the organization is active and authorized to conduct business in California;
- California Attorney General Registry of Charitable Trusts registration or status documentation, and
- any other documentation requested by CIBHS to verify legal status, good standing, or eligibility to receive public funds.

Tribal Entities. Applicants applying as a Tribal entity must provide documentation sufficient to verify their status as an eligible Tribal entity and their authority to receive public funds. Depending on the type of Tribal entity, documentation could include:

- evidence of federal recognition for a federally recognized Tribe;
- a Tribal resolution, governing body authorization, or other official documentation demonstrating authority to submit the application and enter into an award;
- documentation establishing status as an Indian Health Program, Indian Health Clinic, or Urban Indian Organization, as applicable; and
- any other equivalent documentation accepted by CIBHS and CDPH to verify Tribal status, organizational authority, and eligibility to receive public funds.

California Secretary of State registration requirements apply to Tribal entities only where legally applicable.

6.3 Fiscal Sponsors

A project may use a fiscal sponsor only if the fiscal sponsor itself satisfies the applicable eligible entity requirements above. The fiscal sponsor must serve as the legal applicant, execute the award with CIBHS, and accept responsibility for fiscal management, reporting, monitoring, contractual compliance, and oversight of the sponsored project. Applicants using a fiscal sponsor or formal collaborative arrangement must identify the legal applicant, participating entities, decision-making structure, flow of funds, programmatic responsibilities, fiscal and compliance responsibilities, and the sponsor's capacity to oversee all sponsored projects. A fiscal sponsor is permitted to submit separate applications on behalf of multiple sponsored projects only when each project independently satisfies all RFA requirements, and the sponsor demonstrates adequate capacity.

6.4 Ineligible Applicants

The following entities are not eligible to serve as the legal applicant unless they independently qualify as one of the eligible entity types above:

- For-profit entities;
- Individuals and sole proprietors;
- Public entities, including counties, county departments, public school districts, public colleges and universities, and other governmental agencies;
- Organizations that do not satisfy the required 501(c)(3) CBO or Tribal-entity status; and
- Entities suspended, debarred, excluded, legally ineligible to receive public funds, or unable to satisfy mandatory award requirements.

Clinics, educational institutions, faith-based organizations, and other organizations may participate as partners only if permitted by the RFA and do not thereby become eligible lead applicants unless they independently meet one of the two eligible entity categories above.

6.5 Good Standing Requirements

Applicants must remain in good standing throughout the application and award process. Before issuing an award, CIBHS will verify legal status, registrations, tax status, licenses, insurance, financial condition, audit history, prior performance, suspension and debarment status, conflicts of interest, and other risk factors.

6.6 One Application and Multiple Applications

An eligible organization may submit only one application as the lead applicant. An organization may also participate as a partner, contractor, consultant, or subrecipient in other applications, subject to the disclosure, capacity, and nonduplication requirements below. Each application must propose a materially distinct project and must clearly identify the organization's role, responsibilities, staffing commitments, activities, and budget. Applicants must disclose all applications submitted under this RFA in which the organization is included in any funded role. Organizations may not request or receive funding more than once for the same activities, personnel time, participants, deliverables, or costs. CIBHS and CDPH reserve the right to reject, consolidate, reduce, condition, or require modification of applications that are duplicative, substantially overlapping, or beyond the applicant's demonstrated organizational capacity.

C. Program Requirements

This section of the RFA describes the requirements that apply to all proposed projects. Applicants will provide responses to each of these requirements in their online application.

Each proposed project must 1) incorporate population-based prevention requirements, 2) incorporate an eligible prevention approach, 3) align with BHSA, CDPH, and CDBHI requirements, 4) be culturally and linguistically responsive, 5) aim to reduce stigma and discrimination, 6) serve a population of focus for strategic investment, 7)

be designed to reduce the impact of mental health and substance use disorders at the population or community level, and 8) demonstrate implementation readiness and organizational capacity.

1. Statutory Population-Based Prevention Requirements[6]

Each proposed project must incorporate an eligible evidence-based practice or community-defined evidence practice and meet one or more of the following statutory population-based prevention requirements:

1. Benefit the entire population of the state, county, or particular community;
2. Serve identified populations at elevated risk for a mental health or substance use disorder;
3. Aim to reduce stigma associated with mental health challenges and substance use disorders and increase help-seeking behaviors;
4. Serve populations disproportionately impacted by systemic racism and discrimination; and/or
5. Prevent suicide, self-harm, or overdose.

Applicants must identify the applicable requirement(s) and explain how the proposed activities satisfy them without crossing into Early Intervention, diagnosis, or treatment for individuals.

Children and Youth Investment Requirement: BHSA requires that at least 51 percent of the funds allotted to CDPH for population-based prevention be used for populations who are 25 years old or younger. CDPH will apply this requirement at the overall CDBHI portfolio level, based on the combined mix of funded projects, and not to each individual project. The 51 percent requirement is not an eligibility requirement, does not establish a minimum percentage of children, youth, or young adults that any single project must serve, and will not be applied as a scoring preference for individual applications. Projects proposing to serve children, youth, and families and projects proposing to serve other populations of focus are equally encouraged to apply. Age distribution will be considered, together with the other portfolio-balancing factors described in Section H.5, when CIBHS develops funding recommendations for CDPH approval.

2. Eligible Prevention Approaches

Applicants must propose a population-based prevention approach permitted by the final *CDPH Population-Based Prevention Strategy Resource Guide* and this RFA, specifically:

- **Community-Defined Evidence Practices (CDEPs)** are culturally grounded, community-driven practices reflecting community values, histories, lived and living experience, and local context. Effectiveness may be demonstrated through real-world experience, sustained community use, cultural knowledge, community consensus, practice-based evidence, local evaluation, and community-defined measures of success.

[6] As part of the broader BHSA, dedicated ongoing resources for population-based prevention were established to create a strategic population health approach to behavioral health prevention designed to reduce the prevalence of mental health and substance use disorders and resulting conditions. A minimum of 4 percent of the BHSA funding is allotted to CDPH for population-based prevention.

- **Evidence-Based Practices (EBPs)** may be proposed when they fit within population-based prevention and are implemented or adapted with appropriate community input and attention to cultural, linguistic, geographic, and population context.

The CDEP practice list in the CDPH Resource Guide is non-exhaustive. A practice does not become ineligible solely because it is not listed. Applicants proposing an unlisted practice must demonstrate that it satisfies the applicable CDEP and population-based prevention requirements.

3. Strategic Framework Alignment

CDPH identified the following set of CDEP components[7] eligible for BHSA population-based behavioral health prevention funding which are outlined in the below CDBHI Grant Program Strategic Framework. **CDEPs funded through CDBHI must include both strategies A and B and at least one other strategy from C-F.** In the online application, applicants must select strategy components and explain how the proposed activities reflect the culture, strengths, priorities, and experiences of the community. These requirements are program-design requirements and should not be interpreted as requiring formal experimental evaluation or statistical significance.

