

# Investment in Mental Health Wellness Grant Program



## NEXT STEPS FOR GRANTEES

### Contact Information

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

(916) 653-2799

# OVERVIEW



## Next Steps After CHFFA Approval:

- Grant Agreement
- Documentation or detailed statement of status
- Project readiness and feasibility
- Eligible project cost
- Request for Disbursement form
- Actual Expenditures Report form
- Status Reports
- Certificate of Completion and Final Report

# THE GRANT AGREEMENT



- ✓ Board of Supervisors' ("BOS") resolution authorizing an official to accept the Grant
- ✓ BOS must designate a signer for all day-to-day grant transactions
- ✓ Two copies signed by Grantee official and CHFFA's Executive Director
- ✓ One copy sent back to Grantee for records

# DOCUMENTATION OR DETAILED STATEMENT



## Please submit to your grant officer:

- Documentation for all of the following (*if applicable*) or detailed statement regarding the status of obtaining this documentation
  - ✓ Construction or renovation
  - ✓ Acquisition of real property
  - ✓ Evidence of control of property (lease agreement, grand deed, title report)
  - ✓ Acquisition of supplies, furniture and equipment, including vehicles
  - ✓ Personnel costs
  - ✓ Other eligible costs
- For construction Projects on leased property
  - ✓ Lease agreement requirements
  - ✓ Current title report

*Release of Grant Funds & Requirements for Construction Projects on Leased Property - Section 7125 & 7126*

# FEASIBILITY, SUSTAINABILITY AND READINESS



CHFFA must determine project is ready & feasible within 9 months of Final Allocation

## Limited extensions

- Case by case at the discretion of the Executive Director

## Cancellation of Grant

- Failure to demonstrate readiness and feasibility
- Grant funds shall be made available to other applicants

*Release of Grants- Section 7125(a)(3)(C) + (D)*

# ELIGIBLE PROJECT COSTS



## Must be incurred during the Grant Period

- Purchase of real property
- Construction or renovation
  - Appraisals, inspections, permit fees, surveying, architectural and engineering fees
- Furnishings or equipment (including vehicles for Mobile Crisis Support Team)
- IT hardware and software (not to exceed 1%)
- 3 months of program startup or expansion
  - Lease payments, utilities, facilities repairs or maintenance, personnel cost, moving expense, and certain supplies

Grant funds shall be used only for reasonable costs directly related to and essential for the completion of the Project

*Eligible Project Costs - Section 7115*

# Designated Private Nonprofit Requirements



If County designates a private nonprofit corporation to hold title of the real property purchased with CHFFA grant funds or to receive CHFFA grant funds directly for construction/renovation on property acquired with CHFFA funds

## Designated private nonprofit corporation shall:

- Provide Program(s) services
- Execute a Grant Agreement that:
  - ✓ Complies with Section 7124 of regulations
  - ✓ In the event the nonprofit fails to provide services as provided in the Grant Agreement, title to the real property shall be given to the County
  - ✓ In the event the County does not take and hold title, the Authority may take any action necessary to take and hold title to property.

# Designated Private Nonprofit Requirements



- ❑ Upon request, provide audited financial statements and retain project and financial records of all grant funds spent for a period of three years after Project completion
- ❑ Upon request, provide a current title report with:
  - ✓ No easements, exceptions or restrictions on the use of site that interferes with or impairs the operation of the Project
  - ✓ Fee title subject to the lease agreement
  - ✓ Deed of Trust recorded in the chain of title against the real property that contains a lease agreement (next slide)

*Release of Grant Funds - Section 7125.1*



# Designated Private Nonprofit Requirements



- ❑ Execute a Lease Agreement for use of the real property for the useful life of the Project, including any renewals with the County that:
  - ✓ In the event the nonprofit fails to provide services as provided in the Grant Agreement, the County shall be given title to the real property
  - ✓ In the event the County does not take and hold title, the Authority may take any action necessary to take and hold title to real property

# DISBURSEMENT OF FUNDS



## 1<sup>st</sup> Disbursement

- Request for Disbursement Form + required documents

## 2<sup>nd</sup> Disbursement (and so on...)

- Request for Disbursement Form + required documents
- Actual Expenditure Report + required documents
- Status Report

*Release of Grant Funds - Section 7125*

# REQUEST FOR DISBURSEMENT FORM

## REQUIRED DOCUMENTATION



Required documentation, if available; if not available, Grantee must submit detailed statement on the status of obtaining such documentation

