

**INVESTMENT IN MENTAL HEALTH WELLNESS  
GRANT PROGRAM FOR CHILDREN AND YOUTH  
APPLICATION TECHNICAL ASSISTANCE WEBINAR  
DECEMBER 11, 2018**



**CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY  
915 CAPITOL MALL, ROOM 435  
SACRAMENTO, CA 95814  
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# Welcome and Introductions

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# INVESTMENT IN MENTAL HEALTH WELLNESS GRANT PROGRAM FOR CHILDREN AND YOUTH WEBINAR RESOURCES

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# AGENDA FOR TODAY

- GENERAL INFORMATION
- HOW TO FILL OUT THE APPLICATION
- TOOLS AND RESOURCES
- NEXT STEPS
- QUESTIONS
- CONTACT INFORMATION

# GENERAL INFORMATION

- BACKGROUND AND OBJECTIVES
- APPLICANT ELIGIBILITY
- ELIGIBLE PROGRAMS
- CHILDREN'S CRISIS RESIDENTIAL PROGRAM
- FAMILY RESPITE CARE
- MAXIMUM GRANT AMOUNTS
- ELIGIBLE COSTS
- HOW TO SUBMIT
- ITEMS TO NOTE



# BACKGROUND AND OBJECTIVES

- **Senate Bill 833, Sec 20** (2016) expanded the Investment in Mental Health Wellness Act to specifically address a continuum of crisis services for children and youth and allocated approximately **\$27 million in capital funding** to specifically fund four types of mental health programs
- **\$4 million in Personnel funding** for Mobile Crisis Support Team(s)
- **Target Population** - Children and youth 21 years of age and under with a mental health crisis and/or illness
- **Key Objectives**
  - Expand crisis treatment services & capacity by adding at least 120 Crisis Stabilization & Crisis Residential Treatment beds
  - Add at least 200 Mobile Crisis Support Teams
  - Expand Family Respite Care



# APPLICANT ELIGIBILITY

## **The following are eligible to apply for the Children and Youth Grant Program (“CY Grant Program”)**

- A county
- Counties Applying Jointly
- A private nonprofit corporation or public agency designated by a county or Counties Applying Jointly to be a co-Applicant with the county or Counties Applying Jointly



# ELIGIBLE PROGRAMS

## **Mental health programs eligible under the CY Grant Program**

- Crisis Residential Treatment (“CRT”)
- Crisis Stabilization (“CS”)
- Mobile Crisis Support Team (“MCST”)
- Family Respite Care (“FRC”)





# Children's Crisis Residential Program

- AB 501(2017) authorizes the California Department of Social Services to license a Short-Term Residential Therapeutic Program to operate as a Children's Crisis Residential Program ("CCRP"), and allows the Department of Health Care Services or Mental Health Plans to approve these mental health programs.
- CCRPs would provide short-term crisis stabilization, therapeutic intervention, and specialized programming to children experiencing mental health crises.
- The licensing process of CCRPs will begin January 1, 2019.
- CCRP license and approval plan will be required for funding a CRT Program.



# FAMILY RESPITE CARE

For the purposes of the CY Grant Program, CHFFA defines *Family Respite Care* as the following:

“Short-term care provided to children and youth receiving mental health services, and assistance to their families, to provide temporary relief and sustain family health and wellbeing.”



# MAXIMUM GRANT AMOUNTS

## Capital Funding Maximums

<u>County Population</u>	<u>Maximum</u>
100,000 or less	\$750,000
100,001 – 400,000	\$1,000,000
400,001 – 1,100,000	\$2,500,000
1,100,001 or more	\$4,000,000

## Personnel Funding Maximums

<u>Per Region</u>	<u>Maximum</u>
Bay Area Region	\$729,000
Central Region	\$702,000
Southern Region	\$2,386,000
Superior Region	\$183,000

- The maximum grant amounts are applicable only to the first funding round.
- If funds remain after first funding round, a subsequent funding round will open without maximums. Awards shall be made on a statewide competitive basis.



