CDBHI Funding Opportunity Information Session and Application Q&A Webinar

Oct 6, 2026 | 1:00-3:00 pm PT

Transcript

0:06
Hello everyone, Good afternoon and happy October.

0:12
My name is Phanit Dy.

0:13
I use he/him pronouns and I'm a director at the California Institute for Behavioral Health Solutions or CIBHS.

0:22
And on behalf of CIBHS and the California Department of Public Health, I want to warmly welcome everyone attending today's Community Driven Behavioral Health Initiative funding opportunity information session and application Q&A webinar.

0:40
Before we begin, we will be going over housekeeping items and sharing information on how to access language interpretation.

0:48
Thank you so much everyone for the reactions.

0:53
Zoom interpreter control overview. Instrucciones para interpretación en Zoom.

0:58
This message repeats in English.

1:00
Aviso por parte del intérprete para hacer uso del servicio de interpretación: favor de desplazarse a la parte inferior de la pantalla de Zoom donde aparecen sus controles. Ahí, hacer clic en el ícono de interpretación (parece un globo terráqueo) y seleccionar 'Spanish' o Español. Si está utilizando la aplicación móvil de Zoom en un celular, tableta, etc., presione los puntos suspensivos, luego 'Interpretación' y luego el idioma.

1:28
Announcement from interpreter. To use the Zoom interpretation feature, please scroll to the bottom of the Zoom screen where your meeting controls are.

1:34
Click on the interpretation icon, it looks like a little world and select either English or Spanish.

1:40
If you are joining using the Zoom mobile app on a cell phone, tablet or other mobile device, please press the ellipses

1:46
the three dots, then interpretation and then choose your language.

1:55
Next slide, please.

1:57
If you have any technical or assistance receiving the translation, please don't hesitate to reach out to cdbhi@cibhs.org.

2:10
And this slide is just illustrating what was said in the last slide.

2:15
All right, we can go on to the next slide.

2:19
So let's go over some housekeeping items.

2:22
The meeting today is being recorded and will be made available after this webinar.

2:29
American Sign Language and Spanish translation is available through the interpretation icon and language channels, and closed captioning is available by clicking the CC button.

2:41
There has been a lot of interest for this webinar and grant opportunity with over 2200 registrants, so all participants have been muted.

2:50
It's great to see 1600 of you on today.

2:54
We highly encourage everyone to use the Q&A function throughout today's session to ask questions.

3:02
And additionally, attendees may ask questions or submit comments to cdbhi@cibhs.org. And then again, if you require tech support, you may reach out to cdbhi@cibhs.org.

3:21
And again, we highly encourage your engagement and participation in today's session through the methods outlined in our housekeeping and meeting overview slides.

3:32
So before we formally start and go through today's agenda, I would like to welcome Doctor Sohil Sud to provide opening remarks on behalf of the California Department of Public Health.

3:42
Thank you so much, Phanit.

3:44
And I appreciate the opportunity to welcome all of you to this webinar.

3:48
I'm grateful for so many of you in attendance this this volume of engagement.

3:53
Certainly a sign about the interest, but also I would argue about the importance of this work.

3:59
You know, advancing community defined practices is a flagship component of the Department of Public Health portfolio under the Behavioral Health Services Act.

4:08
And there's this saying used by many, but commonly attributed to individuals who advocate for reforms in the criminal justice system.

4:17
And it comes from those who are formerly incarcerated.

4:19
And I'm sure you've heard it.

4:20
And this is it.

4:22
People closest to the problem are closest to the solution, right?

4:27
People closest to the problem are closest to the solution.

4:30
It's, it's a principle that's, you know, echoes through really every major justice movement of our time,

independence movements, civil rights movements, and transformation begins with the people who know, you know, about the problem, not just as an abstraction, but really through experience.

4:46
And I say that to kick this off because that's what this effort's really trying to support and CDPH is proud to do.

4:52
So there's of course many other aspects of the state portfolio advancing community driven practices.

4:58
But we're happy to share more about this opportunity along with providing spaces to learn from one another and to share best practices that are accumulated across the state and keep equity as, as the North Star and really advance our collective understanding about the importance of this this approach here.

5:15
So it's, it's a jam packed session.

5:17
I don't want to take up too much time.

5:18
Want to make sure we have lots of opportunities to get the questions you've submitted in advance answered and addressed.

5:24
And so with that, I will turn it back to you, Phanit.

5:27
Thank you.

5:30
Thank you so much, Doctor Sud, for providing your opening remarks and welcoming everyone to today's session.

5:36
I'm also really appreciating all the engagement in the Q&A and continue to welcome everyone to participate there.

5:45
So next slide, we'll go through today's agenda.

5:50
I'm going to be starting off by providing some context about CIBHS and the Community Driven Behavioral Health Initiative or CDBHI and the overall funding opportunity.

6:02
From there you'll hear from members of our team who will walk through the request for applications or RFA and the development process.

6:11
There.

6:12
The RFA eligibility and requirements including the award, payment and budget, application process and timeline review, selection and appeals during the solicitation process.

6:28
Supporting support available to applicants.

6:31
Program training and technical assistance, expectations, data and evaluation requirements, the community defined evidence practice or CDEP advisory committee And finally ending with Q&A.

6:45
Through our frequently asked questions and answers, we know that there is a lot of information to cover today and our goal is to make the opportunity as clear and accessible as possible while also giving attendees a sense of what participation in the CDBHI will look like beyond the application itself.

7:05
So why don't we go ahead and begin?

7:10
So for those who may not be familiar with CIBHS, the California Institute for Behavioral Health Solution is an independent nonprofit organization that has been working in behavioral health since 1993.

7:24
Our work is focused on advancing behavioral health through an equity lens, and we provide training, technical assistance, implementation support and thought leadership to communities and organizations throughout California and nationally.

7:39
Our mission is especially aligned with CDBHI, which is advancing behavioral health systems that are designed to serve all people, shaped by local communities, and grounded in strong evidence.

7:51
Next slide.

7:54
So this slide gives you a snapshot of the experience CIBHS brings to this work.

8:00
We have more than 30 years of experience, have worked across all 58 California counties, supported hundreds of projects and trained thousands of people serving communities.

8:12
But what is especially important for CDBHI is how we approach the work.

8:17
We try to bring together three things, supporting community-based organizations, being community informed and operationally proven and CDBHI requires all three.

8:29
We need to honor community expertise while also creating the infrastructure, implementation, support, accountability and learning necessary to sustain and scale effective practices.

8:44
Next slide please.

8:46
And on this slide, you'll see the wonderful CIBHS team that will be supporting this important initiative.

8:52
You'll hear from several of us through today's webinar and we will introduce ourselves as we as we move into our respective sections.

9:00
And we have intentionally built a multidisciplinary team because CDBHI involves much more than just administering grants.

9:09
Our team brings experience in grant administration, community defined evidence practices, implementation, technical assistance, evaluation, fiscal management, behavioral health, community engagement and Co-production and for organizations ultimately selected for funding.

9:28
Members of this team will continue to work alongside you throughout this grant program and period.

9:36
Next slide.

9:38
So now let's shift gears and talk about CDBHI itself.

9:43
The Community Driven Behavioral Health Initiative is funded by the California Department of Public Health for Community Based Organizations, or CBOs and Tribal Based Organizations or TBOs, and at

its core, CDBHI is about investing in and scaling behavioral health prevention community defined evidence practices that are responsive to communities.

10:09
The initiative is intended to reduce behavioral health disparities among populations that have historically been unserved, underserved or inappropriately served, while improving access to prevention and resiliency supports.

10:25
And importantly, this initiative recognizes that evidence does not only come from traditional research.

10:32
Communities also hold expertise about what works for whom, under what circumstances and why.

10:42
Next slide.

10:44
And one of the most important concepts to understand about this funding opportunity is population-based prevention.

10:52
This funding is focused upstream before behavioral health conditions develop or require individualized intervention or treatment.

11:01
Promotion is about creating environments and conditions that support behavioral health and well-being across communities.

11:09
That could include increasing awareness, reducing stigma, strengthening social connection, and creating opportunities that promote resilience and well-being.

11:20
And if you are interested in applying and as you think about your proposed project, please keep that population-based prevention level lens in mind.

11:32
Next slide.

11:36
So population-based prevention also includes both universal and selective prevention.

11:43
As you can see on the right hand slide, universal prevention is directed toward an entire population or community rather than people selected because of an identified individual risk.

11:58
Selective prevention focuses on groups or populations that experience elevated risk based on social, environmental, biological, or other factors.

12:11
This distinction will become important throughout today's presentation because CDBHI is focused on populations and groups, not individualized services based on a person's symptoms or diagnosis.

12:28
Thank you.

12:29
So now I will go into the high-level grant details starting off with the population-based requirements.

12:36
Every proposed project for the CDBHI must incorporate a community defined evidence practice or an evidence-based practice that has been modified or adapted through community input.

12:51
Projects must meet at least one of these statutory population-based prevention requirements.

12:58
That could mean benefit benefiting an entire community, serving a population at elevated risk, reducing behavioral health stigma, serving populations disproportionately impacted by systemic racism and discrimination, or preventing suicide, self-harm or overdose.

