



# Informational Webinar – Trauma-Informed Network of Care Request for Proposal Webinar Transcript December 11, 2020

Jennifer Ryan: Good morning, everyone. We're just letting all of the participants make their way onto the Zoom webinar. Thanks for joining us today. We'll be starting in just a second.

Jennifer Ryan: Good morning, everyone. I am Jennifer Ryan. I serve as the executive vice president at Aurrera Health Group and we are proud to be the team supporting the California Office of the Surgeon General and the Department of Healthcare Services on the ACEs Aware Initiative. Thank you so much for joining our webinar today. This webinar we'll be answering some of your questions and giving some background information around the latest request for proposals around trauma informed network of care planning and implementation grants. So we will be happy to, we're going to spend some time giving you a little bit of overview to remind you of some of the key elements of the RFP. And then we will go through a selected set of questions that were submitted in hopes of really capturing the main things that people had concerns or questions about. And then at the end we will open up the floor for questions and answers over the webinar. So, bear with me as I go through quite a few slides here but we really did try to comprehensively look at all the questions that were submitted.

Jennifer Ryan: I encourage you to use the chat function for not submitting questions but for chatting with each other. We've had a number of people ask about whether or not there's a way to let folks know who from their communities might also be interested in this grant opportunity. And so, our suggestion to you is if you're someone who's looking for partners use the chat function today to let folks know that and see if you can make some connections among those of you on the call which is now more than 300 people. So, we hope that will be a useful strategy for you.

Jennifer Ryan: So, we'll provide an overview of the grant opportunity. We'll talk a little bit about the network of care roadmap that is coming out very soon and then imminently. And then we'll talk a little bit about the specifics around how to apply for a grant and we'll go through your questions. And as I said, we'll open the floor for Q and A at the end.



Jennifer Ryan: So as I said, your questions are embedded throughout the presentation. We aren't going to be monitoring questions in the chat box as I said so please hold it for the end when you can ask your question directly. And we are recording this webinar and it will be made available for future reference. So we're going to start with the overview of the RFP. Just as a reminder, the purpose is to really support the continued development of trauma informed networks of care designed to address ACEs and toxic stress. We want to create, augment and sustain formal connections between Medi-Cal providers, social services systems, and community partners to address toxic stress in children and adults through a combination of clinical and community interventions following an ACE screening.

Jennifer Ryan: So, we've done a lot of work trying to define what a network of care is and this is the definition of that the very astute subcommittee that has been advising us on this issue came up with. So, it's a group of interdisciplinary professionals and it's definitely focused on supporting both adults, children, and families by providing access to that evidence-based set of buffering supports and resources that can help heal and mitigate the toxic stress response.

Jennifer Ryan: This network of care roadmap is coming soon. We are excited about this roadmap. It's been a labor of love for many of us. And the goal for this roadmap is really to provide you all with a set of guidelines and milestones for establishing and building out those trauma-informed networks of care. The roadmap has a number of different sections to it. The first portion of the roadmap really hones in on some of the science of toxic stress, lays out the Surgeon General's thinking around clinical protocols that should be put into place in any strong, effective network of care.

Jennifer Ryan: And then we have two sections, one set of milestones targeted at healthcare providers and clinics and giving them strategies for effectively connecting with the resources that are available in their communities. And then a second set of milestones that's targeted toward communities with the goal of helping them come up with ways to reach out to their healthcare provider partners. We also have a section that talks about considerations for leveraging IT solutions to help with this process and we do discuss a little bit about some potential funding streams in addition to grants of course. Please note though that given the timing of this roadmap and the way we structure the RFP we're not going to be scoring your applications based on the adherence to the roadmap. It is meant to be another resource for you but not something that's contingent on your undergrad applications.

Jennifer Ryan: So just for timing on the network of care roadmap we are very hopeful that it's going to come out next Monday. We are going to offer a public comment period

for this roadmap. We think that there's just a very robust set of people in the world in California who can perhaps offer some great strategies and advice to make the roadmap more robust. So, we're opening a public comment period for 30 days through January 15th. And then we'll of course be taking all those comments and considering them and consolidating them and making some decisions about what to add to the roadmap. And so, we're hoping to release a final version of the roadmap next March.

Jennifer Ryan:

All right, getting back to the grants opportunity. So I think everyone's quite aware now we have two types of grants this time planning grants and implementation grants around trauma informed networks of care. As a reminder, you may apply for only one type of grant, you may not apply for both. And as a reminder as well, here is this visual that we've worked on to try to illustrate a little bit how we're thinking about targeting these grant funds. We made it a continuum just to try to make it straight forward. And so the planning grants really we feel it should be targeted at communities that perhaps have less resources in place to strengthen networks of care and could really benefit from some planning dollars that would help them bring their healthcare provider community together with their social services and community based organizations.

Jennifer Ryan:

So, we always want to be thinking about ACE screenings as the launching point in some way or another. We really are interested in providers who if they are not screening yet, and we can think of reasons why it might not be the best time to be starting screening given the pandemic, that at least anybody who's involved in applying for a planning grant would have engaged with the ACEs Aware Initiative, taken the training that's available online. It's a two hour free training so something that hopefully people can find time to do before this application is due. We want you to also have it tested to have taken the training which enables providers to bill Medi-Cal for screening for ACEs. And so, at the beginning of this process then that's a good threshold starting point. Folks that are at level two might already be screening or might be at least further down the pathway but they still need to put their clinical protocols in place. They still need to build some of those community structures in order to create a robust network of care for families.

Jennifer Ryan:

Level three is the middle area and so I think there's been some questions about if I think I'm at level three should I apply for planning or implementation. And I think it's very much a case by case situation but we think that folks at level three if you're at the mature end of level three you could think about implementation depending on what you've got in terms of some of these elements. But if you're at the beginning of level three you could still think about a planning grant. Perhaps you need some funding to really get over the finish line of level three.



Jennifer Ryan: And then for the implementation grants as you can see we're looking for definitely more robust structured engagement. We really want these grants and as you know there's a small number of them available. We really want them to almost serve as pilot projects so that we can really learn about what's needed to close any gaps that might remain in the communities that are already working on networks of care. As you see, there's lots of mention of bi-directional IT platforms for example so grant funds can be used for that function. We don't expect that many of the implementation grantees will be at level five. If you're at level five perhaps you don't need additional help but of course we're open to considering applications on all levels.

Jennifer Ryan: Just as a reminder on the timeline, grant applications are due on December 21st. We do need you to submit a letter of intent if you're planning to apply. That's just going to really help us do our planning in terms of what resources we need to review your applications in a very quick manner. So we need those letters of intent by December 14th. And as a reminder send those to the [info@acesaware.org](mailto:info@acesaware.org) inbox. And then we'll be directing you to our application portal right after that so that you can start completing your process. We do anticipate announcing the grant decisions in January and we want to have the contract period be from January to June of '21. That is hopefully clear in the RFP. That is the timeframe that we have available right now under state legislation. The ACEs Aware Initiative is guaranteed to be funded through June 30th. It is likely and possible that it will go on longer but we just do not have that authorization at this time so that's why the limited grant period. We hope to announce the grants in mid January.

Jennifer Ryan: All right, so let's get into some of your questions. So as a reminder we have \$30 million allocated to this grant opportunity in total. As I just mentioned, the funding is guaranteed through June 30th but may be extended pending state budget decisions into fiscal year '21 and '22. These funds are a combination of state and federal Medicaid dollars so they are set up in the same manner as other Medi-Cal funding that is reimbursed by the federal government. And just as a reminder again, interested organizations should apply for one of the following opportunities. So as you know, we have the planning grants which can be a budget of up to \$300,000 per grant for that six month period. You may distribute your funding among partners or you may administer the grant directly out of the lead entity, that as an option.

