State of California Office of Administrative Law

In re:

California Health Facilities Financing Authority

Regulatory Action:

Title 04, California Code of Regulations

Adopt sections:

Amend sections: 7413, 7416

Repeal sections:

NOTICE OF APPROVAL OF REGULATORY

ACTION

Government Code Section 11349.3

OAL Matter Number: 2022-0426-01

OAL Matter Type: Regular (S)

In this rulemaking action, the Authority amends its regulations to require applications to be submitted online, removing the procedures related to the submission of applications by mail. It further revises its Community Services Infrastructure Grant Program Application form to reflect this change.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 6/8/2022.

Date: June 8, 2022

Thanh Huynh Senior Attorney

For:

Kenneth J. Pogue

Director

Original: Frank Moore, Executive Director

Copy:

Bianca Smith

STATE OF CALIFOR MA OFFICE OF ADMINISTRATIVE LAW For use by Secretary of State only NOTICE PUBLICATION/REGULAT STD. 400 (REV. 10/2019) EMERGENCY NUMBER OAL FILE NOTICE FILE NUMBER JORSED - FILED Z-2022-0214-01 NUMBERS in the office of the Secretary of State For use by Office of Administrative Law (OAL) only of the State of California JUN 08 2022 3:15 Pm OFFICE OF ADMIN. LAW 2022 APR 26 AM 10:03 NOTICE REGULATIONS AGENCY WITH RULEMAKING AUTHORITY AGENCY FILE NUMBER (If any) CA Health Facilities Financing Authority A. PUBLICATION OF NOTICE (Complete for publication in Notice Register) 1. SUBJECT OF NOTICE TITLE(S) FIRST SECTION AFFECTED 2. REQUESTED PUBLICATION DATE 3. NOTICE TYPE 4. AGENCY CONTACT PERSON TELEPHONE NUMBER FAX NUMBER (Optional) Notice re Proposed Other Regulatory Action ACTION ON PROPOSED NOTICE NOTICE REGISTER NUMBER OAL USE PUBLICATION DATE Approved as Approved as Disapproved/ 2022, 8-Z ONLY 2022 Submitted Modified Withdrawn B. SUBMISSION OF REGULATIONS (Complete when submitting regulations) 1a. SUBJECT OF REGULATION(S) 1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) Community Services Infrastructure Grant Program 2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related) SECTION(S) AFFECTED (List all section number(s) AMEND individually. Attach 7413, 7416 additional sheet if needed.) TITLE(S) REPEAL 1 TYPE OF FILING Regular Rulemaking (Gov. Certificate of Compliance: The agency officer named Emergency Readopt Changes Without Code §11346) below certifies that this agency complied with the (Gov. Code, §11346.1(h)) Regulatory Effect (Cal. provisions of Gov. Code §§11346.2-11347.3 either Code Regs., title 1, §100) Resubmittal of disapproved before the emergency regulation was adopted or or withdrawn nonemergency within the time period required by statute. File & Print filing (Gov. Code §§11349.3, Print Only 11349.4) Resubmittal of disapproved or withdrawn Emergency (Gov. Code, Other (Specify) emergency filing (Gov. Code, §11346.1) §11346.1(b)) ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1) EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100) §100 Changes Without Effective January 1, April 1, July 1, or Effective on filing with Effective other Secretary of State October 1 (Gov. Code §11343.4(a)) Regulatory Effect (Specify) CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY Department of Finance (Form STD, 399) (SAM §6660) Fair Political Practices Commission State Fire Marshal Other (Specify) TELEPHONE NUMBER CONTACT PERSON FAX NUMBER (Optional) E-MAIL ADDRESS (Optional) Bianca Smith 916/653-2408 8. I certify that the attached copy of the regulation(s) is a true and correct copy For use by Office of Administrative Law (OAL) only of the regulation(s) identified on this form, that the information specified on this form **ENDORSED APPROVED** is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification. SIGNATURE OF AGENCY HEAD OR DESIGNEE JUN 08 2022 25-2022 Office of Administrative Law Carolyn Aboubechara, Deputy Executive Direcotr

CALIFORNIA CODE OF REGULATIONS

Title 4, Division 10, Chapter 8

Community Services Infrastructure Grant Program

Amend Section 7413. Definitions to read:

The following definitions shall apply wherever the terms are used through this Chapter.

- (a) No chánge
- (b) "Application" means the <u>online written</u> request for a Grant under the Community Services Infrastructure Grant Program in the form and format of the Community Services Infrastructure Grant Program Application, Form No. CHFFA 9 CSI-01A (09/2018/11/2021), which is hereby incorporated by reference, including all supporting information and documents, as further described in Section 7416.
- (c) (y) No change

Note: Authority cited: Section 5848.51, Welfare and Institutions Code. Reference: Section 5848.51, Welfare and Institutions Code.

