

FOSTER YOUTH SUBSTANCE USE DISORDER EVIDENCE-BASED AND PROMISING PRACTICES GRANT PROGRAM

REQUEST FOR APPLICATIONS
JANUARY 2024



This funding opportunity is provided by the State of California’s Department of Health Care Services in partnership with The Center at Sierra Health Foundation.

The Center at Sierra Health Foundation is an independent 501(c)(3) nonprofit organization bringing people, ideas, and infrastructure together to create a collective impact that reduces health disparities and improves community health for the underserved living in California.

For information about The Center, visit www.shfcenter.org.

READ ALL INSTRUCTIONS AND CRITERIA CAREFULLY

ORGANIZATION AND GRANT BACKGROUND

The Center for Health Program Management (The Center) was founded by Sierra Health Foundation in 2012 as an independent 501(c)(3) nonprofit organization. With offices in Sacramento and Fresno, The Center pursues the promise of health, racial equity and racial justice in communities across California. Leveraging leadership, operational, and funding support from Sierra Health Foundation and its partners, The Center establishes investment partnerships with public and private funders; community members; community organizations; national, state and local government agencies; nonprofits; and businesses to advance health equity.

Foster Youth Substance Use Disorder (SUD) Evidence-Based and Promising Practices Grant Program is administered by the Department of Health Care Services (DHCS). This funding opportunity was established by the California Legislature in the Budget Act of 2022 (Assembly Bill (AB) 179, Ting, Chapter 249, Statutes of 2022).

Awarded funds will support the development and implementation of a set of evidence-based models and promising practices (EBPPs) to serve foster youth with SUDs, including those who reside in family-based settings.

The Center is the administrative entity DHCS is partnering with for this project and will abide by and incorporate applicable state laws and regulations into the terms and conditions of the contract agreements.

The Center will conduct grant management activities, including but not limited to the following:

- Contracting with grantees
- Distribution of grant funding
- Oversight and monitoring of grantees
- Data collection and reporting
- Provision of technical assistance and training to grantees
- Other activities defined by DHCS

BACKGROUND

Over 52,000 youth were under the supervision of California's foster care system as of January 1, 2023.¹ Foster youth typically experience multiple adverse childhood events (ACEs), resulting in trauma that is often compounded by being placed in settings that may change and/or with inadequate services and supports. In addition, SUDs are far more prevalent among foster youth and impact them disproportionately, compared to the State's population. SUDs in foster youth also frequently co-occur with mental health disorders and other sources of recurrent trauma. How these needs are addressed has a direct impact on a youth's overall development, educational attainment, family or placement stability, criminal justice involvement, and permanency of housing. There is an urgent need to improve SUD care and treatment services for youth in the foster care system to prioritize trauma-informed, evidence-based interventions that are age and culturally appropriate. Treatment options that establish safety, connection and well-being are vital.

¹ California Child Welfare Indicators Project:
<https://ccwip.berkeley.edu/childwelfare/reports/PIT/MTSG/r/ab636/s>. Accessed May 8, 2023.

FUNDING OPPORTUNITY

This grant opportunity will fund organizations to implement evidence-based models and promising practices to serve foster youth with SUDs, including those who are residing in family-based settings. Models and practices funded with this grant program must include, at minimum, trauma-informed approaches to serving foster youth, harm-reduction approaches in service delivery, post treatment support planning, and training for clinical service providers to support foster youth with co-occurring substance use and mental health needs.

SCOPE OF WORK

Applicants are required to implement one or more EBPPs. A list of approved EBPPs has been compiled and is included in the section below. Applicants can also propose other EBPPs for consideration. The selected model or program must be implemented to provide services addressing SUDs in foster youth including those placed in family-based settings.

IDENTIFIED EVIDENCE-BASED MODELS AND PROMISING PRACTICES

1. **Adolescent Community Reinforcement Approach (A-CRA)**²: A-CRA is a behavioral intervention that seeks to increase the family, social and educational/vocational reinforcers of an adolescent to support recovery from substance abuse and dependence. It targets youth aged 12-25 with Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) SUDs, including cannabis and alcohol. A-CRA is a family-based practice that offers guidelines for three types of sessions: adolescents alone, caregivers alone, and adolescents and caregivers together. A-CRA helps the adolescent and caregiver(s) create a home and community environment conducive to recovery.
2. **Adolescent-Focused Family Behavior Therapy (Adolescent FBT)**³: Adolescent FBT's goal is to achieve positive outcomes in areas such as alcohol and drug use, depression, conduct problems, family dysfunction, and days absent from work/school. It is designed to be compatible with youth of multiple ethnicities, differing types of substance misuse (alcohol, marijuana and hard drugs), and across genders. Adolescent FBT's target population is youth aged 11-17 years with moderate to severe SUDs, as well as other co-existing conditions.
3. **Brief Strategic Family Therapy (BSFT)**⁴: BSFT is an evidence-based integrative model that targets adolescents aged 6-18 years old. It combines structural and strategic family therapy theory with intervention techniques to address systemic and relational family interactions associated with adolescent SUDs and related behavioral problems. BSFT considers adolescent symptoms to be rooted in maladaptive family interactions, such as inappropriate family relationships. BSFT is typically conducted in sessions that span over 12 to 16 weeks and can be provided in both outpatient and family-based settings.

² "Adolescent Community Reinforcement Approach (A-CRA)," The California Evidence Based Clearinghouse, last modified August 2023 <https://www.cebc4cw.org/program/adolescent-community-reinforcement-approach/>.

³ "Adolescent-Focused Family Behavior Therapy (Adolescent FBT)," The California Evidence Based Clearinghouse, last modified June 2023 <https://www.cebc4cw.org/program/adolescent-focused-family-behavior-therapy/>.