13:17
One point I want to emphasize because we have received questions about it is that the Behavioral Health Services Act or BHSA, requirement that at least 51% of investments serve children and youth aged 25 and younger applies to the overall CDBHI portfolio.

13:37
It is not a requirement that every individual project or grantee serve 51% children and youth.

13:45
And before we move on, I also want to spend a moment to clarify what we mean when we use the term Community Defined Evidence Practice, or CDEP because it is so foundational to this funding opportunity.

13:59
A CDEP is a practice that comes from the community and that can be through community engagement or Co-production.

14:05
CDEPs are culturally anchored approaches that reflect the values, histories, and lived experiences of the communities they serve.

14:15
CDEPs are practices rooted in communities and the organization serving them that have been found to produce positive results through community consensus over time.

14:26
And that last piece is important.

14:29
Community defined does not mean there is no evidence.

14:32
It means we are broadening how we understand and value evidence.

14:37
At the same time, a CDEP is simply not a new idea that an organization would like to try.

14:44
Calling something culturally responsive or saying that it was designed for a particular community does not by itself make it a CDEP.

14:53
There should be a connection to the community, such as how the practice emerged, how the community has shaped or affirmed it, and what experience or evidence indicates that it produces positive results.

15:06
So I just wanted to start off with really defining what a CDEP is and what it is not.

15:15
Next slide.

15:17
So this slide covers the framework on core prevention strategies, which is another important piece of this RFA.

15:24
Every funded project must address 2 required priorities.

15:29
The first one is behavioral health awareness and stigma and discrimination reduction, and the second is community outreach and engagement.

15:38
In addition, every project must address at least one of the additional priorities shown below, and those include innovative community engagement, trauma informed and healing centered approaches, culturally responsive prevention pathways, and community capacity and civic engagement.

15:58
Applicant should think about how their proposed CDEP connects these strategies into a coherent prevention approach rather than treating them as separate activities.

16:08
And the RFA includes more information about the six priority areas and I encourage everyone to review them in detail and it is hyperlinked on this slide and will be made available after the session.

16:23
Next slide.

16:26
So for the populations of focus for strategic investment, the Community Driven Behavioral Health initiative is intended to make strategic investments in populations experiencing some of the greatest behavioral health disparities and barriers to accessing culturally responsive supports.

16:45
The populations listed here reflect that strategic investment.

16:49
And I just want to emphasize that this is not an eligibility list and the order does not indicate priority.

16:56
Every project must serve at least one population of focus, but applicants may identify multiple populations, and we encourage applicants to recognize intersectionality within the different communities.

17:11
Your application should clearly describe the strengths of the community you intend to serve, the risk and barriers that community experiences, and importantly, how the proposed project has been designed with or informed by that community.

17:29
Next slide please.

17:32
And this is probably one of the most important slides in today's presentation.

17:38
CDBHI funds population-based prevention only.

17:43
It does not fund early intervention, diagnosis or treatment.

17:49
So activities such as community wide education, stigma reduction, culturally specific programming for

populations at elevated risk, trusted messenger outreach, coalition building and CDEP adaptation and evaluation may fit within this funding opportunity.

18:09
And by contrast, individualized screening, assessment, counseling, diagnosis, treatment, individualized navigation and early intervention or outside of the scope for CDBHI funding.

18:26
A simple question to ask yourself is, is this activity directed toward a population or subgroup for prevention or toward a particular individual because that person has identified or has been identified as having signs or symptoms or treatment needs.

18:44
Organizations could certainly provide both type both type of services.

18:50
But if you operate a mixed program, the activities, staffing, budget and outcomes supported by the CDBHI dollars must be limited to the eligible prevention components.

19:06
Next slide please.

19:08
And now let's put some numbers around the opportunity now that we've touched the high-level requirements.

19:17
So CDPH is investing approximately 30 million in competitive sub awards with approximately 30 to 40 awards anticipated.

19:27
The anticipated award range is $400,000 to $1,000,000 and requests should be proportional to the scope and design of the proposed project.

19:39
The anticipated performance.

19:41
Is 27 months beginning February 1st, 2027 and ending April 30th, 2029.

19:51
Applications are due in one month on November 6th at 5:00 PM Pacific Time.

19:58
And the larger goal behind these investments is to support culturally rooted, community driven and community informed approaches that promote wellness before behavioral health conditions develop and to reduce stigma associated with seeking help.

20:17
Next slide and now that we provided an overview of CDBHII want to spend a few minutes explaining the role CIBHS will play in administrating and supporting this initiative.

20:32
At CIBHS we will serve in two integrated roles as a third-party administrator or TPA and as a training and technical assistance or TTA provider.

20:45
So on the left hand side and as the TPA, we are responsible for the infrastructure and accountability associated with account with administrating approximately 30 million in competitive grant funding that includes grant administration and fiscal management, sub recipient coordination and support, implementation monitoring and ensuring compliance with program requirements.

21:11
But our role goes beyond just grant administration.

21:15
And when you look at the right-hand side, as the TTA provider, we will also provide training, individualized technical assistance, readiness and capacity building support and implementation and evaluation support.

21:31
We intentionally think about these integrated roles rather than two separate functions.

21:38
For example, if during grant monitoring we identify that an organization is experiencing an implementation challenge, we don't want our response to be here's the requirement that you need to meet.

21:51
We also want to understand what support may help the organization successfully address the challenge.

21:56
So through CDBHI, we are trying to pair accountability with support and our responsibility as the TPA is to make sure that there is the appropriate structure, oversight and accountability for this public funding.

22:10
And our responsibility through TTA is to help organizations build the capacity to successfully implement their CDEP or proposed project, learn from the work, adapt when necessary and ultimately sustain their impact.

22:25
And these two roles will follow organizations through the entire life cycle of the grant.

22:34
Next slide, please.

22:36
So this slide gives you a high-level overview of that life cycle beginning with where we are at today.

22:43
So we are currently in the request for applications.

22:46
Which runs from September through November 2026.

22:51
Following the application deadline, applications will move into review and scoring from November 2026 through January 2027.

23:01
From there, we anticipate moving into award and contracting activities during January and February with grant implementation beginning in February 2027.

23:13
And once implementation begins, CIBHS' role shifts into ongoing grant management, monitoring, technical assistance, coaching, evaluation, support and coordination with sub recipients through the 27-month grant period.

23:32
The current grant period.

23:33
Is anticipated to continue through April 30th, 2029, followed by formal closeout activities in May and June of 2029.

23:44
And I share this timeline because we want applicants to understand that this is not simply an application and award process for organizations selected for this funding.

23:53
This is the beginning of a multi year relationship with CIBHS/CDPH and a broader learning community of organizations implementing prevention community defined practices across California.

24:08
And that brings us to what we are calling the integrated sub recipient journey.

24:13
So next slide please.

24:16
This slide is really the best way to visualize what participation in the CDBHI will look like for a funded organization.

24:23
We see this as a journey rather than a series of disconnected grant requirements.

24:29
It begins with the award where we establish clear expectations about the program, funding, deliverables and responsibilities.

24:39
Then we move into onboarding where our focus is not only completing administrative requirements, but also beginning to build relationships and understanding how each organization's readiness strengths and areas where support may be helpful.

24:55
From their organizations will develop and begin to refine their 27-month implementation plan and that plan will help establish the road map for how the proposed CDEP prevention activities will be implemented over the grant.

25:12
But implementation isn't expected to happen in isolation.

25:17
The next component is learning.

25:20
So sub recipients will have access to coaching, TA training and learning collaborative opportunities and we want organizations to be able to learn from CIBHS, from subject matter experts, and most importantly from one another.

25:34
Then we move into implementation, which is actually carrying out the CDEP population-based prevention activities in your communities.

25:43
Through implementation, there will also be an emphasis on continuous improvement.

25:48
So data and evaluation aren't intended to simply be compliance exercises at the end of this grant.

25:54
We want organizations to use what they are learning to understand what's working, where adaptations may be needed with input from the community, and how practices can become stronger.

26:05
And finally, we want to be thinking about sustainability from the beginning.

26:10
So what capacity are we building, What are we learning from these practices?

26:15
What partnerships are being strengthened and what can we continue beyond this particular funding period?

26:22
That's why the statement at the bottom right of this slide is so important.

26:26
The TPA functions create structure and accountability, while TTA functions help organizations build the capacity to deliver, learn, adapt and sustain.

26:38
And ultimately, that's the experience that we want to create with CDBHI, not simply distributing grant dollars, but investing in organizations and community defined prevention practices in a way that builds capacity and strengthens their impact beyond the life of this grant.

26:58
So with that broader picture of the CDBHI program and the support that funded organizations can expect, we're going to shift into the specifics of the funding opportunity and what applicants need to know as they prepare for their applications.

27:14
And with that, I'll pass things over to my colleague Amanda.

27:19
All right, great.

27:20
Thank you so much, Phanit.

27:22
And good afternoon, everyone.

27:24
My name is Amanda Carbajal.

27:26
I use she/her pronouns and I'm one of the project directors for CDBHI here at CIBHS.

27:33

So now you've heard what this opportunity funds, and now I'll walk you through who is eligible and what you need to apply.

27:42
Throughout this section, I'll refer to eligible community-based organizations as CBOs and eligible tribal entities as TBOs.

27:54
We'll review the RFA's exact eligibility category shortly, but before we get into those details, I want to briefly walk you through how this opportunity was shaped through community input.

