



**Foster Youth Substance Use
Disorder Frequently Asked
Questions (FAQ)**

Updated: February 15th, 2024

Question	Answer
General	
Where can I find the RFA application?	The RFA application is exclusively available as a web-based interface, which can be accessed here .
Do you have examples of prior FYSUD funding in the past?	There are existing SUD services for foster youth through multiple funding sources. However, this is the first time FYSUD Program is released to support an expansion of services that are unavailable through existing funding.
What is the timeframe from application submission to receiving funding?	It is anticipated that award notifications will be announced in early May, 2024. The first award payments of 50% will be made between June and July, after the funded partner meets contract compliance requirements. Please see the RFA for more information on contract requirements.
Is there a target or estimation on how many youth are expecting to be served?	Applicants are expected to determine the volume of services they can deliver effectively through the identified evidence-based and promising practices (EBPPs) within the contract term. There is no minimum required number of youths to be serviced.
Is there any likelihood there will be additional funding in a year?	AB179 (2022) designated the FYSUD grant as a one-time funding, but this is a pilot program to evaluate the need for additional funding in the future.

<p>Regarding the fiscal sponsor being a nonprofit, if the organization is a community-based organization without a 501(c)3 status, what will be the role of the 501(c)3 nonprofit organization?</p>	<p>The fiscal sponsor is in contract with The Center at Sierra Health Foundation. If funded, the fiscal sponsor signs the contract and meets the contract compliance requirements. The sponsor receives the award payments from The Center and then distributes said payments to the sponsored organization. If awarded, the sponsored organization is responsible for the planning, staffing ,and implementation of the funded program.</p> <p>The sponsored organization collects required data, writes and submits required reports, and ensures all expenditures occur within the contract period and are allowable expenses.</p>
<p>Are sexual orientation and tribal affiliation required data points for the application and reports?</p>	<p>Basic demographics data on the population to be served (such as race/ethnicity, geographic region, and age) will be required in application and reports to track the performance measures identified in the contracts. Note: DHCS and The Center may revise performance measures as needed to address current situations and high-priority challenges.</p>
<p>What's the criteria for a fiscal sponsor? Can a fiscal sponsor still apply for the same RFA, for a different program approach?</p>	<p>A fiscal sponsor may also apply for the FYSUD Grant Program if they meet the eligibility requirements for applicants as listed on page 8 of the RFA.</p>
<p>Can you provide examples of project objectives? The application requests that we list 3-7 objectives.</p>	<p>The 3-7 objectives should identify the proposed, achievable results from the applicant's implementation of the proposed program and selected evidence-based models/promising practices.</p>

<p>Can you include guidance on how applicants can account for The Center's required TA activities?</p>	<p>The technical assistance activities will be informed by information provided in the submitted applications and based on the needs of the organizations selected for funding. More information will be forthcoming at time of contract execution.</p>
Budget	
<p>In the Budget Template, what is the definition of Printing/Duplication and Information/Materials?</p>	<p>Printing and duplication is the required costs to print, or make copies of documents needed to implement the program as proposed. Example costs may include, but not be limited to, outreach/promotional flyers and/or copies of guardian release forms. Information/Materials is the required costs to provide materials for services and activities to staff and clients. Example costs may include, but not be limited to, clinical staff training curriculum and/or participant workbooks.</p>
<p>If funds must be expended by April 30, 2025 or else forfeited, but the last 10% is not awarded until past that date, how will that work fiscally? Is it for costs incurred before April 30?</p>	<p>Yes, the last funding payment of 10% is for expenses incurred up to the contract end date of 4/30/25.</p>
<p>Is there a specific percentage of the budget that is designated for staffing?</p>	<p>No, but staffing expenses must be reasonable and support program services as described in the application narrative.</p>
<p>Is the 15% overhead figure note in the budget template applicable to this grant?</p>	<p>The indirect cost rate (ICR) for this grant is consistent with the thresholds for other Behavioral Health grants administered by DHCS as established in BHIN 20-020. Specifically, the de minimus ICR of 10% may be used without any further certification, while rates between 10-25% will require submission of copies of either the Federally Negotiated ICR or other negotiated rate. Please see BHIN 20-020 for more details.</p>
<p>Will an Indirect Rate be allowed?</p>	<p>Yes</p>
<p>What does this mean? "Deliverables cannot be used to supplant a county's current level of expenditures for behavioral health services through other funding sources." In another area, it notes that grant funds should not be used for services that can be provided through Medi-Cal. All foster youth are eligible for Medi-Cal, so what does this mean?</p>	<p>This funding award can be used to support evidence-based practices and services that meet all requirements of the FYSU grant program but not covered or funded through other sources. Awardees may not use grant funding to replace or substitute the existing level of services furnished through other government sources.</p>