# ELIGIBLE COSTS

## Capital Funding

- Purchase of real property
- Construction or renovation: Including project planning or project management, appraisals, inspections and pre-construction/renovation costs such as permit fees, surveying, architectural and engineering fees, and hardscaping and/or landscaping (no more than 5% of total grant funding)
- Furnishings/Equipment
- Vehicles for Mobile Crisis Support Teams
- Information Technology: hardware and software (no more than 1% of total grant funding; may request more with written justification)
- 3 months of program start-up or expansion costs: training, personnel salaries, and benefits



# ELIGIBLE COSTS

## Personnel Funding

Eligible costs for Personnel funding are only for employee salaries and benefits specific to the staff of the Mobile Crisis Support Team(s).



# HOW TO SUBMIT

How to submit	Where to submit	What to submit
Mail or In Person	California Health Facilities Financing Authority Investment of Mental Health Wellness Grant Program for Children and Youth 915 Capitol Mall, Suite 435 Sacramento, California 95814	1 original & 2 copies of completed application
Email	<a href="mailto:chffa@treasurer.ca.gov">chffa@treasurer.ca.gov</a>	1 PDF attachment of completed application

- The Authority is not responsible for email transmittal delays or failures of any kind.
- Incomplete and late applications will not be accepted for review.



## ITEMS TO NOTE

- Applications are due no later than 5:00 P.M., February 28, 2019
- Applications with multiple Applicants shall designate one of the Applicants as the Lead Grantee
- If Applicant(s) is applying for multiple Programs, only a single Application is required, with exception to Family Respite Care
- If Applicant(s) is applying for Family Respite Care, please submit a separate application
- Project Completion and Operational Deadlines: June 30,2021; December 31, 2021; and June 30, 2022

# HOW TO FILL OUT THE APPLICATION

- Application Forms 1-5
- Narrative Requirements
- Evaluation Criteria
- Attachments A-D



## FORMS 1 – 5

- **Form 1:** Summary Information
- **Form 2:** Co-Applicants & Service Provider
- **Form 3:** Summary of Funding Requested
- **Form 4:** County Grant Amounts Worksheet
- **Form 5:** Sources and Uses

**Form-1: SUMMARY INFORMATION** *Please type all responses.*

Total Requested Grant Amount: \$ \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**LEAD GRANTEE**

**1. APPLICANT INFORMATION**

NAME OF APPLICANT:		ENTITY TYPE: <i>(County or Joint Powers Authority)</i>	
ADDRESS:		CITY, STATE AND ZIP:	

**CONTACT INFORMATION**

FIRST AND LAST NAME:		TITLE:	
ADDRESS:		CITY, STATE AND ZIP:	
PHONE NUMBER:	FAX NUMBER:	EMAIL ADDRESS:	

Project Title: \_\_\_\_\_

Project Brief Summary Description *(Limited to 20 words)*:  
 \_\_\_\_\_

County(ies) to be served: \_\_\_\_\_

*Please select all programs to be funded with Grant, and insert number of beds and/ or teams to be added by the proposed Project, as applicable.*

<input type="checkbox"/> Crisis Residential Treatment _____ beds Amount Requested \$ _____	<input type="checkbox"/> Crisis Stabilization _____ beds Amount Requested \$ _____	<input type="checkbox"/> Mobile Crisis Support Teams _____ team(s) including: 1) _____ Vehicle(s), and/or 2) _____ Staff Capital Amount Requested \$ _____ Personnel Funding Requested for 1 year \$ _____	<input type="checkbox"/> Family Respite Care Amount Requested \$ _____
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**Purpose of Grant:** *Check all applicable boxes*

<input type="checkbox"/> Purchase of real property	<input type="checkbox"/> Construction or renovation	<input type="checkbox"/> Mobile Crisis Support Team Personnel Funding
<input type="checkbox"/> Furnishings and/or Equipment	<input type="checkbox"/> Information technology	<input type="checkbox"/> Purchase of Mobile Crisis Support Team vehicle(s)
<input type="checkbox"/> Program startup or expansion costs		

Maximum Grant amounts are listed in Section 7318 (a)(1)-(b)(4) of the regulations.

Mark all Program that are included in the application.

Eligible Project costs are listed in detail in Section 7315 of the regulations. Mark all that apply.

Complete this section if there are Co-Applicants.

