

# CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY



## INVESTMENT IN MENTAL HEALTH WELLNESS GRANT PROGRAM FOR CHILDREN AND YOUTH (CY PROGRAM)

### THIRD FUNDING ROUND APPLICATION TECHNICAL ASSISTANCE WEBINAR

AUGUST 26, 2021

# Welcome and Introductions

## Executive Director

Frank Moore

## Deputy Executive Director

Carolyn Aboubechara

## Program Manager II

Bianca Smith

## Program Manager I

Sondra Jacobs

## Grant Officers

Cory Mouhassel

Eman Hariri

Kylie Stasko

## Department of Health Care Services

Brian Keefer



# AGENDA FOR TODAY

- GENERAL INFORMATION
- ONLINE APPLICATION
- HOW TO FILL OUT THE APPLICATION
- WHAT MAKES A GOOD APPLICATION
- TOOLS AND RESOURCES
- NEXT STEPS
- QUESTIONS
- CONTACT INFORMATION

# GENERAL INFORMATION

- BACKGROUND AND OBJECTIVES
- APPLICANT ELIGIBILITY
- ELIGIBLE PROGRAMS
- DHCS CHILDREN'S CRISIS RESIDENTIAL PROGRAM
- MAXIMUM GRANT AMOUNTS
- ELIGIBLE PROJECT 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.
- **\$37.5 million in capital funding** to fund four types of mental health programs for children and youth. In the first and second funding rounds \$730,323.90 and \$14,148,030.70 respectively were awarded, leaving \$22,889,473.70 available to fund programs for the third funding round.
- **\$4 million in annual personnel funding** for Mobile Crisis Support Team Personnel. In the first and second funding rounds, \$1,320,660 and \$1,540,724.00, respectively were awarded, leaving \$1,138,616.00 available for the third funding round.



# BACKGROUND AND OBJECTIVES

- **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 entities are eligible to apply for CY 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 (aka, Designated Grantee)



# ELIGIBLE PROGRAMS

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

- Crisis Stabilization (CS)
- Mobile Crisis Support Team (MCST)
- Crisis Residential Treatment (CRT)
  - Children's Crisis Residential Program (CCRP)  
Licensed by the CA Department Social Services
- Family Respite Care (FRC)
  - Please note that all funding allocated for the FRC program has been expended, therefore applications for FRC facilities are no longer accepted.





# **Children's Crisis Residential Program**

## **Services, Facility Types, Timelines & Resources**

### **Continuum of Mental Health Care Section**



# Children's Crisis Residential Program

## Policy Guidance

- Assembly Bill (AB) 501 (Ridley-Thomas, Chapter 704, Statutes of 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).*
  - *CCRPs must obtain and have in good standing a mental health program approval that includes a Medi-Cal mental health certification, as described in WIC Section 11462.01, and a children's crisis residential mental health program approval as described in WIC Section 1146.011, both of which are issued by the **Department of Health Care Services**, or a county mental health plan to which the department has delegated approval authority.*
- Mental Health Substance Use Disorder Service [Information Notice 19-004](#).



# Children's Crisis Residential Program

## Services

- Provide short-term crisis residential services to children experiencing mental health crisis.
- Alternative to psychiatric in-patient hospitalization.
- Community-based crisis programs that have mental health treatment services available 24-hours a day, seven days a week.
- Prompt admission determinations based on medical necessity criteria.
- Involve the child's family and natural support system.



# Children's Crisis Residential Program

## Program Models

- **STRTP-CCRP:** A separate unit within a larger STRTP that serves children who are not experiencing mental health crisis. (Health and Safety Code (HSC) Section 1562.02(a)(2))
  1. Must have a STRTP license.
  2. STRTP Mental Health Program Approval (Welfare and Institutions Code (W&I) Section 11462.01).
  3. CCRP mental health program approval.
- **CCRP (*Stand Alone*):** Operate solely as CCRPs serving children who are experiencing mental health crises.
  1. DHCS will not require a STRTP mental health program approval pursuant to W&I Code Section 11462.01.
  2. DHCS' approval of the CCRP mental health program at a stand-alone CCRP satisfies the approval requirements of HSC Section 1562.02(a)(2).