### Construction or Renovation

- Grant Deed , Lease Agreement or Title Report
- Detail of Building plans, cost and timelines
- Executed Construction Contract
- Architect contract, design contracts, engineering contract (if applicable)
- Building permits, conditional use permits (if applicable)
- Compliance with CEQA and prevailing wage

*Release of Grant Funds - Section 7125*

# REQUEST FOR DISBURSEMENT FORM

## REQUIRED DOCUMENTATION



### Real Property Acquisition

- Recent appraisal

### Acquisition of Supplies, Furniture, Equipment (including vehicles for Mobile Crisis Support Team)

- List of items purchased with purchase orders

### 3 Month Startup

- Staffing plans and payroll projections
- Utility statements
- Invoices, contracts, P.O's , receipts

*Release of Grant Funds - Section 7125(a)*

# REQUEST FOR DISBURSEMENT FORM

## REQUIRED DOCUMENTATION



### Personnel Costs

- Staffing plan with number of full time staff
- Job description, minimum qualification and licensing/certification required
- Documentation of hourly wage, employers contribution
- Payroll Projections

*Release of Grant Funds - Section 7125*

# REQUEST FOR DISBURSEMENT FORM

Form # CHFFA 7 MH-02 (Rev. 06/2014)



California Health Facilities Financing Authority ("CHFFA")  
Investment in Mental Health Wellness Grant Program

**Request for Disbursement Form**

Request # \_\_\_\_\_  
Grant # BTTE-01  
Award Amount \$867,425.00

Project Name or Description: Butte County Crisis Residential Treatment Facility	\$867,425.00	<input checked="" type="checkbox"/> Crisis Residential
	\$ 0.00	<input type="checkbox"/> Crisis Stabilization
	\$ 0.00 (C)	<input type="checkbox"/> Mobile Crisis Support Team
	\$ 0.00 (P)	

Amy Voong  
CHFFA Project Officer  
Phone: (916) 653-2771  
Fax: (916) 654-5362  
E-Mail: Amy.Voong@treasurer.ca.gov

Lead Grantee: County of Butte

**FOR CHFFA USE ONLY**

Cost Type(s)	Total of previous disbursement	Projected Expenditure Amount
Capital Funding except vehicle purchase:	\$ _____	\$ _____
Vehicle Purchase:	\$ _____	\$ _____
Personnel Funding:	\$ _____	\$ _____
Total - Previous Disbursement:	\$ <u>0.00</u>	

Disbursement	
This Disbursement	Total to Date
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

**Documentation to Accompany Form:**

Please attach a spreadsheet and other documentation used to establish this projection.

TOTAL DISBURSEMENT REQUEST: \$ 0.00

Has the scope of the Project changed from the description in your grant agreement? **YES** or **NO** (circle one) If yes, use Attachment 1 to request approval of and explain any line item changes needed.

*I certify that to the best of my knowledge, the information contained in this projection and the accompanying materials is true and accurate. I understand that misrepresentation may result in the cancellation of the grant and other actions which the Authority is authorized to take.*

By (Print Name of Authorized Officer) \_\_\_\_\_ Signature \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Except for the initial submission of this form, please attach status report in accordance with Section 7125(a)(4) and 7128 in the regulations.

**Total Disbursement Request** should include Capital Funding, Vehicle Purchase and Personnel Funding, as applicable.

Please attach a spreadsheet listing projected expenditures as well as all documentation used to establish this projection. Your analyst may contact you for an electronic copy of your spreadsheet.

It is especially important to indicate if the scope of the Project has changed from the description in your Agreement. Material changes require pre-approval from CHFFA.

# REQUEST FOR DISBURSEMENT FORM

Form # CHFFA 7 MH-02 (Rev. 06/2014)



## ATTACHMENT 1

California Health Facilities Financing Authority ("CHFFA")  
Investment in Mental Health Wellness Grant Program

Grant # BTTE-01

Date Submitted: \_\_\_\_\_

### REQUEST FOR CHANGE

Lead Grantee County of Butte

1) Please detail the requested change or changes in the table below.

Line/Category	Approved Amount	Change Requested	Amount, if approved
			0.00
			0.00
			0.00
			0.00

2) Explain budget change requested above. Why is the change needed?

3) Does the change affect the scope of the project as shown in your grant agreement YES or NO (circle one)  
If yes, please explain in detail.

4) Request change of Grant Period end date from \_\_\_\_\_ to \_\_\_\_\_  
Please explain.

If you would like to move funds between categories (construction, acquisition, furniture, equipment, IT, 3-month startup), please fill out your approved amounts in the 1<sup>st</sup> column, your requested changes to the approved amounts, and then what the final approved amounts would be.