28:08
Let's start with those ways that the community share their feedback.

28:12
Next slide.

28:15
So from May 11th through June 25th, we held an RFA public comment period with several ways to participate.

28:24
We received 37 verbal comments during a June 4th webinar, 51 survey responses, 49 written questions, and nine comment letters.

28:36
That's 146 comment records that supported the development of this RFA.

28:43
To every CBO/TBO and community member who took the time to weigh in, thank you so much.

28:50
Next slide.

28:55
So here's how we reviewed that feedback and used it to inform the final RFA.

29:00
Every comment was read and considered.

29:03
We sorted the feedback by topic, grouped into themes, reviewed those themes against the proposed funding opportunity, and incorporated community priorities into the final RFA within the governing requirements.

29:18

The feedback helped identify changes and clarifications to support participation by eligible CBOs and TBOs.

29:26
The next slide shows that what that input means for CBOs and TBOs.

29:31
Preparing to apply next slide.

29:37
Here are some of the features you'll see as you prepare your application.

29:41
First, we heard you needed time to prepare.

29:44
The application window runs from September 15th through November 6th, approximately 8 weeks.

29:51
Second, partnership documentation.

29:54
We heard you guys loud and clear. And, a county letter of support or a fully executed partnership agreement is not required at application.

30:04
Third, startup support.

30:06
The anticipated payment structure includes an initial payment for approved startup activities subject to CDPH approval and award agreement.

30:16
4th, Community defined evidence.

30:19
The RFA recognizes lived experience, cultural knowledge, and community defined measures of success.

30:27
And finally, a way to submit and get help.

30:30
We are we've established an online portal with e-mail confirmation and we will be providing technical assistance throughout the solicitation.

30:40
Providing resources, office hours and written FAQs to support you submitting your application.

30:48
Again, thank you so much to those who provided feedback during public comment to inform the final RFA.

30:54
With that, let's get to the questions most of you came for today.

30:58
Next slide.

31:00
So many of you joined with two questions.

31:03
Is my community based organization or tribal based organization eligible and how do we apply?

31:10
We'll start with eligibility and then cover requirements for proposed projects, award and budget basics and what to submit by the deadline.

31:19
Next slide.

31:22
So this slide here is really just a reference sheet for the RFA to help you as you navigate the application, and it has the sections cited here for easy reference.

31:33
So just keep this handy for you while you prepare your materials.

31:36
I'm not going to read everything line by line, but just wanted to show it here as a resource to you all.

31:42
Next slide.

31:46
So let's answer the first question, Who is eligible?

31:50
The RFA identifies 2 categories of legal applicants, 5O1(c)(3), community-based organizations and eligible tribal entities.

32:02
When I say tribal entities, we mean those listed in section B61 or Federally recognized tribes, Indian Health clinics or Indian Health Programs in Urban Indian organization.

32:18
A common question we've been hearing is whether a CBO is the same thing as a 501(c)(3).

32:24
For this RFA you need both community-based status and 501(c)(3), status.

32:32
Being a 501(c)(3), alone is not enough.

32:36
The RFA describes CBOs as nonprofit, non-governmental entities with strong local ties that serve underserved communities and address social determinants of health beyond traditional clinical settings.

32:52
You also need documents that establish your legal status for CBOs.

32:57
These include the IRS determination letter and applicable California registration and status documents.

33:05
TBO documentation depends on the eligible tribal entity type and authority to apply.

33:12
Eligible CBOs and TBOs must remain in good standing throughout the application and award process.

33:19
You must submit the documentation required for your legal applicant category and we'll review the required application material shortly.

33:28
Next slide.

33:28
All right, now, who cannot be the legal applicant?

33:35
The RFA lists for profit entities, individuals and sole proprietors, public entities, and entities that do not meet the required CBO or tribal entity status unless they independently qualify under an eligible category.

33:53
Suspended, debarred, excluded, or otherwise legally ineligible entities cannot receive public funds.

34:01
The published RFA focuses on the legal entity applying.

34:06
It must independently qualify as an eligible CBO or TBO.

34:11
Community serving mission or partnership does not establish eligibility.

34:16
Participation as a partner is a separate question and must be permitted by the RFA.

34:22
We'll explain the requirements for different partnership roles when we discuss partnerships next slide.

34:32
So this funding opportunity does allow for fiscal sponsorship, but what is a fiscal sponsor?

34:38
A fiscal sponsor is an entity that applies for and administers an award on behalf of the sponsored project, taking legal and financial responsibility for the award.

34:50
For CDBHI, that sponsor must itself be eligible and eligible CBO or TBO.

34:57
It submits the application as the legal applicant and, if selected, signs the agreement with CIBHS.

35:05
The sponsor takes responsibility for fiscal management, reporting, monitoring, compliance and oversight.

35:14
The application needs to explain who does what, who makes decisions, how funds flow, and how the sponsor will oversee the project.

35:24
Your application must include the fiscal sponsorship agreement or equivalent documentation along with evidence of the sponsors eligibility.

35:34
Sponsorship does not remove the project's other requirements, including the eligibility requirements for any funded SUB recipient.

35:43
Any entity receiving funds as a SUB recipient must also independently meet the CBO or TBO eligibility requirements.

35:52
A sponsoring CBO or TBO may submit separate applications for multiple sponsored projects when each projects meets all RFA requirements and the sponsor demonstrates adequate capacity.

36:06
Next slide.

36:09
All right, one last eligibility rule, all eligible CBO or TBO applying on its own, applying on its own behalf may be the lead applicant on one application.

36:24
The fiscal sponsorship provision we just covered permits separate applications for multiple sponsored project.

36:31
Subject to those requirements, the same CBO or TBO may participate in other applications as a partner, contractor, consultant or sub recipient.

36:44
Please make sure you disclose every application in which your CBO or TBO has a funded role and explain its responsibilities, staffing, activities, and budget.

36:56
Each project must be materially distinct, and your CBO or TBO must have capacity for all its commitments.

37:05
The same activities, personnel, time, participants, deliverables or costs cannot be funded twice.

37:14
So that covers who can apply and how they can participate.

37:17
Now let's turn to what the proposed project needs to demonstrate.

37:21
And I see we are already on that slide.

37:25
So earlier you heard what every CDBHI project must include.

37:30
This slide shows how your CBO or TBO brings those requirements together in the application.

37:36
A prevention pathway connects your community strengths and needs, your prevention approach, your activities and who they will reach, and the short and immediate term results you expect.

37:51
Explain how those goals results, including reducing stigma and discrimination, connect to applicable statewide behavioral health goals.

38:02
A single CBO or TBO is not expected to independently change statewide rates.

38:07
The RFA asks for a reasonable contribution through measurable population-based activities and outcomes.

38:15
Also explain what is already in place to carry out the work, staffing, experience, partnerships and systems and how you will address remaining needs.

38:27
I want to note that this funding is not intended primarily to build foundational capacity.

38:34
Requirements are implemented proportionally where permitted.

38:38
Applicants will not be disadvantaged solely because they are smaller organizations or serve rural, tribal, or other historically under resourced communities.

38:49
All must meet the published requirements.

38:52
Also disclose other funding or the same or closely related activities.

38:59
Explain the investment gap this funding will fill and what benefits can continue after the award ends.

39:08
Next slide.

39:15
Now let's review partnerships and documentation requirements.

39:19
As mentioned during the public comment section, CBOs and TBOs do not need county letters of support or signed MOUs to apply.

39:27
However, if your proposed project includes partners, ensure your application explains their roles, contributions, and the status of each material partnership.

39:38
For material funded third party, include the entity type, activities, anticipated funding amount, agreement type, and oversight approach.

39:49
Appendix 8.

39:50
Appendix 8 of the RFA provides the partner letter template for reference.

39:57
Remember the distinction we covered.

39:59
Funded sub recipients must independently be eligible CBOs or TBOs Contractors and consultants follow the applicable procurement and award requirements.

40:11
The CBO or TBO applying remains responsible for the project and the use of the funds.

40:19
If funded, you must also participate in applicable meetings and convenings of the local health jurisdiction serving the project area.

40:28
For more detail, please refer to Section C11 in the RFA next slide.

40:37
Now let's talk about award structure.

40:40
CIBHS anticipates deliverables-based awards, subject state requirements, and final CDPH approval.

40:48
The anticipated structure includes an initial payment for approved startup and implementation readiness activities, followed by quarterly payments tied to accepted invoices, progress reports, and approved deliverables.

41:03
Applicants can also request an advance if needed.

41:07
However, an approved advance cannot exceed 25% of the total sub award.

41:12
That is a maximum and not a guaranteed payment.

41:17
The agreement will establish the payments amount, conditions and schedule.

41:22
No payment term described in the RFA is final until CDPH approves it and it is incorporated into the agreement.

41:30
Funded CBOs and TBOs also have reporting, evaluation, monitoring, training and closeout responsibilities, which will be covered later.

41:40
Next Slide So this slide provides an overview of the required implementation plan for your application.

41:50
The implementation plan explains how your CBO or TBO will carry out the project and measure progress.

41:57
The template asks for approximately 3 to 6 SMARTIE objectives.

42:02
Each objective identifies the activity, responsible positions or partners, dates, deliverables, performance measures, and data source.