CDBHI Grant Program Strategic Framework		
Required Priorities – Both Required for All Projects		
A.	Behavioral Health Awareness and Stigma/Discrimination Reduction	Increase behavioral health awareness and reduce stigma and discrimination using culturally and linguistically responsive population-based prevention approaches.
B.	Community Outreach and Engagement	Engage communities, build trusted relationships, expand prevention reach, and identify community strengths, needs, and priorities.
Additional Priorities – At Least One Required for All Projects		
C.	Innovative Community Engagement	Use innovative, culturally grounded approaches that build connection, shared understanding, and community-defined prevention priorities.

[7] These CDEPs were identified by: 1) Reviewing the list of CDEPs from the Community-Defined Evidence Project (Callejas, 2008; Martinez et al. 2010), a partnership between the National Latino Behavioral Health Association and the National Network to Eliminate Disparities that informed the CDEP typology for the CRDP, 2) Reviewing evaluation reports from CRDP grantees to determine which CDEP components had the strongest evidence to support intended outcomes. Strength of evidence was determined by summing five qualifications, 3) Reviewing the literature on causal and prevention pathways related to substance use, self-harm and suicide to identify relevant intermediary outcomes and strategies for prevention focus; and, 4) Identifying CDEP strategies focused on population-based prevention activities.

D.	Trauma-Informed and Healing-Centered Approaches	Strengthen organizational or community environments and practices that promote safety, connection, healing, and protective factors.
E.	Culturally Responsive Prevention Pathways	Strengthen equitable pathways to culturally responsive behavioral health information, prevention supports, and community resources without funding individualized Early Intervention or treatment.
F.	Community Capacity and Civic Engagement	Build community capacity, leadership, social connection, civic engagement, and collective ability to support behavioral health and well-being.

4. Cultural Responsiveness

Funded projects must be culturally responsive and linguistically appropriate to the communities they serve. Projects must address relevant cultural, linguistic, social, economic, and other barriers that contribute to disparities in mental health and substance use disorder outcomes. Applicants must demonstrate how project management, engagement approaches, and implementation reflect the diversity and lived experiences of the communities served. Projects must have well-trained staff reflecting the diversity and lived experiences of the communities served. Funded projects must also meaningfully engage community members—particularly those who have been historically underrepresented or marginalized—as partners in the planning, development, implementation, and evaluation of project activities.

5. Stigma and Discrimination Reduction

All funded population-based prevention strategies must contribute to reducing stigma and discrimination related to mental health and substance use disorders. This includes addressing negative attitudes, beliefs, stereotypes, perceptions, or discrimination associated with behavioral health challenges, expressing emotions, receiving a diagnosis, or seeking mental health or substance use disorder services.

6. Populations of Focus for Strategic Investment

BHSA population-based prevention programs identify populations of focus; those populations are a) populations at elevated risk for a mental health, substance misuse, or substance use disorder and b) populations disproportionately impacted by systemic racism and discrimination.

CDPH has defined the following populations of focus for strategic investment. CDPH's list is not an eligibility list, but a strategic framework to guide population-based prevention investments.

- Black, Indigenous, Latino, Asian and Pacific Islander and Middle Eastern populations
- Children, youth, and families
- Immigrant and refugee populations
- LGBTQIA+ populations
- Older adults
- People with Intellectual and Developmental Disabilities
- Tribes
- Veterans

Note: The list above is represented in alphabetical order and should not be viewed as levels of prioritization.

Applicants must describe the specific population(s) and communities they propose to reach, the relevant behavioral health strengths, risks, disparities, barriers, or protective factors, and how the proposed project was designed with or informed by those communities.

Applicants may identify more than one population, including communities at the intersection of multiple populations.

7. Outcome Alignment and Prevention Pathway

Each proposed project must describe a credible prevention pathway connecting:

- Community strengths, needs, disparities, risks, protective factors, and social or structural conditions identified by the applicant;
- The selected population-based prevention approach and applicable CDEP strategy components;
- Proposed activities and expected population reach or outputs;
- Expected short- and intermediate-term outcomes, including how the project will aim to reduce stigma and discrimination; and
- One or more applicable statewide behavioral health goals identified by CDPH.

Applicants are not expected to claim that a single project will independently change statewide rates. The prevention pathway should instead demonstrate a reasonable contribution to applicable statewide goals through measurable population-level activities and outcomes.

8. Allowable Prevention Activities

To be allowable, a proposed activity must be focused on population-based prevention, included in the approved application and budget, aligned with applicable BHSA, CDPH, and CDBHI requirements, and remain within the

authorized scope of the award. Allowable population-based prevention activities include health promotion, universal prevention, and selective prevention strategies. **Examples include, but are not limited to:**

Health promotion activities designed to strengthen behavioral health and well-being across communities, such as public education and awareness campaigns; activities that promote social connection, belonging, cultural identity, resilience, coping skills, and other protective factors; and community-level efforts to create supportive environments and conditions that promote behavioral health.

Universal prevention activities directed to the general public or an entire population that has not been selected based on increased individual risk. Examples include:

- schoolwide or classroom-wide behavioral health education;
- communitywide suicide, self-harm, overdose, or substance use prevention education;
- public awareness and behavioral health literacy campaigns;
- communitywide stigma and discrimination reduction initiatives;
- culturally and linguistically responsive education provided broadly within a community;
- population-level training on resilience, coping, self-regulation, communication, or help-seeking;
- community events, media campaigns, or other broad outreach intended to strengthen protective factors; and
- policy, systems, or environmental strategies designed to reduce behavioral health risk and promote supportive community conditions.

Selective prevention activities directed to populations or subgroups whose risk of developing a mental health or substance use disorder is significantly higher than average, but who are not selected for participation based on individual signs, symptoms, or diagnosis (see CDPH and DHCS, *Behavioral Health Services Act Population-Based Prevention vs. Early Intervention Factsheet*). Examples include:

- culturally specific prevention programming for populations experiencing elevated behavioral health disparities;
- prevention activities for youth or families in communities experiencing elevated exposure to trauma, violence, poverty, social isolation, or other population-level risk factors;
- prevention programming for communities disproportionately affected by systemic racism or discrimination;
- culturally grounded programming for immigrant, refugee, Tribal, LGBTQIA+, rural, or other communities experiencing elevated population-level risk;
- community or group-based activities designed to strengthen social connection, cultural identity, resilience, family or community protective factors, and healthy coping;
- prevention education and outreach tailored to populations experiencing elevated risk of suicide, self-harm, overdose, or substance use disorders; and
- targeted community engagement or trusted-messenger strategies designed for populations facing significant barriers to behavioral health information and prevention resources.

