



**THE CENTER**  
*at Sierra Health Foundation*

## **BHRSP HEAR US Phase 2 Frequently Asked Questions**

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## Application Process

**How can I access the RFA?** You can find the RFA on the Behavioral Health Recovery Services website: <https://recoveryproject.org>.

**Can one organization apply to both tracks?** Yes.

**If an applicant organization applies for both tracks, should they submit two separate applications (i.e., one for each track)?** Yes, if you are applying to both tracks then you must submit a separate application for each.

**How can we access the Roadmap?** You can find the Roadmap in the RFA. In the coming days, the Roadmap report will be uploaded on the Behavioral Health Recovery Services website: <https://recoveryproject.org>

**Do you want the budget uploaded in Excel or PDF?** Budgets must be submitted in Excel format.

**Do you have an example of the equity inclusion levels analysis chart to review before we submit ours?** There is no completed example, but you can find the "Equity Inclusion Levels Analysis Chart" on page 24 in the RFA for review.

**If there are any errors with the uploads will applicants be automatically disqualified?** If there are last-minute uploading errors, your application will be considered incomplete. It is crucial to submit your application a few hours before the submission deadline. This allows us to assist with any potential technical difficulties and ensures your application is complete and error-free. We strongly encourage early submissions for a smoother process.

**From my reading of the RFA, service delivery is the key goal. If we are applying for the systems change grant, do we have to deliver services with this grant funding or can it all go towards system change efforts?** If you are applying in the "systems change" grant category, you do not necessarily have to use the grant funds for direct service delivery. This category primarily focuses on activities related to systems change, coordination of resources, policy development, and sustainability efforts.

**If we already submitted the application and did not acknowledge the audit is that an issue?** If you already applied, please email a request and explanation to [recoveryproject@shfcenter.org](mailto:recoveryproject@shfcenter.org) before the September 19 application deadline. Decisions will be made on a case-to-case basis.

## Eligibility

**Can we apply if we have an active grant from The Center, including a Cohort 3 Capacity Building grant from the Elevate Youth CA program?** Yes, organizations may apply if they have another grant from The Center at Sierra Foundation and/or are beginning the implementation of a new grant.

**Is it mandatory to submit an audit if our annual budget is under \$2M?** Audit submission is not required at this point, but we may request it later. The application simply asks whether applicants have a recent audit completed.

**Can a new 501(c)(3) apply?** Yes, a new nonprofit can apply. Please closely read the other eligibility criteria noted on pages six and seven of the RFA.

**Who is eligible to apply (e.g. a Federally Qualified Health Center, nonprofit, foundation, free clinic, Local Education Agency. etc.)?** Eligible to apply include: a 501(c)(3) community-based organization, a Tribal organization, or a County Behavioral Health Department with established and trusted community relationships. This opportunity is also open to coalitions of organizations and collaboratives of organizations and other entities, as long as the backbone organization is an eligible applicant. If an organization is a nonprofit but does not have 501(c)(3) status, it may use a qualifying fiscal sponsor that meets the other eligibility criteria. Please read other eligibility criteria noted on pages six and seven of the RFA.

## **Funding and Program Focus**

**Where can we find the recording of the RFA proposer’s webinar?** You can find the recording on the Behavioral Health Recovery Services website: <https://recoveryproject.org>

**Can the funding be used to support only mental health services, or must it include substance use disorder treatment as well?** Both mental health services and substance use disorder treatment are within the scope of the funding opportunity. Applications could reflect recovery in either or both mental health and substance use disorder. It is not required to include both.

**Do programs need to address serious mental illness, serious emotional disturbance, and substance use disorder? Or can a project focus primarily on one of these conditions, one strategy or one approach?** Proposed projects do not necessarily need to address all three conditions. However, providing only one strategy or approach to improving access and utilization of recovery services for underserved communities might be a less competitive application.

**Is funding for the Peer Specialist certification training considered a direct service?** Yes, funding for the Peer Specialist certification training is considered a direct service.

**Is “recovery” exclusively related to addiction?** SAMHSA's working definition of recovery is “a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.” For this funding opportunity, recovery initiatives include those that support mental well-being for people with diagnosed serious mental illness or youth with serious emotional disturbance, irrespective of drug use.