Jennifer Ryan: The implementation grants can be up to \$3 million, obviously a much larger scale based on that continuum that we were talking about. And for those grants, we do want applicants to describe in their budget how they will distribute funding among partner organizations. Now, because we hope that the ACEs Aware Program and the funding that goes with it will be extended beyond June



30th, DHCS and the Surgeon General's office wanted us to offer this opportunity for option periods to be proposed. And so, if you think that you'd like to make a plan that goes longer than six months and that you want to make that proposal you may do so. You can do that for up to 18 months actually. And to the extent that the funding becomes available your grant would be funded past June 30th. The grant period budget still can't exceed \$3 million but if you wanted to approach it by spreading out the dollars and the work over a longer period that is an option. We do have some interest though in seeing applications that really do front load that work in the first six months.

Jennifer Ryan: Questions about due dates. We understand that this is a difficult timeframe and that there are limitations that might exist because of it certainly with COVID-19 and other things that are going on. We will not be able to extend the due date. We really are doing our best to get these dollars out to the communities where we believe they belong as quickly as possible. And so, it's not to say that this is going to be your only chance to apply for grants through ACEs Aware, hopefully things will get extended and there will be future opportunities potentially but we are very much interested in seeing what folks have to offer at this point.

Jennifer Ryan: So then the next question is about whether the budgets will be awarded in full or nothing or can partial awards be planned. And I think the answer to this question is that yes you can request up to \$300,000 for planning grants, implementation grants can be up to three million and we will be considering your proposed budgets in that deliverable structure that's outlined in the RFP. And we will be awarding grants based on our estimation of those budgets and the reasonableness for them. So there definitely could be partial awards. So just to be really straightforward on this question, if the applicant does apply for grant option two which goes a little bit longer is it possible that there would be funding not available for that second period? And as mentioned before right now all we can say is that the funding is guaranteed through June 30th of 2021.

Jennifer Ryan: All right. Questions about who can be a lead entity, As you know, there's a reference to a lead entity for both planning and implementation grants. The main thing about the lead entity is that they need to be an organization that has an infrastructure and capacity to manage the grant, prepare the deliverables and potentially distribute funding to partners as identified in the contract. Lead entities and really all of the grant organizations will be asked to participate in some shared learning activities during the grant period, very much focused on hopefully providing technical assistance and sharing best practices.

Jennifer Ryan: So for planning grants there a little more flexibility about the lead entity but we do want the planning grants to include participation from a health care provider, a Medi-Cal provider. They do not have to be the lead entity though.

Then the implementation grants as you can imagine are a little more robust. We really want these implementation grants to be communities that have already started this work and are on the path to having a fully functional trauma informed network of care. We very much want to fill gaps or push the infrastructure for these communities in order to really take things to the next level.

Jennifer Ryan: So, in terms of a lead entity for implementation grants, again need to have the capacity to execute business relationships with other partners including provider partners to distribute funds among the partners as identified. And then again, manage the completion gives me of the deliverables that are in your proposal. Again, mention of shared learning activities we're very excited about a pretty robust technical assistance and shared learning process for these smaller group of implementation grants. And just as a reminder, provider partners for implementation grants must be actively screening for ACEs and have clinical protocols in place for interrupting the toxic stress response.

Jennifer Ryan: For planning grant applications what we would like, there does need to be a healthcare provider partner involved in the planning grant. We would expect that that partner would have at a minimum taken the ACEs Aware in California training and have attested to having completed that training. There are some good reasons, as I mentioned earlier, why providers may not yet be ready to screen but part of the planning grant process should be making a plan for adopting screening and making the clinical protocols prepared for that screening process by the end of the grant period.

Jennifer Ryan: So just a few specific questions here, can an organization apply as the lead entity for more than one implementation grant? You certainly can. As I've mentioned, we're expecting a small number of grants so you could be putting yourself in a position of competing with yourself but we have not limited that part of the application process. Can you be a lead entity for one grant type and a subcontractor for another grant? Yes. Again, trying not to limit how folks want to organize themselves. If you're not a lead agency can you partner with multiple grantees? Yes, you can. Again, we'll get to the definition of community a little bit later but obviously it would be a situation perhaps where you're in part of two communities that are adjacent to each other for example and you could potentially partner with two different grantees. Can you apply for both a planning grant and an implementation grant? And unfortunately for that the answer is no. Again, there may be opportunities in the future to do additional planning or implementation grants. So at this time we want you to pick the one that fits most closely with your current situation.



Jennifer Ryan: Getting to who can apply, are the round one of the ACEs Aware grants grantees eligible to apply for funding in round two? Yes, we did not anticipate any limitations around that. Obviously it'd be important that that grantee would be in good standing with their work on the round one grant activities. Can a statewide membership agency apply for a planning grant without a specific region? Now for this, I guess I want to hone in a little bit and we'll talk more again about the definition of community but these grants are definitely intended to not be statewide. They are intended to focus in on a particular community, geographic area, municipality. So you can apply without a specific region but we would encourage applicants to really think about how they're defining the work that they're planning to do.

Jennifer Ryan: Health plans are eligible to apply. Again we don't have any limitations on that but the health plan would need to meet the same conditions as outlined in the RFP in terms of the role that they would play whether it be lead entity or part. And then, this is just a very specific question but we're a medical provider and we're also considering whether to apply as the lead entity. Can we count as one of the two required medical providers? So this would be for an implementation grant and yes. So, we definitely are interested in not only starting with at least one medical provider in these grants but broadening the scope of involvement of other medical providers. But yes, if you're a provider and you're a lead entity you count as one of the two required.

Jennifer Ryan: All right. Definition of community, I've already previewed this but what we've decided on the definition of community is that it's certainly up to you all to determine how you want to delineate that. It can be at the county level, it can be at the community level and it could be at a state assembly or district level. It's something that we want to offer flexibility around as long as you meet some of the other criteria here such as high prevalence of ACEs.

Jennifer Ryan: So getting to planning grant lead entity expectations, preference will be given to planning grant lead entities that have a history with working with Medi-Cal populations and primary care providers. So again, if you're a community organization thinking about applying for a planning grant we do expect that you connect with a primary care provider in your community who has taken the training and has attested and is interested in screening. And if you have not yet started receiving payment that is permissible under the planning grants. But as I mentioned, the Surgeon General is very much interested in knowing what that provider and what that community's plan would be to begin screening during the grant period.

Jennifer Ryan: As a reminder, this is the list of qualified provider types that are eligible for receiving payment for conducting ACE screenings. So there's a specific list of



provider types that are able to use their national provider identifier number to attest to training and begin billing through the managed care system for the screening and receiving that \$29 payment. So, as you're thinking about your outreach to providers in your community this is the list you want to start with.

Jennifer Ryan: I'm trying to advance here, it's stopping me. There we go, okay. And then, as you remember from the RFP, the first deliverable is focused just around completion of what we're calling the Trauma-Informed Network of Care Continuum of Integration Assessment. Now, this assessment is not meant to be a test or a detailed evaluation. It is meant to serve as a companion both to the network of care of roadmap and then also as an assessment tool for your communities to think about how to have the conversation about the status of your network. It's meant to really tie...

Jennifer Ryan: ... Your network. It's meant to really tie into the milestones and the network of care roadmap, but only in a way that's again, serving as a guide. We're going to be holding a webinar. We are going to provide this tool as soon as possible after grant award. And then we'll be having a webinar to provide an overview of the tool and answer questions and talk a little bit more about strategies for bringing together your partners.