42:13
Keep the plan consistent with your narrative and budget and keep dates within the allowable project.

42:21
This is where your prevention pathway becomes a practical plan.

42:25
And my colleague Ryan will explain the SMARTIE goal objectives and walk through this template a little bit more in depth later.

42:33
Next slide.

42:37
The next few slides will walk.

42:39
We will walk through budget requirements first.

42:42
Allowable costs.

42:44
Eligible CBOs and TBOs may request costs needed to deliver the proposed prevention project, such as staff outreach, supplies and evaluation.

42:55
Cost must be necessary, reasonable, aligned with the project, documented, and authorized under the approved budget and agreement.

43:05
Specific conditions apply to indirect costs, incentives and participation supports.

43:11
Review RFA Section E and Appendix 4 for the complete requirements, and additionally, we'll hold office hours for more detailed questions about cost requirements and the budget template.

43:23
Alongside those allowable costs, there are exclusions to keep in mind as you prepare the budget.

43:29
Next slide.

43:33
The main exclusions to remember are early intervention and treatment, costs already covered by another source, and costs that improperly replace ongoing available funding.

43:47
Application preparation, capital purchases such as vehicles or real property, fundraising, and prohibited political activities are also unallowable.

43:58
This is a summary.

43:59
Section E4 of the RFA contains the full list and qualifications.

44:05
Please check that guidance before submitting your budget.

44:08
Bring questions about interpreting the cost rules to solicitation office hours or send them to cdbhi@cibhs.org.

44:17
We can explain the published requirements, but cannot approve individual budget items during the sessions.

44:24
Material clarifications will be shared through written FAQs or official addenda as needed.

44:30
With those rules in mind, let's look at the template you'll use to present your budget next slide.

44:37
Every CBO or TBO applying needs the budget and budget narrative in Appendix 4.

44:44
Check the three things on this slide.

44:47
Completeness, consistency with your narrative and an implementation plan, and a clear connection between each cost and the proposed activities and outcomes.

44:57
Start with the template instructions, then complete the budget detail.

45:02
Organizational budget and budget summary worksheets show how each cost is calculated and why the project needs it.

45:11
The staffing and activities should match your narrative and implementation plan.

45:17
Prepare the budget for the full anticipated 27-month period using the two 12-month periods and final three-month period in the template.

45:27
Allocate cost based on when the work will happen.

45:31
Complete the Organizational Budget Worksheet, preserve formulas and check that the totals reconcile.

45:38

Also, identify the minimum resources needed to preserve core activities if the award is a lower than requested.

45:45
If requesting in advance, complete that section and explain the need.

45:49
The template instructions and FAQs provide more detail.

45:53
Now let's bring all the required pieces together.

45:56
Next slide.

45:59
Use the checklist at the end of Appendix 1 as your final review.

46:04
You'll need the application responses, implementation plan, budgeted narrative certifications, and authorized signature.

46:12
Organizational materials include the sign, Appendix 7, leadership letter, and organizational or governance chart.

46:21
Qualifications for identified key personnel and audited financial statements or an approved alternative.

46:29
Include job descriptions for vacant key positions when applicable.

46:34
You also need the legal status documents for your CBO or TBO category, required fiscal sponsorship or formal collaborative documents when applicable, and any conditional partner documents.

46:49
Pay particular attention to items marked mandatory for eligibility.

46:54
If one of those attachments is missing, the deficiency is non curable.

46:59
Do not rely on being able to add or revise required materials after the deadline.

47:05
If your CBO or TBO does not have audited financial statements, review the approved alternative requirements and send any clarification questions to the CDBHI inbox.

47:18
Once you have that checklist in hand, the next step is making sure everything is ready by the deadline.

47:24
Next slide.

47:30
Here are all the key dates during the solicitation process.

47:33
The first scheduled FAQ update is October 13th, and then you'll be able to send remaining questions by October 27th at 5:00 PM for the final scheduled FAQ update on November 3rd.

47:47
Questions may be submitted later, but an answer before the application deadline is not guaranteed.

47:55
Applications are due Friday, November 6th at 5:00 PM Pacific Time.

48:00
Give yourself some time to address technical problems and confirm receipt, and check the CDBHI web page for FAQs or addenda.

48:11
Review is planned for November through January, with anticipated award notices in late January.

48:18
The anticipated performance.

48:20
Is February 1st, 2027 through April 30th, 2029.

48:26
Selection remains subject to pre award and contracting requirements.

48:31
Work and costs require express written authorization from CIBHS.

48:36
We'll cover section and appeals later.

48:39
I'm sorry.

48:40
We'll cover selection and appeals later.

48:43
That brings us to the application itself.

48:46
And so with that, I will turn things over to my colleague, Stacy, who will walk us through completing and submitting the online form.

48:57
Thank you, Amanda.

48:58
Good afternoon.

48:59
My name is Stacy Smithee, and I'm an associate here at CIBHS.

49:03
I'm going to briefly highlight several important things to keep in mind as you prepare to submit your application.

49:09
Before starting your application, we recommend that you review the full RFA package.

49:13
Take some time to read through the entire package before beginning your application, including the instructions at the top of the application form.

49:21
Next, gather all required organizational and program information.

49:25
The application is best completed in one sitting, so having your information ready ahead of time can make that process easier.

49:32
You will also want to develop your responses and have any supporting documentation prepared before you begin.

49:39

Once you are ready, you can access the electronic application form using the link provided in the slides as well as on the CDBHI web page that has been shared during the webinar.

49:50
Be sure to complete all required and applicable sections.

49:54
Your information will be saved as you work, so you can return to the application at any time using the same link on the same device.

50:01
Please note, if you switch devices, please be aware that clearing your browsing history will mean your saved progress will not be available.

50:09
And if you are submitting multiple applications, please complete and submit each application before starting another.

50:16
Once you've completed the application, the next step is to review everything carefully and submit it by the deadline of November 6th.

50:24
Next slide, please.

50:27
There are three final steps to keep in mind.

50:29
Review, validate, and submit any questions.

50:34
So review and validate first.

50:35
Review all responses for completeness, accuracy, and consistency.

50:40
You can use the left arrow button to go back and review or update previous responses.

50:45
And we do recommend using the application form and checklist as a final review tool before submitting.

50:51
Once you've completed your final review, submit your application by the deadline.

50:56
After submitting, be sure to save your submission confirmation e-mail for your records.

51:00
And finally, if you have technical questions about the electronic application form, you can contact the CDBHI team at cdbhi@cibhs.org.

51:11
So that covers the basic application process.

51:14
The key take away is to review the RFA materials carefully, prepare your information and responses in advance.

51:21
Give yourself time to review everything, and make sure your application is submitted by the November 6th deadline.

51:27
I will now hand it off to my colleague Sindhu.

51:31
Thank you, Stacy.

51:32
Hi everyone.

51:33
My name is Sindhu Kumar and I use she/her pronouns.

51:37
I serve as a senior associate care at CIBHS.

51:42
We'll review the reasonable accommodations first.

51:46
Reasonable accommodations and alternative formats are available upon request.

51:51
Accommodations may include accessible electronic documents, large print materials, language assistance, and auxiliary aids or services.

52:00
Requests should be submitted as early as possible to cdbhi@cibhs.org.

52:08
Include a description of the accommodation or assistance needed.

52:11
Accommodation requests will not affect the eligibility or application evaluation.

52:17
Next slide please.

52:21
Just a couple of important reminders for applicants.

52:24
Today is an informational session only.

52:27
Statements made in the session are not binding.

52:31
Official answers come only through written FAQs or RFA addenda.

52:36
Please check for updates on the CDBHI web page.

52:40
FAQs and addenda often use cdbhi@cibhs.org as the official channel of communication.

52:49
The deadline to submit is Friday, November 6th, 2026 at 5:00 PM Pacific Time.

52:56
Late applicants are not accepted and confirmation arrives by e-mail within 24 hours.

53:03
Timely submission, applicant eligibility, legal status absent of suspension or debarment, and all mandatory Appendix 1 attachments are non-curable requirements.

53:16
Current or past CDPH/CIBHS funding does not guarantee selection or an award amount.

53:25
Next slide please.

53:30

Eligible applications will be reviewed and scored by qualified reviewers using standardized criteria and the published evaluation and scoring rubric.

53:39
Alignment with RFA purpose, BHSA population-based prevention and eligible community defined evidence practices or evidence based practices approach will be 15 points.

53:52
Community needs, service area and population of focus is 15 points.

53:57
Project design, prevention pathway and implementation plan is 15 points.

54:02
Health Equity, cultural and linguistics, responsiveness, lived experience and community engagement is 15 points.

54:10
Organizational experience and capacity is 10 points.

54:13
Management, regional, local coordination, partnership and oversight is 10 points.

54:19
Data evaluation.

54:20
Community defined measures quality improvement in reporting is 10 points.

54:26
Budget, reasonableness, allowability, investment gap and sustainability is 10 points.

54:32
This will be a total maximum of 100 points.

54:37
Applicants must receive at least 70 out of 100 points to advance to statewide portfolio consideration.

54:45
Meeting or exceeding 70 points does not guarantee selection or funding.

54:50
Next slide, please.

54:53
CIBHS will develop funding recommendations based on application scores and reviewer findings,

budget review results, implementation risk, available funding organization readiness and approved statewide portfolio balancing considerations.

