



COMMUNITY-DRIVEN BEHAVIORAL HEALTH INITIATIVE

CDBHI Funding Opportunity Information Session and Application Q&A Webinar

October 6, 2026 | 1:00 – 3:00 pm PST

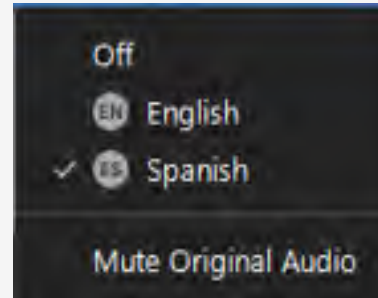


BRIDGING COMMUNITY EXPERTISE AND SYSTEMIC IMPACT.

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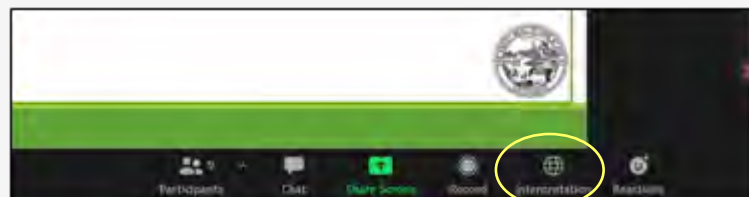
Language Selection

Seleccionar idioma preferida

Desktop Instructions

Instrucciones de computadora

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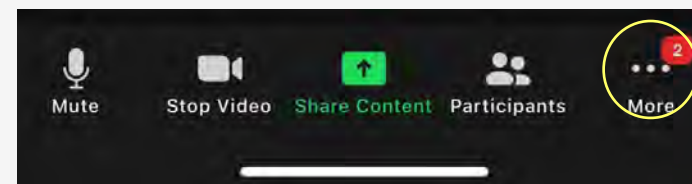
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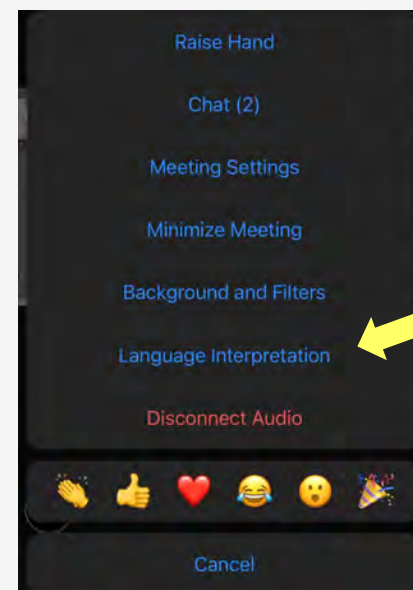
Smartphone Instructions

Instrucciones para teléfono inteligente

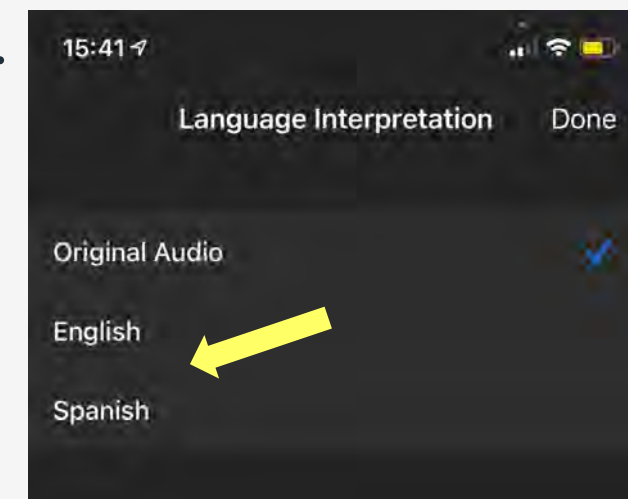
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Meeting Overview and Logistics

- Meeting is being recorded
- American Sign Language + Spanish interpretation available
- Closed captioning available – click the button with ‘CC’
- All participants have been muted
- Use Q&A function to ask questions
- You may ask questions or submit comments to CDBHI@cibhs.org

Housekeeping

- Please submit questions via the Q&A function.
- If your questions are not answered today or you have more questions following the webinar, please direct them to CDBHI@cibhs.org
- If you require tech support, please reach out to CDBHI@cibhs.org
- Participation: We welcome your participation through the methods outlined in the meeting overview and logistics introduction.

Opening Remarks: Dr. Sohil Sud

Dr. Sohil Sud is a practicing pediatrician and health official leading behavioral health programs at the California Department of Public Health.

Prior to that, he directed the Children and Youth Behavioral Health Initiative, the state's multi-billion-dollar transformation of mental health and substance use services and supports for young people and families.

Dr. Sud completed his medical degree and master's degree at Tufts University and trained in pediatrics at University of California, San Francisco, where he remains on the faculty as an Associate Professor.



Today's Agenda

- A. CIBHS and Role in CDBHI
- B. CDBHI and Funding Overview
- C. RFA Development Process
- D. RFA Eligibility & Requirements
- E. Award, Payment & Budget
- F. Timeline & Application Process
- G. Review, Selection & Appeals
- H. Applicant Support
- I. Program T/TA Requirements
- J. Data and Evaluation Requirements
- K. CDBHI CDEP Advisory Committee
- L. Q&A and Closing

California Institute for Behavioral Health Solutions

Founded in 1993, we are an independent non-profit organization, headquartered in Sacramento, California.

We advance behavioral health through an equity lens by providing training, thought leadership, and technical assistance to cities, counties, providers, and other related organizations in communities throughout California and across the nation.

Our mission is to advance behavioral health systems designed to serve all people, shaped by local communities, and grounded in strong evidence.



Our Impact

Community Informed.
Clinically Grounded.
Operationally Proven.

Our curated portfolio focuses on the ideas, programs, and individuals positioned to transform our behavioral healthcare system. In short, we are more than a team of expert consultants.

We are a solutions provider, trusted colleagues, and a team of trailblazers for equitable and sustainable community-based approaches to care and treatment.



30

**years of
experience**



58

**counties
served**



100s

**of projects
implemented**



1000s

**trained to serve
community**

Meet the CIBHS CDBHI Team



Phanit Dy
he/him/his
Project Director



Amanda Carbajal
she/her/hers
Project Director



David Salinas
él/him/his
Senior Associate



Ryan Mertz
he/him/his
Senior Associate



Sandra Alvarez
she/her/hers
Senior Associate



Sinthu Sathia Kumar
she/her/hers
Senior Associate



Stacy Smithee
she/her/hers
Associate



Elisha Taasin
she/her/hers
Associate

Community-Driven Behavioral Health Initiative (CDBHI)

Funded by the California Department of Public Health (CDPH) and the Behavioral Health Services Act (BHSA) Population-Based Prevention Plan



- Scale and uplift community-defined, responsive practices across the state
- Reduce behavioral health disparities among historically unserved, underserved and inappropriately serviced populations
- Improve access to behavioral health prevention and resiliency – especially for those that have traditionally been disproportionately impacted by systemic racism and discrimination