# Children's Crisis Residential Program

## STRTP-CCRP

- Operate as a separate unit within a STRTP.
- Obtain from CDSS a STRTP license.
- Obtain from DHCS a STRTP mental health program approval for children who are not experiencing mental health crises.
- Obtain from DHCS a CCRP mental health program approval.
- Obtain from CDSS a notation of the CCRP separate unit on the STRTP license.

## CCRP (Stand Alone)

- Obtain from DHCS a CCRP mental health program approval.
- Obtain from CDSS a STRTP license indicating that the STRTP operates solely as a CCRP.



# Children's Crisis Residential Program

## Timeline STRTP-CCRP

- STRTP
  - 12 months
    - 6 month extension
- CCRP\*
  - 4 months

\*STRTP MHPA submission to approval is used as a proxy for this estimate

## Timeline CCRP (Stand Alone)

- CCRP\*
  - 6-7 months

\*STRTP CDSS Review and DHCS MHPA submission to approval is used as a proxy for this estimate



# Children's Crisis Residential Program

## Resources

- [Letters and Information Notices](#)
  - [MHSUDS IN: 19-004](#)
- [Continuum of Mental Health Care Section](#)
  - [DHCS Form 1741 CCRP Application](#)
- Contact E-mail: [CCRP@dhcs.ca.gov](mailto:CCRP@dhcs.ca.gov)



# MAXIMUM GRANT AMOUNTS

- In the first funding round, Applicants were restricted to maximum grant amounts depending on county population.
- Remaining funds after the first funding round are available without maximum grant amounts depending on county population.
- Awards will be granted on a statewide competitive basis.

**THERE ARE NO MAXIMUM GRANT AMOUNTS  
IN THE 3<sup>RD</sup> FUNDING ROUND**

Program Regulations Section 7318





# ELIGIBLE PROJECT 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:** County must own all furnishings and equipment
- **Vehicles for Mobile Crisis Support Teams:** County must own vehicle(s)
- **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 PROJECT 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

- To access the online Application, select the link on our website under the Investment in Mental Health Wellness Program for Children and Youth
- The link will take you to a third-party website where you need to register and complete the Application
- We recommend using the following browsers to access and complete the online Application: Chrome, Firefox or Safari
- Incomplete and late applications will not be accepted for review



# ITEMS TO NOTE

- No maximum grant amount
- 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
- Projects must be completed and operational by June 30, 2026
- Applications are due no later than **5:00 P.M. (PT), October 29, 2021**

# ONLINE APPLICATION

- ACCESSING THE APPLICATION
- CREATING AN ONLINE APPLICATION ACCOUNT
- ADDING COLLABORATORS
- FILLING OUT THE ONLINE APPLICATION
- SUBMITTING THE ONLINE APPLICATION
- ONLINE APPLICATION ACCOUNT



# ACCESSING THE APPLICATION

- Click the application link located on the CY Program webpage

Online Application Form No. CHFFA 7 CY-01A (08/2021)

### IMHW Act of 2013

- [Statute](#)
- [Regulations](#)
- [Previous Meeting Materials & Webinars](#)
- [Frequently Asked Questions \(FAQ\) \(Version 2/2/2016\)](#)
- [Notable Projects](#)
- [Featured Projects](#)

[Sign Up to Receive CHFFA Information](#)

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### Third Funding Round (Open)

CHFFA is pleased to invite California counties and their nonprofit or public agency designees to submit applications for the CY Grant Program during the Third Funding Round. Counties may apply for funding without regard to maximum Grant amounts per county, subject to availability of funds, pursuant to Section 7318, subdivisions (d)-(e) of the CY Grant Program regulations. The deadline to apply for the Third Funding Round is **FRIDAY, OCTOBER 29, 2021 at 5:00 PM (Pacific Time)**.

There is currently \$22,889,473.70 available in Capital funding for Crisis Residential Treatment, Crisis Stabilization Unit, and Mobile Crisis Support Team programs and \$1,138,616.00 in Mobile Crisis Support Team personnel funding. Funding for the Family Respite Care program is no longer available.