**Form-2: ADDITIONAL APPLICANTS AND SERVICE PROVIDERS** Please fill out additional Applicants and service provider(s) contact information. *Please use space as needed. Copy page if more space is needed.*

**1. CO-APPLICANT INFORMATION**

NAME OF APPLICANT:	ENTITY TYPE: <i>(County or Joint Powers Authority)</i>
ADDRESS:	CITY, STATE AND ZIP:

**CO-APPLICANT CONTACT INFORMATION**

FIRST AND LAST NAME:	TITLE:
ADDRESS:	CITY, STATE AND ZIP:
PHONE NUMBER:	FAX NUMBER:
EMAIL ADDRESS:	

This will be the same service provider(s) that will be specified in Evaluation Criteria 4(c).

**Service Providers:**

**1. ORGANIZATION TO DELIVER SERVICES (IF KNOWN)**  *Check box if same as Designated Lead Grantee*

NAME OF ORGANIZATION:	ENTITY TYPE:
ADDRESS:	CITY, STATE AND ZIP:

**CONTACT INFORMATION**

FIRST AND LAST NAME:	TITLE:
PHONE NUMBER:	FAX NUMBER:
EMAIL ADDRESS:	

**Form-3: SUMMARY OF FUNDING REQUESTED**

Breakdown the requested funding for each program: CRT, CSU, MCST, and FRC.

The sections look the same with exception to the MCST which accounts for personnel funding and vehicles.

**REQUESTED FUNDING BY PROGRAM**

**Crisis Residential Treatment Program**

<b>ELIGIBLE COSTS</b>	<b>AMOUNT</b>	
Purchase of Real Property (how many properties? )	\$	0.00
Construction or Renovation*	\$	0.00
Furnishings and/or Equipment	\$	0.00
Information Technology**	\$	0.00
Program Startup or Expansion Costs (up to three months)	\$	0.00
<b>SUB-TOTAL</b>	<b>\$</b>	<b>0.00</b>

**Mobile Crisis Support Team Program**

<b>ELIGIBLE COSTS</b>	<b>AMOUNT</b>	
Purchase of vehicles (how many vehicles? ) May include two-year maintenance contracts, if any.	\$	0.00
Furnishings and/or Equipment	\$	0.00
Information Technology**	\$	0.00
Program Startup or Expansion Costs (up to three months)	\$	0.00
Personnel Funding for 1 year (how many FTEs? )	\$	0.00
<b>SUB-TOTAL</b>	<b>\$</b>	<b>0.00</b>

**THIS SECTION ONLY NEEDS TO BE COMPLETED FOR COUNTIES APPLYING JOINTLY**

**Form-4: COUNTY GRANT AMOUNTS WORKSHEET**

**COUNTY GRANT AMOUNTS WORKSHEET**  
 Complete the worksheet below for each County listed as Lead Grantee and Co-Applicant(s) on Form-1 and Form-2.

Applicants may apply for Capital and Personnel Funding as set forth in Section 7318 of the regulations. Counties Applying Jointly, may at their discretion, apply for up to the sum of their respective maximum Capital Funding amounts.

Lead Grantee will be listed first with it's funding being requested, up to the county maximum

Counties Applying Jointly, co-Applicant(s), will be listed under the Lead Grantee. Each may request funding up to the county maximum.

COUNTY NAME	CAPITAL FUNDING REQUESTED	PERSONNEL FUNDING REQUESTED (Mobile Crisis for 1 year)	
	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00
<b>TOTALS</b>	\$ 0.00	\$ 0.00	\$ 0.00

Include Sources of Funds and Uses of Funds to complete the ENTIRE project.

**Form-5: SOURCES AND USES**

Sources of Funds:		Project Completion:
Total Grant amount requested	\$	0.00
Mental Health Services Act (MHSA) funds	\$	0.00
Realignment funds	\$	0.00
Medi-Cal, Federal Financial Participation	\$	0.00
Other sources, list (i.e. bank loan*, other grants)		
_____	\$	_____
_____	\$	_____
_____	\$	_____
<b>Total Sources</b>	<b>\$</b>	<b>0.00</b>

\*If obtaining a bank loan, please name the bank and describe the length and rate of the loan.

