

Questions & Answers
ACEs Aware: Request for Proposals
Medi-Cal Provider Training, Engagement, Communications, and Convenings
January 24, 2020

This document provides responses to questions that were submitted on the ACEs Aware Request for Proposals. Questions that were the same or similar have been consolidated for efficiency.

General Questions

1. How many grants will be awarded in total and by grant category? What is the total amount of funding that will be available for grants?

A: There is not a set number of grants that will be awarded in total or by grant category. The total amount of funding that will be distributed will depend on the quality, scope, and budget justifications of the submitted applications. Please see each grant category for clarifications on the funding requirements and maximum amounts that can be requested.

2. What is the definition of a Medi-Cal provider for the purposes of this RFP? Is this funding limited to only Medi-Cal providers, or could the case be made for an organization that serves direct service providers that serve primarily Medi-Cal eligible populations? Can Native American Tribes receive the \$29 payment for ACEs screening in addition to receiving their “all-inclusive services” rate?

A: Certain Medi-Cal providers are eligible for a \$29 payment for conducting ACEs screenings for patients with full-scope Medi-Cal who are not dually eligible for Medi-Cal and Medicare Part B (regardless of enrollment in Medicare Part A or Part D).

Guidance on Medi-Cal provider types that qualify for payment is forthcoming and will be available on the [Frequently Asked Questions](#) web page of the ACEs Aware website. ACEs screenings are eligible for payment in any clinical setting in which billing occurs through Medi-Cal fee-for-service or to a network provider of a managed care plan. In most cases, ACEs screenings are most appropriately delivered in an outpatient primary care setting including but not limited to family medicine, internal medicine, pediatrics, and obstetrics/gynecology. The clinician billing Medi-Cal is responsible for determining how screens are conducted and reviewed.

Grants are only available to organizations that target their ACEs Aware activities to Medi-Cal providers. However, non-Medi-Cal providers may participate in trainings and other activities that are offered through ACEs Aware.

Indian Health Service providers are eligible to receive the \$29 Medi-Cal payment.

3. What types of entities are eligible to apply for grants?

A: Any entity that meets the proposal requirements in the RFP is eligible to apply for grants. Provider Training grants will fund organizations to develop and execute trainings for Medi-Cal providers. Provider Engagement grants will fund organizations to conduct opportunities for Medi-Cal providers and other stakeholders across the entire medical, social, and community networks of care to share lessons learned and best practices. Communications grants will fund organizations to reach their members and other key audiences with information about provider trainings and engagement opportunities. Convenings grants will fund in-person opportunities to train, educate, and connect Medi-Cal providers and organizations across medical, social, and community organizations to build networks of care in local communities. We are seeking high quality proposals that align with these grant opportunities.

As indicated in the grant applications for each grant type, applicants must discuss their organization's history of and connections to working with the types of Medi-Cal providers that are the target audience for grant activities. We strongly recommend that applicants include plans for collaborating with local and community-based organizations. While health plans are not precluded from applying, they are not the target audience for these grants. We encourage them to collaborate with grantees to train and educate their network providers. Health plans can email info@ACEsAware.org to discuss how they can engage in the ACEs Aware initiative.

4. Our community consists of partnering organizations working on various components around ACEs - from screenings to general education. From providers to conveners. Do you recommend the community (with an identified lead organization) apply for each area A - D within one application? Or is it better for individual organizations to apply for a specific area (i.e. Provider Training or Convening)?

A: We encourage communities of partnering organizations to develop applications together. For simplicity, it would be ideal to have one organization serve as the lead entity on all of the applications (A – D) and then list the partnering organizations on the application for

each grant category. However, there are no formal requirements for how to apply with partners.

5. How many grants can organizations apply for?

A: There is no limit on the number of grants organizations can apply for. For example, organizations may apply for more than one provider training grant (e.g. to develop a Core Training and a Supplemental Training, or to develop two supplemental trainings) and provider engagement grant (e.g. to develop and execute Provider Engagement sessions and Network of Care sessions, two white papers). Multiple applications will be considered as long as the organization can demonstrate the capacity to complete all of the grant activities simultaneously and the budget is structured accordingly.

If organizations apply to develop and conduct the same training in two locations, the proposed budget should reflect the cost of developing the training and then the costs associated with each of the training events. For in-person training events that require accreditation, funding can be provided to support the accreditation cost for each of the two events.