OFFICIAL RFA

Behavioral Health Services Act: CDPH Population-Based Prevention

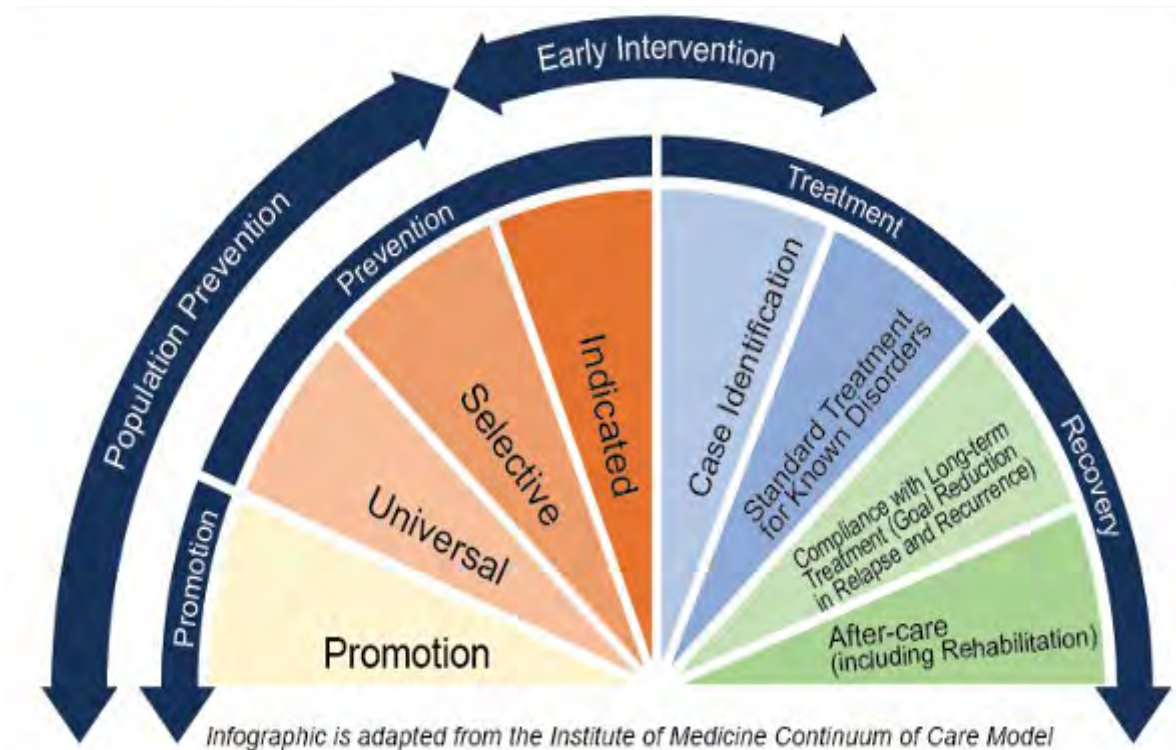
Population Prevention

- Promotion strives to improve well-being of whole communities through strategies such as raising public awareness, reducing stigma, and ensuring access to activities that support well-being.
- In behavioral health, promotion strategies are designed to create environments and conditions that support behavioral health and the ability of the individual and communities to withstand challenges.
- Promotion strategies focus on the general public and/or entire populations and aim to enhance individuals' ability to achieve developmentally appropriate competencies and a positive sense of self-esteem, mastery, and well-being. ([World Health Organization, 2005](#))

Behavioral Health Services Act: CDPH Population-Based Prevention

Population Prevention

- Universal Prevention focuses on the general public or a whole population that has not been identified on the basis of increased risk ([Kirkbride et al., 2024](#)).
- Selective Prevention focuses on individuals or subgroups of the population whose risk of developing a mental health and/or substance use disorder is significantly higher than average, as evidenced by biological, psychological or social risk factors ([Kirkbride et al., 2024](#)).



Population Based Requirements

Each proposed project must incorporate a community-defined evidence practice or evidence-based practice modified or adapted through community input, and meet ≥ 1 of the following statutory population-based prevention requirements:

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

Note: The BHSA 51% children and youth (25 and under) investment requirement applies to the **overall CDBHI portfolio, not to individual projects.**
See Statewide Portfolio Considerations.

Core Prevention Strategies

CDBHI Grant Program Strategic Framework

Required Priorities – Both Required for All Projects

A	Behavioral Health Awareness and Stigma/Discrimination Reduction	Increase behavioral health awareness and reduce stigma and discrimination using culturally and linguistically responsive population-based prevention approaches.
B	Community Outreach and Engagement	Engage communities, build trusted relationships, expand prevention reach, and identify community strengths, needs, and priorities.

Additional Priorities – At Least One Required for All Projects

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

Populations of Focus for Strategic Investment

The BHSa emphasizes serving populations with the **highest needs and greatest risk** for negative behavioral health outcomes. With limited population-based prevention funding, data and community input guide a focused, strategic investment.

Black, Indigenous, Latino, Asian and Pacific Islander, and Middle Eastern populations

Children, Youth, And Families

Immigrant and refugee populations

LGBTQIA+ Populations

Older Adults

People with Intellectual and Developmental Disabilities

Tribes

Veterans

Listed alphabetically — the order does not indicate levels of prioritization.

CDPH will also continue to monitor **negative behavioral health outcomes in other populations** that have experienced systemic racism and discrimination.

What this means for applicants

Not an eligibility list

A strategic framework to guide population-based prevention investments.

- ✓ Every project must serve at least one population of focus.
- ✓ You may identify more than one population, including communities at the intersection of several.
- ✓ Describe the population's strengths, risks, and barriers, and how the project was designed with or informed by that community.

RFA Section C.6, page 15 · See also: CDPH Final Plan

What CDBHI Funds: Population-Based Prevention

CDBHI funds **population-based prevention only**. Early Intervention, diagnosis, and treatment for individuals are overseen separately by DHCS and counties and cannot be funded through this RFA.



In Scope: Population-based Prevention

Health promotion: awareness campaigns; social connection, cultural identity, resilience, and coping

Universal prevention: communitywide education, stigma-reduction initiatives, broad outreach, and policy, systems, or environmental strategies

Selective prevention: culturally specific programming for groups at elevated risk, not selected by individual symptoms

Also: trusted-messenger outreach, coalition building, CDEP adaptation and evaluation, and general information on how to seek help



Out Of Scope: When Directed To Individuals Based On Signs, Symptoms, Or Diagnosis

- Individual screening or case identification
- Individualized assessment or counseling
- Diagnosis or treatment
- Indicated prevention
- Individualized navigation or care coordination
- Early Intervention services (DHCS BHSA County Policy Manual, A.7.1)

The Key Test: Is the activity directed to a population or subgroup for prevention, or to specific individuals identified as having signs, symptoms, or treatment needs?

Mixed programs are not automatically ineligible, but the CDBHI-funded scope, staff effort, budget, and outcomes must be limited to prevention components.

CDBHI Funding Opportunity At-A-Glance

Competitive subawards for culturally responsive, community-driven prevention.

Applications due Friday, November 6, 2026, at 5:00 p.m. PT

\$30_M

Available for Subawards

Over the anticipated 27-month award period

30-40

Anticipated Awards

Final number depends on portfolio and approval

\$400_K
-\$1_M

Anticipated Award Range

Request must be proportional to project design

27
Months

Performance Period

February 1, 2027 – April 30, 2029

This initiative is designed to support culturally rooted, community-driven and community informed behavioral health prevention strategies and solutions. Funded projects will focus on promoting wellness before behavioral health conditions develop and reducing stigma associated with seeking help.