### CY Grant Program

CY Grant Application Form No. CHFFA 7 CY-01A (08/2021)

**Application (Online)**

- [CY Grant Application Form No. CHFFA 7 CY-01 \(09/2018\) - \(for reference only\)](#)  
Note: Only application submissions using online CY Grant Application Form No. CHFFA7 CY-01A (08/2021) will be accepted.
- [Program Regulations \(Effective May 20, 2019\)](#)
- [Frequently Asked Questions \(May 2021\)](#)
- Applications for the third funding round will be accepted until 5:00 P.M. (Pacific Time) Friday October 29, 2021**



# ACCESSING THE APPLICATION

- Read the disclaimer and click “Continue” to open the application launch page


The screenshot shows the website of the California State Treasurer, Fiona Ma, CPA. The header includes the state seal, the treasurer's name and title, and navigation links for Home, Open Government, Careers, Contact, and Calendar. Below the header, there are links for Home, CHFFA Home, Contacts, and Publications. The main content area features the CHFFA logo and the heading 'About the Online Application'. A list of four bullet points provides instructions and disclaimers. At the bottom, a blue button labeled 'Continue to the Online Application' is highlighted with a blue arrow from the text in the list item to its left.


Home | Open Government | Careers | Contact | Calendar

Search

Home | CHFFA Home | Contacts | Publications

[Home](#) -> [CHFFA](#) -> Continue to Online Application

 CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

 About the Online Application

- Please be aware that this link will take you to a third-party website.
- We advise using Chrome, Firefox or Safari when utilizing the online application portal as other browsers may not be supported.
- If more than one individual needs access to the application before submission, we suggest creating a shared team email for the online account. If you do not want a team email, you can invite collaborators, but please note that any responses would go to the main contact only.
- If you wish to proceed to the portal, please click "Continue to the Online Application" below.

[Continue to the Online Application](#)



# ACCESSING THE APPLICATION

- After reading the disclaimer and clicking continue, you will be asked to create an account

**California Health Facilities Financing Authority**  
**California Educational Facilities Authority**

**Investment in Mental Health Wellness Grant Program for Children and Youth CY-01A (9/2021)**

The Investment in Mental Health Wellness Grant Program for Children and Youth (CY Grant Program) intends to improve access to mental health crisis services in California for children and youth, ages 21 and under.

Mental health programs eligible under the CY Grant Program include:

1. Mobile Crisis Support Team (MCST)
2. Crisis Stabilization (CS)
3. Crisis Residential Treatment (CRT)
4. Family Respite Care (FRC)

Entities eligible to apply for the CY Grant Program are:

- 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 (aka, Designated Grantee)

We encourage applicants to invite other collaborators to assist in filling the application if needed.

[Create Your Account](#) [Have An Account? Sign In](#)





# CREATING AN ONLINE APPLICATION ACCOUNT

Online accounts are free and simple to make. Sign up using your email, first and last name and a password.

A screenshot of a web form for creating an online application account. At the top, there are two tabs: 'Sign Up' (active) and 'Sign In'. Below the tabs, the text reads 'Welcome!' followed by 'Create your free Submittable account to get started.' The form contains several input fields: 'Email', 'Password', 'Confirm Password', 'First name', and 'Last name'. At the bottom, there is a prominent orange button labeled 'Sign Up'.



# ADDING COLLABORATORS

Collaborators can be given access to help complete the application.

- Once the application is submitted, collaborators will no longer have access to the application

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

Ends on October 29, 2021

 [Invite Collaborators](#)



# FILLING OUT THE ONLINE APPLICATION

The red asterisk (\*) indicates that the information is required.

If you need to step away from the application, you can save your progress by scrolling to the bottom of the application and clicking “Save Draft.”



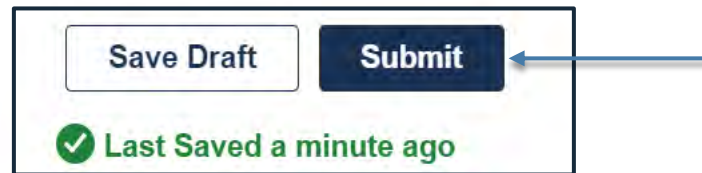
To continue working on an application, log back and select the application on your account page.