<p>We have an internal training department and an internal research/evaluation department. Are a portion of salaries/benefits of staff involved with implementing this grant able to be funded?</p>	<p>Yes, this grant can fund personnel and their expected time as long as the function of these personnel is to support the Evidence base model and promising practices (EBPPs) selected for the FYSUD program. In the budget template, under Section I, "Personnel", there is a column to detail the "FTE" or expected time that a staff will designate to this program.</p>
<p>Can you request a smaller award amount?</p>	<p>Yes, an applicant can request any award amount not to exceed \$250,000. Budget requests should be reasonable and support resourcing the proposed program as outlined in the application narrative.</p>
<p>For the project budget template, do we need to split the budget into two periods and enter the justification on both columns I and M?</p>	<p>The budget template has one column for each of the reporting periods. Budget justifications are expected for each report period.</p>
<p>Focus Population</p>	
<p>How are we differentiating between foster care and family based settings?</p>	<p>The FYSUD Program funds services for foster youth with SUD, including those residing in family-based settings. A family-based setting is a foster care placement 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).</p>
<p>Are children/youth referred by DCFS for community- based preventive services to avoid removal from biological family qualified to be served through this program? Or only those already removed and residing with others (relatives, foster families, etc.)?</p>	<p>The FYSUD Program established funding to serve foster youth with substance use disorders (SUD). Proposals that do not propose to serve the focus population as identified in the RFA will not be competitive.</p>

<p>Most of these models appear focused on family therapy, what about the foster youth that do not have a family member involved?</p>	<p>Applicants may propose adjustments to the selected model/practice or propose new Evidence-based Model or Promising Practices to serve foster youth who do not have a family member involved in their services. Any adjustments or new proposals should be identified in the application narrative.</p>
<p>Regarding ages of qualified clients - is there a lower end to "youth"? Do children under age 13 qualify?</p>	<p>The proposed program must serve the focus population of serve foster youth who are currently in placement and are addressing a SUD. The ages of clients must be based on these eligibility factors, and there is no explicit minimum age of the foster youth served through the FYSUD Program.</p>
<p>Are Foster Youth served expected to be already diagnosed with SUDs or is there a component for prevention and/or early intervention?</p>	<p>The FYSUD Program established funding to serve foster youth with substance use disorders (SUD), and there is not an early prevention/intervention component in this funding opportunity. Proposals that do not propose to serve the focus population as identified in the RFA will not be competitive.</p>
<p>If you are currently a SUD adolescent outpatient program that works with both foster youth and non- foster youth, would the expectation be that any treatment groups held would be specifically for the foster youth? Can the foster youth participate in the treatment program with non-foster youth?</p>	<p>This funding is intended to serve foster youth with substance use disorders (SUD) through evidence-based models and promising practices. The proposed services and activities, budget and budget justification must align in serving this population of focus.</p>
<p>Is foster care placement that does not include family- based settings excluded from this grant?</p>	<p>No, it is not. The FYSUD Program funds services for foster youth with SUD, including but not limited, to those residing in family-based settings.</p>
<p>You have mentioned that this is for youth currently in foster care, but the age goes up to 26. Does this mean that youth who are in a THP-Plus program (former foster youth up to age 24) would also be included?</p>	<p>Population to be served should be foster youth (up to age 21) with Substance Use Disorders (SUDs). We may consider applications that address former foster youth (up to age 26) as well.</p>