CIBHS: Two Integrated Roles in the CDBHI

Third-Party Administrator (TPA)

- Grant Administration and Fiscal Management
- Subrecipient Coordination, Management and Support
- Program Implementation and Monitoring
- Compliance and Accountability

Training & Technical Assistance (T/TA) Provider

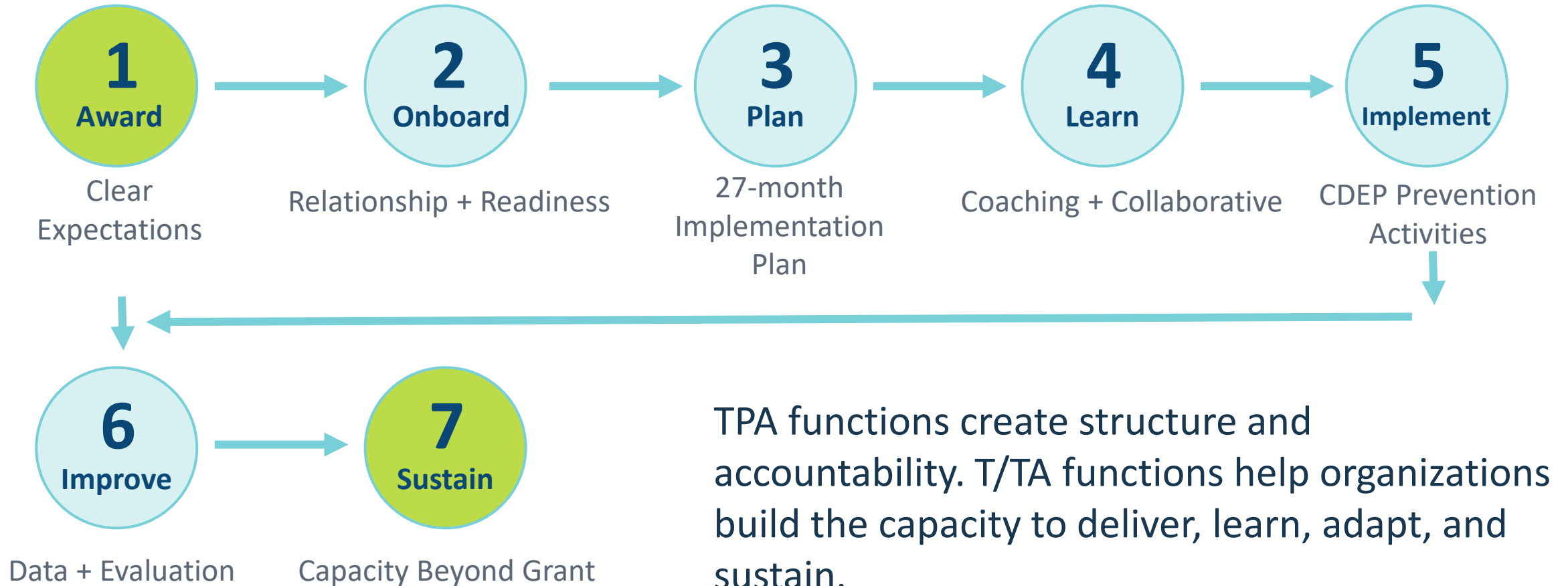
- Delivering Training
- Providing Technical Assistance (TA)
- Readiness Support and Capacity Building
- Implementation and Evaluation Support

As the Third-Party Administrator and Technical Assistance Provider, CIBHS is administering a program CDPH is investing \$30M in competitive grant funding to support culturally responsive, community-driven behavioral health prevention across California.

Solicitation Process Overview



One Integrated Subrecipient Journey





Developed Through Community Partnership

How CDPH and CIBHS engaged communities in shaping this Request for Applications

How Communities Weighed In

A public comment period, May 11 – June 25, 2026, with multiple ways to participate.

37

Public Webinar

Verbal comments, June 4

51

Feedback survey

Structured responses

49

Written questions

Submitted during & after

9

Comment letters

Organizations & a State department

146 comment records received from across California.

How Communities Weighed In

A public comment period, May 11 – June 25, 2026, with multiple ways to participate.

1

Reviewed

Every comment read and categorized by topic and type of feedback

2

Grouped Into Themes

Themes drawn directly from what communities shared

3

Mapped to the RFA

Each theme considered against the opportunity's design

4

Incorporated

Community priorities reflected in the final RFA

This approach ensured every voice was considered.

How Input Shaped The Opportunity

Community perspective is reflected throughout the RFA in features that support accessibility to apply.



A Realistic Timeline

An 8-week application window



Partnerships Without Red Tape

No county letters or signed MOUs required to apply



Funding You Can Use

Start-up payment to begin



Evidence That Fits

Lived experience & community-defined measures recognized



A Straightforward Entry

Secure online portal with confirmation of receipt



Support along the way

Technical assistance and FAQs updated on a scheduled basis



The RFA in Detail: Eligibility, Requirements & How to Apply

RFA Reference Sheet

Topic	Reference in RFA
Eligibility, Fiscal Sponsors & One vs. Multiple Applications	Pages 10–12 (Section B.6)
Program Requirements (overview)	Pages 12–13 (Section C)
Population-Based Requirements & 51% Children and Youth	Page 13 (Section C.1)
Core Prevention Strategies (Strategic Framework)	Pages 14–15 (Section C.3)
Populations of Focus for Strategic Investment	Page 15 (Section C.6)
Prevention vs. Early Intervention (Allowable Activities)	Pages 16–18 (Section C.8)
Partnerships & Third Parties	Pages 19–20 (Section C.11)
Award Type, Payment & Deliverables	Pages 20–21 (Sections D.1–D.2)
Allowable, Unallowable & Indirect Costs	Pages 23–26 (Sections E.2–E.5)
Budget Preparation	Page 27 (Section E.7)
Key Dates & Links (Checklist, Templates)	Pages 28–29 (Sections F.1–F.2)
Reasonable Accommodations	Page 30 (Section F.6)
Submission Requirements	Pages 31–32 (Section G)
Evaluation & Scoring	Pages 33–34 (Section H.3)
Funding Recommendations & Portfolio	Pages 35–36 (Section H.5)
Appeals Process	Page 37 (Section H.8)

RFA Eligibility



Must be one of the entity types:

- 501(c)(3) Community-Based Organizations (CBOs)
- Eligible Tribal Entities (federally recognized Tribes, Indian Health Clinics/Indian Health Programs, and Urban Indian Organizations)



Must Satisfy all applicable legal-status and authorization requirements

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



Must be in good standing:

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

RFA Ineligible Applicants

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

RFA Fiscal Sponsorship

- **Fiscal sponsor must independently meet CDBHI eligibility requirements**
- Fiscal sponsor serves as the legal applicant and enters into the award agreement with CIBHS
- Fiscal sponsor is responsible for fiscal management, reporting, monitoring, compliance, and project oversight
- Application must clearly define:
 - Roles and responsibilities
 - Decision making structure
 - Flow of funds
 - Programmatic and fiscal responsibilities
- Fiscal sponsors may support multiple sponsored projects, provided:
 - Each project independently meets RFA requirements
 - The sponsor demonstrates sufficient capacity to oversee all projects

**Fiscal
Sponsorship
Is Permitted**

One Application & Multiple Applications

Lead Applicant

An organization can be the lead applicant on only one CDBHI application.

Participation in Other Applications

The same organization can appear in other organizations' applications as a partner, contractor, consultant, or subrecipient.