# SUBMITTING THE ONLINE APPLICATION

When the application is completed, submit the application by selecting “Submit” at the bottom of the application.



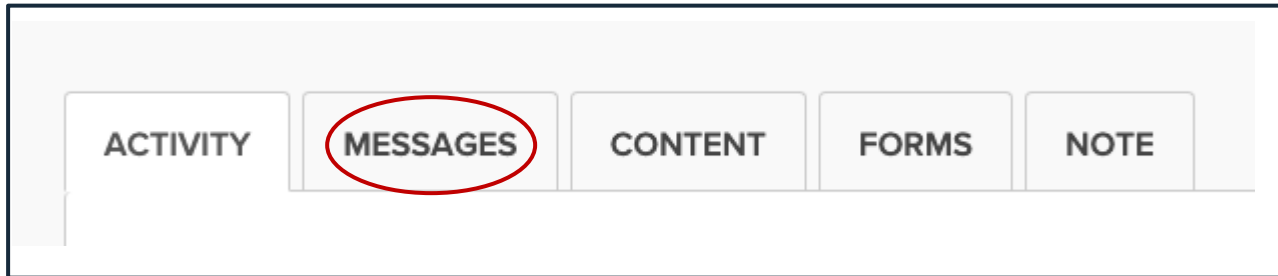
If your submission is not accepted, go back and check to ensure that you have answered all of the required questions.

You will receive a confirmation email letting you know that the application was submitted successfully.



# ONLINE APPLICATION ACCOUNT

After submitting an application, communication will be through the online application account.



After selecting the application in your online application account, you will have the options above.

- Communication with CHFFA staff will take place through the Messages tab.

# HOW TO FILL OUT THE APPLICATION

- APPLICATION SECTIONS
- EVALUATION CRITERIA
- REQUIREMENTS FOR NON-PROFIT CORPORATIONS
- ATTACHMENTS A, B, AND D



# APPLICATION SECTIONS

- Summary Information
- Co-Applicants & Service Providers
- Summary of Funding Requested
- County Grant Amounts Worksheet
- Sources and Uses

**SUMMARY INFORMATION - Please type all responses.**

**Grant amount requested, if applicable, includes 1 Yr of MCST Personnel Funding**

**Total Requested Grant Amount \***

\$

**LEAD GRANTEE**

**Name of Applicant: \***

**Entity Type (County or Joint Powers Authority) \***

**Applicant Address \***

Country

Address



Please keep the project description to 20 words or less.

Counties served are any counties that will directly benefit from the proposed program.

**Project Title \***

**Project Brief Summary Description \***

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Limited to 20 words

**County(ies) to be served \***

**Please select all programs to be funded with Grant \***

- Crisis Residential Treatment (CRT)
  Crisis Stabilization (CSU)
  Mobile Crisis Support Teams (MCST)
  Family Respite Care (FRC)

**Insert number of beds to be added by the proposed Project, as applicable. \***

	Number of Beds	Amount Requested
CRT		
CSU		
FRC		

**Insert number of teams to be added by the proposed Project, as applicable. \***

	Number of MCST Teams	Number of MCST Vehicles	Number of MCST Staff	MCST (Capital) Amount Requested	MCST (Personnel) Amount Requested
MCST					

**Purpose of Grant: Check all applicable boxes \***

- Purchase of real property
  Construction or renovation
  Mobile Crisis Support Team Personnel Funding
  Furnishings and/or Equipment
  Information technology
- Purchase of Mobile Crisis Support Team vehicle(s)
  Program startup or expansion costs

Number of beds to be added with grant funding

Number of teams, broken down by vehicle and staff to be added with grant funding

**ADDITIONAL APPLICANTS AND SERVICE PROVIDERS** (Please fill out additional Applicants and service provider(s) contact information, if applicable)

Is there a Co-applicant? \*

- Yes
- No

Name of CO-APPLICANT \*

Entity Type (County or Joint Powers Authority) \*

---

Is the Co-Applicant an Designated Grantee? \*

- Yes
- No

Has the Service Provider been selected yet? \*

- Yes
- No

Is the Service Provider the same as the designated grantee? \*

- Yes
- No

Name of Service Provider \*

Select yes if there will be Co-Applicants.

