

**Adolescent Behavioral Health Funding Opportunity – Fall 2017  
Frequently Asked Questions**

**1. Are projects that are shorter or longer than one-year going to be considered?**

Yes. Project timelines can vary and we don't have a hard timeline of 12 months; however, we do not anticipate projects lasting considerably longer than one year. More importantly, this funding is a one-time opportunity that will inform a broader initiative in 2019.

**2. Must an eligible organization specifically include school-based work?**

No, an organization can also be a community provider (e.g., CMHC, CHC, other non-profit) that has a history of providing behavioral health services to adolescents and is embedded within the system of supports in the community in a meaningful way.

**3. If Caring for Colorado receives \$1 million in requests in October, will all funds be allocated then?**

No, we will reserve funds for the March deadline. We do expect this funding opportunity to be competitive and are not likely to fund all of the October or March requests after going through our due diligence process.

**4. What about organizations that are doing direct service work, but want to expand work into schools? Would that be eligible?**

Yes. Organizations with a history of providing behavioral health services to adolescents wanting to expand work are eligible; however, please note that projects requiring ongoing funding from the foundation following the one-time opportunity will not be considered.

**5. Do you want funds to focus on specific groups of students?**

We recognize the disparities in outcomes that are present among the adolescent population and will prioritize requests that aim to address vulnerable youth and eliminate such disparities.

**6. Do you have a timeline for dispersal of funds for the two grant periods?**

October proposals will be approved in January 2018, and receive funding in February 2018; March proposals will be approved in June 2017, and receive funding in July 2018.

**7. Do you have operating definitions for prevention efforts versus direct behavioral health services in the continuum?**

We are defining prevention and early intervention efforts as comprehensive programming that aims to build resilience and coping in adolescents, reduce risk-taking and harmful behaviors, strengthen family units, and curtail further development of mental health issues that lead to poorer long-term outcomes, particularly among disproportionately vulnerable groups.

Organizations that are leading these types of efforts and are connected to the ecosystem of services (schools, health, mental health centers) reaching adolescents in the community will be

considered.

We consider direct behavioral health services to be therapeutic intervention that operates independently of the larger ecosystem of services that address adolescent health in communities or requests that involve foundation funds paying for individual or group therapy.

**8. Are charter schools eligible for funding?**

Yes. Any school or district with a history of addressing adolescent behavioral health will be considered.

**9. Are state entities eligible for funding?**

Yes. State agencies or local health departments with strong community connections to schools or nonprofits with a history of serving youth. Additionally, applicants that represent a partnership between agencies (i.e. state and nonprofit) are eligible. We would recommend including a thorough explanation of the reasoning for the partnership and highlighting the connection to youth.

**10. Will you consider applications from “national” organizations who are doing local work in Colorado with community partners?**

No, unfortunately, our by-laws preclude us from granting funds to an organization that is not based in Colorado. A local organization may apply in conjunction with a national organization. Such proposals should outline the evidence of deep, local community/national partnership experience, including local community buy-in and capacity to do the work.

**11. Will BOCES (Board of Cooperative Educational Services) be eligible for support?**

Yes. Again, we are looking for strong community partnerships across entities where an intermediary might be involved.

**12. If an organization currently has grant funding from CFC does that impact eligibility for this ABH funding opportunity?**

No. We have four primary funding areas: Community Health, Healthy Children and Youth, Mental Health, and Oral Health. If your organization has a grant in one of these other funding areas, you are not precluded from applying for this specific opportunity in Adolescent Behavioral Health.

**13. Does receiving ABH dollars impact future funding?**

The answer to this question depends on many factors; the simple answer is that entities who receive funding through the ABH funding opportunity are eligible to seek funding in other foundation priority areas, as well as future funding in ABH. That being said, we do want to reach multiple partners and areas of the state, as well as regularly assess performance and impact with respect to subsequent funding decisions.

**14. Would the foundation support setting up a system to dive deeper into data that informs work with adolescents?**

It might. The funding includes dollars for planning, assessment, and evaluation. For data specific projects, we recommend you contact us to discuss your needs and approach.

**15. Will you consider organizations that work specifically with adolescents with disabilities (i.e. autism)?**

Yes, the foundation is interested in supporting all populations, particularly those who may experience greater barriers to accessing services. Individual or group therapy will not be supported.

**16. Would you accept an application from a clinic that does behavioral health work with children with complex medical needs, whose needs are very complex and unique?**

Yes, though again, individual or group therapy will not be supported.

**17. What level of specificity are you looking for in the narrative? Is it okay to not have all the components flushed out yet?**

Caring for Colorado has a collaborative grantmaking process that includes site visits for applications being considered. We use site visits and ongoing dialogue to further establish the goals of the project and present a concrete plan to our Board; however, if the proposal is still lacking in needed detail as the review process concludes, we may recommend applying at the March deadline or consider the project ineligible for funding.

**18. Please provide more clarification on “direct behavioral health services?”**

One-on-one clinical treatment or group therapy is not eligible for the funding opportunity. You are welcome to contact Katelyn Lammie at [klammie@caringforcolorado.org](mailto:klammie@caringforcolorado.org) if you have additional questions.

**19. Is a statewide scan of adolescent behavioral needs eligible?**

No. CFC conducted an analysis of CCAR data, and uses the statewide data and knowledge available such as the Healthy Kids Colorado Survey and reporting from the Colorado Health Institute. An action-oriented strategic planning process to address the specific needs of a certain region or community may be considered.

**20. Could a grant support technical assistance or capacity building for the organization?**

Yes, but it would need to be directly tied to behavioral health and behavioral health programming as opposed to broad organizational capacity building.

**21. How high on your funding priorities would it be to fund a school that has diverse class representation among students and families?**

The application will ask potential partners to outline the needs present in their communities and we expect those needs will vary; however, we are prioritizing applications that specifically target the youth who present with a higher rate of behavioral health concerns due to a diverse array of factors.

**22. Do programs around social emotional development fit within the priorities?**

Yes. We are using a broad definition of behavioral health, so applications across the spectrum of needs will be considered including social emotional curriculums focused on promotion and prevention.

**23. In terms of focusing on a specific population, would a high need population be a higher priority than the entire population served?**

We anticipate funding an array of proposals that include both levels of programming. For example, programs aimed at an entire school *OR* those aimed at addressing the specific needs of a high population within that school.

**24. Are programs that serve a subset of the age range eligible? For example, a program that serves 6-12-year old's?**

This opportunity focuses on children ages 10-18; however, we do not require you to serve that entire age range.

**25. Is it allowable to fund a position or part of a position to support the coordination of the grant?**

Yes. We understand that staff time to coordinate and support projects may be needed. As far as indirect costs, we likely won't be supporting indirect given the time-limited nature of the opportunity.

**26. If you have a current registration, does that work for this opportunity?**

Yes. Organizations do not need to create another account for this opportunity.

**27. Are applications that are denied in October, eligible to reapply in March?**

It depends on the outcome of the October review process. If it is determined that the project is not a fit overall with the priorities, we would not encourage organizations to reapply in March. Staff at CFC are committed to providing direct feedback and information during the grant review process.

**28. Will you be asking for projected project outcomes in the application?**

Details regarding the goals, objectives and intended outcomes of projects/programs are woven into the CFC application; the outcomes to be reported will vary based on what the funding is supporting.

**29. Is there any match required?**

No. We do encourage applicants to discuss in-kind and/or other funding that supports the work that you will pursue.

**30. Talk about parent engagement and how that looks?**

Programs aiming to strengthen youth relationships with caregivers, parents, and/or other adults will be considered.