6. If organizations submit applications for more than one provider engagement grant (e.g. provider engagement activities and peer-to-peer learning), how should the application be filled out?

A: Organizations that are applying for more than one provider engagement grant should submit one Provider Engagement Grant application. For each application question, provide information on each activity you are proposing. Please clearly delineate each activity in the proposal. Please provide a budget for each activity you are proposing. The word limits in the application are for one activity – for example, if applying for funding for two activities, the word limits are doubled.

7. Please clarify the difference between "A. Training grants" and "D. Convenings grants."

A: Training grants are to develop and/or adapt existing trainings into Core and/or Supplemental Trainings. Convenings grants are provided to conduct half-day or day-long in-person sessions that include a Core Training and bring together networks of care. Organizations may apply for a Provider Training Grant to develop or adapt an existing training into a Core Training. That same organization or joint application may also apply for a Convening Grant during which the Core Training is provided.

8. What are the requirements for entering into a joint application?

A: We strongly encourage joint applications and there are no requirements for the types of organizations that can enter into joint applications. Joint applications should provide a rationale for collaboration, how the relationship will improve the quality, impact, and reach of your activities and provide a clear breakdown of costs. Only one application should be submitted for joint applications – the lead entity should complete (with input from the partner organization(s)) and submit the application, and indicate any partners and their roles.

Harbage Consulting will enter into a contract with the lead entity to administer the grant; the lead entity will be responsible for distributing funding to its partners. The lead entity and its partners determine the amount of funding each partner will receive. There are no restrictions on using funds to support partner engagement in planning grant activities.

Organizations may apply as a single organization for some grant opportunities and may submit joint applications for other grant opportunities. Single and joint applications may be submitted in the same grant category (and for activities within each grant category). The funding requirements and maximum apply – for example, if an organization submits a single application for one grant category or activity, the single application limit applies. If an organization proposes to conduct another activity with a partner organization(s), the joint application funding maximum applies.

We encourage collaboration within local government agencies and other entities. In response to specific questions on the RFP, the following entities may submit a joint application: (1) Two separate county departments (e.g. public health and behavioral health); local government agencies under one health system but with separate departments (e.g. public health, behavioral health, county clinics/hospital); and two entities that share an EIN. As noted above, joint applications should provide a rationale for the collaboration.

9. What are the funding limits for single organization applications and joint applications?

A: There are no overall limits on the amount of funding applicants (including counties) can apply for across and within the grant categories. See each grant category in this document for clarification on the funding requirements and maximum for each one.

10. Are grant activities permitted to target non-provider community partners and consumers?

A: Based on Proposition 56 requirements, grant funding may only be used to target training and engagement to Medi-Cal providers. However, the Provider Engagement – Network of Care Sessions and the Convenings grants are both opportunities to collaborate with non-provider community partners that serve populations who are at high risk of, or who have experienced ACEs. Funding may not be used to target consumers. We anticipate future funding opportunities to educate consumers.

11. If there are multiple awardees in a given region, will there be an opportunity to collaborate or coordinate efforts with each other?

A: Yes, we strongly encourage collaboration and coordination and will be working with grantees located in the same geographic area to make these connections.

12. Please clarify the differences between Provider Training and Provider Engagement grants.

A: Provider Training grants are for organizations to train Medi-Cal providers on screening and responding to ACEs. Provider Engagement grants are for organizations to conduct opportunities for providers and other stakeholders to share lessons learned and best practices.

13. Can we present something new, outside of the specific questions asked? Can we submit a proposal that meets the goals of the grant opportunity?

A: Proposals will only be considered that meet the requirements of the RFP and respond to the application questions for each grant category. Please email info@acesaware.org with any ideas that are outside of this RFP. We anticipate future funding opportunities.

Scoring Criteria

14. How will applications be evaluated? Are there established goals for the number of providers that should be reached? Will awards be evaluated based on quality of services and quantity of activities?

A: The awards will be determined primarily based on quality and the accompanying budget proposal. Applicants should make a reasonable estimate of the number of people they will be able to engage with during the 1-year contract period, given the funding available.