Amend Section 7416. Grant Application to read:

- (a) No change
- (b) No change
- (c) No change
- (d) No change
- (e) <u>The Application forms</u> shall be available on the Authority's website at <u>www.treasure.ca.gov/chffa</u> and will be referred to as the Community Services Infrastructure Grant Program Application, Form No. CHFFA 9 CSI-01A (09/201811/2021).
- (1) An original and two copies of tThe Application shall be received by the Authority no later than 5:00 p.m. (Pacific Time) on the deadline date posted on the Authority's website at www.treasurer.ca.gov/chffa.and-may-be-sent-by-mail-or-deliveryto:

California Health Facilities Financing Authority Community Services Infrastructure Grant Program 915 Capitol Mall, Room 435 Sacramento, California 95814 or the Application may be emailed as a Portable Document Format (PDF) attachment to chffa@treassurer.ca.gov. The Authority is not responsible for email transmittal delays or failures of any kind.

- (2) The Authority is not responsible for email transmittal delays or failures of any kind.
- (23) Incomplete Applications and Applications received by the Authority after the deadline date and time of the funding round shall not be accepted for review in that funding round.
- (<u>34</u>) Applications shall be considered final as of the deadline date and time. No additional information or documents shall be accepted by the Authority after that date, except as specifically requested by the Authority.

Note: Authority cited: Section 5848.51, Welfare and Institutions Code. Reference: Section 5848.51, Welfare and Institutions Code.







California Health Facilities Financing Authority California Educational Facilities Authority

Community Services Infrastructure Grant Program Form No. CHFFA 9 CSI-01A (11/2021)

The Community Services Infrastructure Grant Program (CSI Grant Program) intends to expand access to jail and prison diversion programs and services; create or expand mental health treatment facilities, substance use disorder treatment facilities, and trauma-centered service facilities in local communities; and reduce the need of mental health treatment, substance use disorder treatment, and trauma-centered services in jails and prisons.

Programs or combination of programs that are eligible under the CSI Grant Program include:

- 1. Mental Health Treatment
- 2. Substance Use Disorder Treatment
- 3. Trauma Centered Services

Entities eligible to apply for the CSI Grant Program are:

- A County
- · Counties applying jointly

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

General Instructions

Please refer closely to the Community Services Infrastructure Grant Program regulations (California Code of Regulations, Title 4, Division 10, Chapter 7) as you are completing this Application. The regulations, which can be found at http://www.treasurer.ca.gov/chffa/csi/csigp.asp (http://www.treasurer.ca.gov/chffa/csi/csigp.asp), contain a great deal of essential information that is not repeated here including eligibility, instructions for submission of an Application, and maximum Grant amounts. All terms that are capitalized in this Application are defined in Section 7413 of the regulations.

We expect Applicants to adhere to the organization and sequencing of questions contained herein when completing an Application. 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) For technical assistance with the online application, visit Submittable's Customer Support at https://www.submittable.com/help/submitter/ (https://salesloft.submittable.com/t/101224/c/74eaf0f7-7048-4cb8-8a0a-75144dfbaa14/NB2HI4DTHIXS653XO4XHG5LCNVUXI5DBMJWGKLTDN5WS62DFNRYC643VMJWWS5DUMVZC6===/wwwsubmittable-com-help-submitter) SUMMARY INFORMATION - Please type all responses. **Total Requested Grant Amount*** LEAD GRANTEE Name of Applicant (County) * Entity Type (Department, Agency, etc.) * Applicant Address * Country Select... Address Address Line 2 (optional) City

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

Is there a Co-applicant?	*	
Yes	O No	
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Facility Acquisition		
Renovation*		
Furnishings and/or Equiptment		
Information Technology**		
Program Startup or Expansion Costs (up	to 3 months)	·
Total Requested Grant Amount		0
Hardscaping and/or landscaping costs essent *Information Technology hardware and softwa nd only upon submission of justification in Ap osts are necessary for the Project to achieve	are costs may not exceed 3% of total Goplication narrative (evaluation criteria	Grant award except when approved by the Authorit 4(e)(i)) that the additional information technology
COUNTY GRANT AMOUNTS Complete the graph below for each County list County Grant Amount	ited as Lead Grantee and Co-Applicant	t(s).
		Annual An
County Name	Funding Requ	ested
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SOURCES AND USES

Please include sources and uses to complete the entire Project.