Prevention Pathway, Readiness & Sustainability



Applicants are not expected to show that one project changes statewide rates, only a reasonable contribution through measurable population-level activities and outcomes.



Ready to implement

- ✓ Begin core activities promptly after award
- ✓ Staff, partners, and systems substantially in place
- ✓ Funding is not intended primarily to build foundational capacity



Proportionate for All

- ✓ Requirements scaled to project size and complexity
- ✓ Smaller CBO/TBO applicants are not disadvantaged for size
- ✓ Same eligibility and accountability standards apply to all



Fills A Gap and Lasts

- ✓ Disclose other funding for the same or related activities
- ✓ Explain the investment gap CDBHI will fill
- ✓ Sustainability statement on what continues after the award

Partnerships & Documentation Requirements

Not Required At Time Of Application

- Letter of support (LOS)
- County letters of support
- Memoranda of understanding (MOUs)

Required At Time Of Application

- All proposed partners must be identified
- Clearly describe each partner's role and responsibilities
- Describe how partners will contribute to project implementation
- Identify any applicable subrecipients, contractors, consultants, or other collaborating entities

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

Award Type, Payment & Deliverables

CIBHS anticipates issuing **deliverables-based awards**, subject to State fiscal requirements and final CDPH approval.

1 Initial Payment

Supports approved start-up and implementation-readiness activities.

Any approved advance is capped at 25% of the total subaward

2 Quarterly Payments

Tied to accepted invoices, progress reports, and approved deliverables.

Measured against your approved Implementation Plan

3 Final Reports & Closeout

Final programmatic, fiscal, performance, and evaluation reports

Reconciliation and closeout terms set in the subaward agreement

Minimum anticipated deliverables & reports

- ✓ Executed subaward agreement and completed start-up activities
- ✓ CIBHS- and CDPH-approved implementation plan or work plan
- ✓ Quarterly programmatic and fiscal progress reports
- ✓ Quarterly invoices with financial supporting documentation
- ✓ Participation in evaluation, monitoring, T/TA, and learning collaboratives
- ✓ Documentation of accomplishments, challenges, adaptations, and lessons learned
- ✓ Final programmatic, fiscal, performance, and evaluation reports
- ✓ Participation in applicable LHJ convenings and meetings
- ✓ Any additional project-specific deliverables in the executed agreement

Finalized at award

Project-specific activities, deliverables, performance measures, payment schedule, and deadlines are set during award negotiation and incorporated into the executed subaward agreement.

No payment term in the RFA is final until approved by CDPH.

RFA Section D.1–D.2, pages 20–21

Implementation Plan

Use the template to clearly demonstrate:
(Appendix 3)

[IMPLEMENTATION PLAN LINK](#)

1. Include 3-6 SMARTIE objectives.
2. Include at least one objective addressing implementation or population reach and at least one objective addressing an intended short- term result or benefit.
3. Identify responsible positions or partner organizations.
4. Use dates or project quarters that fall within the allowable project period.
5. Demonstrate a reasonable implementation sequence.

 Implementation Plan - Blank Template	
Applicant:	
Project:	
Population/Service Area:	
Overall Project Goal:	
Objective 1:	
SMARTIE Objective	
Major Activities	
Responsible Position(s)/Partner(s)	
Start Date and Completion Date	
Deliverable or Milestone	
Performance Measure and Target	
Data Source/Method	
Quarterly Reporting Evidence	

Budget Requirements - Allowable

Allowable Costs	Administrative or indirect costs within the limit established in the RFA and approved budget:
• Personnel and fringe benefits • Consultants, contractors, and approved subawards • Project-related travel and transportation • Training and professional development • Community outreach and engagement • Supplies, materials, and necessary technology • Communications and educational materials • Data collection, evaluation, quality improvement, and reporting • Approved community participation incentives and supports, including approved gift cards* and stipends • Transportation assistance for community participants *Gift cards must support an authorized community engagement or participation activity, must be reasonable in value and specifically identified in the budget. It cannot be redeemed for alcohol, tobacco/nicotine, cannabis, illegal drugs, firearms/ammunition, lottery/gambling products, or cash. Awardees must maintain appropriate controls and records for purchase, issuance, value, purpose, distribution, and reconciliation	<u>Applicants with a current federally negotiated indirect cost rate:</u> • May propose their federally negotiated rate • The rate must be applied according to the terms of the agreement • The rate is subject to CIBHS and CDPH approval • Applicants may be asked to provide the current rate agreement during application or pre-award negotiations <u>Applicants without a current federally negotiated indirect cost rate:</u> • May charge up to 15% of modified total direct costs • An indirect rate above 15% of the modified total direct costs (MTDC) will not be approved without a current federally negotiated rate • An administrative fee and indirect costs may not both be charged for the same costs

Budget Requirements – Unallowable

Unallowable Costs

- Costs outside the approved project, budget, or performance period
- Costs that are unreasonable, unnecessary, inadequately documented, or not allocable to the award.
- Costs charged to or reimbursed by another funding source.
- Early intervention, diagnostic, treatment, clinical, or individually directed strategies
- Costs that supplant ongoing available funding or fail to comply with BHSA payor-of-last-resort requirements.
- Lobbying, political campaign activities, election-related activities, or other prohibited political activity.
- Fundraising activities.
- Fines, penalties, late fees, interest, bad debt, or costs arising from violations of law, award terms, or organizational misconduct.
- Alcohol, tobacco or nicotine products, cannabis, illegal drugs, or costs associated with their purchase.
- Cash gifts, cash-equivalent incentives, lottery tickets, gambling expenses, or prizes not specifically approved as allowable program incentives.
- Entertainment or recreational expenses unless an activity is expressly approved as a necessary element of the program.
- Promotional merchandise or “swag” whose principal purpose is advertising, recognition, or giveaway
- Personal expenses or costs unrelated to the approved project.
- Real property acquisition.
- Construction, building alterations, major renovation, or capital improvements.
- Vehicle purchases, major equipment, or other capital purchases.
- Services, subscriptions, leases, or other prepaid costs extending beyond the period of performance, except to the extent expressly approved and properly allocable to the award period.
- Costs of preparing or submitting the application.
- Religious worship, religious instruction, proselytizing, or other inherently religious activities.
- Donations, charitable contributions, or gifts.
- Costs inconsistent with applicable law, BHSA requirements, CDPH guidance, the approved budget, or the subaward agreement.

Budget Template

- Applicants must complete and submit the required Budget Template and Budget Narrative using the templates provided by CIBHS in Appendix 4
- The budget should:
 - Be complete
 - Internally consistent with the project narrative and implementation plan
 - Demonstrate how each requested cost supports the proposed activities and outcome



Enter each direct-cost line item separately and allocate costs across the full 27-month performance period based on the reasonable timing of the proposed work. CIBHS does not establish a minimum or maximum amount for any individual project period. Amounts must be internally consistent w/ application and implementation plan. Use the Calculation/Basis and Justification columns to explain how each amount was determined and why the cost is necessary for the approved population-based prevention project.

[illegible]

Required for Submission

- Completed application form
- Project narrative/ application responses
- Implementation plan
- Budget & budget narrative
- Leadership & organizational commitment documentation
- Required organization/ eligibility documentation
- Fiscal sponsorship documentation (if applicable)
- Partner information and required partner documentation (if applicable)
- Required certifications, attestations, and authorized signature

We strongly encourage applicants to use the checklist as a final quality control step before submitting.