55:12
Meeting the minimum technical score does not guarantee funding.

55:16
CDPH retains the final approval authority for award selections for funding allocations.

55:24
Next slide please.

55:30
Applicants meeting the 70-point minimum may advance to statewide portfolio considerations.

55:36
Portfolio balancing may consider geographic distribution, population served, organizational size and experience, organizational mix, award size, distribution, prevention strategy, coverage, complementary investment, and avoidance of duplication.

55:54
Portfolio factors do not change an applicant's technical score.

55:59
The 51% children and youth investment requirement applies to the overall CDBHI portfolio, not to individual projects.

56:09
It is not an eligibility requirement for individual application scoring preference.

56:15
Projects proposing to serve children, youth, and families and projects proposing to serve other populations of focus are equally encouraged to apply.

56:25
Next slide please.

56:30
Appeals may be submitted only after receipt of a formal notice of non-selection.

56:36
Appeals must be received within 5 business days after issuance of the Notice of Non Selection.

56:44
Appeals must identify a specific procedural error.

56:49
Appeals cannot be based solely on a disagreement with reviewer judgement, score ranking, funding outcome, or portfolio decision.

56:58
CIBHS anticipates issuing a written determination within 10 business days after receipt of a complete appeal.

57:07
Next slide, please.

57:11
We'll move right along to discuss TA during the solicitation process.

57:18
During the solicitation process, TA provided by CIBHS can clarify RFA requirements, instructions and terminology.

57:27
Provide guidance on application forms and required components.

57:32
Clarify budget templates and allowable cost requirements.

57:36
Direct applicants to relevant resources, FAQs and RFA sections.

57:42
Address general questions about that information equitably and consistently to prospective applicants.

57:53
TA cannot write, edit or develop an applications proposal, recommend a specific project design, intervention or approach, review a draft application and advise how to improve the score, determine whether an applicant will be selected for funding, and provide information that gives 1 applicant an unfair competitive advantage.

58:17
Next slide, please.

58:20
Support will be available to you via the following methods.

58:23
Questions will be accepted throughout the application.

58:26
With scheduled updates to the FAQ on October 13th, October 27th, and November 3rd along with additional updates as needed.

58:36
CIBHS has also created step by step walkthroughs that are posted to the project website as well for your convenience.

58:44
There will also be office hours, which I'll discuss more about on the next slide.

58:52
The office hours for solicitation technical assistance will be held on October 15th and October 19th from 1:00 to 2:00 PM Pacific Time and October 26th and November 5th from 11:00 AM to 12:00 PM Pacific Time.

59:07
I will now turn it over to Doctor Mertz to discuss program training and technical assistance requirements.

59:19
Thanks so much, Sindhu.

59:20
Hello everyone.

59:23
It is so great to be with you this afternoon.

59:25
My name is Ryan Mertz.

59:26
I use he/him pronouns and I am a senior associate at CIBHS.

59:31
And I will now briefly discuss the training and technical assistance requirements for organizations that are awarded.

59:41
So our TTA model has five parts that work together.

59:45
The first one is readiness.

59:48
We start by understanding strengths, needs and conditions for implementing.

59:54
The next is around the learning collaboratives, which are peer learning virtual sessions that will occur live.

1:00:02
So you're learning from other awarded organizations and not just from us.

1:00:10
The next one is focused on technical assistance with targeted help when a specific issue comes up.

1:00:18
We will also offer coaching, which will cover ongoing one-on-one and group support to actually apply what you're learning.

1:00:28
And the next is evaluation.

1:00:30
So the focus there is on data and continuous improvement, which Doctor Samantha Spangler will go deeper on in a moment.

1:00:43
All right.

1:00:43
So what's required is, is listed here on this slide.

1:00:49
If you look at monthly TTA, at the top are the learning collaboratives.

1:00:54
So organizations that are awarded will participate in up to two hours per month and this includes monthly learning collaboratives as well as a grant orientation.

1:01:08
In addition to that, we will offer office hours, communities of practice and coaching as well.

1:01:15
And coaching is really aimed to provide more individualized support for funded organizations.

1:01:23
And on the right-hand column is who should attend.

1:01:27
And just want to emphasize that it is not just for program staff.

1:01:32
So depending on the topic, we encourage awarded organizations to allow finance data and leadership folks to participate in this space as well.

1:01:49
All right.

1:01:49
So these are the kinds of topics that TTA will cover groups into four areas.

1:01:55
So we have program and practice such as trauma informed approaches and stigma reduction, Health Equity and community including community engagement, Co-production and community to find evidence, practices, data, fiscal and compliance.

1:02:15
So reporting and invoicing feel manageable and finally, sustainability.

1:02:22
So planning for how this work continues after the grant.

1:02:27
And of course, I do want to mention that these topics are tentative and will continue to be developed and evolved throughout the grant program.

1:02:40
All right.

1:02:40
So next I want to talk about the implementation plan.

1:02:45
And this is really the anchor for training and technical assistance support.

1:02:49
So awarded organizations will set SMARTIE objectives and this will occur in your application as well.

1:02:58
And for those who are not familiar with SMARTIE, the acronym stands for specific, measurable, achievable, relevant, time bound, inclusive and equitable.

1:03:13

So for organizations who are awarded TTA helps you put those objectives into practice as well as troubleshoot and adjust as needed.

1:03:24
Your quarterly reports then measure progress against that approved plan.

1:03:30
So the plan that you have right now in your application is the one that they go to work from for the next for the grant period, of course, with the opportunity to make changes and adaptions as needed.

1:03:44
So you will set SMARTIE objectives when completing your application.

1:03:48
Your quarterly reporting measures progress against the approved plan and our TTA is built around helping awarded organizations put that plan into practice.

1:04:03
All right.

1:04:04
So as Amanda mentioned earlier, we were going to come back to the implementation plan template, and so I'm going to bring that up here.

1:04:12
And on this template you'll see three tabs that are located at the bottom on this slide.

1:04:19
There are represented at the top.

1:04:20
So those are template instructions, implementation plan, and illustrative example.

1:04:28
So as you are working through the implementation plan templates, I would advise you to start on the Instructions tab so that you're familiar with all of the instructions and the application checklist.

1:04:40
You can then go to the Implementation tab which has a screenshot on this slide, and that is where you'll do your work, starting with your applicant and project information, then completing each objective.

1:04:55
Block and plans should include around 3 to 6 objectives total, and there is also an illustrative example tab that you can use as a reference.

1:05:13
OK, so a little bit more regarding SMARTIE.

1:05:17
This page from the template shows the question each SMARTIE element should answer.

1:05:23
So for example, measurable asks what evidence will show progress and inclusive asks how the communities you serve are meaningfully involved in planning, implementation, or evaluation.

1:05:38
If you look at the bottom of this slide, there is an objective writing formula which includes a sample objective.

1:05:47
So if you are feeling stuck, I would recommend that this is a good starting place.

1:05:53
But again, just want to remind folks that this is just an example, but if we we take a look at this notice what that sample is measuring.

1:06:03
So it's not just how many workshops were delivered, but also whether at least 80% of participants report increased knowledge.

1:06:13
So that makes it a short term results or benefit objective and we will come back to that on the next slide.

1:06:21
And then last piece I want to point out is just notice the inclusive and equitable pieces as these are very central to completing your application and SMARTIE objectives.

1:06:40
OK, so here is what a complete objective looks like.

1:06:44
And again, this is just an illustrative example and it is focused on a reach objective.

1:06:51
So 24 workshops, at least 480 youth and caregivers with 40% from populations the applicant identified as underserved.

1:07:03
And notice how each piece connects.

1:07:05
So the activities, who's responsible, the performance target and how it'll be measured and reported quarterly.

1:07:15
Each objective block asks for major activities, who's responsible, the deliverable and performance target and the data source and how you will report it quarterly.

1:07:28
And the connections are important here.

1:07:30
So your activities should lead to your target and your data source should actually be able to demonstrate this.

1:07:42
Next slide, please.

1:07:46
All right.

1:07:46
So to bring this together, TTA is really the through line between implementation, monitoring and evaluation.

1:07:55
On one side, there will be live virtual learning collaboratives, coaching, support to really operationalize the implementation plan, as well as support with integrating for community defined evidence and help interpreting and evaluating data.

1:08:12
On the other side, CIBHS also handles fiscal, programmatic and compliance monitoring through site visits, virtual monitoring, and desk reviews.

1:08:23
And we'll collaborate with CDPH on the statewide evaluation.

1:08:28
The key message to take is this.

1:08:30
If challenges come up, our approach is to support awardees through them, including through corrective actions if needed.

1:08:38
Our goal is that we really want to catch barriers early and work through them with you.

1:08:43
All right.

1:08:49
And with that, I will go ahead and hand it over to Doctor Samantha Spangler to discuss the data and evaluation requirements.

1:08:57
Thank you, Ryan and thank you all for being here and for sticking with us this far.

1:09:01
My name is Samantha Spangler.

1:09:03
I use she/her pronouns and I am the owner and CEO and behavioral health data project.

1:09:10
I will be the lead evaluator for the program specific portion of the evaluation and will be leading the training and technical assistance efforts related to data and evaluation.