Total Sources of Funds *

Total Requested Grant Amount	
Mental Health Services Act (MHSA)	
Realignment funds	
Medi-Cal, Federal Financial Participation	
Other sources, list (e.g., bank loan*, other grants)	
Total Sources	0
If obtaining a bank loan, please name the bank and describe the length an	d rate of the loan.
Total Uses of Funds *	
Facility acquisition	· · ·
Renovation**	
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Information technology hardware and software	
Program startup or expansion costs (up to 3 months)	
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*Grantees must comply with California's prevailing wage law under Labor Authority recommends Applicants consult with their legal counsel.	Code section 1720, et seq. for public works projects. The
Discounties Tabilles and Table 1	
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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)

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Evaluation Criteria
Applications shall be scored on the criteria set forth in Section 7419 of the regulations:
1. Project increases or expands access to and capacity for community mental health treatment, substance use disorder treatment, and/or trauma-centered services that offer relevant alternatives to incarceration. (Maximum 25 points)
a. Describe the new or expanded Project(s) to be funded by the Grant and the services within the Project(s), including the Target Population(s) to be served. (Maximum 7 points) *
b. Describe the community need, including who does and does not receive services now, including demographics, and how the Project will be designed to reduce the need of mental health treatment, substance use disorder treatment, and/ or trauma-centered services in jails and/or prisons. Please include any available data that reflects community need. (Maximum 6 points) *
c. Quantify and describe how the Project will increase capacity for community based Jail Diversion Programs. (Maximum 6 points) *
i. Identify the number of mental health treatment, substance use disorder treatment, and/or traumacentered service beds or service capacity that will be added.*
ii. How will the number added impact the Target Population(s) and translate into a number of additional individuals that may be served in the community?

ore-plead, p	existing or proposed Jail Diversion plan, including the intercepts (e.g., pre-booking, ost-conviction) at which Justice-Involved Individuals are diverted from jail and/or kimum 6 points) *
ubstance ι ind linkage	on demonstrates a clear plan for a continuum of care for mental health treatment, use disorder treatment, and trauma-centered services; and for collaboration, integration with law enforcement, judicial systems, public health systems, behavioral health ad social services. (Maximum 15 points)
	how the Project fits in with the continuum of care as it presently exists in the (Maximum 4 points)
es escribios, cor sus reliberación describación del minimidado de	
-	e shortcomings that exist within the continuum and supply any available data that may or further identify the shortcomings. *
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expand on o	ow the Project will improve the existing continuum of care for Justice-Involved utilizing mental health treatment, substance use disorder treatment, and/or trauma-

c. Describe the working relationships with Related Supports that already exist and/or those which will be established to enhance and expand community collaboration designed to maximize and expedite access to treatment and/or services for the purpose of diverting individuals with mental health disorders, individuals with substance use disorders, and/or victims of trauma arising from sex trafficking, domestic violence, and other violent crimes from jails and/or prisons, and improving wellness for those individuals. (Maximum 4 points) *
d. Provide supporting documention in the form of letters or Memoranda of Understanding from Related Supports identifying the collaborative efforts amongst the agencies identified to expand treatment and/or services. (Maximum 3 points)
Choose File
Upload a file. No files have been attached yet.
Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff
i. Counties Applying Jointly shall provide evidence, such as Memoranda of Understanding and/or interagency agreements, or a plan in place showing collaboration between counties for treatment and/or services for Justice-Involved Individuals across county lines.
3. Identifies key outcomes and a plan for measuring them. (Maximum 10 points)
a. Provide a plan that includes methodology, timeline, and assignment of responsibility to measure and demonstrate outcomes of the Program, including the following:
i. Reduced number of individuals with mental health disorders, individuals with substance use disorders, and victims of trauma in jails and/or prisons; and reduced need for mental health treatment, substance use disorder treatment, and/or trauma-centered services in jails and/or prisons. (Maximum 2 points) *
ii. Number and demographics of individuals within the Target Population(s) who utilize mental health treatment, substance use disorder treatment, and/or trauma-centered services. (Maximum 2 points) *