The checklist can be found on the last pages of the application form here:

[CDBHI Application Form](#)

RFA Timeline

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

RFA Application Process

Prepare Your Application

- **Review the full RFA package**
Read the entire RFA package before beginning your application.
- **Gather required information**
Collect all required organizational and program information.
The application is best completed in one sitting.
- **Develop your responses**
Prepare your responses and any supporting documentation.

Complete the Application

- **Access the *Electronic Application Form.**
Complete all required and applicable sections.
- **Information will be saved**
You can return to the application at any time using the same link on the same device.
If you switch devices, clear your browser history, your saved progress will not be available.
- **Submitting multiple applications?**
Complete and submit each application before starting another.

[*ELECTRONIC APPLICATION FORM LINK](#)

RFA Application Process (cont.)

1 Review & Validate

- Review all responses for completeness, accuracy, and consistency.
- Use the left arrow button to review/update previous responses.
- Use the Application Form and Checklist as a final review tool before submitting.

2 Submit

- Submit by the application deadline: Nov. 6, 2026, 5:00 p.m. PT
- Save your submission confirmation email

3 Questions

- Electronic application form technical contact:

CDBHI@cibhs.org

Reasonable Accommodations

- Reasonable accommodations and alternative formats are available upon request.
- Accommodations may include accessible electronic documents, large print materials, language assistance, and auxiliary aids/ services.
- Requests should be submitted as early as possible to CDBHI@cibhs.org
- Include a description of the accommodation or assistance needed.
- Accommodation requests will not affect eligibility or application evaluation.

Important Reminders for Applicants

A few rules keep the process fair and your application eligible.

Today Is Informational

Statements made in this session are not binding. Official answers come only through written FAQs or RFA addenda.

RFA F.3

Check For Updates

Review the CDBHI webpage, FAQs, and addenda regularly.

RFA F.4

Use Official Channels

Send questions to CDBHI@cibhs.org.

RFA F.8

The Deadline Is Firm

Submit by Nov. 6, 2026, 5:00 p.m. PT. Late applications are not accepted. Confirmation arrives by email within 24 hours.

RFA G.1, G.3

Non-Curable Requirements

Timely submission, eligible applicant, legal status, no suspension or debarment, and mandatory Appendix 1 attachments.

RFA G.2

Prior Funding Isn't A Guarantee

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

RFA H.6

Evaluation & Scoring Process

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

Evaluation Area	Points
Alignment with RFA Purpose, BHSA Population-Based Prevention & Eligible CDEP/EBP Approach	15
Community Need, Service Area, & Population of Focus	15
Project Design, Prevention Pathway, & Implementation Plan	15
Health Equity, Cultural & Linguistic Responsiveness, Lived Experience & Community Engagement	15
Organizational Experience & Capacity	10
Management, Regional/Local Coordination, Partnership & Oversight	10
Data, Evaluation, Community-Defined Measures, Quality Improvement & Reporting	10
Budget Reasonableness, Allowability, Investment Gap, and Sustainability	10
Maximum Possible Points	100

Minimum Score: Applications must receive at least 70 out of 100 points to advance to statewide portfolio consideration.
Meeting or exceeding 70 points does not guarantee selection or funding.

Funding Recommendations & Final Approval

CIBHS will develop funding recommendations based on:

- Application scores and reviewer findings
- Budget review results
- Implementation risk
- Available funding
- Organization readiness
- Approved statewide portfolio-balancing considerations

Final Approval

- **CDPH retains final approval** authority for award selections and funding allocations.
- Meeting the minimum technical score does not guarantee funding.

Statewide Portfolio Considerations

Applications meeting the 70-point minimum may advance to statewide portfolio* consideration.

Portfolio Balancing May Consider:

- Geographic Distribution - Tribal, rural and underserved reach
- Populations served
- Age distribution, including the 51% children and youth investment requirement
- Organizational size and experience
- Organizational mix
- Award-size distribution
- Prevention strategy coverage
- Complementary investment
- Avoidance of duplication

Children and Youth Investment Requirement: BHSA statute requires at least 51% of CDPH population-based prevention funds to serve people 25 or younger. CDPH applies this across the overall CDBHI portfolio, not to individual projects. It is not an eligibility requirement, sets no minimum for any single project, and is not a scoring preference. Projects serving children, youth, and families and projects serving other populations of focus are equally encouraged to apply.

** Portfolio factors do not change an application's technical score*

RFA Sections C.1 (page 13) and H.5 (pages 35–36)

Appeals Process

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

Appeals must be received within 5 business days after issuance of the notice of non-selection.

Appeals must identify a specific procedural error, such as:

- Incorrect application of a published requirement
- Deviation from the RFA or approved review procedures
- Error involving applicable BHSa statute or policy
- Material omission by the review panel

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

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

Notice of Non-Selection

**Appeal
Period
Begins**

**Applicant
Submits
Written
Appeal**

Within 5 Business Days

Project Ends

**Appeal
Period
Ends**



Technical Assistance (TA) During Solicitation Process

TA During Solicitation Process

TA Can

- Clarify RFA requirements, instructions, and terminology.
- Provide guidance on application forms and required components.
- Clarify budget templates and allowable cost requirements.
- Direct applicants to relevant resources, FAQs, and RFA sections.
- Address general questions about the application and submission process.
- Provide information equitably and consistently to prospective applicants.

TA Cannot

- Write, edit, or develop an applicant's proposal.
- Recommend a specific project design, intervention, or approach.
- Review a draft application and advise how to improve its score.
- Determine whether an applicant will be selected for funding.
- Provide information that gives one applicant an unfair competitive advantage.

TA During Solicitation Process

Support is available while you prepare and submit your application

1 Published FAQ

- Questions accepted throughout the application period.
- Scheduled updates:
 - October 13
 - October 27 (cutoff)
 - November 3
- Additional updates as needed

2 Office Hours

- Live sessions scheduled:
 - October 15
 - October 19
 - October 26
 - November 5

3 Instructional Video Series

- Step-by-step walkthroughs posted at cibhs.org/projects/cdbhi
 - Application
 - Implementation Plan
 - And more

Solicitation Office Hours Schedule

**Thursday
October 15**

1:00 – 2:00 pm

**Monday
October 19**

1:00 – 2:00 pm

**Monday
October 26**

**11:00 am –
12:00 pm**

**Thursday
November 5**

**11:00 am –
12:00 pm**



Program and Training & Technical Assistance (T/TA) Requirements

T/TA: Building Capacity for Implementation



Readiness

Assess needs, strengths, and implementation conditions.



Learning Collaborative

Peer learning, shared problem-solving, and practice exchange.



Technical Assistance

Targeted support to address specific implementation needs.



Evaluation

Data collection, learning, and continuous improvement.



Coaching

Ongoing 1:1 and group support to apply learning.

Training & Technical Assistance (TTA)

Monthly TTA

- Learning Collaboratives (required)
- Office Hours (optional)
- Communities of Practice (optional)
- Coaching (optional)

Who Should Attend

- Program Staff
- Financial Staff
- Data Staff
- Leadership Staff

Required: grant orientation and at least one T/TA activity per month (up to 2 hours).
TTA continues for the life of the grant.