The proposed budget should be consistent with the proposed activities. If an organization proposes to host 10 trainings for \$100,000 and another organization promises to host 5 trainings for \$100,000, the grant awards will be considered in this context. As noted above, applicants should make reasonable estimates regarding the level of effort required to execute their proposed approach.

Contracts, Reporting & Funding

15. When is the start and end date for the contracts? Are the contracts and funding renewable?

A: The contract period for this RFP is from May 2020 to May 2021. We anticipate implementing a process for periodically releasing additional funding opportunities where existing grantees in good standing, as well as new organizations, may apply.

16. Who will grantees contract with to receive grant funding? What is the role of the contracting entity?

A: Grantees will contract directly with Harbage Consulting, LLC for operation of these grants. Harbage Consulting is responsible for contract management, reporting, and distribution of state funding to grantees. Harbage Consulting will not have an operational role in executing the grant activities. Grantees will be responsible for developing and executing all grantee activities, including presenting materials and conducting on-line trainings and other convenings. Harbage Consulting will be responsible for collecting and summarizing, monitoring, and reporting data and other anecdotal information about grantee activities in support of the Department of Health Care Services' and the Office of the California Surgeon General's efforts to promote this initiative.

17. Who will have the copyright to the materials developed using grant funding? Will intellectual property rights stay with the creator?

A: The Department of Health Care Services (DHCS) will own any materials produced through this contract and any materials produced through this contract shall include DHCS's notice of copyright. However, DHCS gives permission to grantees to use, reproduce, and disseminate the materials produced under these contracts but any charges or fees associated with the use of the materials must be approved by DHCS. Additionally, any materials produced will be free of charge to all Medi-Cal providers. If updates to the materials produced become necessary, all changes must be approved by DHCS before being

finalized. Any requests for changes be submitted to DHCS at least fourteen (14) days before the materials are intended to be used to allow time for review and approval. As indicated on page 3 of the RFP, all activities executed using funds from the grant must be co-branded with ACEs Aware and with other related California learning collaboratives and networks.

18. What will the reporting requirements be under the contract?

A: The grant contracts will specify a series of reporting elements that must be submitted to Harbage Consulting on an at least a quarterly basis as part of the grants monitoring process.

19. What are the specific state and federal requirements to receive funding, as referenced in the RFP?

A: The contracts will include DHCS standard language governing the receipt of state and federal funding. For example, there will be provisions on federal equal opportunity, accounting, audit, and invoicing, as well as state laws and clauses on indemnification, budget contingency, termination, and in ensuring that entities are valid to do business in California (e.g. non-discrimination).

20. Is there a funding match requirement? Are applicants able to provide match funding to this opportunity and would it strengthen their application?

A: There is no funding matching requirement. There is no expectation that applicants will provide matching funds on the state's behalf for purposes of financing the grants. Funding has already been secured.

21. Is there a budget template that applicants should use? How much detail should be in the draft budget attachment?

A: No specific budget format is required. We would prefer that applicants use a table in Word format to present their budget proposals. Additional narrative justification is also permitted. Specific budget elements include, but are not limited to, direct and indirect costs and printing and dissemination of materials. Proposed budgets may not include stipends for training attendees.

Grantees may use funding to cover staff/administrative expenses if there is an adequate justification. For example, if grantees will be conducting in-person trainings, the staff time spent to conduct these trainings may be included in the budget request. Funding may be

used for well-justified staff travel (e.g. for trainers to conduct in person trainings), but not for participant travel.

22. Are there rules, restrictions, and/or guidelines on sub-contracting or sub-granting the money to accomplish the goals of the project?

A: Joint applications in which more than one organization is applying together for a grant require a lead entity that will enter into a contract with Harbage Consulting. Any subcontracting plans should be specified as partner organizations in the application response. The contract with the lead entity will identify the partner organizations. As indicated on page 2 of the RFP, additional partners may be added later.

23. Can any of the funds be used to expand current services to address toxic stress and ACEs (e.g., hire staff to conduct meditation, supportive groups, nutrition and/or exercise classes, mental health support?)

A: Funds may not be used for services. This grant opportunity is for training and educating providers about how to screen for and respond to ACEs.

24: If a proposal's request for funds is considered too high (or low), but is otherwise strong, will reviewers suggest revisions to the budget or will that proposal be rejected?