- Additional potentially allowable activities include:
  - culturally and linguistically responsive outreach, trusted-messenger activities, and community engagement;
  - stigma and discrimination reduction activities;
  - community coalition building, community leadership, civic engagement, and capacity-building activities;
  - community-informed development, adaptation, implementation, and evaluation of eligible CDEPs and EBPs;
  - regional and local coordination and partnership activities that strengthen complementary prevention investments and reduce duplication;
  - population-level data collection, community feedback, evaluation, and continuous quality improvement; and
  - other population-based prevention activities expressly permitted by the final CDPH Population-Based Prevention Strategy Resource Guide and this RFA.

Activities Outside the CDBHI Prevention Scope. Population characteristics or elevated risk alone do not make an activity Early Intervention. The key distinction is whether the activity is directed to a population or subgroup for prevention purposes or is directed to specific individuals because they have been identified as experiencing signs, symptoms, or a need for individualized intervention. Accordingly, the following activities are outside the CDBHI funding scope when directed to specific individuals based on signs, symptoms, diagnosis, or identified treatment need: individual screening or case identification; individualized assessment; individualized counseling or behavioral intervention; diagnosis; treatment; indicated prevention; individualized navigation or care coordination; and Early Intervention services as described in the *DHCS BHSA County Policy Manual* (Section A.7.1, Early Intervention). General information about available behavioral health resources, strategies, and how to seek help may be provided as part of population-level education, outreach, or prevention activities. CDBHI funds, however, will not support individualized Early Intervention, clinical assessment, treatment, or other individually directed clinical services unless CDPH expressly authorizes a specific activity in writing.

9. Implementation Readiness and Organizational Capacity

This funding opportunity is intended to support organizations that have the experience, organizational infrastructure, staffing, and systems necessary to begin implementation promptly and achieve measurable results within the funding period. Applicants should propose projects that are sufficiently developed for implementation, and that do not require substantial preliminary planning or organizational capacity building before core project activities can begin.

Applicants will be required to demonstrate, at minimum:

- **Programmatic Experience,** including relevant experience serving the proposed population and evidence of meaningful community trust or engagement, demonstrated experience implementing programs, or

- strategies comparable to those proposed, and relevant technical and subject-matter expertise necessary to carry out the proposed activities successfully.
- **Implementation Readiness**, including a clearly developed and feasible approach, work plan, timeline, and implementation strategy, capacity to initiate core project activities promptly following award, necessary partnerships, relationships, infrastructure, and operational arrangements are in place or can be finalized without materially delaying implementation, and ability to achieve meaningful progress and measurable results within the funding period.
- **Workforce and Operational Capacity,** including qualified program, management, and fiscal personnel are in place, or a credible plan exists to secure any remaining personnel within a timeframe that will not materially delay implementation, sufficient organizational resources and leadership commitment to implement the proposed project while meeting other organizational obligations, and ability to effectively manage contractors, consultants, partners, or subrecipients, if proposed. Projects must have well trained staff reflecting the diversity and lived experiences of the communities served.
- **Administrative and Performance Capacity,** including financial management systems and internal controls appropriate for the management of public funds, systems and processes necessary to collect, protect, analyze, and report required programmatic, performance, and fiscal data, capacity to comply with applicable grant and contractual requirements, including reporting, documentation, monitoring, and fiscal accountability requirements, and ability to participate in required training, technical assistance, monitoring, evaluation, and continuous quality improvement activities.

Applicants should demonstrate that the proposed project represents a feasible extension, expansion, adaptation, or application of organizational capabilities that are substantially in place at the time of application.

Funding is not intended primarily to support the development of foundational organizational capacity necessary to begin implementation.

10.Accessibility for Small and Rural Community-Based Organizations and Tribes

CIBHS and CDPH recognize that eligible organizations vary in size, staffing, infrastructure, geography, and administrative capacity. Application and award requirements will be implemented, where permitted, in a manner that is proportionate to the size, scope, and complexity of the proposed project and that avoids unnecessary administrative burden. Applicants will not be disadvantaged solely because they are smaller organizations or serve rural, frontier, Tribal, or other historically under-resourced communities. Where alternative forms of documentation are permitted, applicants may provide equivalent documentation sufficient to demonstrate compliance with the applicable requirement. All applicants, however, must satisfy the same eligibility, programmatic, fiscal-accountability, and performance requirements established by this RFA.

11.Partnerships and Third Parties

Applicants may propose partners, consultants, contractors, or other third parties when necessary and appropriate. The legal applicant remains fully responsible for project performance, fiscal and programmatic compliance, oversight, monitoring, corrective action, reporting, and proper use of funds.

Applicants should describe relevant local and regional coordination, including collaboration with Local Health Jurisdictions (LHJ), county behavioral health departments, Tribal entities, community coalitions, schools or educational partners, healthcare partners, CBOs, and other prevention networks where appropriate to the proposed project. The purpose is to strengthen complementary prevention investments, reduce duplication, identify gaps, and support coordinated population health strategies. Where relevant, applications are encouraged to coordinate proposed activities with existing local prevention and population-health planning processes, including LHJ Community Health Assessment/Community Health Improvement Plan activities, county behavioral health planning, Medi-Cal Managed Care population-health planning, and other related local or regional initiatives.

A county letter of support or fully executed partnership agreement is not required at the time of application unless expressly identified as a mandatory attachment in Appendix 1. Applicants should identify the status of each material partnership. For each material funded third party, applicants must identify the entity, entity type, role, proposed activities, anticipated funding amount, relationship or agreement type, and applicant oversight approach. The Applicant must satisfy the eligibility requirements in Section B.6.1. Contractors, consultants, and vendors are subject to the applicable legal, procurement, and award requirements described in this RFA.

If selected for funding, each awardee will be required to participate in applicable convenings and meetings conducted by the Local Health Jurisdiction(s) (LHJ) serving the funded project area, as specified by the applicable LHJ. This requirement will be incorporated into the subaward agreement.

12.Sustainability Statement

Applicants will be required to provide a statement of how the benefits of the proposed project can continue beyond the award period addressing topics such as community capacity, partnerships, prevention practices, staff or community knowledge, data and evaluation tools, organizational systems, infrastructure, future funding, and integration of effective activities into ongoing programs. The sustainability section of the online application must present a realistic approach to sustaining the project's most significant benefits, capacity, partnerships, or practices.

D. Anticipated Award Obligations

This section of the RFA describes the obligations that will apply if selected for an award. Applicants will provide responses to each of these obligations in their online application.

1. Award Type and Payment Structure

Subject to State fiscal requirements and final CDPH approval, **CIBHS anticipates issuing deliverables-based awards** with a payment structure that includes an initial payment to support approved start-up and implementation-readiness activities followed by quarterly payments tied to accepted invoices, progress reports, and approved deliverables. The final award agreement will state the amount and conditions of any initial payment; payment methodology and schedule; invoice and supporting-documentation requirements; deliverable and report acceptance requirements; and any withholding, reconciliation, or closeout provisions. No payment term described in this RFA is final until approved by CDPH and incorporated into the subaward agreement. Any payment expressly structured and approved as an advance will be limited to no more than 25 percent of the total subaward and subject to applicable State, CDPH, and CIBHS requirements.