Jennifer Ryan: And then just to get into a little bit of more specifics for the planning grants. I think obviously slightly different expectations around the assessment. It's meant to sort of help you begin the process of your planning, help you identify gaps, identify areas of strength, and think about maybe if there's additional partners you want to pursue as part of the grant process. And we've said that these assessments should be due 45 days after grant award. And just to clarify that point, say we award the grants on January 21st. The summary of the assessment results would be due 45 days after that. So early March. So we are going to tie it to the date of that we announced the grants, but we'll want to give you a substantial amount of time to do this work because we recognize that it might take several conversations and on your community partners.

Jennifer Ryan: For the implementation grants, similarly, we want you to really think about how to inform your future implementation plans through this assessment process and for implementation grants. We do want, at that point for you to tie your work to the network of care roadmap. There is the deliverable three in the implementation grants does say that the grantee must align with the network of care roadmap. I think you'll find that the roadmap is helpful, not a hindrance to your ability to do that. And so we definitely want to see by June 30th. So by the end of the six-month grant period, a clear description of how you've aligned to the roadmap and same thing for your summary of results of your assessment, it



will be due 90 days after the grant award, recognizing that it's going to take a little bit more time for your more in-depth process.

Jennifer Ryan: So these are some questions just around about the ACEs aware Initiative and engagement with it, right? So we have one question here that's talking about an organization that is screening for ACEs, but has actually gone beyond the 10 core ACEs and wanting to know whether the funding would allow us to be restricted to the 10 categories versus going broader. The funding really is directed to those 10 kind of established pieces. However, the way the deliverable budget is structured may or may not be so specifically restrictive, but we would want you to focus on those 10.

Jennifer Ryan: "Will ACEs Aware certify existing organizations that have ACEs training materials?" This is not something we're able to do. The only certifications we're able to provide are those trainings that were awarded in the round one grant. So there's about 31 total organizations that have those types of grants. And that is the limit of our ability to certify, All right. Allowable use of funds. "Can funding be used to incentivize families to get screened?" In short, the answer is no. One important point about the ACEs Aware of funding is that it is directly needs to be targeted to providers. It's meant to engage providers, educate providers and give them tools to complete the screening. So we would not be interested in seeing incentive proposals like gift cards or other types of things like that as part of your proposals.

Jennifer Ryan: "Are volunteer intern stipends costs that are eligible? And the answer is yes, you may include stipends in your proposals. "Can funding be used to support campaigns to advance community knowledge around ACEs?" Again, I think that that could be problematic in the sense of, any of the dollars need to be directed toward providers. "Must subcontractors be located within the state of California? If our proposal includes an IT cost, can this company be based out of state?" The answer to this one, I think is for IT purposes, I think it would be permissible for that company to be a non-California entity, but any subcontractors involved in sort of the on the ground work of your network of care wouldn't necessarily be located within California.

Jennifer Ryan: We received a number of questions around the definition of direct patient care services as a non permissible expense. And the point of this statement in the RFP is that because of the way our ACEs Aware funding is structured, we have sort of these dollars for provider engagement. And there's a separate pool of money that is for the screening to cover the cost of reimbursement for the ACE screenings. And then there are the grant funds. And so, what we need to avoid is any possibility of duplication of funding for the same activities. And so the answer to this is, direct patient care services in general can often be billed to

Medi-Cal. And so we want to sort of really direct you to say that any activities you're proposing are not directly related healthcare services that could be built by Medi-Cal, built in Medi-Cal. Hopefully that's helpful. It's a little bit murky, but we, we just want to really be careful about not, as I said, not duplicating funding sources for the same activities.

Jennifer Ryan: Questions about deliverable-based budgets. So one of the mechanisms that we identified was that it would be most efficacious to get these dollars out to communities in a deliverable format rather than on an hourly basis or in the structure that the current grants are set up. So we're asking that you design your budgets and work plans based on the completion of both deliverables, outlined in the RFP and the time intervals. You may adjust your time intervals, but just know that those specific deliverables need to be completed within your grant period. And so you'll be reimbursed based on successful completion of approved deliverables. Grantees will not be separately reimbursed for specific activities or expenses and funding is not able to be disbursed in advance. All activities and related costs must be accounted for in your budget for your delivery.

Jennifer Ryan: "If you receive a grant award, are awardees required to sub-grant all of the funding?" No, you're not required to self grant all of the funding for the implementation grants. You must distribute a portion of the funding to your partners, but not all of it is required to be distributed. And for the planning grants that is optional, "Is there an opportunity for a cash advance?" Unfortunately, no. Again, we can only reimburse based on the submission of deliverables. We do not have requirements around how funding can be distributed among the entities. We have left that up to you to determine what works best for your community.

Jennifer Ryan: And again, on subcontractors, they do not need to be located in California. But again, we're thinking that most... Sorry, I lost my slide here, that most community-based organizations that are going to be subcontracting would be local. Okay. Indirect costs. We had lots of questions about indirect costs in the last round of grants. And we've learned a little bit of how that works and what makes sense. We do not have specific requirements around the use of indirect costs. You may factor them into your deliverable base budget, however, you must apply them equally across the deliverables. So if you're going to factor in indirect costs for deliverable one, you must also do so for the rest of the deliverables.

Jennifer Ryan: And a guideline would be no more than 20% of your budget should be allocated to indirect costs. Happy to answer questions about that at the end here. "Are there audit requirements? And what are the audit requirements?" So our

contract, just to be clear with the state of California subjects us to be prepared to be audited at any time. And so we document our work and our materials accordingly, and we would expect grantees to do the same. So we would be expecting that you're tracking your time spent and how the funding that you have loaded into your deliverable budget is being allocated. So we ask that everyone be prepared and retain records such as they'd be ready to respond to an audit if it occurs. All right, getting into the RFP application process, we're almost done here.

Jennifer Ryan: So again, of course, try to refer to the application section of the RFP. I mentioned earlier that there will be a portal where you will actually submit your application materials. So once you submit your letter of intent, you'll receive an email reply that directs you to the portal where you may set up your profile and see how the application process is set up. It's hopefully fairly straightforward. Something that you could potentially fill out in a word document and then cut and paste into the portal. If you have a current grant, you would actually use your same account and profile to complete this application. If you do not have a current account, you'll be prompted to create a login.

Jennifer Ryan: So just some kind of guidelines. We had a few people ask about word counts or page counts. And so again, the way the portal is structured, it doesn't have the same limitations that you might have in a word document. But these are the guidelines we'd like you to follow. We'd like the project summary to be equivalent to one page. The partner organization description, fill into three pages. The approach and work plan, not including the more plan template should be about three pages. For implementation grants, again, one page for the summary. Again, the equivalent to three pages for the description and the description of your network of care capacitation, again, be three pages. Your letters of commitment do not count against that three pages. And then your approach and work plan should be around four pages. So we will not have maximum word counts, but conciseness is appreciated. Applications that are 50 pages long are not preferred.

Jennifer Ryan: So I think just a couple of due dates to remind you of, again, we would need those letters of intent by December 14th, they are not binding. So if you submit a letter and choose not to apply that as that is perfectly okay, but if you don't submit a letter of intent, you will not have the ability to apply. We will be opening that application portal no later than December 15th and all materials must be submitted through the portal by December 25th, at 5:00 PM. Applications that come in by email or come in past 5:00 PM PT will not be able to be considered. All right. So that is the end of our presentation.