A: We anticipate that there may be opportunities for negotiation on the budget during the contracting process. There will not be requests for additional information during the application evaluation period in order to ensure objectivity and fairness in the review process.

Application Submission

25. Are the grant applications available in Word? Should the application pages from the RFP PDF be submitted?

A: Yes, the [Word version](#) of the RFP is available on the ACEs Aware Learning and Engagement Opportunities web page.

26. What supporting materials should be submitted?

A: Supporting materials are only needed when explicitly stated in the application instructions. Letters of Support should be provided for Convening applications. Training

curriculum should only be submitted for Provider Training applications. Resumes and bios are not requested, but leadership biographies may be submitted if helpful in demonstrating capabilities for successfully executing the grant activities. Existing financials and non-profit documentation are not needed as part of the grant application.

27. What are the obligations for an organization once an application is submitted? Does submitting an application bind an organization to the project if awarded or is it possible for an organization to decline the funds?

A: Organizations are not bound to participate in this initiative until contract agreements have been signed. Applicants may withdraw at any time.

A. Provider Training

28. Can you clarify what you mean by “two sets” in Page 7, second paragraph: “ACEs Aware will support two sets of additional provider training opportunities...”?

A: The two sets of additional provider training opportunities are A.1. Certification of Existing Training and A.2. Provider Training Grant.

29. Who can be trained using grant funding?

A: Training grants are available to organizations that develop and execute trainings targeted to Medi-Cal providers and their staff who are eligible to participate in the ACEs Aware initiative. See the answer to question #2 for information on Medi-Cal providers. However, non-Medi-Cal providers may also attend the trainings. Training grants may be used to train other professionals that may screen for or facilitate screening for ACEs in primary care or maternity care settings such as front office staff, medical assistants, community health workers, social workers, and public health nurses.

30. What are the requirements and options related to CME, MOC, and CEU credit?

A: Core Trainings that meet the OSG/DHCS criteria in RFP Attachment 1 must offer a minimum of two Continuing Medical Education/Maintenance of Certification (CME/MOC) credits to be consistent with the number of credits provided for completing the “Becoming ACEs Aware in California Training (an online Core Training).” We recommend that Core Trainings and Supplemental trainings offer Continuing Education Unit (CEU) credits and/or

other types of continuing education to encourage the participation of other types of providers, but it is not required.

31. Do organizations need to receive certification in order for trainings to provide CME/MOC credits? Or, if the training meets CA-OSG/DHCS criteria, will ACEs Aware provide the credits on behalf of the training organization?

A: Receiving ACEs Aware certification for an existing provider training or receiving a provider training grant does not qualify for CME/MOC credits. Organizations that develop trainings must go through a separate process with an accreditation entity.

32. For Core and Supplemental Trainings, do all of the following need to be included in order to be eligible: Modalities, Learning Techniques, Entire Clinic/Practice, Provider Specialties, Other Professionals, Culturally Specific Training for Populations, and Supplemental & Topic-Specific Trainings?

A: Page 11 of the RFP provides examples of the types of Core and Supplemental Trainings that could be considered by applicants – applicants do not have to train all of these providers or develop trainings on all of these topics. As part of the A.2. Provider Training Grant application, applicants must provide the information requested in question #3, which includes the target audience, the modality and learning techniques that will be used to execute training, and the primary training topics.

33. Would a training structured as a series of four, three-hour training sessions over four months for cohorts of 12 professionals serving Medi-Cal beneficiaries be eligible?

A: Yes.

34. What is your definition of “diversity” with respect to diversity of trainings?

A: ACEs Aware is seeking applications that cover a wide range of provider training opportunities, including training of a variety of Medi-Cal providers and their staff. RFP responses will be evaluated to maximize the diversity of provider training and engagement opportunities made available for Medi-Cal providers and other professionals across the state during 2020. This includes ensuring that provider training and engagement activities reach a diversity of Medi-Cal primary care providers that provide care for a wide range of Medi-Cal subpopulations.

A.1. Provider Training – Certification of Existing Training

General provider training questions were answered above, including questions that apply to both types of provider training opportunities.

35. What are the funding requirements and maximum?

A: Organizations may only request funding to support obtaining accreditation of an existing training. The proposed budget should include the accreditation cost. However, organizations that receive funding from ACEs Aware must offer trainings at no-cost.