Uses of Funds:	
Purchase of real property	\$ 0.00
Construction or renovation**	\$ 0.00
Purchase of vehicles and vehicle maintenance contracts	\$ 0.00
Furnishings and/or equipment	\$ 0.00
Information technology hardware and software	\$ 0.00
Program start up or expansion costs (3 months)	\$ 0.00
Personnel Funding - for Mobile Crisis Support Teams only (1 year)	\$ 0.00
Other costs	
_____	\$ 0.00
_____	\$ 0.00
_____	\$ 0.00
<b>Total Uses (must equal Total Sources)</b>	<b>\$ 0.00</b>

Total Sources and Total Uses must equal. Total Uses cannot exceed Total Sources.



# NARRATIVE REQUIREMENTS

Narrative portion of Application must satisfy the following requirements:

- Maximum of 25 pages
- 12 point, Arial or Times New Roman font
- 1” margins



# EVALUATION CRITERIA

- Evaluation Criteria on pages 9-13 of the Application is for:
  - Crisis Residential Treatment
  - Crisis Stabilization
  - Mobile Crisis Support Teams
  
- Evaluation Criteria on pages 14-18 of the Application is for:
  - Family Respite Care

**Applications must address each of the criteria for each Program.**





# EVALUATION CRITERIA

## CRT, CS, and/or MCST

1. Project expands **access** to and **capacity** for community-based Mental Health Crisis Services.
2. Application demonstrates a clear plan for a **continuum of care** and for **collaboration and integration** with other departments and agencies.
3. Application identifies **key outcomes** and a plan for measuring them.
4. Project is, or will be, **Ready, Feasible, and Sustainable**.



# EVALUATION CRITERIA 1

## CRT, CS, and/or MCST

1. Project expands **access** to and **capacity** for community-based Mental Health Crisis Services that offer relevant alternatives to hospitalization and detainment by law enforcement – **Maximum 25 points**
  - a. New or expanded Program(s) and identification of Target Population(s), including age group(s), to be served – Maximum 5 points
  - b. Project meets the community need – Maximum 3 points
  - c. Increases capacity for community-based Mental Health Crisis Services – Maximum 6 points
  - d. Project expands and improve timely access to community-based Mental Health Crisis Services – Maximum 6 points
  - e. Project is qualitatively different than crisis services delivered in an institutional setting – Maximum 5 points



# EVALUATION CRITERIA 2

## CRT, CS, and/or MCST

2. Application demonstrates a clear plan for a **continuum of care** before, during, and after crisis mental health intervention or treatment and for **collaboration and integration** with other health systems, educational institutions, social services, and law enforcement – ***Maximum 15 points***
  - a. Continuum of care – *Maximum 5 points*
    - Shortcomings and Improvement
    - Mental Health Oversight and Accountability Commission
  - b. Working relationships with Related Supports that enhances and expands community collaboration – *Maximum 10 points*
    - Expedite access
    - Improve wellness



# EVALUATION CRITERIA 3

## CRT, CS, and/or MCST

3. Application identifies **key outcomes** and a plan for measuring them  
– ***Maximum 10 points***
  - a. Provide **methodology, timeline**, and assignment of responsibility to measure and demonstrate **outcomes** of the **Program**, including:
    - i. Reduce hospital emergency room and psychiatric inpatient utilization – *Maximum 2 points*
    - ii. Reduced law enforcement involvement on mental health crisis calls, contracts, custodies and/or transports for assessment – *Maximum 2 points*
    - iii. Improvements in participation rates in the Program(s) – *Maximum 1 point*

***Criteria 3 continued on next slide***



# EVALUATION CRITERIA 3

## CRT, CS, and/or MCST

- iv. Children or Youth and/or their family members' satisfaction with the crisis services – Maximum 1 point
- v. Number of CRT and CS beds; and/or number of vehicles and staff of MCST added – Maximum 1 point
- vi. Number of Children and Youth within the Target Population(s) being served and other Children and Youth who may be being served – Maximum 1 point
- vii. The value of the Program(s), such as mitigation of costs to the county, law enforcement, or hospitals – Maximum 1 point
- viii. The percent of Children and Youth who receive a crisis service who, within 15 days, and within 30 days, return for crisis services at a hospital emergency department, psychiatric hospital, detainment center, juvenile hall or jail – Maximum 1 point