What TTA Covers



Program & Practice

- Behavioral health prevention practices
- Trauma-informed & healing-centered approaches
- Suicide & overdose prevention
- Harm reduction & stigma reduction



Health Equity and Community

- Community engagement and co-production strategies
- Cultural responsiveness & health equity
- Community-defined evidence practices



Data, Fiscal & Compliance

- Data collection & reporting
- Evaluation & continuous quality improvement
- Fiscal, contractual & programmatic compliance



Sustainability

- Financial & organizational capacity
- Long-term sustainability planning

Topics are tentative and may evolve as the program is finalized

The Implementation Plan: Your TTA Anchor



Specific



Measurable



Achievable



Relevant



Time-bound



Inclusive



Equitable

Implementation Plan

SMARTIE objectives set
at application



TTA Support

Help operationalizing,
troubleshooting, and
adjusting objectives as
needed



Quarterly Reporting

Progress measured against
the approved plan

Navigating the Implementation Plan

Template Instructions

Implementation Plan

Illustrative Example

YOU'LL WORK HERE

Start Here: Applicant & Project Info

Implementation Plan - Blank Template	
Applicant:	
Project:	
Population/Service Area:	
Overall Project Goal:	
Objective 1:	

Complete Each Objective Block
(plans should include 3–6 total)

Full template: Appendix 3 of the RFA

SMARTIE Considerations

3. How to Develop a Strong SMARTIE Objective

A project goal describes the broad change the project seeks to advance. A SMARTIE objective describes a specific result that the project expects to achieve within a defined period.

SMARTIE Element	Question to answer
Specific	What population, location, activity, or result is addressed?
Measurable	What evidence will show progress or completion?
Achievable	Is the result realistic given the proposed resources, staffing, partners, and project period?
Relevant	How does the result advance the proposed project and the purpose of the RFA?
Time-bound	By what date or project quarter will the result be achieved?
Inclusive	How will the populations or communities intended to benefit from the project be meaningfully included in planning, implementation, decision-making, or evaluation?
Equitable	How will the result address identified disparities, barriers, or differences in access, resources, opportunities, or outcomes for the populations or communities served?

Objective-writing formula	By [date], [responsible organization/project] will [action or result] for [population or setting], achieving [measurable target], as demonstrated by [data source or evidence], while meaningfully including [community/population/partners] in [planning, implementation, decision-making, or evaluation] and using [equitable/culturally responsive strategies] to address [identified barriers, disparities, or differences in access, resources, opportunities, or outcomes].
Example	By February 28, 2029, the project will deliver at least 24 population-based prevention workshops to at least 480 youth and caregivers across three participating communities, with at least 80% of responding participants reporting increased knowledge of two or more behavioral-health protective practices or community support resources. Workshops will be informed by youth, caregiver, and community input and delivered using culturally and linguistically responsive approaches that address identified barriers to participation and access.

From Plan to Practice: An Example

Objective 2: Delivery & Population Reach

ILLUSTRATIVE

***SMARTIE Objective:** By February 28, 2029, deliver at least 24 population-based behavioral health promotion and prevention workshops to at least 480 youth and caregivers across the three participating communities, with at least 40% of participants representing populations identified in the application as underserved or experiencing barriers to behavioral health information and resources. Workshops will be informed by youth, caregiver, and community input and delivered using accessible, culturally and linguistically responsive approaches designed to address identified barriers to participation, information, and resources.*

MAJOR ACTIVITIES

Adapt workshop materials, schedule accessible sessions in all 3 communities, targeted outreach through trusted messengers, language access & accommodations.

RESPONSIBLE POSITION(S)/PARTNER(S)

Program Manager, Prevention Educators, Community Engagement Coordinator, participating community partners

DELIVERABLE & PERFORMANCE TARGET

24 workshops completed; at least 480 participant contacts; all 3 communities; at least 40% from underserved populations

DATA SOURCE & QUARTERLY REPORTING

Activity logs & aggregate attendance records; reported quarterly as workshops completed, reach, and outreach methods used

TTA as an Ongoing Partnership

TTA OFFERINGS

- Live monthly Learning Collaboratives
- Coaching support to operationalize the Implementation Plan
- Equity integration for community-defined evidence
- Help interpreting data, evaluation findings & barriers

MONITORING & EVALUATION

- Fiscal, programmatic & compliance monitoring
- Site visits, virtual monitoring & desk reviews
- Statewide evaluation collaboration with CDPH
- Support through corrective actions, not just oversight

TTA is the throughline connecting implementation, monitoring, and evaluation.



Data and Evaluation Requirements

Data and Evaluation

All awardees will be required to participate in the statewide evaluation of the CDBHI program.



Program-specific Evaluation

- Managed by CIBHS and BHDP
- Includes Evaluation T/TA



Broader statewide evaluation

- Guidance still to come

Data and Evaluation

Community-Driven Evaluation: Evaluation Team will work with subrecipients, their communities, and the CDEP Advisory Committee to design the evaluation.



Benefits

- Evaluation stays connected to communities served by CDBHI.
- Focus on measuring what matters to subrecipients and their communities.



Challenges

- Concrete evaluation requirements still to be developed
- Community engagement takes time and effort
- Requires dedicated attention to telling statewide story through local impact

Data and Evaluation

What we do know.



Monitoring Performance

- **CIBHS**
 - Timely completion of grant milestones
 - Award characteristics
 - Quality of TTA offerings
 - Participant learning
- **Subrecipients**
 - Timely completion of grant milestones
 - Participation in grant activities
 - Compliance with grant requirements



Evaluating Impact

- Practices implemented (including adaptation, learnings, and CQI efforts)
- Communities and individuals reached (demographic, geographic, and reach data)
- Community and participant feedback
- Outputs (e.g., project activities, what was done/created), outcomes (e.g., what changed as a result of what was done), and fiscal impacts (e.g., sustainability, cost effectiveness, return on investment)

Data and Evaluation

T/TA Available

Development of templates and procedures for data collection and submission – with subrecipient input.

Support to gather community feedback – developing sample questions or surveys, help with analyzing community responses/input

Assistance with selecting appropriate outcome measurement tools/strategies that align with community input and generate high-quality data

Office hours and coaching as needed

Data and Evaluation

Connecting with the CDBHI CDEP Advisory Committee



Sharing with the Committee

- Subrecipient goals and strategies
- Feedback/input from subrecipient communities
- Quarterly performance monitoring data updates
- Annual impact data updates



Receiving Guidance from the Committee

- Advising program-wide evaluation goals
- Alignment of local evaluation plans with program-wide goals
- Feedback on selected outcome measures/tools/strategies



COMMUNITY-DRIVEN BEHAVIORAL HEALTH INITIATIVE

CDBHI CDEP Advisory Committee



Advisory Committee Purpose and Strategic Focus

Purpose: Establish a statewide Advisory Committee to strengthen implementation of culturally responsive, linguistically appropriate, population-based prevention strategies across CDEP organizations through community engagement, shared learning, and continuous improvement.

Focus Areas



Community Engagement

Strengthen communication and feedback loops



Shared Challenges

Identify barriers to implementation



Responsiveness

Ensuring initiative remains community driven and maintain cultural affirmation



Data, Evaluation & Learning

Develop CDEP shared community evidence framework



Coordination

Promote cross-organization learning

Advisory Committee: Membership & Participation

The Advisory Committee will bring diverse perspectives to strengthen community engagement, identify implementation challenges, and support shared learning across CDEP-funded providers.

Proposed open application process to promote transparency, equitable access, and broad representation.