1:09:22
On the next slide, you'll see that all awardees will be required to participate in the statewide evaluation of the CDBHI program.

1:09:32
This will have two main components.

1:09:34
The program specific evaluation will be managed by CIBHS and Behavioral Health data project, which will include evaluation training and technical assistance and that's what we're going to spend most of our time discussing today.

1:09:49
Guidance is still forthcoming on the broader statewide evaluation, but as a reminder, awardees will be required to participate in this evaluation as well.

1:10:02
The CDBHI evaluation, like the rest of the program, will be community driven.

1:10:08
This means the evaluation team will work with sub recipients, their communities, and the CDEP Advisory Committee to design the evaluation.

1:10:19
The community driven approach to evaluation allows us to keep the evaluation connected to the

community served by CDBHI as well as to focus on measuring what matters to sub recipients and their communities.

1:10:33
However, there are some challenges that we often experience with community driven evaluation designs.

1:10:39
First, it means that as much as I would like to, I cannot share concrete evaluation requirements with you today as those are still to be developed in collaboration with our eventual sub recipients and their communities.

1:10:54
Second, community engagement takes time and effort, which we are building into our timelines and expectations for the program.

1:11:02
And 3rd, this will require dedicated attention to telling a statewide story through local impact rather than telling multiple different unrelated local stories.

1:11:15
But we do know some things about the data and evaluation requirements for this program.

1:11:21
The evaluation framework will consist of two primary parts, monitoring performance and evaluating impact.

1:11:29
BHDP will be responsible for monitoring performance of both CIBHS&CDBHI sub recipients.

1:11:38
We will track timely completion of grant milestones across all parties.

1:11:43
We will also track characteristics of who receives an award, the quality of training and technical assistance offerings, and participant learning during program activities.

1:11:55
Additionally, we will track sub recipients participation in grant activities and compliance with grant requirements.

1:12:04
To evaluate the impact of CDBHI.

1:12:06
We will track the practices implemented by CDBHI sub recipients, including adaptation, learning and continuous quality improvement efforts.

1:12:17
We will also track communities and individuals reached, feedback received from communities and participants, and the outputs, outcomes, and fiscal impacts of CDBHI projects.

1:12:32
As you can see, many of these things align with the things that will be tracked via sub recipients, required implementation plans and quarterly reporting, and BHDP will make every effort possible to limit additional reporting requirements.

1:12:49
BHDP will also be available throughout the project period to provide training and technical assistance related to data collection and evaluation.

1:12:58
This includes developing templates and procedures for data collection and submission with input from sub recipients about what they need.

1:13:06
It also includes support to gather community feedback, such as developing sample questions or surveys, or help with analyzing community responses or input.

1:13:18
BHDP will provide assistance with selecting appropriate outcome measurement tools and strategies that align with the community input and generate high-quality data, and office hours and coaching will be available as needed.

1:13:35
The evaluation will also be connected with the CDEP Advisory Committee.

1:13:40
We will share information with the committee such as sub recipient goals and strategies, feedback and input from sub recipient communities, quarterly performance monitoring data updates and annual impact data updates.

1:13:55
In addition, we will receive guidance from the committee who will advise us on program wide evaluation goals, aligning local evaluation plans with those program wide goals.

1:14:06
They will also provide feedback on sub recipient selected outcome measurement measures, tools and strategies as appropriate.

1:14:15
And with that, I will turn it over to David Salinas, who will share more about the CDBHI CDEP Advisory Committee.

1:14:23
Thank you very much, Doctor Spangler.

1:14:26
Good afternoon.

1:14:27
When I started this, my name is David Salinas, pronouns el/him/his.

1:14:31
I'm a senior associate with CIBHS and I will be helping lead the advisory committee efforts.

1:14:38
Next slide on the Behavioral Health Services Act Final Plan, also known as the BHSA final Plan.

1:14:44
The advisory committee's purpose is to strengthen implementation of culturally responsive, linguistically appropriate prevention strategies across CDEP organizations.

1:14:56
The committee will help create consistent structure for community engagement, shared learning, coordination, and continuous improvement.

1:15:05
The five focus areas include community engagement, responsiveness, coordination, shared challenges, and data evaluation and learning.

1:15:14
These focus areas will serve as an overarching framework for understanding implementation experiences across the core prevention strategies and translating those experiences into collective learning recommendations and opportunities for improvement.

1:15:30
Next slide.

1:15:32
The committee is intended to bring together a broad and representative range of perspectives that reflect the diversity of California's communities and the CDEP network.

1:15:41
The BHSA plan places particular emphasis on populations experiencing disparities, culturally and linguistically responsive approaches, and meaningful engagement of community as partners.

1:15:53
Our proposed representation considerations extend that principle by considering geography, organizational experience, community contacts, populations of focus, and lived experience, while

intentionally including youth, families, caregivers, and other community voices to ensure the committee's functions effectively.

1:16:13
Clear expectations for participation includes consistent engagement, reviewing materials, providing feedback, and contributing to shared learning and decision making.

1:16:23
Compensation and participation supports will also be important to ensure community members can participate meaningfully and equitably.

1:16:32
Next slide, please.

1:16:34
The Advisory Committee fits within the larger population-based prevention framework.

1:16:39
The committee is not a separate prevention strategy.

1:16:41
Rather, it's role is to strengthen implementation of CDEPs by ensuring that providers and initiatives remain community driven and culturally affirming while building trust and open communication among partners.

1:16:54
It also creates opportunities to bring organizations together through statewide regional meetings and learning collaboratives to share best practices, implementation and evaluation lessons, and other programmatic experiences.

1:17:07
Together, these functions help identify shared challenges, support continuous quality improvement, and contribute to the broader goal of evaluating and scaling CDEPs.

1:17:18
For additional detail on the committee's role and expectations, please refer to the BHSA Final Plan, the Frequently Asked Questions document, and the Request for announcements.

1:17:27
Thank you.

1:17:27
And now I'll turn it over to my colleague Phanit to bring us home with the Q&A closing.

1:17:35
Thank you so much, David and to everyone who presented today.

1:17:40
We covered a lot of information, So we want to make sure we leave time at the end to provide a high level summary and walk through frequently asked questions and answers.

1:17:50
But before we do, we want to do a quick poll with attendees.

1:17:53
And I'll pass things over to my colleague, Stacy.

1:17:59
Thank you, Phanit.

1:17:59
Yep, like Phanit said, before we move on, we are going to launch a quick poll to gauge interest in the CDBHI funding opportunity, just to get a sense of who may be considering applying.

1:18:09
Your responses will help us better understand our potential applicant pool.

1:18:15
The poll is launching now, so please take a moment to submit your response.

1:18:19
Thank you.

1:18:42
Thanks, Stacy.

1:18:44
Thanks, everyone.

1:18:45
We're at 66%.

1:18:49
Just going to leave it open for a few more seconds.

1:19:01
All right, five, I think we can close it in 54321.

1:19:13
Thanks everyone for sharing.

1:19:16
Let's look at the results.

1:19:19
So we have 76% saying yes, approximately 786 attendees, 3% saying no 36, and then 21% or 217 saying unsure and still need more information.

1:19:36
So hopefully when we get into this next section, we'll be able to provide some more information through our frequently asked questions and answers.

1:19:44
So thanks everyone for your engagement in the poll.

1:19:46
We're ready to move to the next slide.

1:19:52
All righty.

1:19:52
So this is a slide that recaps the important reminders for interested applicants.

1:19:59
Applications are due one month from today, Friday, November 6th at 5:00 PM Pacific Time.

1:20:07
Please don't wait until the final hours to submit your application and please reach out in advance if you have any questions.

1:20:14
All of the RFA materials, templates, application resources, and additional information are available on the CIBHS/CDBHI web page, and we will also continue posting resources and FAQ updates there as we continue through the solicitation.

1:20:35
Questions and accommodations can be sent to cdbhi@cibhs.org.

1:20:42
The RFA has eight important appendices and we highly encourage everyone to review the guidance to reference during the application process that was developed by CDPH and that includes the BHSA population-based prevention program guide, the CDEP resource guide and the Prevention versus Early intervention fact sheet.

1:21:09
All right.

1:21:09
Next slide.

1:21:12
So we received a large number of questions in advance of today's webinar and our team has worked diligently to incorporate responses throughout the presentation.

1:21:23
So our team will be formally updating an FAQ document and the next update will be next week on October 13th.

1:21:31
And as questions continue to roll in through our inbox, we will be updating our FAQ on October 27th and then finally on November 3rd.

1:21:41
For questions submitted today, I know that there's a lot in the Q&A function.

1:21:45
We'll answer as many as we can through the Q&A.

1:21:48
For questions that require additional review or clarification, we may not be able to provide an answer Live Today.

1:21:56
We want to make sure the information we provide is accurate and consistent with the RFA, so those questions, along with our other frequently asked questions, will help inform the FAQ updates that will be posted on the CIBHSCDBHI web page.

1:22:13
And an important reminder is that the RFA and the official written materials govern this funding opportunity.

1:22:21
Go back to the last slide.

1:22:22
If anything discussed verbally today appears inconsistent with the written RFA, please rely on the RFA and succinctly, the published written guide.

1:22:34
And with that, let's move into frequently asked questions and Answers, and I'll share how we will be handling this section.