- Jennifer Ryan: I imagine there are plenty of questions. Just wanted to give a quick shout out to the surgeon General's report for which we had a webinar on yesterday. Check that out. It's got lots of great information and actually lots of great cross sector information about strategies for working with community partners. So there's a lot of relevant connections there. All right, Lilly Clements, I'm going to turn it over to you to help us do the Q&A.
- Lilly Clements: Great. So folks, if you hit your raise your hand icon, we will open your line so you can speak and ask a question. All right, Danica, I have opened your line. It looks like yourself muted. Oh, there you go.
- Danica: Hey, you mentioned there's going to be multiple grants awarded through these proposals, but I know, especially hearing Dr. Nadine Burke Harris' presentation yesterday, and hearing the information here today, a lot of the intent here is also to kind of just streamline and come up with that blueprint to come up with that template of what we want to kind of continue with overall. So will agencies who are awarded the grant, be required to coordinate with one another to help streamline these efforts and streamline, coming up with that overall blueprint?
- Jennifer Ryan: Within the same community, you mean, or among across the state?
- Danica: Across the state.
- Jennifer Ryan: I think I wouldn't go as far as to say you'll be required to coordinate with other communities, but as I mentioned, we have some plans for some shared learning opportunities, webinars, technical assistance, et cetera, that we will make available to folks. And I think there certainly the way to encourage participation in those types of activities.
- Danica: Great.
- Lilly Clements: Thank you. Okay. All right. Next, we have Victoria. Your line is open. If you don't mind just introducing yourself and your organization. That would be great. Thank you.
- Victoria: Good morning. My name is Victoria with First 5 Yolo in Yolo County. And I was just wondering a little bit more about the funding structure. So I heard you say that it's a mix of state and federal Medicaid dollars. Would the doctors then coming to an awardee or subcontractor also be considered within the single audit threshold limit?
- Jennifer Ryan: I am not super familiar with that term. As I said earlier, I think, yes, I think that because the Medicaid dollars, those types of auditing requirements will apply.



Again, we don't know for sure that we will be audited, but as being prudent stewards of these dollars, we're planning on it just in case. Does that answer your question? I'm not totally sure it does, but if I would plan for it to be subject to that requirement.

Victoria: Okay. Thank you.

Lilly Clements: Great. Thank you. All right. Northern ACEs collaborative. Your line is open.

Lisa Tadlock: Hi, good morning. This is Lisa Tadlock with the Northern ACEs Collaborative and we represent six counties in the rural North. I just had a question regarding the partners and I want to understand, the required partners would be a provider who is doing current screening, is that correct? Or would, if we have a health plan that is the Medi-Cal provider resource, can they be counted as that provider or if our whole goal is to reach out to providers to provide network of care services. I'm a bit confused on that. And then do we need to have letters of support to submit? Because I'm concerned about the timeline and getting those letters.

Jennifer Ryan: Sure. Let me start with the beginning. So health plan could be one of the partners. I don't believe a health plan in and of itself would qualify as a provider partner, right? Because they have contracted providers that work with them. And so what we're looking for again is sort of at that community level, whether it's a federally qualified health center or a primary care clinic or a mental health clinic, right? That we would want you to identify as a community-based organization. We want you to identify a specific healthcare provider that you're going to work with and take referrals from, right? So again, this is meant to be bi-directional right? So if a provider completes an ACE screening on a child and determines that some follow-up services are needed, we want these grants to support the establishment of a referral and warm handoff process to the appropriate buffering support services.

Lisa Tadlock: Okay.

Jennifer Ryan: That makes sense?

Lisa Tadlock: Okay. Yes.

Jennifer Ryan: And I've forgotten your second question. I apologize.

Lisa Tadlock: Letters of support, are those going to be required as part of the application process? Just do the timeline, trying to get some letters right now might be a bit challenging.



Jennifer Ryan: Yeah. For the implementation grants, we definitely are looking for letters of support. We need to know that you have a commitment from a number of other organizations to partner with you, right? They're not binding in this. They're not a formal requirement. I think more, it's just some sort of an affirmation that these partners have agreed to work with you on the grant.

Lisa Tadlock: Okay, great. Thank you.

Jennifer Ryan: Thank you.

Lilly Clements: Great. Thank you, Lisa. All right, Sarah Rock. Your line is open.

Sarah Rock: Hi. Thanks. Sarah Rock, Sonoma County. We are planning up to submit a planning grant, but I'm a little confused about the lead entity we are working with Medi-Cal providers that you described, Jennifer, but does the lead itself have to be a Medi-Cal provider? So in other words, if our lead is a planner convener network builder with those relationships with Medi-Cal, is that sufficient?

Jennifer Ryan: Yes. Yes. The lead definitely does not need to be a healthcare provider. When we started this conversation about these grants. In fact, we thought that we almost should not expect providers to be the lead, and they're not as accustomed as a Family Resource Center or a First 5 or whomever, to manage this type of a process. So no, you are absolutely flexible and it was the lead entity.

Sarah Rock: Great. Thank you. And then just a follow up to that. I know the LOIs are due on Monday that indicate the lead and we're contemplating co-leads, which I know is allowable but that conversation won't be completed by Monday, if we want to add a co-lead with a partner, can we add that to our plan, to our submission with the grant, even though our LOI listed one?

Jennifer Ryan: Yes.

Sarah Rock: Okay. Thank you.

Jennifer Ryan: Mm-hmm (affirmative).

Sarah Rock: Super. Thank you.

Jennifer Ryan: Great.

Lilly Clements: Great. Thank you. All right. And Karen, your line is open. Karen Hill?



Karen Hill: The LOI, what time is it due on Monday? Five o'clock?

Jennifer Ryan: I don't know if we set a timeline for it, so let's say five o'clock, sounds good.

Karen Hill: Okay. Thanks.

Lilly Clements: Thank you. All right. Your line is open.

Merico: Hear me?

Lilly Clements: Yes.

Merico: Hi. I wanted to follow up on the lead in terms of the LOI because of the Monday deadline. If we have an agency, but decide as we discuss it in the application, can we change the lead? And secondly, in terms of the payments for deliverables, can we consider a deliverable, the hire of staff, because otherwise, how will we be able to hire the staff we need or the coordination?

Jennifer Ryan: So with respect to your first question, I would say if there is the chance that you're going to switch who the lead is, I would ask that you describe that in your letter, maybe say who you're planning to partner with and note that it's possible the lead entity will change. As long as you're still part of that application.

Jennifer Ryan: I think that would be sufficient. And then, Oh gosh, I don't know. I can't remember the second question again.

Merico: In terms of payment, if we need to hire staff?

Jennifer Ryan: Yes.

Merico: Is that considered a deliberate fee deliverable? Can we get paid for that in advance?

Jennifer Ryan: Yes. So you may factor in the cost of hiring a staff person to your deliverable budget, right? And I think we expect that hiring of staff will be part of these grants to sort of help that facilitation process.

Lilly Clements: All right. Brenda, your line is open.

Brenda Ingram: Hi, good morning. My name is Brendan Ingram and I'm with the University of Southern California's student healthcare system. And so, I wanted to know, are there other institutions of higher education participating in this? We are not necessarily a direct Medi-Cal provider, but we have a lot of our students who



are Medi-Cal eligible that we kind of fund. So we are in the process of becoming a trauma informed student health system, and we want to include ACEs in that screening of our students. I don't know if this is the right place to ask this question, but I've been asking it for a few months now and haven't gotten an answer. So I just want to know what's the stance in terms of institutions of higher education?

Jennifer Ryan: Very fair question. I think that for something like these planning grants, it would be interesting to see how you would propose it, right? And it might involve...

Jennifer Ryan: Propose it, right, and it might involve finding a partner provider who's going to bill for Medi-Cal for screening those students, right? But I encourage you to think creatively about how to do that. We have not specifically included anyone from applying.

Brenda Ingram: Okay. But also, I just want to know, is there a network already of institutions of higher ed that are participating in the ACE Aware initiative? Because, that's a group that I haven't heard mentioned in all the literature and information that I've heard about this initiative, but we have, especially community colleges, have a huge number of students who have had ACEs that impact their academic success. I kind of want to connect with those institutions if they are a part of the initiative and if they're not part of the initiative, I really want to advocate that be a subgroup of the initiative. So, I don't know who to talk to about that.