Provide information about the service provider that will be specified in Evaluation Criteria 4(c).

## SUMMARY OF FUNDING REQUESTED

Please contact the California Health Facilities Financing Authority with any questions by phone: (916) 653-2779 or email [chffa@treasurer.ca.gov](mailto:chffa@treasurer.ca.gov)

### Requesting Funding for Crisis Residential Treatment Program \*

Yes

No

### Requesting Funding for Crisis Stabilization Program \*

Yes

No

### Requesting Funding for Mobile Crisis Support Team Program \*

Yes

No

### Requesting Funding For Family Respite Care Program \*

Select yes for the program types for which you are requesting grant funds.

## Requested Funding for Crisis Residential Treatment Program \*



CRISIS RESIDENTIAL PROGRAM		
ELIGIBLE COSTS	Purchase of Real Property (how many properties?)	AMOUNT
Purchase of Real Property		
Construction or Renovation*		
Furnishings and/or Equipment		
Information Technology**		
Program Startup or Expansion Costs (up to three months)		
<b>SUB-TOTAL</b>		<b>0</b>

\*Hardscaping and/or landscaping costs essential to the completion of the Project may not exceed 5% of total Grant award.

\*\*Information Technology hardware and software costs may not exceed 1% of total Grant award except when approved by the Authority and only upon submission of justification in Application narrative that the additional information technology costs are necessary for the Project to achieve the desired goals and outcomes set forth in Section 7319(a)(3) and Section 7319.1(a)(3) of the regulations.

**Total Requested Grant Amount (Please insert sub-totals for each requested funding by program)**



Crisis Residential Treatment Program	
Crisis Stabilization Program	
Mobile Crisis Support Team Program	
Family Respite Care Program	
	0



The subtotals from the Requested Funding By Program do not auto-populate, Please insert the subtotals and double check to ensure they are the same.

## COUNTY GRANT AMOUNTS WORKSHEET (For Counties Applying Jointly Only)



COUNTY NAME	CAPITAL FUNDING REQUESTED	PERSONNEL FUNDING REQUESTED (Mobile Crisis for 1 year)	TOTAL REQUESTED (Capital + Personnel)
			0
			0
			0
			0
			0
<b>TOTALS</b>	0	0	0

## SOURCES AND USES

Please include sources and uses to complete the entire Project.

### Total Sources of Funds \*

CHFFA grant(s)	
Mental Health Services Act (MHSA) funds	
Realignment funds	
Medi-Cal, Federal Financial Participation	
Interest earnings from advanced funds	
Other sources, list (e.g., bank loans, other grants)	
<b>Total Sources</b>	<b>0</b>

### Total Uses of Funds \*

Facility acquisition	
Renovation	
Furnishing and/or equipment	
Information technology hardware and software	
Program startup or expansion costs	
Other costs:	
<b>Total Uses:</b>	<b>0</b>

\*\*Grantees must comply with California's prevailing wage law under Labor Code section 1720, et seq. for public works projects. The Authority recommends Applicants consult with their legal counsel.

Please verify Total Uses equals Total Sources \*

The total uses must not exceed the total of all available funding sources.





# EVALUATION CRITERIA

- There are four different evaluation criteria that will be scored
- The applicant needs to address each evaluation criteria for each type of program.
- The evaluation criteria section includes text boxes along with file uploads to complete.
  - Acceptable file upload types: .doc, .docx, .pdf, .jpeg, .png, .ppt, .ppts, .xls, .xlsx

**Evaluation Criteria – Applying for Crisis Residential Treatment, Crisis Stabilization and/or Mobile Crisis Support Team \***



Yes

No

**Evaluation Criteria – Applying for Family Respite Care \***



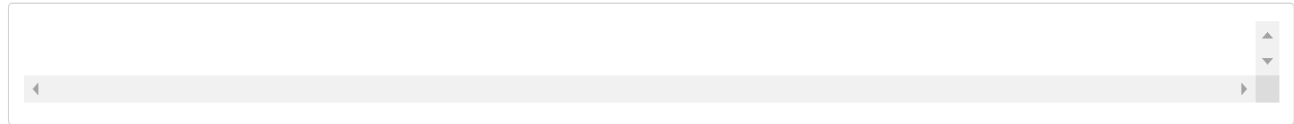
Yes

No

Select the Evaluation Criteria specific to the type of program(s).