# ACTUAL EXPENDITURES REPORT FORM

## REQUIRED DOCUMENTATION



Due after each disbursement or  
45 days ending June 30<sup>th</sup> and December 31<sup>st</sup>

### Required documentation (if applicable):

#### Payroll Schedule with Signed Certification

- *“Grantee represents and warrants that the attached payroll expenditure schedule is a complete and accurate summary of the performed activities for the project. Grantee represents and warrants that each line item detailed in the attached payroll expenditure schedule is for incurred costs related to the project schedule.”*

#### Final Settlement Statement or Property Title Report

#### Invoices, Receipts, and Cancelled Checks or proof of wire transfers

*Reporting Requirements – Section 7128(a)*



# ACTUAL EXPENDITURES REPORT FORM

Form # CHFFA 7 MH-03 (Rev. 06/2014)



California Health Facilities Financing Authority ("CHFFA")  
Investment in Mental Health Wellness Grant Program

Actual Expenditures Report  
SUMMARY SHEET

Grant # BTTE-01  
Award Amount \$867,425.00

Project Name or Description Butte County Crisis Residential Treatment Facility	\$867,425.00	<input checked="" type="checkbox"/> Crisis Residential
		<input type="checkbox"/> Crisis Stabilization
		<input type="checkbox"/> Mobile Crisis Support Team

Amy Voong  
CHFFA Project Officer  
Phone: (916) 653-2771  
Fax: (916) 654-5362  
E-Mail: Amy.Voong@treasurer.ca.gov

Lead Grantee: County of Butte

Cost Type(s)	Date of Expenditures		Actual Expenditures
	From	to	
Purchase of real property (Attachment A):	\$		
Construction or renovation (Attachment B):	\$		
Furnishings or equipment including vehicles (Attachment C):	\$		
Information technology hardware and software (Attachment D):	\$		
Program startup or expansion costs (Attachment E):	\$		
Personnel Funding (Attachment F):	\$		
<b>TOTAL:</b>	\$		<u>0.00</u>

FOR CHFFA USE ONLY	
Verified as Eligible	Budget Remaining
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$

I certify that to the best of my knowledge, the information contained in this report form and the accompanying materials is true and accurate. I understand that misrepresentation may result in the cancellation of the grant and other actions which the Authority is authorized to take.

By (Print Name of Authorized Officer)

Signature

Title

Date

Phone:

Email:

- Please check applicable status report submitted with this form:
- Mid-year Due within 45 days following June 30
  - End of year Due within 45 days following December 31
  - Supplemental Upon CHFFA Request

# ACTUAL EXPENDITURES REPORT FORM

Form # CHFFA 7 MH-03 (Rev. 06/2014)



ATTACHMENT C

California Health Facilities Financing Authority ("CHFFA")  
 Investment in Mental Health Wellness Grant Program  
**ACTUAL EXPENDITURES FORM – CONSTRUCTION OR RENOVATION**

Grant # MH: \_\_\_\_\_

Date: \_\_\_\_\_

Lead Grantee \_\_\_\_\_

CHFFA has separate sheets for construction or renovation, purchase of real property, furnishings or equipment, IT hardware and software, program start up costs, personnel and other costs

Document Description	Date of Document	Description	Amount, (if applicable)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
<b>TOTAL DISBURSEMENT REQUEST – CONSTRUCTION OR RENOVATION (All pages):</b>			

- NOTE:**
1. Attach supporting documentation behind this form in the above order and numbered as shown above.
  2. If more than 15 items are to be listed, copy this form for additional pages and please note total number of pages included \_\_\_\_\_.



# STATUS REPORTS



Due after each disbursement or  
45 days ending June 30<sup>th</sup> and December 31<sup>st</sup>

## Summary of:

- 1) Activities performed and populations served
- 2) Incurred costs and expenditures consistent with application; if not, explain
- 3) Data or preliminary results on outcomes and challenges in obtaining data
- 4) Other funding sources
- 5) Remaining work and an estimated completion timeline
- 6) If Project is within the proposed budget and, if not, why and actions to be taken to ensure sufficient funding

*Reporting Requirements – Section 7128(a)*

# CERTIFICATE OF COMPLETION AND FINAL REPORT



Due within 60 days after Project completion

## Required documentation (if applicable):

- ❑ License and certification of Programs
- ❑ Summary of sources and uses of funds
- ❑ Project outcomes, key milestones and accomplishments
- ❑ Final closing statement with certification by title company
- ❑ Certificate of occupancy
- ❑ Executed sales agreement or title