⁴ "Brief Strategic Family Therapy® (BSFT®)," The California Evidence Based Clearinghouse, last modified June 2023, <https://www.cebc4cw.org/program/brief-strategic-family-therapy/>

4. **Culturally Informed and Flexible Family-Based Treatment for Adolescents (CIFTA)**⁵: CIFTA tailors treatment to adolescents' clinical and cultural characteristics, including race, ethnicity and gender. It is designed to engage marginalized communities, reduce substance use and symptoms of behavioral disorders, and to improve family functioning. The target population for this model are adolescents 6-18 years old. CIFTA focuses on sharing information, building skills, and increasing motivation at the individual child level and creating more adaptive and healthy interactions in the family.
5. **Functional Family Therapy (FFT)**⁶: FFT provides treatment for adolescent behavioral and psychological problems by improving communication between family members, increasing support, decreasing negativity and altering dysfunctional family patterns. FFT includes three phases of treatment: a therapist helps the family to increase their motivation; bring about behavioral changes; and help the family maintain changes. FFT can be provided in both outpatient and family-based settings.
6. **Medications for Addiction Treatment (MAT)**⁷: MAT combines U.S. Food and Drug Administration (FDA) approved medications with counseling and behavioral therapies to provide a whole-patient approach to SUD treatment. Successful applications include patient assessment and access to medications for opioid use disorder (OUD) when appropriate, either directly through the provider or through a strong referral relationship with another organization. MAT services funded through this grant opportunity shall support individuals who are uninsured or underinsured and without existing coverage for this service.
7. **Motivational Interviewing and Motivational Enhancement Therapy (MET)**⁸: MET is an intervention focusing on assessment, feedback, and plans for making change. It is a brief treatment approach for adolescents with cannabis use disorders consisting of two sessions of individual motivational enhancement therapy (MET) followed by three sessions of cognitive behavioral therapy (CBT) in a group setting. The two initial individual MET sessions are primarily intended to enhance adolescents' motivation to address their cannabis use and to prepare the clients for the group sessions, with an introduction to functional analysis and the concept of triggers. The purpose of the three group sessions is to assist clients in the development of skills useful for stopping or reducing marijuana use.
8. **Multidimensional Family Therapy (MDFT)**⁹: MDFT is a manualized, family-based approach to treat youth substance misuse and SUDs, as well as co-occurring mental health and behavioral problems. MDFT engages the adolescent, along with their family members in therapeutic sessions and treatment planning. MDFT recognizes that an individual's symptom management, retention in treatment, and overall treatment response is shaped not only by individual-level factors but also family-level factors. Family-based therapy can be conducted in both residential (e.g., inpatient, juvenile justice), home, and community-based settings. MDFT was developed for

⁵ "Culturally Informed and Flexible Family-Based Treatment for Adolescents (CIFTA)," The California Evidence Based Clearinghouse, last modified July 2021, <https://www.cebc4cw.org/program/culturally-informed-and-flexible-family-based-treatment-for-adolescents/>.

⁶ "Functional Family Therapy (FFT)," The California Evidence Based Clearinghouse, last modified July 2023, <https://www.cebc4cw.org/program/functional-family-therapy/>.

⁷ Fadus, Matthew C, et al. "Adolescent Substance Use Disorder Treatment: An Update on Evidence-Based Strategies." Current Psychiatry Reports, U.S. National Library of Medicine, 14 Sept. 2019, pubmed.ncbi.nlm.nih.gov/31522280/.

⁸ "Motivational Interviewing." The California Evidence Based Clearinghouse, last modified August 2021://www.cebc4cw.org/program/motivational-interviewing/

⁹ "Multidimensional Family Therapy (MDFT)," The California Evidence Based Clearinghouse, last modified January 2021, <https://www.cebc4cw.org/program/multidimensional-family-therapy/>.

use in all setting types. MDFT should be implemented with an integrated multidisciplinary team of practitioners (i.e., child psychiatrists or psychiatric provider, clinical psychologist, nurses and a master's level clinician).

9. **Multi-systemic Therapy-Substance Abuse (MST-SA)**¹⁰: MST-SA is a specialized version of MST to treat adolescent SUDs and address problems both within systems (family conflict, negative peer groups) and between systems (parent involvement in schoolwork, peer group school attendance) to reduce the adolescents' difficulties in school. MST-SA is an intensive family and community-based treatment for serious juvenile offenders with possible SUDs and their families. The primary goal of this model is to decrease youth criminal behavior and out-of-home placements.
10. **The Seven Challenges**¹¹: The Seven Challenges is a comprehensive counseling program that incorporates alcohol and other drug issues, and is designed to motivate clients to evaluate their lives, consider changes they wish to make, and then successfully implement the desired changes. This program places a special emphasis on creating a climate of mutual respect within which youth can talk openly and honestly about themselves. Youth are engaged in actively thinking about their use of alcohol or other drugs, and its effect upon their lives.

DHCS recognizes that the short-listed EBPPs may not be comprehensive and that additional EBPPs may be relevant to this grant program. As such, additional EBPPs may be considered eligible for grant funding if submitted with supplementary materials demonstrating how the program or practice aligns with the objectives of this RFA. Practices and programs that are appropriate for or can be adapted for focus populations (see "Populations of Focus" below) will be prioritized. For general information on EBPPs regarding SUDs, applicants are encouraged to review the [National Institute on Drug Abuse, Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide](#).

For additional resources, please visit [the California Evidence-based Clearinghouse for Child Welfare](#) for a list of well-supported promising practices of substance abuse, mental health and in-home parent skill-based programs. The Clearinghouse is a database of child welfare-related programs intended to provide information and resources for child welfare professionals, funded by the California Department of Social Services' Office of Child Abuse Prevention.