<p>Is there an age range for the population being served?</p>	<p>Population to be served should be foster youth (up to age 21) with Substance Use Disorders (SUDs). We may consider applications that address former foster youth (up to age 26) as well.</p>
<p>Evidence Based Models and Promising Practices</p>	
<p>If we want to submit an independent model, how much time do we have to provide all the research data? Is it due prior to submitting the application or after approval?</p>	<p>To be a competitive application, information establishing that the proposed model/practices is evidence based or promising must be included in the application narrative when submitted. Examples of well-supported and promising practices of SUD can be found on the California Evidence-based Clearinghouse for Child Welfare.</p>
<p>Would we be eligible if we're seeking funding for building a trauma informed curriculum (training) that involves youth being co-facilitators?</p>	<p>Only verified, researched evidence-based models or promising practices can be used in this funding opportunity. If proposing a different model or practice than what is listed in the RFA, it is required to identify why it qualifies as evidence based or as a promising practice within the proposal narrative.</p>
<p>We will be using "The Seven Challenges". We would also like to add the "Seeking Safety" Curriculum, how do we get this approved?</p>	<p>Information on why the Seeking Safety Curriculum is an evidence based or promising practice must be included in the application narrative.</p>
<p>Which of these models have a "train the trainer" component?</p>	<p>Please review the evidence-based models or promising practices (EBPPs) as listed in the RFA to identify those that include a train the trainer component. You may also propose to use EBPPs not listed but aligns with the objectives of the RFA and include a train the trainer component.</p>
<p>Does peer support fall under this grant, or is it strictly for licensed clinicians?</p>	<p>Peer support activities can be included if they align with the evidence-based models or promising practices the applicant proposed to implement.</p>

<p>Are staff members, other than clinicians, who are involved with direct service provision (such as case aides) eligible to be trained? Or only clinicians providing direct service?</p>	<p>A proposal that includes training non-clinical staff should identify the roles and responsibilities of the staff in question and address the relationship of the training to program implementation as a whole.</p>
<p>Is a STRTP placement an allowable avenue to serve SUD diagnosed youth?</p>	<p>STRTPs are eligible to apply for the FYSUD grant and other applicants may serve foster youth residing in an STRTP. The FYSUD grant awards can only be used to fund services for foster youth that are included in the EBPPs selected.</p>
<p>Do you require that all practices require one on one counseling in order to be a promising practice or are other strategies such as trainings, presentations, and media messaging included?</p>	<p>It is not required that Evidence-based Models/Promising Practices (EBPPs) include one on one counseling, as long as other strategies and services align with and support the implementation of the EBPP(s) selected by the applicant. Please refer to the EBPP section of the RFA on pages 3-6.</p>
<p>Can we use more than one EBPP?</p>	<p>Yes, you may propose to implement more than one evidence-based model or promising practice (EBPPs). You may choose from the pre-identified list of EBPPs in the RFA or propose evidence-based or promising practices that are not listed but aligns with the objectives of the RFA.</p>
<p>Is there a restriction on use of telehealth services (audio/video, audio only)?</p>	<p>Proposed services and activities, including the example of telehealth, should align and support the selected evidence-based models or promising practices and the required approaches in the RFA.</p>
<p>Do we need to be DMC certified in the County we propose to work? We are near two counties, but our SUD clinic is only DHCS-certified in one.</p>	<p>Applicants do not need to be DMC certified to be awarded grant fund through the FYSUD Program.</p>
<p>Could this grant be used to help pay for the expense of a Foster Youth who would need inpatient care?</p>	<p>Proposed services and activities in this pilot Grant Program should align with and support the selected evidence-based models and promising practices (EBPPs) and required approaches. Therefore, using this grant funding for inpatient care is allowable if supported by the EBPPs selected. Awardees may not use grant funding to replace or substitute existing level of services furnished through other government sources.</p>