2. Anticipated Deliverables and Reporting Requirements

At a minimum, awardees will be expected to complete and submit the following deliverables and reports in the format, frequency, and manner specified by CIBHS and CDPH:

- Fully executed subaward agreement and completion of required start-up activities;
- CIBHS- and CDPH-approved implementation plan or work plan;
- Quarterly programmatic and fiscal progress reports, including progress toward approved goals, objectives, activities, milestones, deliverables, outputs, and outcomes;
- Quarterly invoices and required financial supporting documentation;
- Required performance, evaluation, demographic, geographic, and other authorized program data;
- Participation in required evaluation activities, monitoring, training, technical assistance, learning collaboratives, and other meetings;
- Documentation of accomplishments, implementation challenges, program adaptations, partnership activities, lessons learned, and corrective actions, as applicable;
- Final programmatic, fiscal, performance, and evaluation reports;
- Participation in applicable LHJ convenings and meetings, as specified by the LHJ serving the funded project area; and
- Any additional project-specific deliverables, reports, performance measures, or supporting documentation required by CIBHS, CDPH, applicable law, funding requirements, or incorporated into the approved application, implementation plan, or executed subaward agreement.

Project-specific activities, deliverables, reporting requirements, performance measures, and submission deadlines will be finalized during award negotiations and incorporated into the executed subaward agreement.

3. Performance Measurement and Evaluation

Awardees will be required to participate in the statewide evaluation of the CDBHI Program and to collaborate with CIBHS, CDPH, and designated technical assistance and evaluation partners. CDPH has indicated that additional statewide evaluation guidance may be issued; awardees will be required to comply with final approved requirements incorporated into the award.

Statewide evaluation requirements will be developed and implemented in consultation with funded organizations, including consultation concerning evaluation planning, measures, data use, implementation, interpretation, and reporting, consistent with BHSA and CDPH requirements. CIBHS, CDPH, and designated evaluation partners will work with subrecipients throughout the award period so that statewide evaluation activities recognize community-defined evidence and measures of success while meeting required statewide reporting needs.

Evaluation expectations will recognize community-defined evidence and measures of success while also meeting required statewide reporting needs. Activities will include:

- Participating in evaluation planning and implementation;
- Providing input on evaluation methods and community-defined measures of success;
- Gathering and interpreting community and participant feedback;
- Collecting and reporting required demographic, geographic, reach, output, outcome, and fiscal data;
- Using approved or locally appropriate measures where authorized;
- Documenting adaptations, implementation learning, and continuous quality improvement; and
- Participating in surveys, interviews, learning activities, and other statewide evaluation requirements.

Awardees must maintain sufficient staffing capacity to complete all required data entry, reporting, and document uploads accurately and on time through any web-based system designated by CDPH or CIBHS.

Evaluation expectations will be proportionate to project scope and award size where permitted by CDPH, while all awardees remain responsible for required statewide measures and reporting.

4. Monitoring and Oversight

CIBHS and CDPH will conduct fiscal, programmatic, performance, and compliance monitoring throughout the award period. Monitoring will include:

- Review of invoices and supporting documentation;
- Review of programmatic and fiscal reports;
- Verification of activities, deliverables, outputs, and outcomes;
- Site visits, virtual monitoring, or desk reviews;
- Review of policies, procedures, records, and internal controls;
- Review of participant eligibility or service documentation, when applicable;
- Review of compliance with applicable federal, State, local, and contractual requirements; and
- Corrective action requirements.

5. Training and Technical Assistance

Awardees will be required to participate in CDBHI Grant Program orientation, training, technical assistance, learning collaboratives, communities of practice, and other capacity-building activities. Awardees will be required to participate in at least one monthly training and technical assistance opportunity for up to two hours. Awardees must designate appropriate program, financial, data, and leadership personnel to participate in required activities. Topics tentatively include:

- Behavioral health prevention practices;
- Trauma-informed and healing-centered approaches;
- Cultural responsiveness and health equity;
- Community-defined evidence practices;
- Suicide and overdose prevention;
- Harm reduction and stigma reduction;
- Data collection and reporting;
- Evaluation and continuous quality improvement;
- Fiscal, contractual, and programmatic compliance; and
- Financial and organization capacity and sustainability.

E. Funding and Budget Requirements

1. General Cost Standards

All costs charged to a CDBHI award must:

- be authorized under the RFA, approved budget, and award agreement;
- be necessary and reasonable for performance of the approved project;
- be allocable to the project and proportionate to the benefit received;
- be adequately supported by appropriate financial and program documentation;
- be incurred during the authorized period of performance;
- be treated consistently with the recipient's established accounting policies and practices;
- comply with applicable BHSA, CDPH, legal, and award requirements;
- not be charged to another award or funding source; and
- not supplant other available funding in violation of BHSA requirements.

BHSA population-based prevention funding is intended to address critical needs and gaps in existing prevention investments. Applicants should seek to leverage available funding sources before using CDBHI funds and will not use CDBHI funds to supplant other ongoing funding available for the same strategies or supports. Applicants must identify and document the specific investment gap that CDBHI funding is intended to fill.

2. Allowable Costs

Subject to approval in the project budget and compliance with the General Cost Standards, allowable costs include:

- Personnel and fringe benefits for employees performing approved project activities.
- Consultants, contractors, and approved subawards necessary to carry out the approved scope.
- Project-related travel and transportation, including reasonable travel necessary for project implementation, outreach, community engagement, training, and approved participant transportation supports.
- Training and professional development directly necessary to implement the approved project.
- Community outreach and engagement, including interpretation, translation, disability access, culturally and linguistically appropriate materials, venue costs, and other reasonable costs of conducting approved community activities.
- Supplies, materials, and technology necessary to implement approved activities.
- Communications and educational materials, including development, production, dissemination, media, and culturally relevant population-based prevention materials.
- Data collection, evaluation, quality improvement, and reporting necessary to meet project and CDPH evaluation requirements.
- Community participation incentives or supports, when reasonable, tied to an approved project activity, and specifically approved in the budget.
- Community-member stipends or compensation, when specifically approved, for meaningful contributions of time, expertise, lived experience, advisory participation, or other substantive project involvement.
- Transportation assistance for community participants, including approved public-transit passes, transportation vouchers, rideshare support, or similar assistance when transportation would otherwise impede participation.
- Other direct costs necessary to carry out the approved scope of work.
- Administrative or indirect costs within the limit established in the RFA and approved budget.