			
. Number and demographics o ere returned to jail and/or pris			and/or services and
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Project is Ready, Feasible, ar onths of the approval of the F	d Sustainable or will b	e Ready, Feasible, and S	
Provide a detailed plan and to teps needed to complete the F emonstrating the ability to me Maximum 15 points)*	oject as further deline t the criteria set forth	ated below and provide in Section 7419(a)(4)(G)	evidence
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Address of Project site, if ava of the process, criteria for selec tilized. (Maximum 2 points) *	able. If a Project site I		provide a descripti
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i. Renderings and/or floor plans of Project site, if available. (Maximum 2 points) *	
ii. Necessary approvals and processes to complete the Project, and the names and roles of all responsible entities. This includes, but is not limited to, County Board of Supervisors' approval, Requests for Proposals, architectural and construction contracts, California Environmental Qual Act (CEQA) compliance, building permits, conditional use permits, and Memoranda of Understanding/interagency agreements for Counties Applying Jointly, as applicable. (Maximum Spoints) *	
v. Key milestones, in the future and completed to date, including projected or actual Project star date (i.e., date of purchase, renovation, or lease), Project end date (i.e., date of occupancy), and projected start date of services to the Target Population(s). (Maximum 3 points) *	
v. The plan and current status for staffing the Program(s). (Maximum 2 points) *	
vi. Potential challenges that may affect the timeline to start providing services and how those challenges will be mitigated, including but not limited to, site identification and acquisition, contracting, local use permit process, County Board of Supervisors' approval, CEQA process, Building Code compliance, selection of service provider, licensure, certification, loss of a site, delays in local (city and/or county) approvals, community opposition issues, loss or reduction in leveraged funding, and increased Project costs, as applicable. (Maximum 3 points) *	
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b. Describe and provide evidence of community outreach and engagement efforts for the proposed Program(s) in the vicinity of the planned Project site. Please provide the following: (Maximum 7 points)

i. A copy of the notice informing the public of the time and place of the meeting at which the planned Project will be discussed, and a copy of the agenda for the meeting, including evidence of time allocated for public discussion, and any other evidence of collaboration with the country
time allocated for public discussion, and any other evidence of collaboration with the county agency that oversees community outreach efforts.*
agency that oversees community outleach enous.
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Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff
c. Identify the service provider or describe the plan for identifying one, addressing the following: (Maximum 8 points) *

provided. These include: *
 Description of range of services offered. Information about the service provider including expertise in mental health treatment, substance use disorder treatment, and trauma centered services treatment; purpose; goals; and services of the organization. (Maximum 5 points)
OR If a service provider has not been identified at the time the Application is submitted, provide a description of the process, criteria for selection, and timeline for identification of a service provider that will operate the Program(s). (Maximum 5 points)
ii. If a service provider has been identified, provide evidence that the service provider has at least three years of experience working with the Target Population(s). (Maximum 3 points) *

d. Provide a detailed plan to support the certainty of Medi-Cal certification and/or certainty of state licensure/certification, if applicable. (Required, but no points awarded) *

FEASIBILITY
e. Provide a detailed Project budget, including "Summary of Funding Requested" (Section-3 on page 5) to identify the Project costs that are requested to be funded by CHFFA; "County Grant Amounts Worksheet" (Section-4 on page 5) to identify each county's proportion, if applicable; and "Sources and Uses" (Section-5 on page 6) to identify total Project costs and sources of funding to cover the Project costs. Also provide the following: (Maximum 10 points) *
A second of the standard powerties of working capital for
i. Proposed uses of Grant funds in line item detail with a budget narrative. If working capital for Program startup or expansion costs is being requested, include a separate line item budget detailing those costs. If information technology exceeds 3% of total Grant award, provide a justification that the additional costs are necessary for the Project to achieve the goals and outcomes set forth in Section 7419(a)(3) of the regulations.*
4
ii. A description of any leveraged public and/or private funding other than the Grant that will be used to complete the proposed Project. Include the amount of funding and the current status of the funding. Attach documentation, if any, such as letters describing commitment of funding or the status of consideration from the other funding sources or other similar documentation acceptable to the Authority. *
iii. An explanation of the Grantee's internal process to ensure the Grant funds will only be used for eligible costs as described in Section 7415 of the regulations.*

SUSTAINABILITY

f. Provide the following: (Maximum 10 points)

i. An operating budget that details annual operating costs projected for the proposed Program(s). *
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ii. A description of new Program funding source(s) with amounts and cash flow projections and/or how existing funding will be redirected to provide ongoing support and sustainability for new and expanded services for the term of the useful life of the Project. Include estimated useful life of the Project. *
iii. Documentation such as funding letters, minutes from the County Board of Supervisors meeting evidencing approval of the budget, or other documentation acceptable to the Authority. If approval
has not been obtained at the time of Application, provide a detailed plan for obtaining such approval *
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ATTACHMENTS
Please contact the California Health Facilities Financing Authority with any questions by phone: (916) 653-2779 or email chffa@treasurer.ca.gov)
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.
Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xlsx
Instructions: Please transfer the Application Certification language below onto official letterhead and have the appropriate official sign and date the certification.

 In the case of a county Applicant, please have the county secretary sign this certification on behalf of the county board of supervisors or such other authorized county official.

If more than one Applicant applying for a Project, each Applicant must submit an Application Certification to certify that all information in the joint Application is correct and true to the best of their knowledge and belief.