1:22:42

We've had tremendous interest in this funding opportunity with more than 2200 people registered for today's webinar.

1:22:50
And just given the size of the audience, we will not be opening microphones for verbal questions.

1:22:55
Instead, our team has reviewed the questions we received to date and identified the themes and questions that come up most frequently.

1:23:03
And this session will address many of those topics.

1:23:06
Our goal is to make sure everyone receives the same information that and that we could address questions as clearly and consistently as possible.

1:23:16
So we recognize we may not get to every everyone's questions today and we encourage everyone to continue to submit your questions through the Q&A function and to the cdbhi@cibhs.org inbox.

1:23:31
So with that, we have about 34 minutes left.

1:23:35
Let's begin.

1:23:37
So first question, we've gotten a lot of questions about advanced eligibility or program determination.

1:23:45
So an example is we are a blank type of organization serving blank population and exploring blank as a program or service.

1:23:55
Do we qualify for this grant opportunity?

1:23:58
And CIBHS cannot pre screen or pre approve a prospective applicant, partnership arrangement, program model or proposed activity through the Q&A process.

1:24:10
Applicants are responsible for reviewing the published eligibility and program requirements and demonstrate in their application how the legal applicant and proposed project satisfy those requirements and CIBHS will determine eligibility and evaluate eligible applications through the published review process.

1:24:31
Next slide, eligible entity status.

1:24:35
So the questions that that we get are who is eligible for the grant program and are we eligible for the grant program.

1:24:42
So community based organizations or CBOs and tribal based organizations or TBOs are eligible for the grant program.

1:24:51
The request for applications limits eligible legal applicants to the entity categories identified in Section B6.

1:25:01
An organization's tax exempt status alone may not establish that it meets all the requirements applicable to an eligible community-based organizations.

1:25:10
So applicants must submit the required documentation and clearly explain how the legal applicant satisfies the application.

1:25:18
The applicable eligibility requirements.

1:25:21
CIBHS will make eligibility determinations through the formal application review process.

1:25:28
Next slide.

1:25:31
So next is on fiscal sponsorship.

1:25:34
So I see fiscal sponsors are allowed.

1:25:37
If we are a blank and want to partner with blank for blank, would that be eligible for this grant program?

1:25:43
So fiscal sponsorship is permitted as described in Section B6-3.

1:25:48

Three of the RFA and the fiscal sponsor must independently meet the application applicable eligibility requirements, serve as a legal applicant, enter into the sub award agreement, and assume responsibility for fiscal management, reporting, compliance, monitoring, and project oversight.

1:26:09
The application must clearly describe the party's role, decision making, authority, programmatic responsibility, and flow of funds.

1:26:17
Next, so on population-based prevention questions that we typically get are if we serve individuals receiving early intervention or other services.

1:26:30
It's clear separation of CDBHI funded activities, staff, time, costs, outputs and outcomes sufficient to maintain the population based prevention distinction and CDBHI.

1:26:43
And the answer is CDBHI funds may support health promotion, universal prevention and selective prevention directed to a population or a subgroup.

1:26:54
CDBHI funds may not support activities directed to particular individuals because of identified signs, symptoms, screening results, diagnosis or treatment needs.

1:27:07
Organizations that also provide early intervention, treatment or other individualized services must clearly separate the CDBHI funded scope, staff, effort, costs, outputs and outcomes from those services.

1:27:23
Next slide.

1:27:25
So on mixed programs, we've also been getting a lot of these questions.

1:27:29
So if we are an organization that provide individual services that does that automatically disqualify us for grant eligibility.

1:27:38
And the answer is an organization that provides both eligible prevention activities and ineligible individualized services is not automatically excluded.

1:27:50
However, the proposed CDBHI funded scope must be limited to allowable population-based prevention activities.

1:27:59
The application and budget must clearly distinguish those activities from early intervention, diagnosis, treatment, individualized navigation or other unallowable services.

1:28:16
And I know that we're getting this question in the chat too about existing CDEPs and EBPs adapted with community.

1:28:23
And we typically get questions, is it preferred under this funding opportunity that organizations expand current or existing prevention models as compared with developing new CDEPs?

1:28:35
And the answer is no.

1:28:36
Applicants may propose an eligible community defined evidence practice or evidence-based practice that satisfies the requirements described in the RFA, so inclusion of a model in a resource guide or illustrative list should not be interpreted as automatic approval of a proposed project.

1:28:55
Applicants must explain how the proposed approach meets the RFA requirements, reflects or responds to the community, supports an eligible population-based prevention pathway, and connects to measurable outcomes.

1:29:11
Next slide then request for examples of approved programs.

1:29:16
So can you provide more examples of services and programs that would be eligible for this grant program?

1:29:23
And the response is CIBHS is not maintaining a pre-approved list of projects for this competitive RFA unless expressed expressly stated in the published materials.

1:29:34
Each application will be evaluated based on the proposed project and the published eligibility and scoring requirements.

1:29:42
Any examples provided during TA are illustrative and do not guarantee eligibility, a particular score or funding.

1:29:51
And next slide.

1:29:54
So this is about partner letters and supporting documentation.

1:29:57
So are partners letters of commitments or other supporting documents required.

1:30:03
And the response is applicants must identify proposed partners and explain their role and contributions.

1:30:11
Partner letters of commitment must be submitted when required by Appendix 1 and Appendix 8.

1:30:19
And general levels of support, county letters and existing MOUs are not required unless the RFA expressly makes them applicable to the proposed arrangement.

1:30:31
And I'm going to be passing things over to my colleague Amanda to take us over the next set of frequently asked questions and answers.

1:30:40
All right, great.

1:30:41
Thanks, Phanit.

1:30:43
So the question here is under the 51% children and youth requirement Question, Does my organization need to serve children, youth or their families to be eligible?

1:30:57
Answer no.

1:30:58
The requirement that at least 51% of applicable prevention funds serve people 25 years of age or younger applies across the overall CDBHI portfolio.

1:31:12
It is not an eligibility requirement, minimum budget percentage, or scoring preference for each individual.

1:31:21
Individual Application Unless otherwise stated in the RFA, applicants should accurately describe the populations that will benefit from their proposed activities and the proportion of the project expected to serve children and youth.

1:31:36
Next Slide, Audited financial statements Question, What are grant application requirements as it relates to financials And the answer is the application requires the most recent audited financial statements or an approved alternative which includes reviewed financial statements, internally prepared financial statements, board approved operating budget, fiscal sponsor financial documentation, recent balance sheet and profit loss statement.

1:32:14
Next slide, allowable cost question are blank Allowable cost under this grant program.

1:32:24
Answer allowability depends on whether a cost is reasonable, necessary, allocable to the proposed project, adequately documented, consistent with the approved scope and budget, and otherwise permitted by the RFA CIBHS cannot preapprove a fact specific cost through the question and answer process.

1:32:50
Applicants should clearly identify and justify proposed costs in the required budget and budget narrative.

1:32:58
Final cost remains subject to application review, budget negotiation, CDPH approval and the executed sub award agreement.

1:33:08
Next slide question, are blank allowable cost under this?

1:33:16
Oh, OK.

1:33:16
Did we already go over this one?

1:33:20
Believe so.

1:33:21
I'll read it again.

1:33:25
OK.

1:33:27
Are blank allowable costs under this grant program answer.

1:33:31

The application requires the most recent audited financial statement or an approved alternative, which includes reviewed financial statements, internally prepared financial statements, board approved operating budget, fiscal sponsor financial documentation, recent balance sheet and profit loss statements.

1:33:50
So we're all experts on that one now, all right.

1:33:55
Questions involving scoring question does blank impact the scoring criteria answer?

1:34:03
Applications will be evaluate evaluated only under the published criteria and scoring rubric.

1:34:10
CIBHS cannot advise an applicant how a specific proposed response will be scored or confirm that a particular fact, partner, document or program model will receive points.

1:34:25
Applicants should provide sufficient information within the application and permitted attachments for reviewers to evaluate the proposal under each criterion.

1:34:37
Next slide, Application deadline and anticipated award notices Question.

1:34:46
When are applications due?

1:34:49
When are award notices expected to come out?

1:34:53
Answer applications are due November 6, 2026 at 5:00 PM Pacific Time.

1:35:01
Application review is anticipated to incur from November 2026 through January 2027 with anticipated award notices in late January 2027.

1:35:15
And then we have the reference there, right?

1:35:22
Number of anticipated awards and award amounts.

1:35:26
Question, how many awards are available for this grant opportunity?

1:35:31
How much can organizations apply for?

1:35:34
Answer.

1:35:36
CIBHS anticipates making approximately 30 to 40 awards.

1:35:42
Anticipated total award amount range from approximately 400,000 to 1,000,000 for the full award.

1:35:51
Subject to final CDPH approval.

1:35:54
The final number of awards will depend on requested amounts, application quality, portfolio objectives, available funding and final CDPH approval.

1:36:09
Next slide and award grant.

1:36:16
Question.

1:36:18
If awarded, what is the duration of the grant program?

1:36:22
Answer.

1:36:23
The anticipated performance.

1:36:25
Is February 1, 2027 through April 30th, 2029.

1:36:33
Applicants should budget for the full 27-month anticipated performance project implementation activities or costs should not be planned beyond April 30th, 2029.