3. Community Participation Incentives, Stipends, and Support Costs

Subject to approval in the project budget and compliance with the General Cost Standards, the following guidance is related to costs associated with community participation incentives, stipends, and support:

- **Community Participation Incentives.** Reasonable, modest incentives are allowable when they are directly related to an approved project activity and are intended to facilitate or recognize participation in activities such as community engagement sessions, focus groups, surveys, evaluation activities, advisory meetings, or other approved prevention activities. Allowable forms include approved merchandise or gift cards, transportation assistance, or other modest non-cash participation supports. All incentives must be specifically identified and justified in the approved budget, reasonable in relation to the activity and level of participation and not be redeemable for prohibited products or cash.
- **Community-Member Stipends or Compensation.** CIBHS may approve reasonable stipends or other compensation for community members who provide substantive time, expertise, lived-experience input,

advisory services, facilitation, or other meaningful contributions to the project. Such compensation must be reasonable, documented, and included in the approved budget.

- **Gift Cards or Merchandise Cards.** Gift cards, merchandise cards, or similar incentives can be used only when specifically approved as part of an authorized community-engagement or participation activity. Cards must be reasonable in value and are not permit redemption for alcohol, tobacco or nicotine products, cannabis, illegal drugs, firearms or ammunition, lottery or gambling products, or cash. Cash and unrestricted cash-equivalent incentives are not allowed.
- **Food and Refreshments.** Routine meals, food, and refreshments for staff meetings, trainings, conferences, or other ordinary project activities are not allowable. Limited food or refreshments provided to community participants are allowable when necessary to facilitate participation in an approved community-engagement activity and specifically authorized in the approved budget or in writing by CIBHS. Costs must be reasonable and directly related to the approved activity.

Incentive Controls and Recordkeeping: As a condition of award, subrecipients must maintain written internal controls and complete records for all gift cards, merchandise cards, and other participation incentives purchased with CDBHI funds. At a minimum, records must document purchase and issuance, recipient or distribution documentation, value, purpose, reconciliation, and prevention of loss or misuse.

4. Unallowable Costs

- Costs incurred before the authorized award start date or after the end of the approved performance period, unless expressly authorized.
- Costs outside the approved scope of work or budget.
- Costs that are unreasonable, unnecessary, inadequately documented, or not allocable to the award.
- Costs charged to or reimbursed by another funding source.
- Early intervention, diagnostic, treatment, clinical, or individually directed strategies that fall outside the BHSA population-based prevention scope. BHSA expressly prohibits these activities within population-based prevention funding.
- Costs that supplant ongoing available funding or fail to comply with BHSA payor-of-last-resort requirements.
- Lobbying, political campaign activities, election-related activities, or other prohibited political activity.
- Fundraising activities.
- Fines, penalties, late fees, interest, bad debt, or costs arising from violations of law, award terms, or organizational misconduct.
- Alcohol, tobacco or nicotine products, cannabis, illegal drugs, or costs associated with their purchase.
- Cash gifts, cash-equivalent incentives, lottery tickets, gambling expenses, or prizes not specifically approved as allowable program incentives.
- Entertainment or recreational expenses unless an activity is expressly approved as a necessary element of the program.

- Promotional merchandise or “swag” whose principal purpose is advertising, recognition, or giveaway rather than implementation of an approved prevention activity.
- Personal expenses or costs providing primarily personal benefit unrelated to the approved project.
- Real property acquisition.
- Construction, building alterations, major renovation, or capital improvements.
- Vehicle purchases, major equipment, or other capital purchases.
- Services, subscriptions, leases, or other prepaid costs extending beyond the period of performance, except to the extent expressly approved and properly allocable to the award period.
- Costs of preparing or submitting the application.
- Religious worship, religious instruction, proselytizing, or other inherently religious activities.
- Donations, charitable contributions, or gifts.
- Costs inconsistent with applicable law, BHSA requirements, CDPH guidance, the approved budget, or the subaward agreement.

5. Administrative and Indirect Costs

Applicants may include indirect costs in the proposed budget in accordance with the following requirements, which have been approved by CDPH for the CDBHI Grant Program:

- Applicants with a current federally negotiated indirect cost rate agreement (NICRA) may propose their negotiated rate, applied in accordance with the terms of that agreement, subject to CDPH and CIBHS approval. Applicants proposing a negotiated rate must provide a copy of the current rate agreement upon request during application review or pre-award negotiation.
- Applicants without a current federally negotiated rate may charge indirect costs at a rate of up to 15 percent of modified total direct costs (MTDC), consistent with the federal de minimis rate. No indirect cost rate above 15 percent of MTDC will be approved for an applicant that does not have a current federally negotiated rate agreement.

Indirect costs are intended to support the organizational infrastructure and overhead necessary for successful implementation. Indirect costs must be reasonable, consistently applied, adequately supported, and may not duplicate costs charged directly to the award.

An applicant is not permitted to charge both an administrative fee and indirect costs for the same costs.

6. No Displacing or Duplicate Funding

CDBHI funds are intended to address gaps in existing population-based prevention investments. Applicants must identify federal, State, local, county, Tribal, private, philanthropic, or other funding that supports the same or closely related activities and must explain the specific investment gap that CDBHI funding will fill.

Applicants must not charge the same cost, personnel time, participant expense, activity, deliverable, or other expenditure to more than one funding source. Award funds are not permitted to supplant or replace ongoing available funding in a manner prohibited by BHSA, CDPH guidance, the award agreement, or applicable law. Final non-supplantation requirements will reflect CDPH's approved interpretation of BHSA payor-of-last-resort requirements.

Applicants should identify relevant existing or prior local investments, including county behavioral health funding, prior MHSA-supported prevention infrastructure where applicable, Mental Health Block Grant, Substance Use Block Grant, Realignment, Opioid Settlement Funds, and other available prevention funding when those sources relate to the proposed scope.

7. Budget Preparation

Applicants must complete and submit the required Budget Template and Budget Narrative using the templates provided by CIBHS in *Appendix 4 (Budget and Narrative Template).* Applicants must follow all instructions contained in the templates and the applicable requirements in this RFA, including requirements related to allowable and unallowable costs, indirect costs, cost allocation, supporting documentation, and budget justification. The proposed budget must be complete, internally consistent with the project narrative and implementation plan, and sufficiently detailed to demonstrate how each requested cost supports the proposed activities and outcomes.

Requested funding must be reasonable, necessary, allocable to the proposed project, and proportionate to the applicant's proposed activities, reach, staffing, partnerships, and organizational capacity. Applicants should request only the amount needed to implement the proposed project and must clearly justify all costs. CIBHS and CDPH may fund an application at an amount lower than requested and may require revisions to the budget, scope, activities, deliverables, performance measures, or staffing as a condition of award.

Applicants must prepare a budget for the full 27-month anticipated performance period and allocate requested costs based on the timing of the activities, staffing, deliverables, and other work proposed in the application and Implementation Plan. CIBHS is not establishing minimum or maximum funding amounts for individual project years or periods. Budget allocations should reflect the applicant's reasonable anticipated implementation needs over the full performance period.