OBJECTIVES AND REQUIRED APPROACHES FOR EBPPS IN THIS GRANT PROGRAM

1. **Required Approaches** – EBPPs to be implemented in this grant program must include, at a minimum:
 - a. **Harm reduction:** Harm reduction promotes individual and community wellness to mitigate the impacts of behaviors that put people at high risk of negative health impacts. Providers work to meet people where they are in their recovery journey, aiming to build trust and relationships between people and organizations that deliver treatment and recovery supports. The goals of harm reduction are to help individuals stay safe and healthy when they use drugs, build supportive relationships and connection to community, and support any positive change in health and social conditions as defined by the person being served.
 - b. **Post-treatment support planning:** Post-treatment planning supports individuals as they transition through discharge from treatment services related to SUDs and co-occurring

¹⁰ "Multisystemic Therapy (MST)," The California Evidence Based Clearinghouse, last modified April 2021, <https://www.cebc4cw.org/program/multisystemic-therapy/>.

¹¹ "The Seven Challenges," The California Evidence Based Clearinghouse, last modified October 2022, <https://www.cebc4cw.org/program/multisystemic-therapy/>.

disorders. Post-treatment planning may include, but not limited to, the following: additional counseling and education, support for group attendance, practicing coping mechanisms, and learning relapse prevention skills.

- c. **Trauma-informed care:** Trauma-informed care is a clinical approach that acknowledges and addresses that people receiving care may have experienced trauma that manifests physically, mentally or behaviorally, and that encounters with medical and social service personnel may result in additional trauma for program participants.
- d. **Training for clinical service providers for co-occurring substance use and mental health needs:** Training should provide clinicians with the information and skills needed to implement EBPPs to serve foster youth with SUDs, including those who are residing in family-based settings.

2. **Recommended Approaches** – EBPPs in this grant program are also encouraged to include the following components:

- a. **Intersectionality:** Approaches that acknowledge and address that race, gender, sexual identity, class, disability and other social identities overlap and may be involved in people’s experience of discrimination or trauma.
- b. **Positive Youth Development:** Positive youth development is an intentional, prosocial approach that engages youth within their communities, schools, organizations, peer groups and families in a manner that is productive and constructive; recognizes, utilizes and enhances young people’s strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships and furnishing the support needed to build on their leadership strengths.

PROJECT FUNDING INFORMATION

Foster Youth SUD Evidence-Based and Promising Practices Grant Program	
Description	These grants are to support organizations in the development and implementation of EBPPs to serve foster youth with SUDs including those who reside in family-based settings.
Award per Applicant	Up to \$250,000. <i>Applicants should only request what is needed and will be expended.</i>
Contract Period	May 1, 2024 – April 30, 2025
Funding Available	\$5,000,000
Funding Source	California State General Fund (SGF)
Application Due Date	February 23, 2024, by 1pm PT

This funding opportunity has a total of \$5 million in available funds, which will be awarded to fund between 15-25 awardees with a limit of \$250,000 per awarded organization or entity for a 12-month contract period.

Applicants are required to adhere to the budget guidelines included in the Budget Template that is linked through the online application. Applicants must submit their proposed budgets in the template

format provided. Applications that do **not** conform to this template will not be considered. All items budgeted must be inclusive of all costs, including taxes and fees, in U.S. dollars. Applicants are required to submit a detailed budget to assist The Center in establishing cost reasonableness of the final amount awarded.

The contracts will be deliverable based, meaning contractors need to demonstrate progress on process measures and furnish set deliverables. Consistent with other at-risk contracts, applicants will receive pre-determined amounts established for the successful completion of each negotiated deliverable, rather than payment for actual time and material costs incurred during the agreement period.

Payment schedule: Payments will be issued based on the completion of a set of agreed-upon deliverables as defined in the contract. For more information on deliverables, please reference the Data and Reporting Requirements section of this RFA. Each contract will be divided into three payments:

1. 50% of total award amount upon execution of contract and the completion of all compliance components.
2. 40% of total award amount will be released upon receipt, review and approval of Progress Data Report 1 and Progress Financial Report 1.
3. 10% of total award amount will be released upon receipt, review and approval of Progress Data Report 2, Financial Report 2 and Cumulative Narrative Report.

If a contractor furnishes all required deliverables by the end of the contract, the entire contract amount will be paid.

Supplantation of Funds: Deliverables cannot be used to supplant a county's current level of expenditures for behavioral health services through other funding sources. Deliverables may also not supplant expenditures of federal funds for covered services already mandated by law.

Funding Amounts and Contract Period

Contracts will cover activities for the period May 1, 2024, through April 30, 2025. Note: All funding will backdate to May 1, even if contracts are executed after that date. However, there will be no carry-over funds; any funds not used by the end of contract period will be forfeited and must be returned.

ELIGIBLE EXPENDITURES

Eligible expenditures must be necessary, reasonable, and allocated to the activities proposed in the application. This may include:

- a. Manuals, guides, etc. needed to obtain access for practices and programs
- b. Planning costs
- c. Staffing (e.g., benefits, contractors)
- d. Specialized training (e.g., disability training, cultural competence, anti-racism)
- e. Supplies (e.g., printing, toys)
- f. Harm reduction supplies
- g. Technology (e.g., computers, virtual care platform, electronic medical record)
- h. Technical assistance
- i. Training costs
- j. Travel
- k. Other (applicants must define)

FUNDING RESTRICTIONS

The following expenditures will **not** be funded:

- Debt retirement
- Operational deficits
- Partisan activities
- Religious organizations for explicit religious activities
- Activities that exclusively benefit the members of sectarian or religious organizations
- Purchase of properties or vehicles
- Direct payments to individuals to begin treatment or continue to participate in prevention or treatment services
- Out-of-state travel (Organizations requesting funds for in-state travel must abide by DHCS [travel guidance](#) and partners will be subject to the same travel guidelines as employees)

ELIGIBILITY CRITERIA

This opportunity will fund approximately 15-25 organizations to support the development and implementation of EBPPs to serve foster youth with SUDs, including those who reside in family-based settings. Fiscal sponsorships of eligible applicants are allowed.