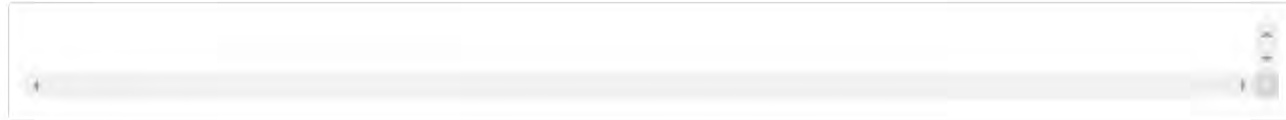
1. (a) Describe the new or expanded Crisis Stabilization, Crisis Residential Treatment and/or Mobile Crisis Support Team Programs to be funded by the Grant, the services within the Programs, and the Target Population(s), including age group(s), to be served. (Maximum 5 points) \*

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4. (a) (i) Address, renderings and/or floor plans of Project site, if available. If a Project site has not been identified, provide a description of the process, criteria for selection, and timeline for identification of a Project site that will be utilized. (This subdivision is not applicable to Mobile Crisis Support Team Projects). \*

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A large, empty text input area with a light gray background and a vertical scrollbar on the right side.

Please provide renderings and/or floor plans of Project site, if available.

A dashed rectangular box containing a dark blue button with the text "Choose File" in white.

Select up to 5 files to attach. No files have been attached yet. You may add 5 more files.

Text box

File upload



# EVALUATION CRITERIA

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
2. Application demonstrates a clear plan for a continuum of care and for collaboration and integration with other departments and agencies – Maximum 15 points
3. Application identifies key outcomes and a plan for measuring them – Maximum 10 points
4. Project is, or will be, Ready, Feasible, and Sustainable – Maximum 50 points



# EVALUATION CRITERIA 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), describes services, and identifies 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 improves timely access to community-based Mental Health Crisis Services – *Maximum 6 points*
- e. Project is qualitatively different from crisis services delivered in an institutional setting – *Maximum 5 points*



## EVALUATION CRITERIA 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. Project fits within the 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-based collaboration – *Maximum 10 points*
  - Expedite access
  - Improve wellness



# EVALUATION CRITERIA 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. Reduced hospital emergency room and psychiatric inpatient utilization – *Maximum 2 points*
  - ii. Reduced law enforcement involvement on mental health crisis calls, contacts, custodies and/or transports for assessment – *Maximum 2 points*
  - iii. Improvements in participation rates in the Program(s) – *Maximum 1 point*



## EVALUATION CRITERIA 3

- 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 MCST teams, vehicles and staff 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

Project is, or will be **Ready, Feasible, and Sustainable** – *Maximum 50 points*

The application needs to demonstrate that the Project will be Ready, Feasible, and Sustainable by the following timelines:

- Mobile Crisis Support Team Projects: within 9 months of Final Allocation
- Crisis Residential Treatment and Crisis Stabilization Projects
  - Building acquisition and/or renovation: within 12 months of Final Allocation
  - Construction of a new facility: within 18 months of Final Allocation



# EVALUATION CRITERIA 4

## 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, renderings and/or floor plans of Project site, or description of the process and timeline for identification (this requirement is not applicable to MCST Projects)
  - Necessary approvals and processes to complete the Project, and the names and roles of all responsible entities
  - Key milestones
  - Plan and current status for staffing Program(s)
  - Potential challenges



# EVALUATION CRITERIA 4

## 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), provide a plan for obtaining Medi-Cal certification – *Required, but no points awarded*
- e. For proposed CRT Program(s), provide a plan for obtaining a license and program approval to operate as a Children’s Crisis Residential Program – *Required, but no points awarded*