*Reporting Requirements – Section 7128(b)*

# HELPFUL TIPS



- ✓ Refer to the Regulations as noted on the slides
- ✓ Collect contracts, purchase orders, invoices and cancelled checks as you go
- ✓ Develop and maintain electronic spreadsheets to track expenditures
- ✓ Keep Project and financial records handy for audits, requests from CHFFA and site visits
- ✓ Stay in frequent contact with your grant officer

# CHFFA's Website

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

□ **Link to statute & regulations**

□ **Link to regulations - your handbook**

California State Treasurer  
**John Chiang**

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**CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY**

### About CHFFA

- CHFFA Overview
- Mission Statement
- Authority Members
- Applications Available for Downloading
- Program Fee Schedules
- CHFFA Act

### Program Areas

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. To this end, CHFFA administers the following programs:

- Bond Financing Program
- Tax-Exempt Equipment Financing Program

CHFFA also provides direct loans to small and rural health facilities through the following programs:

- HELP II Loan Program

Additionally, CHFFA administers five grant programs:

- Investment in Mental Health Wellness Act of 2013: A grant program for California counties supporting the development of programs that increase access to and capacity for crisis mental health services
- Peer Respite Care Grant Program: A grant program for California counties supporting the development of programs that increase access to and capacity for crisis mental health services operated by peers
- California Health Access Model Program (CHAMP): Grant program enacted July 2012 to support innovative methods to deliver health care
- Children's Hospital Program: Capital grants to eligible children's hospitals
- Community Clinic Grant Program: This program is winding down and is closed to new applicants

### Quick Links

- Fast Facts
- Audits/Financial Disclosure Reports
- Sign Up to Receive CHFFA Information

### Authority Meetings

- Schedule
- Agendas, Staff Reports, Minutes and Notices of Tax Equity and Fiscal Responsibility Act (TEFRA) Hearings

### Popular Pages

- Investment in Mental Health Wellness Act of 2013
- Meeting Agendas, Staff Reports, Minutes and Notices of TEFRA Hearings
- Children's Hospital Bond Act
- Contacts
- California Health Access Model Program (CHAMP)

### Program Updates

- Notice of Proposed Emergency Regulations for the Peer Respite Care Grant Program  
Posted 1/13/16
- Investment in Mental Health Wellness Grant Program - Fifth Funding Round Application Period is opened on Friday, January 8, 2016  
Posted 1/13/16
- Frequently Asked Questions (FAQ) for the Investment in Mental Health Wellness Grant Program  
Updated 1/13/16

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**John Chiang**

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Home ->> CHFFA ->> Investment in Mental Health Wellness Act of 2013

**CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY**

### Peer Respite Care Grant Program

The Peer Respite Care Grant Program allows California counties and their designated nonprofit or public agency to apply for Grant funds specifically for the purpose of providing an additional level within the continuum of care to those experiencing or at risk of experiencing a mental health crisis. Peer respite programs are voluntary, short-term residential programs that provide an alternative to psychiatric emergency services by offering a less coercive or intrusive supporting environment for individuals experiencing a mental health crisis, but who are not deemed dangerous to others.

### Statute, Regulations & Regulatory Actions

#### Emergency Regulations for the Peer Respite Care Grant Program (New February 2, 2016)

The California Health Facilities Financing Authority (CHFFA) adopted emergency regulations for the Peer Respite Care Grant Program. This emergency regulatory action became effective February 1, 2016.

- Finding of Emergency (Revised 1/29/16)
- Notice of Approval of Emergency Regulatory Action and Endorsed Form 400 (Approved 2/1/16)
- Emergency Regulations - Peer Respite Care Grant Program Filed with Secretary of State (Effective 2/1/16)

### For Grant Seekers

The application for the Peer Respite Grant Program ends at 5:00 p.m. (Pacific Time) on Tuesday, March 8, 2016. [Funding available](#) for the program is up to \$3 million. The designated lead applicant/grantee must be a California county.

- Frequently Asked Questions (Version 2/2/16)
- Grant Application Form - Peer Respite Care Grant Program (in Word)
- Grant Application Form - Peer Respite Care Grant Program (in non-fillable PDF)  
Note: PDF version - text can be copied from this version and pasted into Word.

### Investment in Mental Health Wellness (IMHW) Act of 2013

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 designates 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.

### Statute, Regulations & Regulatory Actions

- Statute
- Regulations - Investment in Mental Health Wellness Grant Program Filed with Secretary of State (Effective 1/11/16)
- Regulations - Investment in Mental Health Wellness Grant Program, Final Clean Version (Effective 1/11/16)

■ **Investment in Mental Health Wellness Act of 2013:** A grant program for California counties supporting the development of programs that increase access to and capacity for crisis mental health services