Applicants should also identify the minimum resources necessary to preserve core project activities if the final award is lower than requested or available funding changes. Final budget amounts and period allocations will be established during award negotiation and incorporated into the executed subaward agreement.

F. Administrative Procedures

This section of the RFA describes the administrative procedures that apply to the RFA process.

1. Key Milestones and Dates

Key Milestones and Dates	
Milestone	**Date**
RFA Publication	September 15, 2026
Initial Questions Deadline for Information Session	September 29, 2026, at 5:00 p.m. PT
RFA Information Session	October 6, 2026
First Scheduled FAQ Update	October 13, 2026
Second Questions Deadline for Final FAQ Update	October 27, 2026, at 5:00 p.m. PT
Final Scheduled FAQ Update	November 3, 2026
Additional FAQ Updates	Published as needed during the application period
Application Deadline	November 6, 2026, at 5:00 p.m. PT
Application Review	November 2026 – January 2027
Anticipated Award Notices	Late January 2027
Appeal Submission Deadline	Within five (5) business days after issuance of a Notice of Non-Selection
Anticipated Appeal Determination	Within ten (10) business days after receipt of a complete appeal
Award Start Date	February 1, 2027
Anticipated Performance Period	February 1, 2027 – April 30, 2029

2. Key Links

General Information	
CIBHS Website:	cibhs.org
CDPH CDEP Resource Guide:	CDPH CDEP Resource Guide
CIBHS CDBHI Page:	CIBHS CDBHI Website
Questions:	CDBHI@cibhs.org
RFA Information Session Registration:	Zoom Registration
Official RFA Link:	CIBHS CDBHI Website
Online Application Portal:	Qualtrics Application
RFA Appendices	
1 – Application Form and Checklist	CIBHS CDBHI Website

2 – Evaluation and Scoring Rubric	CIBHS CDBHI Website
3 – Implementation Plan Template	CIBHS CDBHI Website
4 – Budget and Narrative Template	CIBHS CDBHI Website
5– Frequently Asked Questions	CIBHS CDBHI Website
6 – Glossary and Definitions	CIBHS CDBHI Website
7 – Leadership Commitment Template	CIBHS CDBHI Website
8 – Partner Letter of Commitment Template	CIBHS CDBHI Website

3. RFA Information Session

CIBHS will hold a RFA Information Session on October 6, 2026 from 1:00-3:00pm PT. The conference will provide an overview of the funding opportunity, applicant eligibility, population-based prevention requirements, Application Form, budget, evaluation process, and submission procedures. Registration information will be posted on the CDBHI webpage, and applicants may register directly through the RFA Information Session registration link.

CIBHS will publish written responses to material questions and clarifications through official FAQs or RFA addenda in accordance with the schedule in Section F.4. Statements made during the conference are not binding unless incorporated into an official written notice.

4. Questions and Answers (FAQs)

Applicants may submit questions regarding this RFA, the application process, or the application portal throughout the application period by email to CDBHI@cibhs.org.

The following schedule will apply to questions and published responses:

- **September 29, 2026, at 5:00 p.m. Pacific Time: Initial questions deadline.** Questions received by this deadline, together with relevant questions raised during the RFA Information Session on October 6, 2026, will be addressed in the first scheduled FAQ update.
- **October 13, 2026: First scheduled updated FAQ published.**
- **October 27, 2026, at 5:00 p.m. Pacific Time: Second questions deadline for final scheduled FAQ update.** Applicants are strongly encouraged to submit any remaining questions by this date.
- **November 3, 2026: Final scheduled updated FAQ published.**

Questions may be submitted after October 27 and through the remainder of the application period; however, CIBHS cannot guarantee that questions received after October 27, 2026, at 5:00 p.m. Pacific Time will be answered before the application deadline.

To promote a fair and transparent process, CIBHS will publish questions and responses that are material or relevant to prospective applicants generally through written FAQs. The identity of the individual or organization submitting a question will not be published. In addition to the scheduled updates identified above, CIBHS may update the FAQs periodically during the application period as needed and may issue formal addenda when a clarification changes or supplements an RFA requirement.

CIBHS will not provide applicant-specific proposal strategy, review or advise applicants regarding their proposed responses, or provide information that is unavailable to other prospective applicants. Responses provided outside the published FAQs or a formal written addendum do not modify the requirements of this RFA.

Prospective applicants are responsible for reviewing the RFA webpage, FAQs, and addenda regularly and for seeking clarification during the application period. After the application deadline, an applicant may not base an appeal solely on an assertion that the RFA was unclear when the applicant did not timely seek clarification.

5. Applicant Support and Equal Access to Information

During the application period, CIBHS will provide general applicant technical assistance through the RFA Information Session, written FAQs, public office hours and/or other publicly available technical assistance activities. Support may address interpretation of RFA requirements, use of the application portal, and general application-readiness questions.

To preserve fairness, CIBHS will not provide applicant-specific proposal strategy, individualized scoring advice, or material guidance unavailable to other prospective applicants. Material clarifications provided through applicant support will be made available broadly through written FAQs or other official notices when appropriate.

6. Reasonable Accommodations

CIBHS is committed to ensuring equitable access to this funding opportunity for all applicants. Upon request, CIBHS will provide reasonable accommodations and alternative formats of RFA materials consistent with applicable federal and state accessibility requirements. Available accommodations include, but are not limited to, accessible electronic documents, large-print materials, language assistance, auxiliary aids and services, and other appropriate accommodations.

Applicants requesting a reasonable accommodation or language assistance should submit their request as early as possible to CDBHI@cibhs.org and include a description of the accommodation or assistance needed. Requests will be reviewed and addressed in accordance with applicable accessibility requirements and to the extent practicable to ensure meaningful access to the application process. **Requests for reasonable accommodations will not affect an applicant's eligibility for funding or the evaluation of an application.**

7. Public Records and Confidentiality

Applications and related records are subject to the California Public Records Act and other disclosure requirements. Applicants should not submit trade secrets, confidential commercial information, personally identifiable information, or other sensitive information unless specifically required. Marking information as confidential does not guarantee that it will be withheld from disclosure. CIBHS and CDPH will evaluate requests for disclosure under applicable law.

8. Conflicts of Interest and Authorized Communications

Applicants must disclose actual, potential, or perceived conflicts of interest and comply with all applicable conflict-of-interest requirements. Applicants must not attempt to influence reviewers, CIBHS personnel, CDPH personnel, advisory members, or other participants in the selection process outside the authorized communication procedures established in this RFA. Unauthorized communications could result in disqualification or other action permitted under this RFA and applicable law.