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	

ATTACHMENT B- LEGAL STATUS QUESTIONNAIRE FOR COUNTIES

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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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 *

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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 C- CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) REVIEW (if applicable)

	uctions: Please provide the foll 9, subdivision (a)(4)(G) of the re					the time	eframes set forth in Section
	ntees must submit documentati purces Code (CEQA Requirem		_ ,	vith Div	ision 13 commencing with	Section	21000 of the Public
	CEQA is not applicable	e to t	ne project				
	ne Project is subject to tification for each Proje		A Requirements,	provid	de the appropriate o	docum	entation or
0	Notice of Determination Received (Attach Copy)) R	otice of Exemption eceived (Attach opy)	9	Other documents evidencing compliance (e.g. permits, local authority approval documents, printed authorizations, OSHPD Plan Review status, etc.)	0	Project is considered a Special Situation (see Title 14 California Code of Regulations, Sections 15180-15190) (Provide written justification of compliance with applicable section.)
Nar	ne of approving Agenc	у				inne tamena ketta 1805-181	
Dat	e approval given						
	roject is not subject to owing categories	CEQ	A Requirements,	provi	de a written justific	ation (using one of the
0	Is not a Project as defined by CEQA Requirements (see Ti California Code of Regulation Section 15378)	tle 14	Project is Stat Title 14 Califo Regulations, 9 15285)	rnia Co	de of (s s 15260- R	ee Title	Categorically Exempt 14 California Code of ns, Sections 15300-
	Other Attachments- (L ntracts, Building Permi				or Proposals, Archi		
				ose Fil	3		1 1 1 1 1 1 1 1
Sele	ect up to 10 files to attach. No fi	les hav	e been attached yet. Yo	ou may	add 10 more files.		

 $Acceptable \ file \ types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx \\$

Save Draft

Submit

CALIFORNIA STATE TREASURER'S OFFICE

Delete

CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY



Community Services Infrastructure Grant Program Application

915 Capitol Mall, Room 435 Sacramento, California 95814

Phone: (916) 653-2799 Fax: (916) 654-5362

chffa@treasurer.ca.gov
http://www.treasurer.ca.gov/chffa/



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General Instructions

Please refer closely to the Community Services Infrastructure Grant Program regulations (California Code of Regulations Title 4, Division 10, Chapter 7) as you are completing this Application. The regulations, which can be found at http://www.treasurer.ca.gov/chffa/csi/csigp.asp, contain a great deal of essential information that is not repeated here including eligibility, instructions for submission of an Application, and maximum Grant amounts. All terms that are capitalized in this Application are defined in Section 7413 of the regulations.

We expect Applicants to adhere to the organization and sequencing of questions contained herein when completing an Application.

The narrative portion of the Application is limited to 20 pages in 12 point font such as Arial or Times New Roman with 1 inch margins. Required forms and attachments are not included in the page limit. Maximum font size does not apply to forms, graphs, or footnotes.

Please submit one Application per Project site.

COMMUNITY SERVICES INFRASTRUCTURE GRANT PROGRAM

Section-1: SUMMARY INFORMATION Please type all responses. Date Submitted: Total Requested Grant Amount: \$ DESIGNATED LEAD GRANTEE 1. APPLICANT INFORMATION NAME OF APPLICANT: (County) ENTITY TYPE: (Department, Agency, etc.) CITY, STATE AND ZIP: ADDRESS: **CONTACT INFORMATION** TITLE: CITY, STATE AND ZIP: ADDRESS: EMAIL ADDRESS: FAX NUMBER PHONE NUMBER: Project Title: Project Brief Summary Description (Limited to 20 words): County(ies) to be served: Please select all Programs to be funded through the Grant, and insert number of beds and/or Program service capacity to be added by the proposed Project: Substance Use Disorder Treatment ☐ Trauma-Centered Services Mental Health Treatment beds/service capacity beds/service capacity beds/service capacity Purpose of Grant: Check all applicable boxes Program startup or expansion costs Facility acquisition Renovation ☐ Furnishings and/or Equipment ☐ Information technology

Section-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: (County) ENTITY TYPE: (Department, Agency, etc.)