**Can funding be used to start a program focusing on a disenfranchised population that the agency does not have dedicated programming for currently?** Yes, the funding can be used to

start a program for a disenfranchised population that your agency does not currently serve. Please outline your plans clearly in your application, explaining how the new program aligns with the funding goals and how it will enhance access to recovery services for that population.

**If we serve a wide variety of people, does the focus population have to make up the bulk of our residents?** No, but projects proposed for this funding opportunity should be designed to primarily serve the focus population.

**Is it appropriate to propose a project that will increase access to SUD recovery services and/or enhance services within an existing program?** Certainly, proposing a project to increase access to SUD recovery services or enhance existing programs aligns with the criteria of the funding opportunity.

**Is there a limit to the funding that can go toward staff salaries?** No, there is no limit regarding the percentage of funding that can be applied toward staff salaries. Benefits should not exceed 25% of salary costs.

**We are a residential treatment facility for SUD. We have clients who have faced unequal access to behavioral health care systems. But they are not all from those backgrounds, can we still apply?** The population focuses of the BHRSP include BIPOC and 2S/LGBTQ+ people and people living with disabilities. Applications should align with the RFA's objectives and explain how the proposed project will further improve access and equity in behavioral health recovery services.

**My organization provides services statewide. Can we focus on one target population (like LGBTQ+ youth) in one community but a different target population (like criminal justice-involved youth) in another?** We welcome proposals that address intersectional conditions affecting SUD, SMI, or SED, including homelessness.

**Can the funding for direct services be spent on building program capacity (positions, training, settings) to expand service delivery?** Yes.

**Can we include building expansion expenses?** Per page 25 of the RFA, funds cannot be used for the purchase or construction of any building or structure to house any part of the program.

**Can funding go to these CBOs as sub-contracts?** Yes, on the budget form please list CBO sub-contracts under the Consultant Fees section.

**Can this funding opportunity support projects relating to gambling addiction services?** Gambling per se is not a focus of this funding opportunity. People with gambling addictions would have to also meet the SMI / SED criteria. The proposal would have to connect with an underserved community and with the grant's focus areas and objectives.

Funds from the grant may be used to increase existing Full-Time Equivalent (FTE) positions for your programs, such as increasing a clinician's FTE from 0.75 to 1.

## Project Details

**Is a statewide focus preferred for projects, or a more localized and specific one?** Funding will be distributed throughout California with the intent of improving access and utilization of recovery services for underserved communities. Track one projects providing direct services will generally be local in nature.

**How would you like us to demonstrate partnership support (e.g. letters of support, MOUs) or should we just state that there will be a partnership?** You can demonstrate partnerships in Section 8 of the application. This is where you can detail current, upcoming, or unconventional partners that are either already engaged or will be participating to help achieve your program objectives. Letters of support or MOUs are not required but are encouraged where feasible.

**How many days will the in-person meetings be, and where will they be located, so we can plan travel?** In-person meetings will only be for a day. Most meetings are virtual but there will be four in-person meetings, subject to change. Locations may include Sacramento, Fresno, or Los Angeles. It is recommended that you budget for a meeting in L. A or Sacramento (whichever location is opposite your part of the state) to ensure you have sufficient travel funds.

**Are all the meetings in-person in Sacramento or virtual (e.g. Zoom)?** Most of the meetings will be held virtually, with four in-person meetings scheduled. Please note that this schedule is subject to change.

**On page 12, it says that monthly coaching starts in December 2024, is this correct?** The monthly coaching starts in December 2023.

**Can funds be used to make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services?** No, funds cannot be used to make direct payments to clients.

**Would a graduate-level training program such as Masters of Social Work and Marriage and Family Therapists that trains bilingual/bicultural mental health trauma-informed students fit under local sustainability?** Yes, training programs help sustain workforce programs.

**Are there expectations for employing licensed staff or can we plan to refer to mental health specialists as consultants or sub-grantees? Would it be better to go with consultant costs or set it up as a subgrantee?** There are no specific expectations for employing licensed staff vs. consultants.

## Population Focus

**If we are serving youth with a wide variety of mental health and substance use concerns, not exclusively SUD / SMI / SED, and who may have unidentified or emergent SUD / SMI / SED, do you have any recommendations for delineating these differences? Or is serving youth on a continuum of SUD / SMI / SED recovery needs relevant to the funder?** The Center does not provide any recommendations for delineating differences.