G. Online Application Submission Requirements

1. Submission Method and Deadline

Applications must be completed and submitted electronically through the CDBHI Qualtrics application portal. The online application will mirror *Appendix 1 (Application Form and Checklist),* which provides the applicant-facing preview of required questions, selections, certifications, response limits, and attachments.

Applications must be successfully submitted by November 6, 2026, at 5:00 p.m. Pacific Time. Applications submitted by mail, hand delivery, fax, or email will not be accepted unless CIBHS provides written alternative instructions as a reasonable accommodation or through a documented system-wide contingency procedure. Late applications are a non-curable eligibility deficiency and will not be accepted unless CIBHS issues a written RFA addendum or contingency procedure applicable to all affected applicants.

If there is any discrepancy between *Appendix 1 (Application Form and Checklist),* and the live Qualtrics application, applicants should promptly notify CIBHS before the deadline. CIBHS will issue any material correction through an official written notice.

2. Completed Application

Applicants are responsible for ensuring that every required field is completed and every required attachment is uploaded and readable. Appendix 1 identifies which requirements are mandatory for eligibility, which are required administrative items, and which are conditional or applicable only to certain applicants.

Non-curable eligibility requirements include timely submission; eligible applicant status; applicable legal authorization/status requirements; absence of suspension/debarment/exclusion; and submission of any attachment expressly identified in Appendix 1 as mandatory for eligibility. Other immaterial administrative omissions or inconsistencies may be subject to a limited clarification or cure process when doing so does not materially change the application or create an unfair competitive advantage.

3. Submission Confirmation and Technical Issues

Applicants will receive a confirmation email within 24 hours after successful submission. Applicants who do not receive confirmation should promptly verify the application's status in the portal and contact CDBHI@cibhs.org.

The portal submission confirmation is the applicant's evidence of timely submission. Failure to receive confirmation could indicate that the application was not successfully submitted.

Applicants are strongly encouraged to submit before the deadline to allow time to address technical issues. CIBHS is not responsible for delays or submission failures caused by applicant-side internet access, hardware, software, file-format, staffing, or other technical problems.

4. Accuracy, Authorization, and Certification

By submitting an application, the applicant certifies that the information provided is true, complete, and accurate to the best of its knowledge; the submitting individual is authorized to act on behalf of the legal applicant; all required disclosures have been made; and the applicant will comply with applicable program, legal, fiscal, contractual, reporting, monitoring, evaluation, training, and award requirements if selected.

The applicant further certifies that requested CDBHI funds are limited to allowable population-based prevention activities; the application does not request CDBHI funding for Early Intervention, diagnosis, or treatment for individuals; proposed costs are not duplicative; and the applicant has disclosed other funding supporting the same or closely related activities.

The applicant acknowledges that selection is conditional until all pre-award, appeal, and contracting requirements are completed and that material misrepresentation or omission will result in rejection, withdrawal or termination of an award, recovery of funds, or other available remedies.

H. Review, Selection, and Award Process

1. Review Process

Applications will generally proceed through the following stages:

- Eligibility and compliance review;
- Technical and budget review and scoring;
- Funding recommendation and portfolio review; and
- CDPH review and final approval.

2. Administrative and Eligibility Review

CIBHS will conduct an administrative and eligibility review before technical and budget scoring. The review will determine whether the application was timely submitted, was submitted by an eligible applicant, satisfies applicable legal-status requirements, includes mandatory eligibility attachments, and meets other non-curable requirements stated in this RFA and Appendix 1.

An application will be removed from further consideration when it fails a non-curable eligibility requirement. CIBHS may permit clarification or cure of an immaterial administrative omission or inconsistency when the information was due or otherwise timely submitted, the correction does not materially alter the proposed project, and the process does not create an unfair competitive advantage.

Applicants determined ineligible during administrative and eligibility review will not receive a separate advance reconsideration process. Applicants removed from further consideration for an eligibility determination will receive a formal Notice of Non-Selection at the same time that CIBHS issues award and non-selection notices to other applicants. Any challenge to an eligibility determination must be submitted through the appeal process described in Section H.8.

CIBHS may request verification or supporting documentation as part of eligibility review or pre-award risk assessment. Clarification does not create a right to revise an application or cure a substantive deficiency.

3. Technical and Budget Review and Scoring

Eligible applications will be reviewed and scored by qualified reviewers using the Evaluation and Scoring Rubric shown below and included in Appendix 2. Reviewers will evaluate the submitted Application Form and required attachments using standardized criteria and documented review procedures.

Evaluation and Scoring Rubric			
No.	**Evaluation Area**	**Application Priorities**	**Points**
1	Alignment with RFA Purpose, BHSA Population-Based Prevention, and Eligible CDEP/EBP Approach	Project clearly remains within population-based prevention; meets one or more statutory prevention requirements; aligns with eligible CDEP/EBP requirements and applicable statewide goals; and excludes Early Intervention, diagnosis, and treatment.	15
2	Community Need, Service Area, and Populations of Focus	Applicant uses credible data, community knowledge, lived experience, and local context to demonstrate strengths, need, disparities, risk/protective factors, barriers, geography, and relevance to selected population(s).	15
3	Project Design, Prevention Pathway, and Implementation Plan	Activities are clear, feasible, culturally grounded, population-focused, measurable, and connected through a credible prevention pathway to outputs, outcomes, stigma/discrimination reduction, and statewide goals.	15
4	Health Equity, Cultural and Linguistic Responsiveness, Lived Experience, and Community Engagement	Project addresses structural barriers and disparities; reflects culture and language; includes accessibility; and meaningfully engages community members and lived/living experience in planning, implementation, and evaluation.	15
5	Organizational Experience and Capacity	Applicant demonstrates community trust, relevant experience, adequate staffing, fiscal systems, internal controls, and capacity to manage public funds and the proposed award.	10
6	Management, Regional/Local Coordination, Partnerships, and Oversight	Management and oversight are feasible; material partners and funded third parties are clearly defined; and the project appropriately coordinates with local/regional prevention efforts to reduce duplication and strengthen complementary investment.	10
7	Data, Evaluation, Community-Defined Measures, Quality Improvement, and Reporting	Applicant demonstrates feasible data/evaluation capacity, recognizes community-defined evidence and measures, protects confidentiality, and can participate in required statewide evaluation and reporting.	10

Evaluation and Scoring Rubric			
No.	**Evaluation Area**	**Application Priorities**	**Points**
8	Budget Reasonableness, Allowability, Investment Gap, and Sustainability	Budget is complete, reasonable, allowable, nonduplicative, aligned with activities, identifies the investment gap CDBHI funding will fill, and includes a realistic sustainability approach.	10
Maximum Possible Points			**100**

Minimum Score: An application must receive an overall technical and budget review score of at least 70 out of 100 possible points to advance to statewide portfolio consideration. Applications scoring below the minimum score will not advance to statewide portfolio consideration and will not be recommended for funding. Meeting or exceeding the minimum qualifying score establishes strong eligibility for funding consideration only and does not guarantee selection or funding. No separate minimum score applies to an individual evaluation section unless expressly stated in the RFA or Evaluation and Scoring Rubric.