A.2. Provider Training Grants

36. What are the funding requirements and maximum?

A: There are no limits to the number of training grants organizations can apply for. Organizations may develop and/or adapt more than one Core Training and/or Supplemental Training and may host more than one training event. The maximum funding amount applies to each separate training activity. For example, if an organization proposes to develop and execute Supplemental Trainings on two different topics, they may request funding of up to \$100,000 to develop and execute each Supplemental Training. See the table below for the maximum funding amounts for single organization applications and joint applications of one or more organizations. Organizations may request funding to support obtaining accreditation for training.

Organizations that propose to host an in-person training event may request funding to organize and hold that event. Organizations may offer more than one in-person training event. Our expectation is that a budget of \$100,000 (\$250,000 for joint applications) would represent more than one training event.

Table 1. Maximum Funding Amount Per Training

Type of Grant Funds	Single Organization Application	Joint Application: 2 or more Organizations
Develop a new Core Training	\$100,000	\$250,000
Adapt an Existing Training to be a Core Training	\$100,000	\$250,000
Develop a New Supplemental Training	\$100,000	\$250,000
Adapt an Existing Training to be a Supplemental Training	\$100,000	\$250,000
Host Training Event(s)	\$100,000	\$250,000

37. Will multiple provider training grants be awarded in a given geographic region?

A: Yes. We anticipate that training grants will target different types of providers through a range of modalities, and that supplemental trainings will cover a variety of topics.

38. When talking about Training 1.B, can the platform be recorded (virtual) to be uploaded to ACES Aware site OR could also be e-learning (with embedded questions, self-pacing-similar to current ACES Aware module?) 2.) Is there a preference for webinar vs. e-learning?

A: Applicants are permitted to suggest the modality that aligns most closely with their experience in working in this field. There are no specific format preferences.

39. Does our proposed training need to be in a power point format or may we submit our training outline on a word document? (Knowing we will make ppt slides from the outline)

A: As indicated in the A.2. Provider Training: Training Grants Application, applicants should provide a high-level summary of the planned training curriculum, including the type(s) and number of Medi-Cal providers to be trained.

However, organizations that are proposing to adapt an existing training to be a CA-OSG/DHCS-certified Core Training, must include a complete copy of the existing training and provide the page numbers that correspond to where the required curriculum criteria are addressed in your training. Also, indicate which of the CA-OSG/DHCS-required curriculum criteria your existing training does not meet.

As part of the contract entered into with organizations, we anticipate requesting that organizations submit their final training content for review.

40. During the time period of this award contract, may grantees offer the training(s) (certified Core Trainings and/or approved Supplemental Trainings) to non-Medicaid providers at cost?

A: Trainings that are developed or adapted using grant funding must be targeted at Medi-Cal providers and must be provided in California at no-cost. However, non-Medi-Cal providers may also attend the trainings.

Core Training

41. Can topic specific components that would qualify under the "Supplemental Training" be included in the "Core Training" as long as all the criteria for Core Training is met?

A: Yes.

42. Can an organization provide a curriculum considered "Core" with an exclusive focus on the 7 Trauma Informed Care Principles (excluding the Clinical Algorithm- A.1, Question 5, section C, page 9)?

A: Core Trainings must meet all of the criteria in Attachment A including the use of a Clinical algorithm for further assessment and referral. Applicants may use the CA-OSG/DHCS-developed Clinical Algorithm or propose an alternative one. Trainings that do not meet all of the criteria to be a Core Training would be considered a Supplemental Training.

43. If an organization is submitting an application to modify a Core Training to be responsive to the specific needs of that organization, is it required that we actively invite Medi-Cal providers from outside the organization to attend the training?

A: Grantees are not required to actively invite Medi-Cal providers from outside the organization. The application should indicate the target audience for the training, which in this case would be Medi-Cal providers within the organization.

Supplemental Training

44. What are the requirements for Supplemental Trainings?

A: All of the parameters for Supplemental Trainings are outlined in the RFP. Supplemental Trainings do not have to meet the Core Training criteria in Attachment A. Organizations may

choose the modality (or modalities) used to conduct Supplemental Trainings – in-person, online, webinar, and podcast are examples of modalities but organizations may select one.

