

2025/26 NOFA Questions

1. We are a children services community based org providing mental/behavioral health services. Are we required to work with clients of all ages with this grant, or can we limit our services to “juvenile victims, including minors who have had contact with the juvenile dependency or justice system.”

A: No, working with clients of all ages is not a grant requirement. Grantees should have a referral process in place for clients they cannot serve.

2. Can you explain how the Integrated Trauma Recovery Services (ITRS) model fits within this grant? Do we have to be trained in this already? Is training part of the grant award?

A: The ITRS model, now called the [UCSF TRC Model](#), provides core elements and guidance on how to operate a TRC. State law requires CalVCB to use the UCSF TRC Model when it selects and establishes TRC grants. Training regarding the UCSF TRC Model is not required to apply for the grant. Guidance regarding the UCSF TRC Model will be provided to any new TRC that receives a grant award.

3. We are a current CalVCB TRC recipient for the FY 23-25 funding cycle and are reapplying for the FY 25-27 funding cycle. On the NOFA it indicates that the multidisciplinary team must include a social worker. In the recipient handbook, it indicates the MDT can include a social worker OR a marriage and family therapist (page 11 of the handbook). Can you confirm which is correct for the application? We currently have a licensed marriage and family therapist because it is allowed based on the handbook. But this option is not listed on the NOFA.

A: A multidisciplinary team must be comprised of at least one psychologist, one social worker, and one psychiatrist. All grantees awarded under the Fiscal Year 25-27 funding cycle must agree to follow an updated recipient handbook that will align with this statutory requirement. A TRC may use clinicians with different license types in addition to the three required positions.

4. Could you kindly clarify:

- a. Whether organizations without a physical center or on-site clinical staff are eligible to apply?**
- b. If partnerships with clinical providers or plans to build clinical capacity in the future would strengthen an application?**
- c. If non-traditional trauma recovery initiatives, such as ours, are considered eligible under the grant's guidelines?**

- A:**
- a. Any organization can apply for a TRC grant.
 - b. Strong applications demonstrate direct experience and complete knowledge of the grant qualifications outlined in statute.
 - c. Eligible applicants must meet all the requirements detailed in the statute and the Notice of Funds Available (NOFA).

5. Regarding the indirect rate agreement, our indirect rate expired 6/30/24, and while the new indirect rate agreement has been submitted, it is still under review for federal approval. In order to submit a budget with the indirect rate included, would we need to submit a currently valid federal rate agreement?

- A:** Yes, you can submit a budget with the indirect cost rate included. If you receive a grant award, an approved indirect cost rate agreement must be provided before CalVCB can reimburse indirect costs with grant funds.

6. What format should the budget narrative be in? Shall we notate the Excel document below the notes or include at the end of the Program Narrative? Same question for the Flow Chart and Time Task Plan.

- A:** Formatting requirements and application packet submission instructions are listed on page 6 of the NOFA.

7. On the staffing requirement, would a psychiatric nurse practitioner be allowed?

- A:** No, a TRC must have a psychiatrist to meet the multidisciplinary staffing requirement.

8. Regarding the support letters, would an existing Memorandum of Understanding or Scope of work for mutual referrals and collaboration already in place be suitable? For new letters, is it possible to provide our collaborators with a draft letter for them to complete and sign?

A: No, a memorandum of understanding is not a letter of recommendation. The requirements CalVCB evaluates for letters of recommendation are on page 8 of the NOFA.

9. Are you able to give a sense of the number of grants you intend to award?

A: No, the number of grants depends on the number of qualified applications received, the amount of funding requested, and the amount of funding available.

10. Regarding eligibility, does the organization/non profit have to be designated as a TRC - trauma recovery center - to apply? Or are you able to apply if you provide the services entioned in the NOFA? Also, we do have trained clinicians on staff to provide services. Do they have to have a particular certification or licensing requirement?

A: No, an organization does not have to be designated as a TRC to apply for a TRC grant. Any organization can apply. State law requires TRCs to have a multidisciplinary team including a psychologist, social worker, and a psychiatrist.

11. Is it more competitive for a grant to name specific individuals to the roles or to leave them as TBD?

A: It is not required to name specific individuals. The scoring criteria is included on page 6 of the NOFA.

12. Is it more competitive to build a TRC infrastructure that partners with already funded TRCs or is the goal of the current funding to focus on initiating new TRC sites?

A: No, partnering with an existing TRC is not a component of application scoring. The goal of the funding is to award grants to qualified applicants, whether new, or previous grantees.

13. Is there a preferred breakdown of the staffing for a TRC? As in the number of CHWs, LCSWs, Psychologists, Psychiatrists or is it equally weighted as long as the minimum positions in each required role are met?

A: No, staffing is scored based on the positions required in statute: a psychologist, a social worker, and a psychiatrist.

14. Healthcare in the safety-net for violence victims has changed as California Medicaid has expanded social programming for these patients over the last few years. This includes more resources for victims of violence than in the past. Are TRC CHW and case manager resources intended to be used for referral to resources within their own Medicaid plans as well as TRC resources or are we to focus on TRC programming only?

A: CalVCB TRC grant funds are for providing TRC services, including case management, to victims of crime. Case management may include referring clients to applicable resources not funded by the TRC grant, as necessary.

15. Are we required to follow the UCSF model or the national TRC model?

A: Approved grantees are required to follow the [UCSF TRC Model](#).

16. Can we use separate Case Managers or is it required that the Therapist and Psychologist perform the case management duties?

A: A core element of the TRC model is that having a single clinician function as the provider responsible for both case management and mental health needs ensures that clients receive truly wraparound care. Additional guidance regarding TRC clinical case management is in the [UCSF TRC Model](#).

17. What is the minimum hours requirement for the psychologist?

A: There is no standard for the number of hours a psychologist should work under the grant. However, this position is a required member of the multidisciplinary team. The number of hours should align with the caseload and the needs for an effective multidisciplinary team.

18. Can the psychologist role be filled through telehealth?

A: The psychologist role can be fulfilled through telehealth as long as the TRC has a physical space for the client to access services if needed.

19. Will there be an updated UCSF-TRC Manual per the teleconference as the current one does not appear to be updated?

A: Yes, the updated link to the [UCSF TRC Model](#) is now included in the NOFA on our website.

20. Can we disallow certain victims of violence who are also perpetrators of domestic violence, sexual assault, child abuse, etc. that are included on crime registries if we referring to our local Certified Community Behavioral Health Center?

A: Yes, a TRC may set eligibility criteria that excludes perpetrators from receiving TRC services.

21. Are there caseload maximums or minimums required?

A: There are no caseload maximums or minimum standards. Applicants should submit anticipated numbers of clients and services based on the amount of funding requested. CalVCB will make awards based on the amount of funds available and will ask awardees to adjust projected caseload goals to match the award amount. Final grant agreements will include a minimum number of unique clients served each year in alignment with final staffing and funding amounts of the actual award.

22. In reference to the Budget template provided, under Fringe Benefits there is a note in parenthesis that says (For TRC Staff only). Can you clarify whether we can request benefits for non-clinical staff? I am not sure whether TRC staff refer only to the required multidisciplinary team of mental health clinicians or also includes non-clinical staff such as case managers or partial FTE on Project Director that are necessary to the success of the TRC team/ project.

A: Fringe benefits are for clinical and non-clinical TRC staff. The intention of the qualification in parentheses is to clarify that fringe benefits are not for contracted staff.