# EVALUATION CRITERIA 4

## CRT, CS, and/or MCST

4. Project is, or will be, **Ready, Feasible, and Sustainable** as follows: – ***Maximum 50 points***

### **READINESS**

- a. A detailed plan and timeline, including supporting documentation if available, with the steps needed to complete Project and demonstrate ability to be Ready, Feasible, and Sustainable – *Maximum 15 points*
- Address, rendering and/or floor plans of Project site, or timeline for identification (this requirement is not applicable to MCST Projects)
  - Necessary approvals and processes to complete Project, and the names and roles of all responsible entities
  - Key milestones
  - Plan and current status for staffing Program(s)
  - Potential challenges

***Criteria 4 continued on next slide***



# EVALUATION CRITERIA 4

## CRT, CS, and/or MCST

### READINESS

- b. Community outreach and engagement efforts – Maximum 7 points
- c. Service provider identified, or a plan in place for identifying one – Maximum 8 points
  - Written plans in place for how the services will be provided
  - If service provider not identified, the process for identification is clear
- d. For proposed CS or CRT Program(s), provides a plan for obtaining Medi-Cal certification – Required, but no points award
- e. For proposed CRT Program(s), provides a plan for obtaining a license and program approval to operate as a Children's crisis residential program – Required, but no points awarded

*Criteria 4 continued on next slide*



# EVALUATION CRITERIA 4

## CRT, CS, and/or MCST

### **FEASIBILITY**

- f. Total cost of Project, and sufficient funding sources or plan for acquiring them – Maximum 10 points
- Line item of Project costs, including proposed use of Grant
  - Project leverages public and/or private funding sources, and current status of funding
  - Total uses of funds shall not exceed total funding sources

### **SUSTAINABILITY**

- g. Provide: – Maximum 10 points
- Operating Budget that details annual operating costs
  - Description of new Program funding sources that provides ongoing support
  - Documentation showing approval of budget
- h. Provide the most recent local government credit rating or the most recent Audited Financial Statement – Required, but no point awarded





# EVALUATION CRITERIA

## FRC

1. Project expands **access** to and **capacity** for Family Respite Care to families of Children and Youth receiving mental health services.
2. Application demonstrates a clear plan for a **continuum of care** and for **collaboration and integration** with other departments and agencies, and describes the referral process that will be utilized to connect families to FRC.
3. Application identifies **key outcomes** and a plan for measuring them.
4. Project is, or will be, **Ready, Feasible, and Sustainable** as follows.



# EVALUATION CRITERIA 1

## FRC

1. Project expands **access** to and **capacity** for Family Respite Care to families of Children and Youth receiving mental health services in order to sustain family health and well-being – **Maximum 25 points**
  - a. New or expanded FRC Program(s) and identification of Target Population(s), whose families are eligible for services – Maximum 5 points
  - b. Project meets the community need – Maximum 3 points
  - c. Increases capacity for FRC – Maximum 6 points
  - d. Project expands and improve timely access to FRC – Maximum 6 points
  - e. Project provides community-based services and the Application describes the building(s) in which the Program will be offered and the setting(s) in which the identified services will be provided to the families – Maximum 5 points



# EVALUATION CRITERIA 2

## FRC

2. Application demonstrates a clear plan for a **continuum of care** before, during, and after crisis intervention or treatment and for **collaboration and integration** with other health systems, educational institutions, social services, and law enforcement, and describes the referral process that will be utilized to connect families to FRC – **Maximum 15 points**
  - a. Continuum of care – Maximum 5 points
    - Shortcomings and Improvement
    - Support other mental health crisis services available to Children and Youth
    - Mental Health Oversight and Accountability Commission
  - b. Working relationships with Related Supports that enhances and expands community collaboration – Maximum 10 points
    - Maximize access
    - Sustain health and well-being