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:
2. CO-APPLICANT INFORM	ATION	
NAME OF APPLICANT: (County)		ENTITY TYPE: (Department, Agency, etc.)
ADDRESS;		CITY, STATE AND ZIP:
CO-APPLICANT CONTACT	INFORMATION	
PRST AND LAST NAME:		TITLE:
ADDRESS:		CITY, STATE AND ZIP:
PHONE NUMBER:	FAX NUMBER	EMAIL ADDRESS:
Service Providers:		
1. ORGANIZATION TO DEI	IVER SERVICES (IF KN	IOWN)
NAME OF ORGANIZATION:		ENTITY TYPE:
ADDRESS:		CITY, STATE AND ZIP:
CONTACT INFORMATION	The state of the s	
FIRST AND LAST NAME:		TITLE:
PHONE NUMBER:	FAX NUMBER	EMAIL ADDRESS:
YES NO N/A Curre	ntly licensed and/or certifi	ed by the applicable state authority and in substantial compliance.
2. ORGANIZATION TO DEI	IVER SERVICES (IF KN	IOWN)
NAME OF ORGANIZATION:		ENTITY TYPE:
ADDRÉSS:		CITY, STATE AND ZIP:
CONTACT INFORMATION		
FIRST AND LAST NAME:		TITLE:
PHONE NUMBER:	FAX NUMBER	EMAIL ADDRESS:
☐ YES ☐ NO ☐ N/A Curre	ntly licensed and/or certifi	ed by the applicable state authority and in substantial compliance.

Section-3: SUMMARY OF FUNDING REQUESTED

ELIGIBLE COSTS	 AMOUNT
Facility Acquisition	\$ 0.00
Renovation*	\$ 0.00
Furnishings and/or Equipment	\$ 0.00
Information Technology**	\$ 0.00
Program Startup or Expansion Costs (up to three months)	\$ 0.00
Total Requested Grant Amount	\$ 0.00

^{*}Hardscaping and/or landacaping costs essential to the completion of the Project may not exceed 5% of total Grant award.

Section-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 Section-1 and Section-2.

Applicants may apply for funding as set forth in Section 7418 of the regulations. Counties Applying Jointly, may at their discretion, apply for up to the sum of their respective maximum funding amounts, as applicable.

COUNTY NAME	FUNDING	REQUESTED
	\$	0.00
	\$	0.00
	\$	0.00
	\$	0.00
	\$	0.00
	\$	0.00
	\$	0.00
	\$	0.00
TOTALS	\$	\$ 0.00

^{**}Information Technology hardware and software costs may not exceed 3% of total Grant award except when approved by the Authority and only upon submission of justification in Application narrative (evaluation criteria 4(e)(i)) that the additional information technology costs are necessary for the Project to achieve the desired goals and outcomes set forth in Section 7419(a)(3) of the regulations.

Section-5: SOURCES AND USES

Please include sources and uses to complete the entire Project.

Total requested Grant amount	\$	0.0
Mental Health Services Act (MHSA) funds	\$ <u>· · </u>	0.0
Realignment funds	\$	0.0
Medi-Cal, Federal Financial Participation	\$	0.0
Other sources, list (e.g., bank loan*, other grants)		
	\$	0.0
	\$	0.0
	\$	0.0

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

Facility acquisition	\$ 0.0
Renovation**	\$ 0.0
Furnishings and/or equipment	\$ 0.0
Information technology hardware and software	\$ 0.0
Program start up or expansion costs (3 months)	\$ 0.0
Other costs:	
	\$ 0.0
	\$ 0.0
	\$ 0.0

^{**}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 legal counsel.



Evaluation Criteria

Applications shall be scored on the criteria set forth in Section 7419 of the regulations:

- 1. Project increases or expands access to and capacity for community mental health treatment, substance use disorder treatment, and/or trauma-centered services that offer relevant alternatives to incarceration. (Maximum 25 points)
 - a. Describe the new or expanded Project(s) to be funded by the Grant and the services within the Project(s), including the Target Population(s) to be served. (Maximum 7 points)
 - b. Describe the community need, including who does and does not receive services now, including demographics, and how the Project will be designed to reduce the need of mental health treatment, substance use disorder treatment, and/or trauma-centered services in jails and/or prisons. Please include any available data that reflects community need. (Maximum 6 points)
 - c. Quantify and describe how the Project will increase capacity for community based Jail Diversion Programs. (Maximum 6 points)
 - i. Eldentify the number of mental health treatment, substance use disorder treatment, and/or trauma-centered service beds or service capacity that will be added.
 - ii. How will the number added impact the Target Population(s) and translate into a number of additional individuals that may be served in the community?
 - d. Describe existing or proposed Jail Diversion plan, including the intercepts (e.g., pre-booking, pre-plead, post-conviction) at which Justice-Involved Individuals are diverted from jail and/or prison. (Maximum 6 points)
- 2. Application demonstrates a clear plan for a continuum of care for mental health treatment, substance use disorder treatment, and trauma-centered services; and for collaboration, integration, and linkage with law enforcement, judicial systems, public health systems, behavioral health services, and social services. (Maximum 15 points)
 - a. Describe how the Project fits in with the continuum of care as it presently exists in the community. (Maximum 4 points)
 - i. Identify the shortcomings that exist within the continuum and supply any available data that may expand on or further identify the shortcomings.
 - ii. Identify how the Project will improve the existing continuum of care for Justice-Involved Individuals utilizing mental health treatment, substance use disorder treatment, and/or trauma-centered services.
 - b. Describe how the Target Population(s) will be retained in treatment and the discharge plan from the Program(s), including the continuum of care that the Target Population(s) will receive once discharged from the Program(s). (Maximum 4 points)