<p>What “version” of Motivational Interviewing and Motivational Enhancement Therapy (MET) is being funded through this grant? The definition of MET provided in the RFA conflicts with the definition in the MET Manual itself, and there is no specific training or certification program for MET. What program components and training would be expected/appropriate for this grant? And do we have to include CBT as part of this, or should we follow the MET model as written in the MET manual?</p>	<p>You are allowed to select one or more Evidence-based models/promising practices (EBPPs) as identified in the RFA, or choose different EBPP(s) that align with objectives and required approaches. If there is more than one definition of any particular EBPP, please include the definition you are using and specify its sources in your application. Applicants may also make slight adjustments to the selected model as needed to meet the RFA objectives and population of focus.</p>
<p>Could you explain promising practices further?</p>	<p>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. Examples of well- supported and promising practices of SUD can be found on the California Evidence-based Clearinghouse for Child Welfare.</p>
Eligibility	
<p>Can any 501(c)(3) organizations apply? Or do 501(c)(3) organizations that apply need certain certifications or licenses?</p>	<p>501c3 organizations meet the eligibility requirements. Please review the RFA to confirm what eligibility documents must be submitted with the application.</p>
<p>Are we allowed to apply to subcontract with another organization, like a CBO with specialized SUD expertise, to provide the services? Additionally, we have considered applying as a cohort with staff from both our organization and a CBO. Is that model permitted?</p>	<p>Entities who meet eligibility requirements listed on p.8 of the RFA are encouraged to apply. If involving other providers, the role of entity and their partners should be identified in the proposal narrative, the budget, and budget justification. Entities also have the option to apply on behalf of other entities as a fiscal sponsor.</p>
<p>How much experience are you requiring for this RFA?</p>	<p>We do not have a specific number of years of experience required. Competitive applicants should meet the eligibility requirements and demonstrate organizational capacity to implement evidence based and promising practices which serve foster youth and address substance use disorder.</p>
<p>I'm with an organization that already has two grants with you. Are we still eligible to apply for this one?</p>	<p>Current or previous funding awards from the Center at Sierra Health Foundation do not disqualify you from applying for this funding.</p>

<p>Can a county apply for the grant to implement with their providers who work with Foster Youth?</p>	<p>Yes. County agencies may apply and include their service providers in the service delivery - please find specific eligibility requirements for applicants listed on page 8 of the RFA. County agencies may also elect to apply on behalf of other entities as a fiscal sponsor. Through either option, the partners and their roles should be identified in the proposal narrative, the budget and budget justification.</p>
<p>Is a health care facility that helps foster care youth eligible to apply?</p>	<p>The RFA lists eligibility requirements and potential applicants on page 8, and health care facilities are not on the list; however, SUD providers are eligible to apply. Health care facilities may also elect to apply on behalf of other entities as a fiscal sponsor, who signs the contract, fulfills contract compliance requirements, and then distributes award payments to the sponsored entity.</p>
<p>Is a COE eligible to apply?</p>	<p>While County of Offices of Education are not explicitly listed as an eligible entity, they may submit an application, so that the merits of the application can be reviewed in relation to the funding and other eligibility criteria.</p>
<p>I am in the final stages of approval for a six bed STRTP located in San Bernardino County. It should be open within the next 1-3 months. It will be serving the population described in the grant and we would love to be able to provide the substance abuse services to our youth that the above grant is intended for.</p> <p>My question is, could I apply for the grant before my group home is officially open, as the grant deadline, is about a month or two prior to the date that I will be opening my STRTP. However, I will be open before May, which is the starting date for services under the grant proposal.</p>	<p>Applicants whose eligibility status is pending are required to gain eligibility prior to signing a contract to receive their award.</p>
<p>Can an organization submit more than one application to serve different geographic regions?</p>	<p>An organization can put forth one proposal to provide services at multiple sites across counties.</p>
<p>If your organization is not providing treatment, do we just put a document stating we do not provide treatment in the upload section on the application?</p>	<p>If your organization does not provide treatment but can propose a EBPP that meets grant requirement, you may upload a placeholder document for the DHCS License and/or</p>

	<p>Certification question in the Required Attachments section of the application.</p>
<p>Even though the contract for the State is May onward, can the county say it is starting in July to align with their fiscal calendar?</p>	<p>All contracts will have 5/1/2024 as start date, and if funded, awardee is expected to start proposed services within a reasonable time. In this instance, a 7/1/2024 start date is acceptable, with the expectation that awardee will fully complete proposed EBPP services and activities by contract end date of 4/30/2025.</p>
<p>DHCS only recently required certification, and is processing our application now. Do I need to have a Cert # to apply?</p>	<p>Medi-Cal certification is not required for this grant program, as long as the entity meets requirements to provide their proposed treatment services and activities. Please refer to page 8 of the RFA for specific eligibility requirements for applicants.</p>
<p>We have foster care trauma-informed care sites and services in Los Angeles County and Riverside, CA, can we put staff and training in both places?</p>	<p>Yes, applicants can propose to implement their EBPPs in multiple sites across one or more counties.</p>