Jennifer Ryan: Yeah, that's really interesting. Would you mind, send me an email, Brenda, just to see if we can get a conversation set up? I think there's some really interesting connections there. So, my email is [jennifer@aurerahealth.com](mailto:jennifer@aurerahealth.com), A-U-R-R-E-R-A.

Brenda Ingram: Okay, A-U-E-E-R-K?

Jennifer Ryan: We'll put my email in the chat.

Brenda Ingram: Yeah, thank you. That's helpful. I very much appreciate it. Thank you so much.

Jennifer Ryan: Thanks.

Lilly Clements: Great. Thank you, Brenda. All right, now. Okay Mohammad, your line is open.

Jennifer Ryan: Mohammad. Are you with us?

Mohammad: Okay. Can you hear me?

Lilly Clements: Yes.



- Jennifer Ryan: Yes.
- Mohammad: We are a group of three primary care physicians in San Bernardino area. We started doing the ACEs Aware screening as physicians, but we find it like hard. We need more support, at least hiring a social worker or somebody to help with the support of these patients. As a clinic ourselves, can we apply for a grant?
- Jennifer Ryan: Yes, yes, you absolutely may. That is exactly the purpose of these grants, so I would encourage you to apply. It sounds like a planning grant would be the right place to start for you and would just encourage you to kind of take a look at your community, or if there are folks here on the call from, did you say San Bernardino?
- Mohammad: San Bernardino, yes.
- Jennifer Ryan: Yeah. If there are folks from San Bernardino on the call and want to make a connection, I would encourage you to do that through the chat. But yes, it sounds like your needs meet the exact purpose of these grants.
- Mohammad: One other question - part of our clinic is also subspecialty clinic and it feels odd to submit those ACEs screening for patients coming for subspecialty. Is there a different way of trying, because that's another different population of patients there. For example, they're coming to check their heart or why they are asking me these questions and that's also about 70 or 80% medical population, which I think have higher ACEs scores. How do we even include those?
- Jennifer Ryan: So you may do screenings on adults up to age 65, and you can receive Medi-Cal reimbursement for doing those screenings. I think there's definitely an evidence-based to understanding what underlying circumstances might've contributed to someone's say heart condition, right? That it could be as a result of toxic stress.
- Mohammad: They're all pediatric. So their parents are going to fill those.
- Jennifer Ryan: Their parents. Okay. Mm-hmm (affirmative).
- Mohammad: So we can add them also to that.
- Jennifer Ryan: I think so.
- Mohammad: Is there some liaison people who can support us, put the grant together since physicians usually are not really in tune to all this paperwork?



Jennifer Ryan: Yeah. That's a great point. I bet Gail Kennedy is on this call from ACEs connection. Gail, perhaps you could connect with Mohammad to see if there's any community support we could connect you to.

Gail: Mohammad, can you put your email address in the chat?

Mohammad: It is, I think. I put it when I... How do I do that? Okay. All right. Yes.

Gail: Thank you.

Mohammad: Thank you.

Jennifer Ryan: Thank you.

Lilly Clements: All right. Carrie, your line is open.

Jennifer Ryan: Hey, Carrie?

Lilly Clements: Carrie, we're not able to hear you. Can you try to speak? Okay. Please raise your hand again if you're able to speak, but we're just not able to hear you right now.

Jennifer Ryan: While you're doing that, I'm going to give one clarification. So for the questioner, who was asking about shared lead entity status, that is possible, you may share your status, but just to be clear, Aurora Health Group can only award a contract to one organization. That's just something to consider as you're doing your application.

Lilly Clements: Great. All right. Alma, your line is open.

Alma: Hi, this is Alma with Cottage Health in Santa Barbara. I just wanted to get some clarification around sub granting. If you do provide grants to other organizations, do those funds need to be spent in the first six months?

Jennifer Ryan: Yes. They need to be the budget needs to be structured such that the deliverables will be submitted within the first six months.

Alma: Okay. You talked about funds really being focused on the providers, but funds can also go to community organizations that are responding to the referrals, correct?

Jennifer Ryan: Yes, absolutely. I'm sorry if I overemphasize that. It is not the intention to give all the funding to the providers. We, I think, are envisioning something along the lines of a relatively equal distribution.



Alma: Okay. And then just my last question, I'm so sorry. We are currently supporting a group of providers and connecting them to a network of care, but outreaching to other providers. So at minimum it sounds like you have to have two clinic providers as partners, but you're not limited to just those. You have the LOI, the letter of support from that you could be as a part of your work outreaching to more clinics to provide support?

Jennifer Ryan: Most definitely. Yes. That's great.

Alma: Thank you.

Lilly Clements: Great. Thank you. All right, Michelle, your line is open.

Michelle: Hi, good morning. I'm Michelle Allie with WellSpace Health in Sacramento, California. I just wanted to say we are FQHC, if anybody is looking to partner in Sacramento area, I put my information in the chat. I'd love to hear from people. I don't see a lot of people from Sacramento, so it'd be great to see who is here. And then, also my question is kind of simple. You said that this is being recorded and will be shared, but will the slides be shared separately? They're easier for me to read than rewatching.

Jennifer Ryan: Sure. We hadn't talked about that, but we can probably get these slides posted. Oh, no. They're saying no. Jennifer Blanchard, do you want to say something?

Jennifer Blanchard: Hi. Good afternoon. This is Jennifer Blanchard. We will certainly work to get the slides posted if we are able to on our website, but certainly the recording will be able to be posted much more quickly. So we are committed to doing that. We do not have the capacity to email you the slides. I think that's what we need to be very clear about.

Michelle: Posted would be great. Thank you so much.

Jennifer Ryan: Thanks Jennifer.

Lilly Clements: Thank you. All right. Dr. Lisa, your line is open.

Dr. Lisa: Thank you. Thank you for having this. I have two quick questions for you, Jennifer. You don't use the word capacity building, but it seems like when you keep saying, remember, this is for deliverables that are about building capacity. Would you equate that to what you're talking about when you're saying this is not to do the screening, this is not to deliver services to heal those folks who are struggling with ACEs? I wanted to clarify that. And my second question is how much total money is available? I think all of us are looking at this. We're very

grateful for the leadership of the surgeon general to put this money out. But I think people are saying, how much money is available for planning grants and how much money is available for the larger grants total?

Jennifer Ryan: Total. 30 million total. If we were to award 30 planning grants for 300,000 each, that would be \$9 million. And then for the implementation grants, again, this is the upper limit, obviously. If we did implementation grants of between, say, one and a half and three million each, we're thinking that would be about \$12 million. There's some variation there, but there is sufficient funding available to do a really robust program here.

Dr. Lisa: And then my question, by the way, I'm from Parents Anonymous, the California Parent and Youth Hotline. Could you answer the question about capacity building and deliverables?

Jennifer Ryan: Yes. Sorry, I'm trying to be so careful. I keep forgetting what the first question is. Okay. So in terms of capacity building, I think that that is, it's certainly something that we consider to be included in these activities. We did not purposely use that term because it sort of has its own definition already, right? But yes, things like building a network where there a series of different types of organizations involved that can respond to a series of different needs from a family is what we're looking for, right? So if you're looking at the RFP, we have that list of who should be in the network of care, right? And it's not meant to be a limiting list. It's meant to be a start for the conversation. But the science has taught us that there are these buffering supports that are very important in mitigating the toxic stress response. And so these grant dollars are intended to help financially support those activities. Does that help?

Dr. Lisa: Yes. Thank you so much.

Lilly Clements: Thank you. All right. Daisy, your line is open.