Organizations may submit an application to develop and execute more than one Supplemental Training. Applicants should provide information on each of the proposed Supplemental Trainings for every application question, except one response is permitted for Question #8 and Question #9, and for the part of Question #11 related to your approach for doing outreach and communications to educate providers about the ACEs Aware initiative.

Supplemental Trainings are not required to offer CME credits, but they may offer CME, MOC, and/or CEU credits. Offering credits is encouraged in order to increase provider participation. Organizations may request funding for the accreditation process.

As part of the application, organizations must provide a high-level summary of the planned training curriculum, including the type(s) and number of Medi-Cal providers to be trained. As part of the contract with grantee organizations, we anticipate requesting that organizations submit their final Supplemental Training content for review.

Applicants may develop a Supplemental Training(s) and then offer it in different venues. The budget should outline the cost of developing the training, and then break down the cost for offering it in multiple locations. Applicants may request funding for getting the training(s) accredited for CME credit.

B. Provider Engagement Grants

45. What are the funding requirements and maximum?

A: There are no limits to the number of provider engagement grants organizations can apply for as long as the proposed activities are distinct from one another (e.g. two different types of providers). Organizations may conduct more than one type of provider engagement activity (e.g. provider engagement activities and peer-to-peer learning). In this situation, organizations are eligible for the maximum funding amount for each of these activities. The table below lists the funding maximum per activity.

Table 2. Maximum Funding Amount Per Activity

Type of Provider Engagement Grant Funds	Single Organization Application	Joint Application: 2 or more Organizations
Provider Engagement Activities	\$100,000	\$250,000
Network of Care Activities	\$100,000	\$250,000
Peer-to-Peer Learning	\$100,000	\$250,000
White Paper	\$50,000	\$50,000

46. Is there a limit to the number of provider engagement activities organizations can propose? If applicants apply to conduct more than one activity, how should the application be completed?

A: There is no limit to the number of provider engagement activities organizations may propose across and within categories (e.g. organizations can propose to do both provider engagement and peer-to-peer activities, two white papers, etc.). If organizations propose to do more than one activity, one application should be submitted that clearly delineates the responses to the questions for each proposed activity. Similarly, a budget for each activity should be provided. The word limits in the application are for one activity – for example, if applying for funding for two activities, the word limits are doubled.

47. For the Provider Engagement sessions and Network of Care sessions, what constitutes on “activity”? For example, is there a required number of webinars that constitute an activity? If webinars are the chosen modality, is it acceptable to offer multiple webinars for different audiences on the same topics, or does each webinar need to cover a different topic?

A: There is not a required number of webinars that constitute an activity. Organizations should indicate the number of webinars they plan to conduct. It is acceptable to develop a webinar on one topic, then use it with multiple audiences. However, in general we recommend ensuring that webinars are targeted for the audience. The budget should identify the costs for developing the webinar, the cost of adapting it for different audiences, and any costs associated with executing each webinar.

48. Can you clarify the primary difference between the Provider Engagement sessions and the Network of Care sessions? Please define “Network of Care.” Can you clarify expectations for the peer-to-peer learning and how that differs from Provider Engagement and Network of care sessions?

A: Provider Engagement sessions target Medi-Cal providers. Network of Care Sessions are opportunities for Medi-Cal providers, health plans, health systems, counties, and other organizations to collaborate with non-provider community partners that serve populations who are at high risk of or who have experienced ACEs. See RFP page #18 for examples of the types of entities that could be included in Network of Care sessions.

Peer-to-peer learning involves developing networks and modalities for providers to meet regularly to discuss promising practices, challenges, and successes in implementing ACEs screenings and developing trauma-informed systems of care—for example, through online platforms or in-person meetings.

49. Can you define white papers? Should white papers mainly have a California focus, or would you be interested in reports that also incorporate lessons from other states and providers?

A: We are looking for white papers or other reports that provide case studies or promising practices from providers or communities that are implementing ACEs screenings and trauma-informed systems of care. White papers and other reports may focus on California and/or lessons learned from other states and providers as long as they discuss how other state’s experiences can inform California’s efforts.

50. May organizations apply to write more than one white paper? Where on the application should proposed white papers be described?

A: Organizations may apply to write one or more white papers. To apply for funding to write a white paper(s), please fill out the following on the Provider Grants Application:

- Question #1: Check white paper box.
- Question #2: Provide funding request and budget.
- Question #3: Fill out all elements (a-f) that apply. Indicate the target audience, how many white papers you will write, the types of providers you expect to reach, and focus areas and content.