CIBHS may organize applications into internal review cohorts based on objective factors such as requested award amount, organizational size, experience, or capacity to support meaningful comparison among similarly situated applicants. Cohorts are an internal review-management tool only. All applicants remain subject to the same published eligibility requirements and scoring rubric and return to a single statewide portfolio selection process.

4. Budget Review Considerations

As reflected in the above Evaluation and Scoring Rubric, the proposed budget accounts for 10 points of the application's total score and will be considered as part of the overall funding decision. CIBHS will evaluate the budget for completeness, allowability, reasonableness, necessity, cost effectiveness, internal consistency, adequacy of justification, and alignment with the proposed activities, staffing, timeline, and expected outcomes.

A favorable application score does not constitute approval of every proposed cost. Budget findings may affect the application score, funding recommendation, final award amount, or required pre-award revisions, and CIBHS may recommend funding all, part, or none of the amount requested.

CDPH retains final decision-making and approval authority.

5. Funding Recommendations and Final Approval

Following technical and budget review, CIBHS will develop funding recommendations based on application scores and reviewer findings, budget results, implementation risk, available funding, organizational readiness, and approved portfolio-balancing considerations. CDPH retains final approval authority for selections and funding allocations.

Portfolio balancing may consider geographic distribution; populations served; organizational size and experience; organizational mix; award-size distribution; Tribal, rural, frontier, and underserved reach; age distribution; prevention strategy coverage; complementary investment; and avoidance of duplication. Portfolio factors do not change an application's technical score.

The funding recommendation presented to CDPH may identify a recommended award amount and any proposed modifications to the applicant's scope, budget, activities, deliverables, performance measures, staffing, or other award conditions. Any material modification will be documented and finalized through pre-award negotiation before execution of the subaward agreement.

A high score or achievement of the minimum qualifying score does not guarantee funding. Any material selection rationale, including portfolio considerations, will be documented in the administrative record and presented to CDPH as part of the final funding recommendation.

6. No Entitlement Based on Prior Funding

This is a new competitive funding opportunity. Current or prior funding from CDPH, CIBHS, the California Reducing Disparities Project, or another related initiative does not guarantee eligibility, selection, renewal or continuation funding, priority consideration, and/or a particular award amount. All applications will be evaluated under the requirements and criteria established for this competition.

7. Conditional Selection and Pre-Award Requirements

Following CDPH approval of final selections, CIBHS will issue Notices of Intent to Award and Notices of Non-Selection. A Notice of Intent to Award is conditional and does not constitute a final executed subaward, guarantee of reimbursement, or authorization to incur costs unless the notice or a separate written Letter of Authorization expressly states otherwise. CIBHS is targeting issuance of Letters of Authorization (LOAs) as close to February 1, 2027, as feasible, subject to completion of the applicable appeal process and final readiness requirements.

Before implementation is authorized, CIBHS will complete applicable legal-status verification, pre-award risk assessment, scope and budget negotiation, insurance verification, reporting-system setup, onboarding, training, and other readiness activities.

If an LOA is used, the LOA will identify the authorized activities; allowable costs; maximum authorized amount; effective date; expiration date; applicable pre-award or implementation conditions; the date by which the final subaward agreement must be executed; and the consequences if the final subaward is not executed by that date. The LOA will also describe its relationship to the subsequent subaward agreement, including whether the LOA-

authorized period and costs will be incorporated into or superseded by the fully executed subaward. Unless otherwise expressly authorized in writing by CIBHS, no additional costs may be incurred after expiration of the LOA.

No work is authorized to begin, and no costs are authorized to be incurred, unless expressly authorized in writing by CIBHS.

8. Appeals Process

An applicant is permitted to submit an appeal only after receiving a formal Notice of Non-Selection and only on the limited grounds described below. An appeal must be received within five (5) business days after issuance of the Notice of Non-Selection.

An appeal must identify a specific procedural error, including an incorrect application of a published requirement; a deviation from the RFA or approved review procedures; an error involving applicable BHSA statute or policy; or a material omission by the review panel.

For an applicant determined ineligible, an appeal may assert that CIBHS incorrectly applied a published eligibility requirement or overlooked information that was timely submitted with the application. The appeal process is the sole reconsideration process for an eligibility determination.

An appeal may not be based solely on disagreement with reviewer judgment, score, ranking, funding outcome, or portfolio decision. An applicant may not use an appeal to revise its application, submit new substantive information, cure a deficiency that existed at the application deadline, or assert after the deadline that the RFA was unclear when the applicant had an opportunity to seek clarification during the application period.

CIBHS will administer the appeal process and document the review. CDPH retains final authority over appeal decisions and any remedy. Unaffected awards are permitted to proceed while an appeal involving another application is pending.

CIBHS anticipates issuing a written appeal determination within ten (10) business days after receipt of a complete appeal, subject to the complexity of the matter and consultation with CDPH. If additional time is required, CIBHS will notify the appellant in writing of the anticipated determination date. The appeal submission deadline and anticipated determination timeframe are also reflected in the Key Milestones and Dates table in Section F.1.

9. Reservation of Rights

To the extent permitted by law and applicable program requirements, CIBHS and CDPH reserve the right to:

- Amend, suspend, cancel, or reissue this RFA in whole or in part;
- Reject any or all applications;
- Determine that an application is nonresponsive;
- Waive immaterial administrative defects;
- Request clarification, verification, or additional documentation;

- Modify anticipated funding levels, award amounts, the number of awards, timelines, geographic distribution, or program requirements;
- Negotiate the scope of work, budget, deliverables, performance measures, payment schedule, and award terms;
- Fund all, part, or none of an application;
- Make an award in an amount different from the amount requested;
- Consider applicant risk, past performance, compliance history, and organizational capacity;
- Discontinue negotiations or withdraw a conditional award when required conditions are not met; and
- Use application information for program planning, evaluation, and public reporting, subject to applicable confidentiality and public-records requirements.

The applicant is responsible for all costs associated with preparing and submitting an application. These costs are not reimbursable.

Submission of an application does not create a contract, entitlement, property interest, commitment of funds, or obligation to make an award.

Appendices

No.	Appendix	Link
1	Application Form and Checklist	CIBHS CDBHI Website
2	Evaluation and Scoring Rubric	CIBHS CDBHI Website
3	Implementation Plan Template	CIBHS CDBHI Website
4	Budget and Narrative Template	CIBHS CDBHI Website
5	Frequently Asked Questions (FAQs)	CIBHS CDBHI Website
6	Glossary and Definitions	CIBHS CDBHI Website
7	Leadership Commitment Template	CIBHS CDBHI Website
8	Partner Letter of Commitment Template	CIBHS CDBHI Website