Daisy: Hi everyone. Daisy Lopez with the California Health Collaborative. I have two questions, but I'll make it easy. I'll say the first one first and I'll let you answer then I'll have the second question.

Jennifer Ryan: Thank you.

Daisy: So the first question is we're a statewide nonprofit organization, so we have offices in different parts of the state of California, and so we're looking at, can we apply for an implementation and a planning grant, as long as they're in different locations, different staff, different partners?

- Jennifer Ryan: This is a tough one. I don't think we have said you have to choose one or the other, if you're going to be a lead entity, right? You could be a lead entity on one grant and then a partner on another grant.
- Daisy: Okay. Okay.
- Jennifer Ryan: [...] or both.
- Daisy: Okay, thank you. And then my second question is, we're currently a subcontractor of around one ACEs Aware grant. We're in the process of building the network of care. Should we be applying for this one, thinking about where we currently are in terms of building that network of care or where we hope to be at the end of June, if we want to go with like option one or two?
- Jennifer Ryan: Mm-hmm (affirmative). I think you should think about it as where you currently are and what you would use the grant funds to do to get to where you want to be, right? That's kind of the purpose and that's why we have that continuum step process is to sort of show what we're looking for these funds to be spent on is sort of moving down the continuum. Does that make sense or is that too big?
- Daisy: No, that makes sense. Okay. Thank you so much.
- Lilly Clements: Thank you. All right, Jessica, I've just opened your line. You should be able to speak.
- Jessica: Hi. Can you hear me?
- Lilly Clements: Yes.
- Jennifer Ryan: Yes, hi Jessica.
- Jessica: Hi, I'm Jessica from Lincoln Families in Oakland, California. We are a Medi-Cal provider, but for mental health services specifically. For our network of care, it's imperative that we partner with like medical services. But when we describe our experience working with Medi-Cal providers, we are the Medi-Cal providers. So how do we frame that?
- Jennifer Ryan: Jessica, to you? So it seems okay to me that you could be a lead entity, right? Do you have primary care providers in your clinic?
- Jessica: No, and that's kind of what we're thinking of building out is working with community clinics to support community clinics in building their trauma



informed and ACEs screening. Whereas we, as our Medi-Cal providers, ourselves are very much into and have already moved along in doing ACEs screenings with all clients.

Jennifer Ryan: So I think that's what we would love to see, right?

Jessica: Sorry, go on.

Jennifer Ryan: To find a primary care partner, that would be...

Jessica: Okay. Excellent. And then in terms of building the network of care and doing a six month planning, is there any indication of likelihood of that we would be able to implement after six months or we just should go with the six months and have no indication that we could actually get funding beyond that?

Jennifer Ryan: You know, y'all, this is the hardest question, right? The state legislature, well, it starts with the governor. The governor will put out his budget in January and we will see what the administration has said about prioritizing the initiative. We're pretty confident, right? I think Dr. Burke Harris has made a very compelling argument for the importance of this work, but I don't know. I won't know until I see it and neither will you.

Jennifer Ryan: And then what happens is in May, as you probably are aware, the state legislative process happens over that period of time. And then there's what's called a May revise, which is basically a first indication of where the budget dollars are going to be allocated. May is the first time where we will see for sure what's likely to happen in terms of funding and timing. So in May, would be a time when we can have some confidence. Right now, we just don't know. Obviously with COVID and the state budget crisis, things are uncertain, but things are improving as we all know, hopefully very soon. So we'll see.

Jessica: Thank you.

Jennifer Ryan: Yep.

Lilly Clements: Thank you. All right. Richard, your line is open.

Jennifer Ryan: Hey, Richard?

Lilly Clements: Richard, do you have a question? All right. We will move on to Tim. Your line is open.

- Tim: Hey, good morning, Tim Sweeney with West Side Infant Family Network in Los Angeles. A question really about sort of timeline. It lists the first, sorry, under the planning grant, lists the first deliverable as being due 45 days after the beginning of the award, which essentially says, or beginning of the contract, which says January 1st. But it also says that the tool is not that you said that they're not going to be reviewing the tool until the webinar and on early February, which seems, I don't know how complex the tool is, but that seems like a short turnaround for that. I'm just curious about flexibility with, or just your thoughts.
- Jennifer Ryan: Sure. Great question. We were talking about this this morning, because we realized it wasn't as clear as it should have been in the RFP. What we're planning is that if contract award happens say January 21st or 20th. Let's say January 20th. The tool completion would be due in the first part of March, right? So 45 days after con after grant award, right? So there's a grant, an award announcement that will happen. And then we will have to execute contracts with the grantees that are selected. The contract date is not the governing date, it's the grant award date. The tool is just, again, meant to be something that's helpful. It's not meant to be complicated. It doesn't have to be completed perfectly. I think we want folks to use it as a guided facilitation tool to help you think through the issues that we've identified as we put together, this roadmap. We will have the tool ready almost immediately after grant awards. So we will schedule that webinar at the very beginning of February to get everybody oriented to it and we'll make it available as soon as we can before the webinar.
- Tim: Great. Thank you.
- Lilly Clements: Thank you.
- Jennifer Ryan: And the reason for the 45 day deadline was just to try to lay out some parameters for... That tool is very much a planning guide and we wanted to make sure we allowed enough time in the grant period for some of the work to actually get executed. That's the reason for that 45 day deadline.
- Lilly Clements: Great. Alia? Aila? I'm sorry. I'm not sure if I'm saying your name right. Your line is open.
- Jennifer Ryan: Actually, though it looks like she's still muted.
- Lilly Clements: Yeah, I think she's self muted.
- Aila: Hello?



Lilly Clements: Oh, there you go.

Aila: Okay. Can you hear me now?

Lilly Clements: Yes.

Jennifer Ryan: Yes.

Aila: Okay. Hi.

Jennifer Ryan: Oops. We lost you.

Aila: ...services and questions. I have a clinical role, but I'm interested in understanding. I'm hearing all the questions about lead entities. So as... Would this office be eligible for a lead entity to link to my [...] as well as them developing network for children with medical complexities?

Jennifer Ryan: Oh yeah, I'm really sorry. You were breaking up quite a bit. Are you in a place where you could type something into the chat?

Aila: Can you hear me now? Hello?

Jennifer Ryan: Yes, you're better now.

Aila: Okay.

Jennifer Ryan: Can you repeat?

Aila: I'll just stay still. I'm a CCS director for children with medical complexities in one of the counties in California. My question was, like I said, I'm hearing a lot of questions about lead entities. Would CCSB, which is through the public health office, would they be an option to be an entity, a lead entity that could link itself to medical providers to ensure care oversight for screening in terms of ACEs and care aside for high-risk patients with two test screen positive for within the ACEs to develop a kind of care guidelines for those patients with medical complexities, especially children?

Jennifer Ryan: Yes. Yes, I think absolutely. You are definitely an eligible agency.

Aila: Okay.

Lilly Clements: Thank you. All right, Nancy, your line is open.