Representation

- Geographic regions and community context
- Populations of focus and cultural/linguistic communities
- Urban and rural communities
- CDEP organizations across size and experience
- Youth, families, caregivers, lived experience, and subject-matter expertise



Participation Expectations

- Attend meetings consistently
- Review materials and provide feedback
- Contribute between meetings, as needed
- Participate in discussion and decision-making
- Support an inclusive environment and shared learning



Compensation & Support

- Stipends for Advisory Committee members
- Compensation for community engagement activities
- Participation supports, as applicable

Population-Based Prevention Alignment

The Advisory Committee will support population-based prevention by bringing together community knowledge, implementation experience, and data to strengthen CDEP implementation, address disparities, reduce stigma, and support continuous improvement in behavioral health and well-being.



Population-based Prevention

- Community-driven
- Cultural affirmation
- Community-informed



Support CDEP Providers

- Build relationships
- Cultivate trust
- Understand local context and applicability



Evaluate and Scale CDEPs

- Best practices
- Continuous Quality Improvement



Q&A and Closing

Key Resources & Links

1 Start Here

- **CIBHS CDBHI webpage**
cibhs.org/projects/cdbhi
RFA, appendices, FAQs, office hours, and instructional videos
- **Questions & Accommodations**
CDBHI@cibhs.org
- **Online application**
[Electronic application link](#)
- **Deadline**
November 6, 2026, 5:00 p.m. PT

2 RFA Appendices

1. Application Form and Checklist
2. Evaluation and Scoring Rubric
3. Implementation Plan Template
4. Budget and Narrative Template
5. Frequently Asked Questions
6. Glossary and Definitions
7. Leadership Commitment Template
8. Partner Letter of Commitment Template

3 CDPH Guidance to Reference

- [BHSA Population-Based Prevention Program Final Plan](#)
- [Population-Based Prevention Strategy CDEP Resource Guide](#)
- [Population-Based Prevention vs. Early Intervention Factsheet](#)

Links are in RFA Section A (page 6).

Key dates and links are in Section F.1–F.2 (pages 28–29).

Questions & Answers

Question

- Addressed in the October 13 FAQ Update
- Update Schedule:
 - October 13
 - October 27
 - November 3

Contact

- Send questions to:

CDBHI@cibhs.org

FAQs

Advanced Eligibility or Program Determination

Question

We are an [redacted] type of organization serving [redacted] population and exploring [redacted] as a program/service. Do we qualify for this grant opportunity?

Answer

CIBHS cannot pre-screen or pre-approve a prospective applicant, partnership arrangement, program model, or proposed activity through the question-and-answer process. 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. CIBHS will determine eligibility and evaluate eligible applications through the published review process.

FAQs

Eligible Entity Status

Question

Who is eligible for the grant program?

Are we eligible for the grant program?

Answer

Community Based Organizations and Tribal Based Organizations are eligible for the grant program.

The RFA limits eligible legal applicants to the entity categories identified in Section B.6. An organization's tax-exempt status alone may not establish that it meets all requirements applicable to an eligible community-based organization. Applicants must submit the required documentation and clearly explain how the legal applicant satisfies the applicable eligibility requirements. CIBHS will make eligibility determinations through the formal application-review process.

FAQs

Fiscal Sponsorship

Question

I see fiscal sponsors are allowed. If we are a [redacted] and want to partner with [redacted] for [redacted] would that be eligible for this grant program?

Answer

Fiscal sponsorship is permitted as described in Section B.6.3 of the RFA. The fiscal sponsor must independently meet the applicable eligibility requirements, serve as the legal applicant, enter into the subaward agreement, and assume responsibility for fiscal management, reporting, compliance, monitoring, and project oversight. The application must clearly describe the parties' roles, decision-making authority, programmatic responsibilities, and flow of funds.

FAQs

Population-Based Prevention

Question

If we serve individuals receiving Early Intervention or other services, is clear separation of CDBHI-funded activities, staff time, costs, outputs, and outcomes sufficient to maintain the population-based prevention distinction?

Answer

CDBHI funds may support health promotion, universal prevention, and selective prevention directed to a population or subgroup. CDBHI funds may not support activities directed to particular individuals because of identified signs, symptoms, screening results, diagnoses, or treatment needs. 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.

FAQs

Mixed Programs

Question

If we are an organization that provides individual services, does that automatically disqualify us for grant eligibility?

Answer

An organization that provides both eligible prevention activities and ineligible individualized services is not automatically excluded. However, the proposed CDBHI-funded scope must be limited to allowable population-based prevention activities. The application and budget must clearly distinguish those activities from Early Intervention, diagnosis, treatment, individualized navigation, or other unallowable services.

FAQs

Existing CDEPs and EBPs Adapted with Community

Question

Is it preferred under this funding opportunity that organizations expand current/existing prevention models, as compared with developing new CDEPs?

Answer

No. Applicants may propose an eligible community-defined evidence practice or evidence-based practice that satisfies the requirements described in the RFA. Inclusion of a model in a resource guide or illustrative list should not be interpreted as automatic approval of a proposed project. 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.

FAQs

Requests for Examples of Approved Programs

Question

Can you provide more examples of services and programs that would be eligible for this grant program?

Answer

CIBHS is not maintaining a pre-approved list of projects for this competitive RFA unless expressly stated in the published materials. Each application will be evaluated based on the proposed project and the published eligibility and scoring requirements. Any examples provided during technical assistance are illustrative and do not guarantee eligibility, a particular score, or funding.

FAQs

Partner Letters and Supporting Documentation

Question

Are Partners Letters of Commitments or other Supporting Document required?

Answer

Applicants must identify proposed partners and explain their roles and contributions. Partner Letters of Commitment must be submitted when required by Appendix 1 and Appendix 8. General letters of support, county letters, and existing MOUs are not required unless the RFA expressly makes them applicable to the proposed arrangement.

FAQs

51% Children and Youth Requirement

Question

Does my organization need to serve children, youth or their families to be eligible?

Answer

No. The requirement that at least 51% of applicable prevention funds serve people 25 years of age or younger applies across the overall CDBHI portfolio. It is not an eligibility requirement, minimum budget percentage, or scoring preference for each individual application unless otherwise stated in the RFA. Applicants should accurately describe the populations that will benefit from their proposed activities and the portion of the project expected to serve children and youth.

FAQs

Audited Financial Statements

Question

What are grant application requirements as it relates to financials?

Answer

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.

FAQs

Allowable Costs

Question

Are allowable costs under this grant program?

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 pre-approve a fact-specific cost through the question-and-answer process. Applicants should clearly identify and justify proposed costs in the required budget and budget narrative. Final costs remain subject to application review, budget negotiation, CDPH approval, and the executed subaward agreement.

FAQs

Allowable Costs

Question

Are allowable costs under this grant program?

Answer

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.

FAQs

Questions Involving Scoring

Question

Does impact the scoring criteria?

Answer

Applications will be evaluated only under the published criteria and scoring rubric. 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. Applicants should provide sufficient information within the application and permitted attachments for reviewers to evaluate the proposal under each criterion.

FAQs

Application Deadline and Anticipated Award Notices

Question

When are applications due?

When are award notices expected to come out?

Answer

Applications are due November 6, 2026, at 5:00 p.m. Pacific Time. Application review is anticipated to occur from November 2026 through January 2027, with anticipated award notices in late January 2027.

RFA reference: §F.1 Key Milestones and Dates (RFA p. 28)

FAQs

Number of Anticipated Awards and Award Amounts

Question

How many awards are available for this grant opportunity?