# EVALUATION CRITERIA 3

## FRC

### 3. Application identifies **key outcomes** and a plan for measuring them – **Maximum 10 points**

- a. Provide **methodology, timeline**, and assignment of responsibility to measure and demonstrate **outcomes** of the **Program**, including:
  - i. Increased participation rate by families in the FRC Program – Maximum 1 point
  - ii. Family members' satisfaction with the FRC services received – Maximum 2 points
  - iii. Number of families served by the Program – Maximum 2 points
  - iv. Whether services provided by the Program prevented out-of-home placement of Children and Youth receiving mental health services or re-entry of the Child/Youth into out-of-home placement – Maximum 2 points
  - v. Whether the families of the Target Population(s) are being served and other families who may be being served – Maximum 2 points
  - vi. The value of the Program(s), such as mitigation of costs to the county, when Children and Youth are not placed in out-of-home care – Maximum 1 point



# EVALUATION CRITERIA 4

## FRC

4. Project is, or will be, **Ready, Feasible, and Sustainable** as follows: – ***Maximum 50 points***

### **READINESS**

- a. A detailed plan and timeline, including supporting documentation if available, with the steps needed to complete Project and demonstrate ability to be Ready, Feasible, and Sustainable – *Maximum 15 points*
- Address, rendering and/or floor plans of Project site, or timeline for identification
  - Necessary approvals and processes to complete Project, and the names and roles of all responsible entities
  - Key milestones
  - Plan and current status for staffing Program(s)
  - Potential challenges

*Criteria 4 continued on next slide*



# EVALUATION CRITERIA 4

## FRC

### **READINESS**

- b. Community outreach and engagement efforts – Maximum 7 points
- c. The proposed organizational and operational structure of the FRC Program – Maximum 8 points
  - Staff criteria, staff recruitment, retention and training
  - Family eligibility and needs assessment, screening and discharge procedure
  - Identification of serve needs and coordination of these services on behalf of the family

*Criteria 4 continued on next slide*



# EVALUATION CRITERIA 4

## FRC

### FEASIBILITY

- d. Total cost of Project, and sufficient funding sources or plan for acquiring them – Maximum 10 points
- Line item of Project costs, including proposed use of Grant
  - Project leverages public and/or private funding sources, and current status of funding
  - Total uses of funds shall not exceed total funding sources

### SUSTAINABILITY

- e. Provide: – Maximum 10 points
- Operating Budget that details annual operating costs
  - Description of new Program funding sources that provides ongoing support
  - Documentation showing approval of budget
- f. Provide the most recent local government credit rating or the most recent Audited Financial Statement – Required, but no point awarded

## ATTACHMENTS A – D

- **Attachment A:** Application Certification
- **Attachment B:** Legal Status Questionnaire  
(counties and public agencies)
- **Attachment C:** Legal Status Questionnaire  
(private nonprofits corporations)
- **Attachment D:** CEQA Review



Attachment A

- Transfer this Certification language onto **official letterhead** and have the appropriate official sign and date.
- If more than one county is applying, **each county** must submit an Application Certification to certify that all information in the joint Application is correct and true to the best of their knowledge.

Application Certification:

I, (name of signatory), as (name of position), an authorized officer of (name of institution), certify that, to the best of my knowledge, the information contained in this application is true and correct to the best of my knowledge and belief, and I understand that any misrepresentation or material omissions may result in the cancellation of the Grant and other actions permitted by law and the Grant Agreement.

(Name of Institution) will cooperate in providing information and/or documentation, including at the time of site visits, to assist the Authority in consideration of the Application.

\_\_\_\_\_  
By (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**LEGAL STATUS QUESTIONNAIRE  
FOR COUNTIES AND PUBLIC AGENCIES**

This form is a standard part of the Grant Application.

One must be completed for the Lead Grantee and for any Co-Applicants.

1. Financial Viability

Disclose material information relating to any legal or regulatory proceeding or investigation in which the applicant/borrower/project sponsor is or has been a party and which might have a material impact on the financial viability of the project or the applicant/borrower/project sponsor. Such disclosures should include any parent, subsidiary, or affiliate of the applicant/borrower/project sponsor that is involved in the management, operation, or development of the project.

Response:

2. Fraud, Corruption, or Serious Harm

Disclose any civil, criminal, or regulatory action in which the applicant/borrower/project sponsor, or any current board members (not including volunteer board members of non-profit entities), partners, limited liability corporation members, senior officers, or senior management personnel has been named a defendant in such action in the past ten years involving fraud or corruption, matters related to employment conditions (including, but not limited to wage claims, discrimination, or harassment), or matters involving health and safety where there are allegations of serious harm to employees, the public or the environment.