# EVALUATION CRITERIA 4

## 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 funds
  - Project leverages public and/or private funding sources and current status of funding
  - Total uses of funds shall not exceed total funding sources
  - Description of the internal process to ensure the Grant funds will only be used for eligible costs

## SUSTAINABILITY

- g. Provide the following: – *Maximum 10 points*
- Operating Budget that details annual operating costs
  - Description of new program funding sources that provide 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 points awarded*



# REQUIREMENTS FOR NON-PROFIT CORPORATIONS

For Co-Applicants that are private non-profit corporations, the following items will need to be provided with the application:

- Copy of the tax-exempt letters from the Internal Revenue Service and Franchise Tax Board
- A completed Legal Status Questionnaire for Private Non-Profit Corporations (Attachment C)
- Upon request, three years of audited financial statements

Select yes if Co-Applicant is a private non-profit corporation

If a co-Applicant is a private nonprofit corporation \*

- Yes  
 No

**1. A copy of the private nonprofit corporation tax-exemption letters from the Internal Revenue Service and the Franchise Tax Board. \***



**2. A completed Legal Status Questionnaire for Private Nonprofit Corporations (Attachment C).**

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.

**Financial Viability \***

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**Fraud, Corruption, or Serious Harm \***

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**3. In addition, upon request by Authority staff, three years of most recent Audited Financial Statements.**





# ATTACHMENTS A, B, and D

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

## ATTACHMENT A- APPLICATION CERTIFICATION \*

Choose File

Select up to 5 files to attach. No files have been attached yet. You may add 5 more files.

### 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

Copy and paste the Application Certification Language to county letterhead. Upload the signed certification in the on-line application.



## ATTACHMENT B- LEGAL STATUS QUESTIONNAIRE FOR COUNTIES AND PUBLIC AGENCIES

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.

### Financial Viability \*

**B** *I* U ☰ ☱ ” 🔗

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.

### Fraud, Corruption, or Serious Harm \*

**B** *I* U ☰ ☱ ” 🔗

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.

## **Attachment D- CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) REVIEW (if applicable)**

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.

**CEQA is not applicable to the project**

**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.)

**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)

# WHAT MAKES A GOOD APPLICATION



# WHAT MAKES A GOOD APPLICATION

- Give a clear description of the facility and how it will be utilized by the program
- Clearly describe the key objectives
- Clearly describe types of services that will be provided on site or by the Mobile Crisis Support Team(s)
- Clearly explain how the target population will be referred to the program
- Be organized and provide clear descriptions about the project timeline and its implementation



# WHAT MAKES A GOOD APPLICATION

- Provide a clear plan for continuum of care
- Clearly address each criteria
- Provide detailed line-item budgets
  - Familiarize yourself with the eligible expenses
  - Contact CHFFA with questions regarding eligible expenses
- Provide a clear project timeline

# TOOLS & RESOURCES

- ONLINE APPLICATION TECHNICAL ASSISTANCE
- CHFFA WEBPAGES



# Online Application Technical Assistance

For technical assistance or access to tutorials regarding the online application features, Applicants have access to the help center by clicking on the question mark once logged in or going to:

<https://www.submittable.com/help/submitter/>

# CHFFA's WEBPAGE

[HTTPS://WWW.TREASURER.CA.GOV/CHFFA](https://www.treasurer.ca.gov/chffa)

## Quick Links

[CHFFA Overview](#)

[Mission Statement](#)

[Authority Members](#)

[Meeting Schedule, Agendas,  
Materials, and TEFRA Notices](#)

[For PPE donations, please visit  
State of California COVID-19  
Medical Supply Contributions](#)

[Programs Fact Sheet](#)

[Applications Available for  
Downloading](#)

[Program Fee Schedules](#)

[CHFFA Act](#)

[Audits/Financial Disclosure  
Reports](#)

[Fast Facts](#)

[Make a Payment](#)

[Sign Up to Receive CHFFA  
Information](#)

## Highlights

[Children's Hospital Program of  
2018: Currently Accepting  
Applications from Children's  
Hospitals](#)  
4/22/19

## Did You Know?

Since January 2015, CHFFA's Bond Financing Program has issued \$2,257,750,000 to 12 hospitals. In addition, the HELP II Loan Program has issued \$5,415,000 to eight non-profit health care facilities. Also, the Investment in Mental Health Wellness Grant Program has awarded over \$55 million to 21 counties.