California Health Facilities Financing Authority



Community Services Infrastructure Grant Program Application

- c. Describe the working relationships with Related Supports that already exist and/or those which will be established to enhance and expand community collaboration designed to maximize and expedite access to treatment and/or services for the purpose of diverting individuals with mental health disorders, individuals with substance use disorders, and/or victims of trauma arising from sex trafficking, domestic violence, and other violent crimes from jails and/or prisons, and improving wellness for those individuals. (Maximum 4 points)
- d. Provide supporting documention in the form of letters or Memoranda of Understanding from Related Supports identifying the collaborative efforts amongst the agencies identified to expand treatment and/or services. (Maximum 3 points)
 - i. Counties Applying Jointly shall provide evidence, such as Memoranda of Understanding and/or interagency agreements, or a plan in place showing collaboration between counties for treatment and/or services for Justice-Involved Individuals across county lines.

3. Identifies key outcomes and a plan for measuring them. (Maximum 10 points)

- a. Provide a plan that includes methodology, timeline, and assignment of responsibility to measure and demonstrate outcomes of the Program, including the following:
 - i. Reduced number of individuals with mental health disorders, individuals with substance use disorders, and victims of trauma in jails and/or prisons; and reduced need for mental health treatment, substance use disorder treatment, and/or trauma-centered services in jails and/or prisons. (Maximum 2 points)
 - ii. Number and demographics of individuals within the Target Population(s) who utilize mental health treatment, substance use disorder treatment, and/or trauma-centered services. (Maximum 2 points)
 - iii. Number and demographics of individuals who complete treatment and/or services. (Maximum 2 points)
 - iv. Number and demographics of individuals who did not complete treatment and/or services and were returned to jail and/or prison. (Maximum 2 points)
 - v. Cost savings of the Program(s) compared to the cost of providing mental health treatment, substance use disorder treatment, and/or trauma-centered services in jails and/or prisons. (Maximum 2 points)



4. Project is Ready, Feasible, and Sustainable or will be Ready, Feasible, and Sustainable within 12 months of the approval of the Final Allocation. (Maximum 50 points)

READINESS

- a. Provide a detailed plan and timeline, including supporting documentation if available, with the steps needed to complete the Project as further delineated below and provide evidence demonstrating the ability to meet the criteria set forth in Section 7419(a)(4)(G) of the regulations. (Maximum 15 points)
 - i. Address 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. (Maximum 2 points)
 - ii. Renderings and/or floor plans of Project site, if available. (Maximum 2 points)
 - iii. Necessary approvals and processes to complete the Project, and the names and roles of all responsible entities. This includes, but is not limited to, County Board of Supervisors' approval, Requests for Proposals, architectural and construction contracts, California Environmental Quality Act (CEQA) compliance, building permits, conditional use permits, and Memoranda of Understanding/interagency agreements for Counties Applying Jointly, as applicable. (Maximum 3 points)
 - iv. Key milestones, in the future and completed to date, including projected or actual Project start date (i.e., date of purchase, renovation, or lease), Project end date (i.e., date of occupancy), and projected start date of services to the Target Population(s). (Maximum 3 points)
 - v. The plan and current status for staffing the Program(s). (Maximum 2 points)
 - vi. Potential challenges that may affect the timeline to start providing services and how those challenges will be mitigated, including but not limited to, site identification and acquisition, contracting, local use permit process, County Board of Supervisors' approval, CEQA process, Building Code compliance, selection of service provider, licensure, certification, loss of a site, delays in local (city and/or county) approvals, community opposition issues, loss or reduction in leveraged funding, and increased Project costs, as applicable. (Maximum 3 points)
- b. Describe and provide evidence of community outreach and engagement efforts for the proposed Program(s) in the vicinity of the planned Project site. Please provide the following: (Maximum 7 points)
 - i. A copy of the notice informing the public of the time and place of the meeting at which the planned Project will be discussed, and a copy of the agenda for the meeting, including evidence of time allocated for public discussion, and any other evidence of collaboration with the county agency that oversees community outreach efforts.
- c. Identify the service provider or describe the plan for identifying one, addressing the following: (Maximum 8 points)



- i. If a service provider that will operate the Program(s) has already been identified, provide a description of the written plans that are in place for how the treatment and/or services will be provided. These include:
 - 1. Description of range of services offered.
 - 2. Information about the service provider including expertise in mental health treatment, substance use disorder treatment, and trauma-centered services treatment; purpose; goals; and services of the organization. (Maximum 5 points)