Organizations must meet the following minimum requirements:

- Must be located in and conduct grant program activities in the State of California
- Must be a county child welfare agency, county probation agency, county behavioral health agency, foster family agency, SUD provider, tribal organization within the state that serve as a child welfare services agency, short term residential therapeutic program or wraparound service provider
 - Entities not listed here may inquire to DHCS regarding their eligibility to apply by emailing fysud@sierrahealth.org
- Have state or federal recognition as a formal organization or entity, such as a Federal Employer Identification Number (EIN) or California Tax ID
- Must not be debarred or suspended by either the State of California or the U.S. federal government
- Have a history of working with impacted communities which may include representation on the board and staff, clients served, and neighborhoods served
- Have demonstrated evidence of inclusivity and shall not discriminate based on race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation or military status in any of its activities or operations

APPLICATION COMPONENTS

The Center and DHCS will select applicants based on their demonstrated ability to implement EBPPs in the foster youth population. Applicants must discuss how they propose to incorporate harm reduction and trauma-informed approaches in implementing their selected EBPP(s).

Application components include the following (See Appendix D for the application template):

- **Focus area** – Select EBPP(s) that are the focus of your grant application. Demonstrate the organization/entity’s ability to implement the selected EBPP(s) in the foster youth population.
- **Populations of Focus** – 1) Describe the organization/entity’s existing client population. 2) Describe the populations of focus, including projected population size and description of populations (e.g., race, ethnicity, federally recognized tribe, predominant language, sex, gender identity, sexual

orientation, age, socioeconomic status) to be served, if awarded. 3) Describe the organization/entity's strategy for conducting outreach and engagement to reach the populations of focus.

- **Training and Capacity** – Describe the organization/entity's strategy for ensuring staff are appropriately trained in the applicable EBPP(s). Describe the organization/entity's staffing profile, its knowledge, expertise and experience of implementing EBPP(s). Describe the organization/entity's current capacity to meet goals and objectives, and/or describe how funding could create capacity and resources to achieve these goals and objectives.
- **Implementation** – Describe the organization/entity's proposed timeline and approach for scaling the selected EBPP(s). Please include specific goals, milestones and measurable objectives that are aligned with the purpose of the grant opportunity. Propose project implementation to start no later than May 2024. The proposal may include a brief planning period to include, but not be limited to, the following: selecting practitioners, establishing the referral process, scheduling program sessions and training practitioners on the selected EBPP(s).
- **Proposed budget** – Include a sufficiently detailed budget that tightly aligns with proposed activities. Provide an estimated budget based on understanding of the scope of the organization/entity's project. The budget total should equal the grant amount requested and be itemized by specific resources that tie back to key deliverables or other program goals. Proposed budget line items may not include activities or items listed in the Funding Restrictions section of the RFAs.
- **Staffing** – For the implementation component of this response, describe the organization/entity's staffing profile, knowledge of trauma-informed care, expertise and experiences implementing EBPPs and/or similar programs.

Applications must adhere to the funding guidelines and present a budget clearly linked to the proposed activities.

At DHCS and The Center's discretion, the above application components are subject to change to best meet programmatic needs and funding requirements.

SELECTION AND EVALUATION CRITERIA

This funding opportunity is a competitive application grant program. DHCS and the Center will only fund proposals from applicants that are in good standing with all local, county, state and federal laws and requirements. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria. Funding decisions will be based on a variety of factors, including but not limited to: EBPPs selected, demonstrated need and ability to serve populations of focus, overall estimated impact of potential award, geographic distribution of applicants and populations served.

Each application will be evaluated based on the strengths of the proposal, and the responsiveness to the selection criteria and project aims.

The most competitive applications will:

- Provide a detailed description of what the organization/entity will do to implement the Foster Youth SUD Evidence-Based and Promising Practices Grant Program, how it will be implemented, and explain why the organization/entity is the appropriate one to implement the program.

- Present a clear and realistic timeline of activities and concrete, measurable objectives.
- Provide a brief description of the youth who will be engaged. Applications are expected to focus on foster youth up to 26 years old with SUDs, including those who are residing in family-based settings.
- Select EBPPs already on the approved list, or propose EBPPs geared towards or that can be adapted for Population of Focus and are ready for immediate implementation. The EBPPs should also incorporate trauma-informed care, harm-reduction approaches, post treatment support planning, and training for clinical service providers.
- Include sufficiently detailed budgets that adhere to funding guidelines and closely align with proposed activities.
- Affirm the applicant’s ability to submit regular data and financial reports.
- Describe organization/entity’s capacity to implement the grant program in terms of the implementation team and other organizational resources, as well as areas where the funding can be utilized to further organizational capacity and sustainability.
- Support broader awareness of co-occurring mental health and substance use needs in foster youth within clinical service providers.
- Support increased completion rates of SUD treatment among populations of focus.

Models and practices not on the identified list of EBPPs will be evaluated for efficaciousness, equity, sustainability, scalability and whether the practice model is supplementary to the behavioral health landscape.

No application is guaranteed funding and applications will be reviewed holistically across the defined evaluation criteria. At DHCS’s discretion, the above evaluation criteria are subject to change to best meet programmatic needs and funding requirements.

APPLICATION DENIAL APPEAL PROCESS

The Department of Health Care Services does not provide a protest or appeal process against award decisions made through this funding opportunity. Applicants submitting responses to these types of RFAs are not able to protest or appeal the award. All decisions are reviewed and approved by DHCS and will be final.