1:36:47
And with that, I'll send things back over to Phanit for the next set of questions.

1:36:55
Thank you, Amanda.

1:36:57
So participation in other applications.

1:37:00
So the question can my organization apply multiple times not as a lead applicant and answer.

1:37:08
An eligible organization may submit only one application as the lead applicant.

1:37:15
An organization may also participate in other applications as a partner, contractor, consultant or sub recipient.

1:37:24
Subject to disclosure capacity and non duplication requirements, each application must propose A materially distinct project and the same activities, personnel, time, participants, deliverables or costs may not be funded more than once and the RFA references there next slide small and rural applicants.

1:37:52
So question, is there a meaningful opportunity for small rural or tribal organizations to compete with larger organizations?

1:38:02
And answer, Applicants will not be disadvantaged solely because they are smaller organizations or serve rural, tribal, or other historically underserved communities.

1:38:15
Requirements will be implemented where permitted in a manner proportionate to the size, scope, and complexity of the proposed project.

1:38:25
While all applicants remain responsible for meeting the RFAs eligibility, programmatic, fiscal, accountability, and performance requirements.

1:38:36
And again, the RFA reference is there. existing programs

1:38:42
Question Can I apply if my organization has an existing CDEP or EBP and answer

1:38:50
The RFA permits funded projects to implement, strengthen, expand, or appropriately adapt eligible CDEPs.

1:38:58
EBPs are other allowable prevention approaches.

1:39:03
Applicants should demonstrate that the proposed project is a feasible extension, expansion, adaptation, or application of organizational capabilities that are substantially in place at the time of application.

1:39:23
Next is document documentation of an unlisted CDEP

1:39:27
So question, my CDEP is not listed in the CDEP resource guide.

1:39:31
Will it qualify for this grant opportunity and the answer?

1:39:36
The CDEP practice list is non exhaustive and a practice is not ineligible solely because it is not listed.

1:39:44
So applicants proposing an unlisted practice must demonstrate that it satisfies the applicable CDEP and population based prevention requirements.

1:39:54
The RFA states that effectiveness may be demonstrated through real world experience, sustained community use, cultural knowledge, community consensus.

1:40:06
Practice based evidence, local evaluation and community defined measures of success.

1:40:16
Next is sustainability requirement.

1:40:18
So question, will we be required to demonstrate a sustainability plan?

1:40:23
And the answer is yes.

1:40:25
Applicants are required to provide a sustainability statement describing how the benefits of the proposed project can continue beyond the award.

1:40:35
So the statement may address 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.

1:40:56
And again, the RFA references there.

1:41:02
Next is expected deliverables and reporting.

1:41:05
So if awarded, what are the grant program requirements regarding deliverables and reporting?

1:41:11
So the answer at a minimum, awardees will be expected to submit an approved implementation or work plan, quarterly programmatic and fiscal progress reports, quarterly invoices and financial supporting documentation, required performance evaluation, demographic, geographic and other authorized program data, and final programmatic fiscal performance and evaluation reports.

1:41:43
Project specific deliverables and deadlines will be finalized during award negotiations and incorporated into the executed sub award agreement.

1:41:51
And again, the RFA reference is there evaluation measures and statewide tools.

1:41:59
So what evaluation measures and statewide tools will be required as part of this program?

1:42:05
And the answer is that awardees will participate in the statewide CDBHI evaluation and collaborate with CIBHS, the California Department of Public Health, and the designated evaluation partners.

1:42:19
Statewide evaluation requirements will be developed in consultation and partnership with the funded organizations and awardees will provide input on evaluation methods and community defined measures of success.

1:42:32
Collect required demographic, geographic, reach, output, outcome, and fiscal data, and use approved or locally appropriate measures.

1:42:44
Where authorized, an additional statewide evaluation guidance may be issued. and expected

1:42:53
Monitoring and oversight.

1:42:54
So what does grant monitoring and oversight look like for this program?

1:42:58
So CIBHS and CDPH will conduct fiscal, programmatic, performance and compliance monitoring throughout the award.

1:43:07
Monitoring may include review of invoices and reports, verification of activities, deliverables, outputs and outcomes, site visits, virtual monitoring or desk reviews, review of policies, procedures, records and internal controls, and review of applicable participant documentation and corrective action requirements.

1:43:33
And again, the RFA reference is there and I'll pass it over to my colleague to finish with the rest of the Q&A.

1:43:41
All right, last set of questions.

1:43:44
TTA for awardees question What does training and technical assistance look like for this program?

1:43:53
Answer Awardees will be required to participate in CDBHI orientation training, technical assistance, learning collaboratives, communities of practice, and other capacity building activities.

1:44:09
The RFA requires participation in at least one monthly training and technical assistance opportunity for up to two hours and requires appropriate program financial data and leadership personnel to participate as applicable next slide TA for applicants.

1:44:34
Question What does Technical Assistant look like during the application?

1:44:39
Answer During the application period

1:44:42
CIBHS will provide general applicant technical assistance through the RFA information session, written FAQs, public office hours, and our other publicly available technical assistance activities.

1:44:59
Support may address interpretation of RFA requirements, use of the application portal, and general application readiness questions.

1:45:09
CIBHS will not provide applicant specific proposal strategy or individualized scoring advice.

1:45:19
Next slide.

1:45:22
Staffing costs question in grant funds, pay for staff, answer personnel and fringe benefits for employees performing approved project activities are allowable costs subject to approval in the project budget and the RFA's general cost standards.

1:45:42
Costs must be necessary, reasonable, allocable to the project, adequate, adequately documented and consistent with the approved scope and budget.

1:45:55
Next slide, indirect cost rate question.

1:46:03
For calculation purposes, what is the indirect cost rate answer?

1:46:09
Applicants with a current federally negotiated indirect cost rate agreement may propose that negotiated rate subject to CDPH and CIBHS approval.

1:46:22
Applicants without a current federally negotiated rate may charge indirect costs at a rate of up to 15% of modified total direct costs.

1:46:36
Indirect costs must be reasonable, consistently applied, adequately supported and may not duplicate costs charged directly to the award.

1:46:48
Next slide Incentives and gift cards Question.

1:46:54
Is there guidance on reasonable value limits for gift cards or incentives tied to community engagement activities?

1:47:04
Answer The RFA does not establish a single fixed dollar limit for participant incentives or gift cards.

1:47:13
It requires incentives to be reasonable and modest, directly related to an approved project activity,

specifically identified and justified in the approved budget, and reasonable in relation to the activity and level of participation.

1:47:32
Gift cards may not be redeemable for prohibited products or cash, and cash or unrestricted cash equivalent incentives are not allowed.

1:47:44
Next slide Expected number of people served.

1:47:51
Question.

1:47:52
Is there an expected number of people to be served by each grant project?

1:47:57
Answer.

1:47:58
The RFA does not establish one required number of people that every project must serve.

1:48:05
Applicants should describe their expected population reach or outputs, and the requested budget must be reasonable and proportionate to the proposed activities, reach, staffing, partnerships, and organizational capacity.

1:48:22
Next slide Geography Scope multi county projects Questions Can projects serve multiple counties?

1:48:32
Is the intended scope local?

1:48:34
Regional or statewide answer The RFA allows projects to be designed to benefit the population of the state, a county, or a particular community, depending on the proposed prevention approach.

1:48:51
Applicants should clearly define the proposed service area and population.

1:48:57
Funding decisions will also consider statewide geographic distribution and funded projects must participate in applicable local health jurisdiction convenings for the funded project area.

1:49:12
Next slide renewal after award.

1:49:19
Question Will awardees for this current CDBHI RFA have the opportunity to apply for renewal funding ahead of April 2029?

1:49:31
Answer The RFA does not guarantee renewal or continuation funding after the current award.

1:49:38
Current or prior funding from CDPH CIBHS CRDP or another related initiative does not guarantee renewal or continuation funding priority consideration or a particular award amount.

1:49:56
Next slide.

1:49:59
All right, that takes it to the end of the Q&A frequently asked question portions.

1:50:05
I will pass things over to Phanit to close things out.

1:50:10
Thank you so much, Amanda.

1:50:13
We're finally at the end of today's session and as we close, I want to thank each and everyone of you for spending the time with us today, all 1100 of you still on and more importantly for your interest in the Community Driven Behavioral Health initiative.

1:50:30
We recognize that many of the organizations joining us today have been doing this work in community for years, often long before there was dedicated funding or formal recognition for CDEPs.

1:50:44
The CDBHI is an opportunity to invest in that community expertise and strengthen culturally rooted, community driven approaches to behavioral health prevention across California.

1:50:56
And very importantly, as you're developing your application, I encourage everyone to bring yourself back to the purpose of this initiative.

1:51:06
This isn't simply about identifying a program and asking for funding.

1:51:11
We want to understand the community you are seeking to serve, the strengths and needs of that community and why your approach is culturally responsive and how community has shaped that

practice and how your proposed work advances population-based prevention, population-based behavioral health prevention.

1:51:30
Thank you again for joining us today.

1:51:33
Thank you to the California Department of Public Health for the funding and your partnership, and thank you to our entire team for today's presentation.

1:51:41
On behalf of CIBHS and CDPH, we're so thrilled and excited to see what California communities teach all of us through this initiative.

1:51:50
Thank you everyone and have a wonderful rest of your day.