The California Health Facilities Financing Authority (CHFFA) was established to be the State's vehicle for providing financial assistance to public and non-profit health care providers through loans, grants and tax-exempt bonds.

Here's what we offer:

## COVID-19 FINANCIAL ASSISTANCE PROGRAMS

COVID-19  
Emergency HELP  
Loan Program

HELP II Loan Program  
Debt Service  
Payment Deferral



Bond Financing  
Program



Tax-Exempt  
Equipment Financing  
Program



HELP II  
Loan Program



Children's Hospital  
Program



Mental Health  
Wellness Grants



Community Services  
Infrastructure Grant  
Program



Lifeline Grant  
Program



Peer Respite  
Care Program



CA Health Access  
Model Program



# CHFFA CY WEBPAGE

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



## Contact Information

If you have any questions about the IMHW program, please contact CHFFA.

## CY Grant Program

[Statute](#)

[Regulations](#)

[Previous Meeting Materials & Webinars](#)

[Frequently Asked Questions \(FAQ\)](#)

[Notable Projects - Children and Youth Program](#)

[Program One Pager](#)

[Featured Projects](#)

## IMHW Act of 2013

[Statute](#)

[Regulations](#)

[Previous Meeting Materials & Webinars](#)

[Frequently Asked Questions \(FAQ\) \(Version 2/2/2016\)](#)

[Notable Projects](#)

[Featured Projects](#)

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Connect With Us



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

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 funding to develop 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.

## Notification of Proposed Emergency Regulatory Action

The California Health Facilities Financing Authority (CHFFA) will submit Emergency Regulations to the Office of Administrative Law amending the Application submission process. The current Application is being replaced with an online Application, Form No. CHFFA 7 CY-01A (08/2021). CHFFA will no longer accept Applications submitted via mail, in-person or email. The online Application is the only acceptable means of applying for Grant funds under the Investment in Mental Health Wellness Grant Program for Children and Youth.

Be aware the proposed emergency regulations will be submitted to the Office of Administrative Law (OAL) after a five-working day period has passed. An opportunity to submit public comments will be provided. Please check [www.oal.ca.gov](http://www.oal.ca.gov) for more information regarding the OAL public comment process for emergency regulations.

- [Emergency Regulations](#)
- [Filing of Emergency](#)
- [Online Application, Form No. CHFFA 7 CY-01A \(08/2021\)](#)

## Third Funding Round (Open)

CHFFA is pleased to invite California counties and their nonprofit or public agency designees to submit applications for the CY Grant Program during the Third Funding Round. Counties may apply for funding without regard to maximum Grant amounts per county, subject to availability of funds, pursuant to Section 7318, subdivisions (d)-(e) of the CY Grant Program regulations. The deadline to apply for the Third Funding Round is **FRIDAY, OCTOBER 29, 2021 at 5:00 PM (Pacific Time)**.

There is currently \$22,889,473.70 available in Capital funding for Crisis Residential Treatment, Crisis Stabilization Unit, and Mobile Crisis Support Team programs and \$1,138,616.00 in Mobile Crisis Support Team personnel funding. Funding for the Family Respite Care program is no longer available.

## CY Grant Program

CY Grant Application Form No. CHFFA 7 CY-01A (08/2021)



Program Regulations, FAQs, and other helpful information



Sign up for the ListServ to stay connected



Application link



# NEXT STEPS



# NEXT STEPS

- Applications Due: **October 29, 2021 at 5:00 PM (PT)**
- Applications Evaluated and Scored
- Initial Allocation and Appeal Process
- CHFFA Board Approval/Final Allocation
- Execution of Grant Agreement
- Grantee Next Steps Webinar



# Questions



## CONTACT INFORMATION

<b>Address</b>	<b>915 Capitol Mall, Room 435 Sacramento, CA 95814</b>
<b>Phone</b>	<b>(916) 653-2799</b>
<b>Email</b>	<b>CHFFA@TREASURER.CA.GOV</b>