INSURANCE REQUIREMENTS

If selected, contractors will need to complete pre-award requirements before funding is disbursed. This includes the following:

Insurance Requirements: There will be insurance requirements under these contracts. Once funds have been awarded, communication will be sent to awarded organizations/entities to upload the insurance documents and demonstrate compliance with all insurance requirements. Payment will not be released until insurance compliance requirements are met. The Center recognizes that the terms and coverage conditions for insurance requirements are technical in nature. If you need additional support to answer insurance questions or if you do not feel that you will be able to meet the insurance requirements, please reach out to insurancecompliance@sierrahealth.org with the subject line “Foster Youth SUD.”

Additionally, The Center, in partnership with CalNonProfits, hosted an educational webinar on securing insurance coverage required for obtaining federal and state funds. To learn more, [view the “Insurance](#)

[for Nonprofits” recording on YouTube](#). Refer to Appendix B for more information on insurance requirements.

PROJECT TIMELINE

Contracts will cover activities for the following period: May 1, 2024, through April 30, 2025. Any funds not used by April 30, 2025 will be forfeited or must be returned.

DATA AND REPORTING REQUIREMENTS

Subcontractors will be required to submit progress reports on program data and outcomes as well as financial reports describing actual expenditures of contract funding. Progress Reports are required. They will be a mix of data and narrative responses specified in the contracts. See Appendix A for information on the Scope of Services. Depending on the EBPP(s) selected, DHCS and the Center may collect the following information:

Progress Data Report Components (during reporting period)

Quantitative Data – submitted via SurveyMonkey.

- Client demographic information
 - Age
 - Sex
 - Sexual orientation and gender identity
 - Race/ethnicity
 - Tribal affiliation
 - Foster placement (E.g., foster home; STRTP)
- Service utilization data
 - Number of foster youths enrolled
 - Service location
 - Average length of service
 - Program completion rates
- Total number of unique patients in treatment who were:
 - Provided with harm reduction services
 - Provided with counseling services
 - Provided with recovery and/or peer support services
 - Provided wraparound services
- Reported outcome
 - The EBPP(s) used
 - Extent to which the EBPP(s) were implemented as intended
 - Challenges encountered during the implementation
 - Positive outcomes from the EBPP(s) implemented
- Training and technical assistance
 - Total number of unique clinical service providers trained
 - Total number of family-based classes/sessions
 - Total number of life-skills classes
 - Total number of positive youth development, family-focused events held
 - Total number of community input events held
- Narrative Report- submitted via SurveyMonkey
 - Have there been any program changes from the earlier reporting period? If so, please describe the main changes and the reasons why they occurred
 - Describe the main challenges encountered during this reporting period

- In what ways do you feel that your project has created innovation inside your organization/entity, and/or in relation to other services for people with SUDs in your local area?
- If time and capacity were not barriers to provide services, what would you do differently to increase access to your funded services?

Progress Financial Report Components (during reporting period)

- Financial– submitted via the financial report submission process.
 - Financial report with detailed expenditure listing.
 - Financial report of actual expenditures compared to the approved budget.
 - Explanation of all budget variances.

Cumulative Report Components (submitted at contract end)

- Narrative – submitted via SurveyMonkey.
 - Summary of the project and activities over the contract period.
 - Major accomplishments over the contract period.
 - Major barriers over the contract period.
- Financial – submitted via the portal.
 - Financial reports of the awarded organization/entity’s actual expenditures and required financial reports for the duration of the contract period.
 - In addition to the financial report submitted, backup documentation should be provided at the time of submission. This may include a detailed expenditure listing or General Ledger (G/L). Documents must include the description of the expense incurred, vendor, category, date of expense and the exact amount allocated to the grant (OR allocation methodology). Receipts/invoices are not required at the time of financial report submission but should be kept on file in case of a desk review/audit.

Reports will follow the timeline below.

Report	Reporting Period	Due Date
Startup Narrative Report	May 1, 2024-August 15, 2024	September 3, 2024
*Progress Data Report 1	May 1, 2024 – October 15, 2024	November 18, 2024
*Progress Financial Report 1	May 1, 2024 – October 15, 2024	November 18, 2024
**Progress Data Report 2	October 16, 2024 – April 30, 2025	May 31, 2025
**Financial Report 2	October 16, 2024 – April 30, 2025	May 31, 2025
**Cumulative Narrative Report	May 1, 2024 – April 30, 2025	May 31, 2025

*40% of total award amount will be released upon receipt, review, and approval of Progress Data Report 1 and Progress Financial Report 1.

**10% of total award amount will be released upon receipt, review, and approval of Progress Data Report 2, Financial Report 2, and Cumulative Narrative Report.

Note: At The Center’s discretion, the reporting requirement criteria and timeline are subject to change to best meet programmatic needs and funding requirements. Program data and outcomes report may be revised as needed to address current situations and high-priority challenges.

Training/Technical Assistance Requirements

Awarded organizations/entities will be required to participate in training and/or technical assistance opportunities provided by The Center. Opportunities may include, but may not be limited to, Learning Collaborative meetings, one-on-one technical assistance coaching or other technical assistance opportunities.

APPLICATION TIMELINE

At DHCS and The Center's discretion, the timeline below is subject to change to best meet programmatic needs and funding requirements.

APPLICATION DEADLINE:

February 23, 2024, at 1 p.m. Pacific Standard Time (PST)

REVIEW AND SELECTION OF APPLICATIONS:

March - April 2024

APPROXIMATE AWARD ANNOUNCEMENT:

May 2024

To be considered, your proposal must be submitted by **February 23, 2024, at 1 p.m. (PST)**. Proposals received after the deadline will not be reviewed. Submission before the deadline date is advised in case you experience technical difficulties with submitting your application through the portal. We may not be able to respond to your requests for help made on the deadline date.