Response:

*Disclosures should include civil or criminal cases filed in state or federal court; civil or criminal investigations by local, state, or federal law enforcement authorities; and enforcement proceedings or investigations by local, state or federal regulatory agencies. The information provided must include relevant dates, the nature of the allegation(s), charges complaint or filing, and the outcome.*

**LEGAL STATUS QUESTIONNAIRE  
FOR PRIVATE NONPROFIT CORPORATIONS**

This form is a standard part of the Grant Application.

One must be completed for the Lead Grantee and for any Co-Applicants.

1. Financial Viability

Disclose material information relating to any legal or regulatory proceeding or investigation in which the applicant/borrower/project sponsor is or has been a party and which might have a material impact on the financial viability of the project or the applicant/borrower/project sponsor. Such disclosures should include any parent, subsidiary, or affiliate of the applicant/borrower/project sponsor that is involved in the management, operation, or development of the project.

Response:

2. Fraud, Corruption, or Serious Harm

Disclose any civil, criminal, or regulatory action in which the applicant/borrower/project sponsor, or any current board members (not including volunteer board members of non-profit entities), partners, limited liability corporation members, senior officers, or senior management personnel has been named a defendant in such action in the past ten years involving fraud or corruption, matters related to employment conditions (including, but not limited to wage claims, discrimination, or harassment), or matters involving health and safety where there are allegations of serious harm to employees, the public or the environment.

Response:

*Disclosures should include civil or criminal cases filed in state or federal court; civil or criminal investigations by local, state, or federal law enforcement authorities; and enforcement proceedings or investigations by local, state or federal regulatory agencies. The information provided must include relevant dates, the nature of the allegation(s), charges, complaint or filing, and the outcome.*

# Attachment D

## CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) REVIEW

Complete this section if the Project is subject to CEQA requirements.

*Instructions: Please provide the following exhibit for each Project site. This can be completed within the timeframes set forth in Section 7319, subdivision (a)(4)(H) and/or Section 7319.1, subdivision (a)(4)(F) of the regulations, if not available at time of Application.*

Grantees must submit documentation demonstrating compliance with Division 13 commencing with Section 21000 of the Public Resources Code (CEQA Requirements) for construction Projects.

If the Project is subject to CEQA Requirements, provide the appropriate documentation or justification for each Project:

- Notice of Determination Received (Attach Copy)
- Notice of Exemption Received (Attach Copy)
- Other documents evidencing compliance (e.g. permits, local authority approval documents, printed authorizations, OSHPD Plan Review status, etc.)
- Project is considered a Special Situation (see Title 14 California Code of Regulations, Sections 15180-15190) (Provide written justification of compliance with applicable section.)

Name of approving Agency: \_\_\_\_\_

Date approval given: \_\_\_\_\_

Complete this section if the Project is **NOT** subject to CEQA requirements.

If Project is not subject to CEQA Requirements, provide a written justification using one of the following categories:

- Is not a Project as defined by CEQA Requirements (see Title 14 California Code of Regulations, Section 15378)
- Project is Statutorily Exempt (see Title 14 California Code of Regulations, Sections 15260-15285)
- Project is Categorically Exempt (see Title 14 California Code of Regulations, Sections 15300-15333)

## TOOLS & RESOURCES

- GRANT APPLICATION CHECKLISTS
- CHFFA WEBSITE



# GRANT APPLICATION CHECKLIST

This checklist can be found at the back of the application.

It should be used to ensure you have completed all of the necessary sections and attachments.

## APPLICATION CHECKLIST

Make sure you have completed the following tasks:

- Used 12 point font such as Arial or Times New Roman in narrative sections (except footnotes and charts).
- Have 1 inch margins for narrative sections.
- Remained within 25 pages for the questions and answers to the narrative portion (Evaluation Criteria Narrative), identified in the Application.