How much can organizations apply for?

Answer

CIBHS anticipates making approximately 30 to 40 awards. Anticipated total award amounts range from approximately \$400,000 to \$1,000,000 for the full award period, subject to final CDPH approval. The final number of awards will depend on requested amounts, application quality, portfolio objectives, available funding, and final CDPH approval.

RFA reference: §B.5.2–5.4 Funding Overview (RFA pp. 9–10)

FAQs

Award/Grant Period

Question

If awarded, what is the duration of the grant program?

Answer

The anticipated performance period is February 1, 2027, through April 30, 2029. Applicants should budget for the full 27-month anticipated performance period. Project implementation activities or costs should not be planned beyond April 30, 2029.

RFA reference: §B.5.3 Funding Period and §F.1 Key Milestones (RFA pp. 9, 28)

FAQs

Participation in Other Applications

Question

Can my organization apply multiple times, not as a lead applicant?

Answer

An eligible organization may submit only one application as the lead applicant. An organization may also participate in other applications as a partner, contractor, consultant, or subrecipient, subject to disclosure, capacity, and nonduplication 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.

RFA reference: §B.6.6 One Application and Multiple Applications (RFA p. 12)

FAQs

Small and Rural Applicants

Question

Is there a meaningful opportunity for small, rural or Tribal organizations to compete with larger organizations?

Answer

Applicants will not be disadvantaged solely because they are smaller organizations or serve rural, Tribal, or other historically under-resourced communities. Requirements will be implemented, where permitted, in a manner proportionate to the size, scope, and complexity of the proposed project, while all applicants remain responsible for meeting the RFA's eligibility, programmatic, fiscal-accountability, and performance requirements.

RFA reference: §C.10 Accessibility for Small and Rural Community-Based Organizations and Tribes (RFA p. 19)

FAQs

Existing Programs

Question

Can I apply if my organization has an existing CDEP or EBP?

Answer

The RFA permits funded projects to implement, strengthen, expand, or appropriately adapt eligible CDEPs, EBPs, or other allowable prevention approaches. 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.

RFA reference: Executive Summary and §C.9 Implementation Readiness (RFA pp. 5, 19)

FAQs

Documentation for an unlisted CDEP

Question

My CDEP is not listed in the CDEP Resource Guide. Will it qualify for this grant opportunity?

Answer

The CDEP practice list is non-exhaustive, and a practice is not ineligible solely because it is not listed. Applicants proposing an unlisted practice must demonstrate that it satisfies the applicable CDEP and population-based prevention requirements. The RFA states that effectiveness may be demonstrated through real-world experience, sustained community use, cultural knowledge, community consensus, practice-based evidence, local evaluation, and community-defined measures of success.

FAQs

Sustainability Requirement

Question

Will we be required to demonstrate a sustainability plan?

Answer

Yes. Applicants are required to provide a sustainability statement describing how the benefits of the proposed project can continue beyond the award period. 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.

RFA reference: §C.12 Sustainability Statement (RFA p. 20)

FAQs

Expected Deliverables and Reporting

Question

If awarded, what are grant program requirements regarding deliverables and reporting?

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. Project-specific deliverables and deadlines will be finalized during award negotiations and incorporated into the executed subaward agreement.

RFA reference: §D.2 Anticipated Deliverables and Reporting Requirements (RFA p. 21)

FAQs

Evaluation Measures and Statewide Tools

Question

What evaluation measures and statewide tools will be required as part of this program?

Answer

Awardees will participate in the statewide CDBHI evaluation and collaborate with CIBHS, CDPH, and designated evaluation partners. Statewide evaluation requirements will be developed in consultation with funded organizations. Awardees will provide input on evaluation methods and community-defined measures of success, collect required demographic, geographic, reach, output, outcome, and fiscal data, and use approved or locally appropriate measures where authorized. Additional statewide evaluation guidance may be issued.

RFA reference: §D.3 Performance Measurement and Evaluation (RFA pp. 21–22)

FAQs

Expected Monitoring and Oversight

Question

What does grant monitoring and oversight look like for this program?

Answer

CIBHS and CDPH will conduct fiscal, programmatic, performance, and compliance monitoring throughout the award period. 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; review of applicable participant documentation; and corrective action requirements.

RFA reference: §D.4 Monitoring and Oversight (RFA p. 22)

FAQs

T/TA for Awardees

Question

What does training and technical assistance look like for this program?

Answer

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

RFA reference: §D.5 Training and Technical Assistance (RFA p. 23)

FAQs

TA for Applicants

Question

What does technical assistance look like during the application period?

Answer

During the application period, CIBHS will provide general applicant technical assistance through the RFA Information Session, written FAQs, public office hours and/or other publicly available technical assistance activities. Support may address interpretation of RFA requirements, use of the application portal, and general application-readiness questions. CIBHS will not provide applicant-specific proposal strategy or individualized scoring advice.

RFA reference: §F.5 Applicant Support and Equal Access to Information (RFA p. 30)

FAQs

Staffing Costs

Question

Can 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. Costs must be necessary, reasonable, allocable to the project, adequately documented, and consistent with the approved scope and budget.

RFA reference: §E.2 Allowable Costs (RFA p. 24)

FAQs

Indirect Cost Rate

Question

For calculation purposes, what is the indirect cost rate?

Answer

Applicants with a current federally negotiated indirect cost rate agreement may propose that negotiated rate, subject to CDPH and CIBHS approval. Applicants without a current federally negotiated rate may charge indirect costs at a rate of up to 15% of modified total direct costs. Indirect costs must be reasonable, consistently applied, adequately supported, and may not duplicate costs charged directly to the award.

RFA reference: §E.5 Administrative and Indirect Costs (RFA p. 26)

FAQs

Incentives and Gift Cards

Question

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

Answer

The RFA does not establish a single fixed dollar limit for participant incentives or gift cards. 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. Gift cards may not be redeemable for prohibited products or cash, and cash or unrestricted cash-equivalent incentives are not allowed.

RFA reference: §E.3 Community Participation Incentives, Stipends, and Support Costs (RFA pp. 24–25)

FAQs

Expected Number of People Served

Question

Is there an expected number of people to be served by each grant project?

Answer

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

RFA reference: §C.7 Outcome Alignment and Prevention Pathway; §E.7 Budget Preparation (RFA pp. 16, 27)

FAQs

Geography Scope/Multi-County Projects

Question

Can projects serve multiple counties?

Is the intended scope local, 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. Applicants should clearly define the proposed service area and population. Funding decisions will also consider statewide geographic distribution, and funded projects must participate in applicable Local Health Jurisdiction convenings for the funded project area.

RFA reference: §C.1 Statutory Population-Based Prevention Requirements; §B.5.5 Geographic Distribution; §C.11 Partnerships (RFA pp. 13, 10, 20)

FAQs

Renewal After Award Period

Question

Will awardees for this current CDBHI RFA have the opportunity to apply for renewal funding ahead of April 2029?

Answer

The RFA does not guarantee renewal or continuation funding after the current award period. 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.

RFA reference: §H.6 No Entitlement Based on Prior Funding (RFA p. 36)



COMMUNITY-DRIVEN BEHAVIORAL HEALTH INITIATIVE

Thank You!

A short horizontal bar with a color gradient from green to blue.

BRIDGING COMMUNITY EXPERTISE AND SYSTEMIC IMPACT.