OR

If a service provider has not been identified at the time the Application is submitted, provide a description of the process, criteria for selection, and timeline for identification of a service provider that will operate the Program(s). (Maximum 5 points)

- ii. If a service provider has been identified, provide evidence that the service provider has at least three years of experience working with the Target Population(s). (Maximum 3 points)
- d. Provide a detailed plan to support the certainty of Medi-Cal certification and/or certainty of state licensure/certification, if applicable. (Required, but no points awarded)

FEASIBILITY

- e. Provide a detailed Project budget, including "Summary of Funding Requested" (Section-3 on page 5) to identify the Project costs that are requested to be funded by CHFFA; "County Grant Amounts Worksheet" (Section-4 on page 5) to identify each county's proportion, if applicable; and "Sources and Uses" (Section-5 on page 6) to identify total Project costs and sources of funding to cover the Project costs. Also provide the following: (Maximum 10 points)
 - i. Proposed uses of Grant funds in line item detail with a budget narrative. If working capital for Program startup or expansion costs is being requested, include a separate line item budget detailing those costs. If information technology exceeds 3% of total Grant award, provide a justification that the additional costs are necessary for the Project to achieve the goals and outcomes set forth in Section 7419(a)(3) of the regulations.
 - ii. A description of any leveraged public and/or private funding other than the Grant that will be used to complete the proposed Project. Include the amount of funding and the current status of the funding. Attach documentation, if any, such as letters describing commitment of funding or the status of consideration from the other funding sources or other similar documentation acceptable to the Authority.
 - iii. An explanation of the Grantee's internal process to ensure the Grant funds will only be used for eligible costs as described in Section 7415 of the regulations.

California Health Facilities Financing Authority Community Services Infrastructure Grant Program Application



SUSTAINABILITY

- f. Provide the following: (Maximum 10 points)
 - i. An operating budget that details annual operating costs projected for the proposed Program(s).
 - ii. A description of new Program funding source(s) with amounts and cash flow projections and/or how existing funding will be redirected to provide ongoing support and sustainability for new and expanded services for the term of the useful life of the Project. Include estimated useful life of the Project.
 - iii. Documentation such as funding letters, minutes from the County Board of Supervisors meeting evidencing approval of the budget, or other documentation acceptable to the Authority. If approval has not been obtained at the time of Application, provide a detailed plan for obtaining such approval.

ATTACHMENT A

APPLICATION CERTIFICATION

Instructions: Please transfer the Application Certification language below onto official letterhead and have the appropriate official sign and date the certification.

Please have the county secretary sign this certification on behalf of the county board of supervisors or such other authorized county official.

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 and belief.

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	

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			v.		
			•		
			•		

ATTACHMENT B

LEGAL STATUS QUESTIONNAIRE FOR COUNTIES

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), complaint or filing, and the outcome.

ATTACHMENT C

CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) REVIEW

Instructions: Please provide the following exhibit for each Project site. This can be completed within 12 months of award, 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: 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) П 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)

APPLICATION CHECKLIST

Mak	e sure	e you nave completed the following tasks:				
	Used	112 point font such as Arial or Times New Roman in narrative sections (except footnotes and ts).				
	Have	e 1 inch margins for narrative sections.				
	Remained within 20 pages for the questions and answers to the narrative portion (Evaluation Criteria Narrative), identified in the Application.					
Mak	e sure	e you have submitted as part of the Application each of the following:				
	Secti	ion-1 to Section-5				
	Narr	Narrative for Criteria #1				
	Criteria #2					
		Letters or Memoranda of Understanding from Related Supports as described in Criteria #2 (d) (required) and Criteria #2 (d) (i) (if applicable)				
		Narrative for Criteria #2				
	Narr	rative for Criteria #3				
	Crite	eria #4:				
		Renderings and/or floor plans of Project site as described in Criteria #4 (a) (ii)				
		Project renovation timeline with narrative as described in Criteria #4 (a) (iv) (if applicable)				
		Community outreach and engagement efforts as described in Criteria #4 (b) (i) or (ii)				
		Evidence that service provider has at least three years of experience working with the Target Population(s) as described in Criteria #4 (c) (ii)				
	<u> </u>	Project budget with narrative as described in Criteria #4 (e) (i)-(iii)				
	☐ I	Program operating budget with narrative as described in Criteria #4 (f)				
	r	Narrative for Criteria #4				
	Atta	chment A - Application Certification Letter for all Applicants				
	Atta	chment B - Legal Status Questionnaire for Counties				
☐ <u>.</u> ,		chment C - California Environmental Quality Act (CEQA) Review for each project site (if icable)				