

**CERTIFICATE OF COMPLETION & FINAL REPORT
Peer Respite Care Grant Program**

California Health Facilities Financing Authority (CHFFA)

Grantee:	
Grant Award #	Grant Amount: \$
CHFFA Approval Date:	Grant Period End Date:
Project Description:	

PART I: NARRATIVE QUESTIONS

Please attach a narrative in response to the following questions.

1) Results of the Project

Please provide descriptions, data and/or stories that demonstrate how well the project contributed to each of the following key outcomes:

- a) Reduced average disposition time for visits to emergency rooms and local hospital(s).
- b) Reduced hospital emergency room and psychiatric inpatient utilization.
- c) Reduced law enforcement time spent on mental health crisis calls, contacts, custodies and/or transports for assessment.
- d) Improvements in participation rates for outpatient mental health services and case management services.
- e) Consumers' and/or their family members' (when appropriate) satisfaction with the crisis services the consumer received.
- f) Number of crisis residential beds, crisis stabilization units and mobile crisis vehicles and support teams added.
- g) Services provided to Target Population(s), including individuals eligible for Medi-Cal, individuals eligible for county health and mental health services, and any other populations affected.
- h) Value of the Program(s), such as mitigation of costs to the county, law enforcement, and/or hospitals.

2) Key Milestones

- a) When did the project start?
- b) When was it (and any associated larger project) completed and when did services for each funded Program begin?
- c) What were some other key milestones or notable events, including licensing and certification (if applicable)?
- d) If the project (or an associated larger project) requires follow-up implementation actions, please provide information detailing:
 - i. how implementation will take place.
 - ii. what funding, staffing, equipment, or other resources are needed or have been secured?
 - iii. a timeline with key dates projected for completion, licensing and/or other approvals as applicable.

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PART II: ACTUAL PROJECT SOURCES & USES

Please provide a summary of actual sources and uses in the format provided below. Provide an "as of" date. Peer Respite Care Program Grants cannot exceed the total cost of the project. Total sources must equal total uses.

Sources of Funds – as of (date) _____ :

CHFFA grant(s)	\$	_____
Mental Health Services Act (MHSA) funds	\$	_____
Realignment funds	\$	_____
Medi-Cal, Federal Financial Participation	\$	_____
Interest earnings from advanced funds	\$	_____
Other sources, list (i.e. bank loans, other grants)	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
Total Sources	\$	_____

Uses of Funds (from all sources) – as of (date) _____ :

Purchase of real property	\$	_____
Construction or renovation	\$	_____
Furnishings or equipment	\$	_____
Information technology hardware and software	\$	_____
Other costs, list (i.e. operating costs, evaluation)	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
Total Uses	\$	_____

PART III: CERTIFICATION

I hereby certify that, to the best of my knowledge, all grant funds were expended on the above named project, the project is complete, the grant did not exceed the total project costs, all interest earnings have been reported to CHFFA, and this report and all accompanying documents are true and correct. I understand that the grant agreement includes valid and binding obligations that extend beyond the term of the grant.

Signature

Date

Name: _____

Title: _____

Additional Contact:

Name: _____

Title: _____

Email: _____

Phone: _____