- Question #4: Describe your approach to share the white paper(s) with Medi-Cal providers.
- Question #5: Provide two examples of previous white papers that are similar in topic or design to the ones being proposed.

51. At this stage, do we need to identify the venue and expected timeline/dates for the planned sessions?

A: Applications should identify the general timeline for planned sessions. We do not expect dates to be established yet and therefore do not expect the venue to be identified. However, organizations will want to include any venue costs in the proposed budget, so they will want to consider the costs of venues in the area.

52. For Provider Engagement sessions, please clarify what “aligning trauma screenings” means. Do you mean technical assistance, or is this more general?

A: Medi-Cal primary care providers already perform screenings (e.g. for depression, anxiety, and child development, etc.). We are interested in sharing lessons learned and promising practices for effectively integrating ACEs screenings into primary and maternity care visits when multiple screens may be performed.

53. Should provider engagement grant applications focus delivery to one particular region (e.g. Los Angeles County alone) or can provider engagement activities cover multiple regions (e.g. Los Angeles County, Orange County, Riverside County, etc.)?

A: Applicants may propose the geographic area(s) where activities will occur.

54. Are expenses for graphic design support allowable for the provider engagement grants?

A: Yes. In the application, please explain what graphic design support would be needed and how it would improve your efforts.

55. Would a YouTube video demonstrating a conversation about ACEs including delivery of the questionnaire in a home visiting program setting qualify for the provider engagement grant?

A: Organizations should include information about the proposed YouTube video in its response to Question #3.

C. Communications Grant

56. What are the funding requirements and maximum?

Type of Grant Fund	Single Organization Application	Joint Application: 2 or more Organizations
Communications	\$100,000	\$100,000

57. Will the state develop commercials and videos, or can that be done by the local applicants?

A: ACEs Aware is developing content, including paid media. However, applicants may propose to develop commercials and videos targeting Medi-Cal providers. The application should include the organization's proposed communications plan.

58. Do the communications need to be directed state-wide, region-wide, or can they be jurisdiction/location specific to meet that area's needs?

A: Applicants may determine the appropriate geographic area for its communication activities.

D. Convenings Grant

59. What are the funding requirements and maximum?

A: Organizations may propose to conduct one or more convenings in a region.

Type of Grant Fund	Single Organization Application	Joint Application: 2 or more Organizations
Organize & Execute Convening(s)	\$200,000	\$200,000

60. How may convenings will take place by region and across the state? How many convenings are applicants required to organize? For regional convenings (versus statewide) what is the expectation for number of in-person convenings for a given region? Should San Joaquin County be part of Sacramento Region or the Central Valley Region convenings?

A: There will be at least 15 convenings across the state in total – with at least one convening in each of the 15 regions. We are looking for convenings to be region-specific to ensure that they reflect the local needs and that they include local organizations, providers, and networks of care. If applicants have a strong presence in multiple regions, they can propose to conduct convenings in multiple places. One application should be used to explain the number of convenings being proposed and the locations. The budget should describe the estimated cost of organizing each convening. San Joaquin County may be included in Sacramento Region and/or Central Valley Region convenings.

61. Would you consider a county-wide convening or is your preference to have joint applicants from multiple cities or counties apply together to plan for a broader reach in a targeted region? If multi-county efforts lend to a stronger proposal for consideration, do we need to cover our entire region (our region- Central Coast- is quite large geographically)?

A: The purpose of the convenings is to bring together local organizations. We would consider county-wide convenings. Our goal is to sponsor at least one convening in each of the 15 regions, but multiple grants could be awarded in one region if local organizations propose convenings based on county jurisdictions.

62. Is the maximum request amount of \$200,000 acceptable for just one convening, or should we propose multiple convenings?

A: Applicants should provide a budget that aligns with the number of convenings they are proposing. Our expectation is that a budget of \$200,000 would represent more than one convening.

63. Under a Convening grant, may organizations pay trainers (whose training(s) were developed under an ACEs Aware Provider Training grant) to present at the convening? Are grantees required to use Harbage Consulting as their organizer?

A: Convening grants may be used to develop and execute convenings. This includes paying for professional services to develop and deliver training and other content.