RFA OVERVIEW WEBINAR

The Center will conduct a webinar to review the funding opportunity and application process, and to answer questions. Potential applicants are strongly recommended to attend. Only registered attendees will receive a unique Zoom link to attend the webinar. To register for this webinar, use the link below. The webinar will be recorded and shared following the presentation.

Foster Youth SUD RFA Overview Webinar

February 1 from 10am – 11:30am PST

[Register on Zoom.](#)

**If you need translation services for the webinar, please reach out to fysud@sierrahealth.org prior to Thursday, January 25, 2023.*

DHCS and The Center are committed to assist potential applicants who are interested in applying for funding. Listed below are scheduled technical assistance office hours. Each session is designed to provide essential application support and helpful tips and suggestions in a clear, user-friendly manner. Attending the office hour sessions is optional but recommended.

February 8 from 2 pm – 3 pm PST

[Register on Zoom.](#)

February 14 from 10:30am – 11:30am PST

[Register on Zoom.](#)

Important Application Guidelines

To help us process your application, please follow these submission guidelines:

- We encourage you to submit your application before the deadline date in case you need help with any of the RFA components.
- Applications are due no later than 1 p.m. (PST) on February 23, 2024.
- [Submit the application via our online portal.](#) You may save your progress and resume the application later by entering an e-mail and determining a password.
- Respond to all required fields (marked with an *).
- Upload all attachments listed under “Application Checklist” below.
- Upon entering the portal, you may click “Save my progress and resume later.” Enter your e-mail and determine a password to return to the saved application through the same link later. To return use the same link and click on “Resume a previously saved form.”
- You may submit your application only once. Be sure your application is complete and accurate, including required documents, before submitting it. Revised applications will not be accepted.

Send questions and inquiries related to this funding opportunity to fysud@sierrahealth.org with the subject line “Foster Youth SUD RFA Question.”

Please note: Any inquiries on the day of the deadline may not receive a response. We encourage you to e-mail us before the application deadline date.

APPLICATION CHECKLIST

- [Initiate the funding application through our online portal.](#)
- Required Application Attachments**
 - Proposed project budget completed in The Center’s Proposed Budget Template (template is available in the online portal for download)
 - Applicant organization’s W-9
 - Copy of DHCS license (only applies to treatment providers)

Incomplete applications will not be reviewed. Applications received after the above deadline will not be considered.

If you are unable to submit your application online or need technical assistance, please contact us at fysud@shfcenter.org with the subject line: FYSUD Application Help. Any inquiries on the day of the deadline may not receive a response.

Appendix A – Scope of Services and Deliverable Schedule

Each contract agreement will include the scope of services as outlined below.

Foster Youth SUD Evidence-Based and Promising Practices Grant Program: To fund the development and implementation of evidence-based models and promising practices (EBPPs) to serve foster youth with SUDs, including those who reside in family-based settings.

Required	Task	Deliverable	Report Period
✓	Complete subrecipient contract program onboarding	Webinar attendance	First quarter of the contract
✓	Administrative requirements including submission of narrative and financial reports that address progress toward meeting desired outcomes indicated in the grant application.	<ol style="list-style-type: none"> 1. Data progress reports 2. Financial reports 3. Final narrative report 	See schedule below
✓	Implement selected EBPP(s) as indicated in the application and budget.	Quantitative and qualitative data	May 1, 2024 – April 30, 2025

Grant funds shall not supplant or otherwise be utilized for services that can be furnished through other accessible sources of funding, such as Medi-Cal, federal discretionary and formula grant funds (e.g., HHS, CDC, CMS, HRSA and SAMHSA), DOJ (OJP/BJA), third-party insurance coverage, and sliding scale self-pay, etc.

Appendix B – Insurance Requirements

Awarded organizations must submit all evidence of required insurance coverage to The Center before payment release. Awarded organizations will receive an e-mail from “The Center @ Sierra Health Foundation” via TrustLayer requesting the required insurance documents. A link will be provided for organizations/entities to review and upload the required insurance documents. Please pay special attention to the “Additional Requirements” section for exact instructions and specific language that must be included.

Commercial General Liability

- Each Occurrence must be greater or equal to \$1,000,000.
 - Coverage Trigger: Occurrence must be present.
 - Insurance is written on an occurrence basis using ISO form CG 0001 or equivalent.
- General Aggregate must be greater or equal to \$2,000,000.
- Products/Completed Operations Aggregate must be greater or equal to \$2,000,000.
- Personal and Advertising Injury must be present.
- Primary and Non-Contributory Endorsement must be present.
- Additional Insured Endorsement must be present.
 - With Completed Operations language
 - Using a combination of ISO forms CG2010 10/04 and CG 2037 10/04 or equivalent

Automobile Liability

- Combined Single Limit (each accident) must be greater or equal to \$1,000,000.
- Coverage Applies to: Owned Autos Only must be present.
- Coverage Applies to: Hired Autos Only must be present.
- Coverage Applies to: Non-Owned Autos Only must be present.

- Additional Insured Endorsement must be present.
 - Using ISO form CA 2048 or equivalent

Worker’s Compensation and Employer’s Liability

- Statutory Limits must be present.
- Employer’s Liability Each Accident must be greater or equal to \$1,000,000.
- Employer’s Liability Disease – each employee must be greater or equal to \$1,000,000.
- Employer’s Liability Disease – policy limit must be greater or equal to \$1,000,000.
- Waiver of Subrogation Endorsement must be present.