- Nancy: Yes. Nancy Berger from Asian Health Services in Oakland. I would like to go back to this question again just for clarification. I'm sorry to bring it up again, but for this six month project period, could you clarify specifically for planning grants? Are you open to extending the project period to more than six months in terms of when we submit a work plan and budget, could we submit one for a period longer than six months or not?
- Jennifer Ryan: Not for the planning grants. We very much thought that the deliverables we laid out for the planning grants could actually be completed within the six months. Yeah. So I'd say no. You need to budget and do your work plan according to the six month period. Again, depending on state legislative authority and continued funding, we could potentially have no cost extensions or potentially additional grant funds available. So maybe don't think of this as your only opportunity.
- Jennifer Ryan: ...and funds available. So, maybe don't think of this as your only opportunity to do this work but plan your application according to that six month period.
- Speaker 1: Thank you very much.
- Lilly Clements: Thank you. All right, Susan, your line is open.
- Susan: Hi, this is Susan Paradise from the County of Santa Cruz. And we've been working with our safety net clinics who are as we all know are really impacted right now and I was wondering if funds can be used to make up for lost time with patients when clinic staff are participating in Network of Care activities and also planning on clinical workflows and how they're going to make the screenings work?
- Jennifer Ryan: Yes.
- Susan: Great.
- Lilly Clements: Great, thank you. All right, Cornelle your line is open.
- Cornelle: Hello? Thank you. I'm Cornelle Jenkins from the California Alliance of Child and Family services in the Catalyst Center. We are a Network of Care convening grantee and we're actually hosting three network care convenings in 10 different regions between February and May. And our focus is on this interoperability cross sector work. Is there any plans to kind of coordinate a collaboration between recipient of this current grant and recipients of the Network of Care convening grants so that we can make sure that we're kind of supplement each other as opposed to overlaps?



- Jennifer Ryan: That's a great point. Yes. I mean, our team thankfully is running both grant programs. And so we have had some, as you probably know some sub conversations with the Network of Care grantees in round one. And while these tasks are slightly different and the funds are being used slightly differently, certainly there is a lot of complimentary things going on. So, that's a great point. We will definitely make some plans for that.
- Cornelle: Thank you.
- Lilly Clements: Thank you. All right, Stacy, your line is open.
- Stacy Sewell: This is Stacy Sewell from Sacramento County Office of Education. And I'm wondering if you can give more information about what you're looking for in the bi-directional IT platform.
- Jennifer Ryan: There are a number of vendors out there, including Aunt Bertha, Unite Us. There's a number of different ones so I'm sorry, I don't mean to limit it to those two that are just the ones that come to mind, that have this purpose, Stacy, of helping to track the referral and response process related to ACEs. And a number of areas are already testing out those tools. And so we wanted to make sure these grant funds could be used for the purchase of such technology or the layering of the technology onto an existing electronic health record technology platform, for example, which some of these products do seamlessly. So, those are the kinds of things that the grant funding can be used for.
- Jennifer Ryan: We strongly encourage it just because it feels as though, that's the way the world is going. Is that the more electronic tracking that can be done for patients and families, the better off we'll be eventually in terms of being able to close that loop on referrals and making sure that we're starting to track health outcomes for folks. Does that help?
- Stacy Sewell: It does. And we're in the Sacramento area, obviously. So if anybody wants to collaborate, please let us know. I'll put an email in the chat.
- Jennifer Ryan: Yeah. There was someone from, I think the FQHC in Sacramento, right? So that might be a great opportunity for you all.
- Stacy Sewell: Okay. Thanks.
- Lilly Clements: Thank you. All right, Christie. Your line is open.
- Christie: Hi Jennifer, can you hear me?



Jennifer Ryan: Yes. Hi Christie.

Christie: Hello. My question is related to allowable expenses. Would the funds be able to be used for a community-based workforce, such as a community health worker or a care coordinator or neighborhood navigator working within a Network of Care and supporting clinical providers with health-related social needs of their patients? Would, would that be an allowable expense?

Jennifer Ryan: Yes.

Christie: Okay. Thank you.

Lilly Clements: Thank you. All right. Now we have, let's see. Kay Cole? I'm not sure what your name is, but that's what I'm seeing on Zoom. Your line is open.

Karen Cole: Hi, it's Karen Cole. Can you hear me?

Lilly Clements: Yes.

Jennifer Ryan: Yes.

Karen Cole: Good morning. Thank you for having this. I have a couple of questions. First, we are an FAQ HC healthcare clinic and under Indian health services. And would we be able to partner with other partners that are non-Medi-Cal providers, such as the court system who send us referrals of clients and then do ACEs screening with those clients?

Jennifer Ryan: Yes, absolutely. Do you all participate in Medi-Cal or no?

Karen Cole: Yes we do.

Jennifer Ryan: Yes then. Absolutely.

Karen Cole: And second question is, are there any funds to build resiliency after we do the ACEs screenings?

Jennifer Ryan: Yes. You know, I think that that term can be ambiguous, but those are the types of activities that we're expecting grant funds to be used for. Things like, referring someone to an exercise class or yoga or a parenting class. Those types of activities that I think do help build resilience and both children and adults are the types of activities that we call buffering supports. So, yes.

Karen Cole: Beautiful. And last question. Do virtual visits count for Medi-Cal providers?

- Jennifer Ryan: Yes. I know that Medi-Cal is covering telehealth. I'm not familiar with the specific rules given the pandemic, but I don't know if others have comments around this. I know there's been concerns about how to effectively screen for ACEs over telehealth, but it's certainly something that we think is important to factor in.
- Karen Cole: Beautiful. Thank you.
- Lilly Clements: Thank you. Great. All right. Oops, Nancy, your line is open.
- Nancy: Hi, thank you. Is it possible that you might award more than one grant in a community, like for example, one implementation when one planning or are there any limitations at all around that?
- Jennifer Ryan: We don't have specific parameters for that. I think the same organization cannot apply for both grants. We've said that, that you can't be a lead entity on both planning and implementation, but you're talking more about a specific to a community. I think it would just [...] how you're defining the community. [...] say you're Sacramento. We wouldn't, I don't think we'd want to compete in grants going on among the same population. Does that make sense?
- Nancy: Right. So it would just be incumbent on us to define the community in a way that ensures that we're reaching everyone between the multiple projects.
- Jennifer Ryan: Right.
- Nancy: Thanks.
- Jennifer Ryan: Sure.
- Lilly Clements: Thank you. All right, Victoria, your line is open.
- Victoria: Quick question. As it relates to the source of funding, do you by chance know or have the CFDA number that's associated with the federal portion of funds for this grant?
- Jennifer Ryan: Victoria, we don't, and I don't think we actually have a CFDA number, but if you would like to email me separately, we can try to get this nailed down for you. It sounds [...].
- Victoria: That would be wonderful. Thank you so much. And it's just [...] [aurorahealth.com](http://aurorahealth.com) or [org?](http://org?)



Jennifer Ryan: Yep, [aurorahealth.com](http://aurorahealth.com). I think it's in the chat somewhere.

Victoria: Thank you.

Lilly Clements: Thank you. All right. Next, we have Tessa. Your line is open.

Tessa: Hi, this is Tessa from Planned Parenthood of the Pacific Southwest. We provide services in San Diego, Riverside Imperial counties. And I think similarly to some of the other questions about connecting different organizations who are working in the same service area, it would be really helpful to be able to connect with other organizations that plan to submit this grant funding. Is there any planning to connect organizations of similar service areas or any platform or individuals we can reach out to, to see if there's any duplication of grants and our same service areas?

Jennifer Ryan: Yeah, that's come up a few times. And so I've been trying to think of an efficient way to do that. Gail Kennedy, I'm going to call on you again. ACEs Connection is one of our key strategic partners for this initiative. And Tessa, you may not know them as much given that you're with Planned Parenthood and not an ACEs provider specifically, but they have an extensive network of folks across the state. And so they really know a lot about who's involved and interested in this. And so I would encourage you to reach out to Gail Kennedy she can maybe help you get connected to folks.

Tessa: Perfect. Thank you.

Lilly Clements: Great. Thank you. All right, Hillary, your line is open.

Hillary: Hi, I'm Hillary with Caring Choices. We are in Butte County. We are a nonprofit who's been providing grant funded therapy services to disaster effected wildfire survivors for the past year and a half. We were looking to become a Medi-Cal provider in order to continue those services. We get referrals from local providers, Medi-Cal providers as well. Is this something that we can build into a planning grant?