Make sure you have submitted as part of the Application each of the following:

- Form-1 to Form-5
- Narrative for Criteria #1- #3
- Criteria #4 for Crisis Residential Treatment, Crisis Stabilization and/or Mobile Crisis Support Team:
  - Project timeline with narrative as described in Criteria #4(a)
  - Community outreach and engagement efforts as described in Criteria #4(b) (as applicable)
  - Project budget in line item detail with narrative as described in Criteria #4(f)
  - Program operating budget with narrative described in Criteria #4(g)
  - Most recent local government credit rating or most recent audited financial statement as described in Criteria #4(h)
- Criteria #4 for Family Respite Care:
  - Project timeline with narrative as described in Criteria #4(a)
  - Community outreach and engagement efforts as described in Criteria #4(b) (as applicable)
  - Project budget in line item detail with narrative as described in Criteria #4(d)
  - Program operating budget with narrative described in Criteria #4(e)
  - Most recent local government credit rating or most recent audited financial statement as described in Criteria #4(f)
- Attach all required documentation for Private Nonprofit Corporation Applicants
- Attachment A - Application Certification Letter for all Applicants
- Attachment B - Legal Status Questionnaire for Counties and Public Agencies
- Attachment C - Legal Status Questionnaire for Private Nonprofit Corporations (as applicable)
- Attachment D - California Environmental Quality Act (CEQA) Review for each project site (as applicable)



# CHFFA WEBSITE

<https://www.treasurer.ca.gov/chffa/imhwa/index.asp>

## Contact Information

If you have any questions about the IMHW program, please contact [CHFFA](#).

## Quick Links

[Statute, Regulations & Regulatory Actions](#)

[Previous Meeting and Informational Session Materials](#)

[Sign Up to Receive CHFFA Information](#)

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## Investment in Mental Health Wellness Grant Program for Children and Youth

In 2016, Senate Bill 833 (Section 20) expanded the Investment in Mental Health Wellness Act to specifically address a continuum of crisis services for children and youth, 21 years of age and under and allocated approximately \$27 million to specifically fund four mental health programs - crisis residential treatment, crisis stabilization, mobile crisis support teams and family respite care.

The grants from the California Health Facilities Financing Authority (CHFFA) will be disbursed to California counties or to their nonprofit or public agency designees to support capital improvement, expansion and limited start-up costs.

## Notice to Adopt Emergency Regulations (New November 6, 2018)

The Authority proposes to adopt emergency regulations for this Program. Please see Notification of Proposed Emergency Regulatory Action for details.

- [Notification of Proposed Emergency Regulatory Action](#)
- [Finding of Emergency](#)
- [Text of Emergency Regulations](#)
  - [Investment in Mental Health Wellness Grant Program for Children and Youth Application Form](#)
  - [Request for Disbursement Form](#)
  - [Actual Expenditure Report](#)
  - [Certificate of Completion & Final Report](#)

## The Investment in Mental Health Wellness Act of 2013

In 2013, Senate Bill 82, the Investment in Mental Health Wellness Act of 2013, established a competitive grant program to disburse funds to California counties or to their nonprofit or public agency designees for the purpose of developing mental health crisis support programs. Specifically, funds will "increase capacity for client assistance and services in crisis intervention, crisis stabilization, crisis residential treatment, rehabilitative mental health services, and mobile crisis support teams." The grants from the California Health Facilities Financing Authority (CHFFA) support capital improvement, expansion and limited start-up costs.

This program is no longer accepting applications. No future allocations or funding rounds are scheduled.

## For Grantees

- [Frequently Asked Questions](#) (Version 2/2/16)
- [Next Steps for Grantees](#)

For further questions, please email [CHFFA@treasurer.ca.gov](mailto:CHFFA@treasurer.ca.gov) or call (916) 653-2799.

The California Health Facilities Financing Authority website is full of helpful information such as Statute, Program Regulations, and the Application.

# NEXT STEPS





# NEXT STEPS

- Applications Due: **February 28, 2019 at 5:00 PM**
- Applications Evaluated and Scored
- Initial Allocation and Appeal Process
- CHFFA Board Approval
- Execution of Grant Agreement
- Grantee Next Steps Webinar



# QUESTIONS



# CONTACT INFORMATION

**FOR COMMENTS OR QUESTIONS PLEASE**

**EMAIL: [CHFFA@TREASURER.CA.GOV](mailto:CHFFA@TREASURER.CA.GOV)**

**OR**

**CALL: (916) 653-2799**