Professional Liability

- Each Claim must be greater or equal to \$1,000,000
- Aggregate must be greater or equal to \$2,000,000

Improper Sexual Contact and Physical Abuse Insurance

- Coverage must be greater or equal to \$1,000,000

Cyber Liability

- Claims made Coverage must be greater or equal to \$1,000,000

Additional Requirements

- **Certificate Holder must read:** Sierra Health Foundation 1321 Garden Highway Sacramento, CA 95833
- A.M. Best rating of at least A-:VI
- 10 or more Passengers being transported in any one vehicle will require.
 - State of California Class B driver's license
 - Auto liability of \$5,000,000 per occurrence for bodily injury and property damage combined.
- **Description of Operations must read:** The Center, Sierra Health Foundation, The State of California, their respective officers, directors, agents, representatives, constituent entities, affiliates, volunteers, officials, parents, subsidiaries, and employees shall be added as Insureds (“additional Insureds”) under each commercial general liability and automobile insurance policy. **Agreement # 23-30301** must be present.

Appendix C – Glossary

Addiction: The chronic neurobiological disorder centered on a dysregulation of the natural reward system. See video on rethinking addiction:

<https://www.youtube.com/watch?v=bwZcPwIRRcc&feature=youtu.be>

Adverse Childhood Experiences (ACEs): Certain traumatic experiences that occur during childhood can have serious health and social consequences into adulthood. ACEs include events such as abuse and neglect, as well as witnessing domestic violence and growing up with family members who have mental illness or SUDs.

Evidence-Based Models and Promising Practices (EBPPs): Evidence-based models are health interventions, activities, or approaches that have been shown through scientific research to be effective at producing a desired outcome (e.g., improving retention in SUD care, preventing communicable disease transmission, etc.). Promising practices are interventions, activities, or approaches that have

some scientific or evaluation data showing positive effects, but that are not supported by sufficient systematic evidence to support generalizable conclusions about their efficacy.

Family-based foster care setting: A foster care placement setting that is either the home of a relative or non-relative extended family member that has been approved by a juvenile court as a foster care placement for a related child, a Foster Family Home that is a family residence licensed by the California Department of Social Services (CDSS), or a designated county child welfare agency to provide 24-hour care for up to six children (eight if in sibling groups).

Foster Youth: Children who have been placed in a state-supervised living arrangement because a juvenile court has determined that their parents cannot care for them. Foster care in California is administered by 58 county child welfare agencies with oversight from CDSS.

Harm Reduction: Strategies that seek to reduce morbidity and mortality associated with SUDs for those for whom abstinence is not an immediate and/or feasible goal. Harm reduction aims to reduce or eliminate risk behaviors often associated with substance use while building connection and community.

Meaningful involvement: Activities that enable people served by the grant program to provide meaningful input and leadership related to services and institutional policies.

Medications for Addiction Treatment (MAT), including Medications for Opioid Use Disorder (MOUD): MAT/MOUD uses Food and Drug Administration-approved medications in combination with counseling and behavioral therapies to provide a whole-patient approach to the treatment of SUDs. MAT is recognized as the “gold standard of care” for OUD treatment.

Naloxone Distribution Project: A DHCS project that aims to address the opioid crisis by reducing overdose deaths through the provision of free naloxone, in both nasal spray and injectable formulations. Eligible organizations/entities may receive free naloxone through the [Naloxone Distribution Project](#).

Opioid Use Disorder (OUD): A pattern of behavior characterized by craving, increased tolerance, and withdrawal when opioid use stops, and persistent use of opioids despite adverse consequences.

Positive Youth Development: An intentional, prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances young people’s strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support they need to build on their leadership strengths.

Prevention: Activities that promote healthy behaviors, reduce risks, and build protective factors that either prevent substance use or mitigate consequences and contributing factors associated with substance use and SUD.

Recovery Coaching and/or Peer Support Services: Recovery coaches and/or peers walk side by side with individuals seeking recovery from SUD. They help people create their own recovery plans and develop their own recovery pathways. Recovery coaches provide many different types of support, including

emotional (empathy and concern), informational (connections to information and referrals to community resources that support health and wellness), instrumental (concrete supports such as housing or employment) and affiliated (connections to recovery, community supports, activities and events). Recovery plans and other supports are customized and build on each individual's strengths, needs and recovery goals. Peer recovery support focuses on long-term recovery and is rooted in a culture of hope, health, and wellness. The focus of long-term peer recovery support goes beyond the reduction or elimination of symptoms to encompass self-actualization, community and civic engagement, and overall wellness.

Stimulants: Stimulant drugs encompass amphetamine-type stimulants as well as the various forms of cocaine-derived products (e.g., powder cocaine, crack). Amphetamine-type stimulants include methamphetamine (crystal, crank, speed, ice) as well as prescription medications primarily used for the treatment of attention-deficit/hyperactivity disorder (ADHD), such as amphetamine, methylphenidate, and dextroamphetamine. See the following for information on the treatment of stimulant use disorder: https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-06-01-001_508.pdf

Substance Use Disorder (SUD): The recurrent use of alcohol and/or drugs that causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

Trauma-informed care: approaches that acknowledge and address that people receiving care may have experienced trauma that manifests physically, mentally, or behaviorally, and that encounters with medical and social service personnel may be traumatizing for program participants

Appendix D – Sample Application

FOR REFERENCE ONLY
SUBMIT YOUR APPLICATION USING THE ONLINE PORTAL
FOSTER YOUTH SUD
EVIDENCE-BASED AND PROMISING PRACTICES GRANT PROGRAM

[Initiate the funding application via our online portal.](#)

INSTRUCTIONS

Be sure to read the request for applications carefully before beginning your application. Required fields and attachment uploads are marked with *.

APPLICANT INFORMATION

Applicant Organization Information

Organization Name and Address*

Enter the organization's legal name.