**Is there a spot to focus on LGBTQI+ populations?** The eligibility criteria state that applicants must be deeply invested in, engaged with, and reflective of impacted BIPOC communities, 2S/LGBTQ+ communities, and/ or people with lived disabilities.

**For youth from marginalized communities who are receiving intensive case management services (ICMS) at school, what kind of documentation is required to identify that ICMS is addressing SMI / SED / SUD?** No documentation is required for population identification.

**What is 2S?** 2s is an abbreviation for "Two-Spirit." According to Wikipedia, "Two-spirit (originally termed Two Spirit and also known as two-spirit or occasionally twospirited) is a modern, pan-Indian umbrella term used by some Indigenous North Americans to describe Native people in their communities who fulfill a traditional third-gender (or other gender-variant) ceremonial and social role in their cultures."

**Are people experiencing homelessness considered an underserved community, or should we draw the connection in our application between disproportionate rates of homelessness for BIPOC/LGBTQ communities?** The population focuses of the BHRSP include BIPOC and 2S/LGBTQ+ people and people living with disabilities. We welcome proposals that address intersectional conditions affecting SUD, SMI, or SED, including homelessness.

## Specific Certification and Training

**Does peer worker training and certification include CADC (Drug and Alcohol counselor)?** Yes, it could include CADC.

**Do Peer Supporters have to be based in a mental health organization? My organization is a homeless-serving entity. We do have a contracted LCSW. Could we apply to do peer support?** Peer support staff with lived experience of SUD, SMI, or SED are appropriate for many types of organizations, not only those primarily focused on mental health.

**Can we provide in-house peer worker training, or do they need to go through the CA certification training?** Peer staff training may be organized by applicant organizations or through a third-party certification program.

## Budget and Funding Allocation

**Is there a maximum amount for administrative costs?** There is a 10% limit for administrative costs.

**What is the indirect costs cap?** 10%

**Does this funding require a match?** No match is required.

**Regarding budgeting for evaluation - is there a specific number of recipients and time per participant we should be budgeting for?** Regarding budgeting for evaluation, it is recommended to budget at least 16 hours per week.

**Are we able to allocate food as a line item?** No.

**How will funding be disbursed to subcontracted organizations?** Grant payments will go directly to the fiscal sponsor or primary organization. They in turn will be responsible for disbursements to subcontracted organizations.

**How will funding be disbursed to organizations?** The Center considers this a responsive payment or disbursement schedule. Fifty percent (50%) of the grant award will be given upon contract execution to help cover upfront costs. The additional payments will require invoicing and achievement of project deliverables.

**What is the funding period?** The Project Budget Year is 12/01/23 – 6/30/25. We anticipate that the first month is primarily planning and preparation. The bulk of the service year delivery will occur over the remaining 18 months.

## Evaluation

**Which entity would we be reporting to?** The Center at Sierra Health Foundation is the grants administrator. Evaluation data may be submitted to the evaluating team directly. Details for reporting will be provided during the grant year.

**Is GPRA data collection required for this grant?** As with other federal funding, awarded organizations using contract funds to cover individual direct patient services will be responsible for complying with SAMHSA Government Performance and Results Act (GPRA) reporting requirements and providing client outcome data. Any client directly supported through this funding opportunity will need to have GPRA forms completed at intake, six months, and upon discharge. Individual direct patient services are defined as specific fee-for-service charges tied to an individual uninsured or underinsured patient, such as the cost of an office visit or medication. If a participant declines to complete the GPRA data form no GPRA data collection is required for that individual.

Organizations using this funding for any of the following will be required to collect GPRA data:

- Organizations that use the dollars for direct services
- If the funding is used to cover staff salaries for staff providing direct patient services, such as a nurse or counselor
- If the funding is used to cover medications for un/underinsured patients
- If the funding is used to cover clinical counseling and therapy sessions if seen by a certified/licensed medical professional

Examples of activities that do not require GPRA reporting include the following:

- Gift cards, patient incentives, travel vouchers
- Supplies, harm reduction supplies
- Lab fees (for un/underinsured patients)
- Substance Use Navigators, Care Coordinators that provide education, referrals, and outreach