Jennifer Ryan: Interesting. Yeah, I think so. I think so. It's not specified one way or the other in the RFP, so I think you certainly can propose that.

Hillary: Okay.

Jennifer Ryan: Hillary, I'll just flag for you. When you go to read the ACEs common form Network of Care roadmap, that's going to come out, there's a section that



actually has some links to guide you to how to become a Medi-Cal provider. So look out for that.

Hillary: Okay, great. Thank you.

Lilly Clements: Great. All right, Connie, your line is open.

Jennifer Ryan: Connie?

Lilly Clements: Oops, sorry.

Connie: Hi, can you hear me now? I'm from San Fernando Valley Community Mental Health center. And actually the question was kind of asked already, but you mentioned that you're really looking for organizations in underserved areas. Did that apply to the planning grant? And is there a list of current providers that we can access? Secondly, this may sound silly, but oftentimes funds can only be allocated to salary a specific portion. Is that true of this or not?

Jennifer Ryan: No, that is not required for this. You may propose a budget to meet each of the deliverables in the application and there's not limitations around portions of salary and for the planning grants ... I'm so sorry. What was the first part of your question?

Connie: Is there an existing list of grantees? I know this is the second round in Los Angeles County, specifically in the San Fernando Valley that we can access to see who already is engaged.

Jennifer Ryan: Yeah. So I would encourage you Connie to, we have, we do have a list of the existing grantees and their service areas on our website on ACEs Aware.org under the grants section. So very near where the RFP is posted. So taking a look at that list, and then again, I would refer you to ACEs connection to Gail Kennedy again. They've been very generous about offering to help see if they can help connect people that are interested in these grants.

Connie: Okay. Thank you. Thank you.

Lilly Clements: Great. Thank you. All right. Oops. Okay, Adam.

Adam: Yeah. Hi, this is Adam from UCLA. I have a couple of clarifying questions about what you mean by deliverable based budget, there are four deliverables for the implementation grant version in particular, there are four deliverables that are assessments or reports, plans, and sort of sustainability planning. I just want to confirm that when you say deliverable based budget, the bulk of the \$3 million

is for deliverables on top of those four or for the four that are listed. My second question, I apologize for having multiple questions is for deliverables that require humans to deliver ongoing services through the grant period. I presume that you don't want kind of the equivalent of time sheets for them to reimburse it week by week, month by month. So I'm asking whether grant funds could be paid on encumbered since recommended period of work within a grant period. And whether those encumbrances could extend past June or they'd have to stick within June.

Jennifer Ryan: Right. So the first question about the deliverables is that we are expecting you to make a proposal. You would not necessarily have to ask for \$3 million for those first deliverables in the first [...] months, but [...] that can include staff costs. You would want to roll that all into the production of the deliverables that are outlined. You can propose additional deliverables on top, but you do not have to. That's up to you. And we definitely do not need to see documentation of staff hours or things like that. That's the beauty of that deliverable waste budget. So hopefully that answers ... does that answer your question?

Adam: Very helpful. Thank you.

Lilly Clements: Thank you. All right. Minty. Your line is open.

Minty Dolan: Yeah. Hi, this is Mindy Dolan. I'm working with multiple providers in Kern County, including ... they're all Medi-Cal providers, a group of psychiatrists, primary care, and a hospital. We're evaluating applying for the implementation grant. And we're looking at option two, which is the 18 month timeline. So my question is if we apply for that, do the funds have to be distributed by June 30th, or can we stretch that out over the full 18 month period? And then we have a very convincing sustainability [...]

Minty Dolan: So the question is, do the funds have to be distributed by June 30th? And so do we have to, in our budget, build only expenses through June 30th or can they extend that 18 months?

Jennifer Ryan: Thank you for asking. I'm surprised I haven't had more questions about this whole option period thing. So, just by way of example, say your vendor request the full \$3 million over the 18 months. What you might want to do then is divide the budget into three, six month segments, So perhaps you would say you need one million to fund the first six months of preparations and planning and then a second million for the second six months. So you would want to stretch your budget out, leading up to three million for that 18 month period. And so, but the consequence of that, or the challenge that that presents is that even though your budget might be approved for up to three million, you would only... If we

don't get state authorization to continue. You would sort of stop at the six month point. Does that make sense?

Minty Dolan: So I'm hearing you say is let's say if we budget the full \$3 million over 18 months and we, if the grant isn't renewed in the next budget, we would only get the million and not the full three. So 'We have to spend the money' is your answer in the first six months?

Jennifer Ryan: Correct? Yep.

Minty Dolan: So then it's better to front load those activities in those first six months?

Jennifer Ryan: correct.

Minty Dolan: Okay.

Lilly Clements: Thank you. All right, Sarah, your line is open.

Sarah: Hi, I am from Monterrey County and we are considering doing this as a part of our ... so I work for a child welfare agency and we're establishing our system of care for foster kids. So that's a partnership that includes children's behavioral health, juvenile probation, obviously child welfare standard, our local regional center and our County department of ed. So we were wondering if that would be a partnership ... and I'm reaching out to our children's medical services here too, would that be ... I mean, FCS would take the lead on it, but that would be sort of the mix of partner organizations that we're considering. Does that make sense?

Jennifer Ryan: It does. I missed ... Sarah, is there a Medi-Cal primary care provider or clinic involved?

Sarah: If children medical services joined us yes. Otherwise, the only Medi-Cal provider we have is Behavioral Health.

Jennifer Ryan: Right. I think that's what we're envisioning and you're thinking implementation. It sounds like?

Sarah: Oh no, no. We're planning.

Jennifer Ryan: Okay.

Sarah: I had to teach my primary care physician about...



Jennifer Ryan: Understood. And that's why we do them. That's why we have the planning grants. Right? Exactly.

Sarah: Perfect. Thank you so much.

Jennifer Ryan: Yeah.

Lilly Clements: Thank you. All right. Drew, Your line is open.

Drew: Yes. Hi. I apologize. My internet connection is unstable, so it's not me. It's the internet. I'm from Drew Factor Internist in Sacramento area. The question really goes to, it sounds like a lot of what you're looking for is building networks of care. And in one of the slides was that you would not be paying for direct services and obviously direct services could be psychiatric care and I know you're not ... but is there a way to further define service of care that you wouldn't cover or service of care that you might cover or like group classes with patients considered a service care or direct service? I should say.

Jennifer Ryan: Not if they are not billable to Medi-Cal right. There's a very specific set of services that are covered by Medi-Cal in this context. And I'll just go ahead and say, most of the things that I've heard on this call today are not billable by Medi-Cal currently. And so that's why the grant funds can be available for those services.

Drew: So, sorry, again. So if they're not billable to Medicare, they will not be covered.

Jennifer Ryan: No, I'm sorry. If they are not billable to Medi-Cal ... they cannot cover it. Because these are Medi-Cal funds, we can't set up a situation where there could be double, double payment for the same service. That makes sense?

Drew: Yeah. Thank you so much.

Jennifer Ryan: Thank you.

Lilly Clements: Thank you.

Jennifer Ryan: All right. I think we're at our end of our time today, I know that there are a few people who still had questions. If you'd like to put them in the chat, we can at least take them into consideration. As you know, because of the really short turnaround, we're not going to be able to put out a list of written responses, but if you want to put anything, that's urgent into the chat here this last minute, we will at least take them into consideration. And if we find that there's a major change needed to the RFP, we may release an amended RFP. But anyway, we



apologize that I couldn't get to everybody, but I really appreciate all the great questions and the robust discussion. And we really look forward to seeing all of your applications on the 21st and your letters of intent next Monday. Thank you all so much. Have a great weekend.