Is the applicant organization a fiscal sponsor for this proposal?*

A fiscal sponsor is an organization that applies on behalf of an entity or group that does not have legal standing with the IRS. Select Yes or No.

Name of fiscally sponsored organization, if applicable.

Enter the name of the organization who will be implementing the project, otherwise known as the fiscally sponsored organization.

Website URL (optional)

Tax Exempt ID # or Employer ID #*

Enter the applicant organization's Tax-ID or the Employer ID if the organization is an individual.

Organization/entity's service location(s) – please include physical address(es) where services are provided to clients.

County of service

Organizational Status*

Organization has 501(c)(3) nonprofit status with the IRS. Select Yes, No, or Other.

Annual Budget*

What is the applicant organization's annual budget amount?

Proposal Contact Information (for questions related only to this proposal)

First Name*

Last Name*

Title*
E-mail Address*
Office Phone* Extension

Applicant Organization CEO/Director Information

First Name*
Last Name*
Title*
E-mail Address*
Office Phone* Extension

Project Contact Information

First Name*
Last Name*
Title*
E-mail Address*
Office Phone* Extension

Additional Project Contact Information - optional

First Name
Last Name
Title
E-mail Address
Office Phone Extension

Data Contact Information – optional

First Name
Last Name
Title
E-mail Address
Office Phone Extension

Financial Contact Information - optional

First Name
Last Name
Title
E-mail Address
Office Phone Extension

PROJECT INFORMATION

Project Name* (10 words maximum):

Brief Summary and Purpose of Project* (75 words maximum):

Project Start Date: May 1, 2024

Project End Date: April 30, 2025

Total Amount Requested* \$ _____

Up to \$250,000 for each application.

Geography (County-level)*

Please indicate what percentage of activity will be spent in which California counties. Total must add up to 100. (A list of all 58 California counties is in the online application.)

Focus Populations (Race/Ethnicity)*

For the racial and ethnic populations that will be affected, provide your best estimate of the percentage of the total people of each population (total must add up to 100).

- Not Hispanic
 - White
 - Black
 - Asian
 - American Indian/Alaska Native (AI/AN)
 - Native Hawaiian/Pacific Islander
 - Two or more
- Hispanic
- Other: % [please specify]

Focus Populations (Age Groups)*

For the age groups that will be impacted, provide your best estimate of the percentage in each age group (total must add up to 100). *There are no age restrictions/limits for individuals served with these funds.*

- Under 5: %
- 5 - 11: %
- 12 - 15: %
- 16 - 18: %
- 19 - 21: %
- 22 - 26: %
- 26+: %

Evidence-Based Models and Promising Practices (EBPPs). *

This funding opportunity must implement EBPPs. Please indicate which model or practice from the identified EBPPs your organization will implement for this project.

If selecting EBPPs not already identified on the list, please provide sufficient explanation on why the EBPP(s) were chosen and how they meet the objectives and required approaches of this grant program (trauma-informed care, harm-reduction approaches, post treatment support planning, and training for clinical service providers).

Provide a detailed description of what the organization will do to implement the foster youth SUD Evidence-Based and Promising Practices Grant Program, and how it will be implemented.

How do you propose to apply the EBPP(s) through trauma-informed care?

How do you propose to incorporate harm reduction approaches in implementing the EBPP(s)?

NARRATIVE QUESTIONS

Organization Description*

Provide a brief overview of your organization, a) when it was established, b) your organization's mission, c) whom you serve, d) geographic area your organization covers, and e) the types of programs you operate. (175 word maximum)

Fiscal Sponsor Description*

If the project has a fiscal sponsor that is different from the organization that is implementing the project, briefly describe the fiscal sponsor, including its mission and any past and/or current work with the sponsored organization. (175 word maximum)

Organizational Capacity*

Describe the qualifications of the project leaders and key staff on the project. Specify which positions have staff in place and which will need to be filled. Explain how their qualifications demonstrate the ability to be culturally responsive in carrying out the activities identified above. (250 word maximum)

Track Record with Proposed Focus Population*

Share your organization's experience in utilizing a trauma-informed care approach to delivering youth focused behavioral health services. Describe your organization's experience in providing services that incorporate the required implementation activities, such as harm reduction and positive youth development. Briefly describe 1 to 3 examples of your work with the community/communities. (250 word maximum)

Use of Funds*

Describe in detail your plan to use these funds to implement EBPPs to serve foster youth with SUDs who reside in family-based settings. Describe the EBPP(s) you will employ and list the specific activities, additional strategies, outreach, and resources needed to carry out your proposed project. Provide a timeline for the planning process, staff onboarding, practitioner training, and implementation stages. (500 word maximum)

Partnerships*

Describe partnerships that are already in place or will be established to support implementation of your proposed project. If no partners are needed, please explain. (200 word maximum) *

Objectives *

List 3-7 project objectives. (250 word maximum)

Monitoring and Evaluation*

Describe your project team's capacity to document, monitor, or evaluate project activities, outputs, and outcomes. (300 word maximum)

Technical Assistance*

To help us plan a technical assistance strategy, please tell us what technical assistance your organization would benefit from in implementing this project? (Your response to this question is not considered in decisions about funding). (150 words maximum)

REQUIRED ATTACHMENTS

Proposed Project Budget and Budget Justification*

Download The Center's budget template [here](#). Tab 1 "Budget Worksheet" should detail your proposed budget for this project. Tab 2 "Budget Justification" should detail why you are requesting these dollars and what it will cover for the project term. Both Tab 1 and Tab 2 must be filled in for the Budget and

Budget Justification to be considered complete. Upload your budget and budget justification in Microsoft Excel format only.

Applicant Organization's W-9*

Upload the applicant organization's W-9 in PDF format.

DHCS License and/or Certification*

Applicable only for organizations that are providing treatment services.