

**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: 7313, 7316

Repeal sections:

**NOTICE OF APPROVAL OF CERTIFICATE OF
COMPLIANCE**

**Government Code Sections 11349.1 and
11349.6(d)**


OAL Matter Number: 2022-0125-01

**OAL Matter Type: Certificate of Compliance
(C)**

This timely Certificate of Compliance (2021-0901-01E, 2021-0923-01ER) is making permanent changes to the Investment in Mental Health Wellness Grant Program, within the Mental Health Wellness Act of 2013, specific to the needs of children and youth. (Government Code section 5848.5; Senate Bill 833, Stats. 2016, ch. 30.) Specifically, this action removes the ability to send in paper applications and make the only option an online application that must be submitted online.

OAL approves this regulatory action pursuant to section 11349.6(d) of the Government Code.

Date: March 9, 2022



Peggy J. Gibson
Senior Attorney

For: Kenneth J. Pogue
Director

Original: Frank Moore, Executive Director
Copy: Bianca Smith

NOTICE PUBLICATION/REGULATIONS SUBMISSION

CERT

For use by Secretary of State only

STD. 400 (REV. 10/2019)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2021-1122-01	REGULATORY ACTION NUMBER 2022-0125-01C	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
SUBMISSION OF REGULATIONS		OFFICE OF ADMIN. LAW 2022 JAN 25 AM 9:34	
NOTICE		REGULATIONS	

ENDORSED - FILED
In the office of the Secretary of State
of the State of California

MAR 09 2022

2:16 PM

AGENCY WITH RULEMAKING AUTHORITY
CA Health Facilities Financing Authority

AGENCY FILE NUMBER (If any)

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 <input type="checkbox"/> Notice re. Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER 2021, 49-Z	PUBLICATION DATE 12/3/2021

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Investment in Mental Health Grant Program - Children/Youth	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) Z2021-1122-01, 2021- 0923-01ER, 2-21-0901-01E
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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) individually. Attach additional sheet if needed.)	ADOPT 7313, 7316
TITLE(S)	AMEND
	REPEAL

3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn non-emergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code §11346.1(b))	<input checked="" type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only

4. 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)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input checked="" type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> \$100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify)

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal <input type="checkbox"/> Other (Specify)

7. CONTACT PERSON Bianca Smith	TELEPHONE NUMBER 916/653-2408	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional)
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form 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 	DATE 1-24-22
TYPED NAME AND TITLE OF SIGNATORY Frank Moore, Executive Director, CA Health Facilities Financing Authority	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

MAR 09 2022

Office of Administrative Law

CALIFORNIA CODE OF REGULATIONS

Title 4, Division 10, Chapter 7

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

Amend Section 7313. Definitions to read:

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

(a) No change

(b) ~~“Application” means the written request for a Grant under the Investment in Mental Health Wellness Grant Program in the form and format of the Investment in Mental Health Wellness Grant Program for Children and Youth Application, Form No. CHFFA 7 CY-01 (09/2018, which is hereby incorporated by reference, including all supporting information and documents, as further described in Section 7316 and the online request for a Grant in the form and format of the Investment in Mental Health Wellness Grant Program for Children and Youth Application, Form No. CHFFA 7 CY-01A (0811/2021), which is hereby incorporated by reference, including all supporting information and documents, as further described in Section 7316.~~

(c) - (ll) No change

Note: Authority cited: Sections 5848.5 and 5848.6, Welfare and Institutions Code. Reference: Section 5848.5, Welfare and Institutions Code.

Amend Section 7316. Grant Application to read:

(a) No change

(b) No change

(c) No change

(d) ~~The Application forms shall be available on the Authority’s website at www.treasurer.ca.gov/chffa and will be referred to as the Investment in Mental Health Wellness Grant Program for Children and Youth Application, Form No. CHFFA 7 CY-01 (09/2018) or the Investment in Mental Health Wellness Grant Program for Children and Youth Application, Form No. CHFFA 7 CY-01A (0811/2021).~~

- (1) ~~An original and two copies of the written~~ The 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/chfffa. ~~and may be sent by mail or delivery to:~~

California Health Facilities Financing Authority
Investment in Mental Health Wellness Grant Program
For Children and Youth
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.

- (2) ~~The Authority is not responsible for transmittal delays or failures of any kind. The online Application shall be received by the Authority no later than 5:00 p.m. (Pacific Time) on the deadline date posted o the Authority's website at www.treasurer.c.gov/chffa~~

(34) 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.

(45) 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: Sections 5848.5 and 5848.6, Welfare and Institutions Code. Reference: Section 5848.5, Welfare and Institutions Code.

Adopt



California Health Facilities Financing Authority California Educational Facilities Authority

Investment in Mental Health Wellness Grant Program for Children and Youth Form No. CHFFA 7 CY-01A (11/2021)

 [Invite Collaborators](#)

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.

General Instructions

Please refer closely to the Investment in Mental Health Wellness Grant Program for Children and Youth regulations (California Code of Regulations, Title 4, Sections 7313-7329) as you are completing this Application. The regulations, which can be found at <http://www.treasurer.ca.gov/chffa/imhwa/index.asp> (<http://www.treasurer.ca.gov/chffa/imhwa/index.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 7313 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/NB2HI4DTHIXS653XO4XHG5LCNVUXI5DBMJWGLTDN5WS62DFNRYC643VMJWWS5DUMVZC6===/www-submittable-com-help-submitter>)

SUMMARY INFORMATION - Please type all responses.

Total Requested Grant Amount *

\$

LEAD GRANTEE

Name of Applicant: *

Entity Type (County or Joint Powers Authority) *

Applicant Address *

Country

Select... 

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

Contact Information *

First Name

Last Name

Contact Title *

Is the contact address the same as the applicant address *

Yes

No

Contact Address *

Country

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

Contact phone number *

Uni
ted
Sta
tes

Contact Email Address *

email@example.com

Project Title *

Project Brief Summary Description *

B I U [List Bullets] [List Numbered] [Quote] [Link]

Limit: 300 characters

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 *

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

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, Joint Powers Authority, or Non-Profit) *

ADDRESS OF CO-APPLICANT *

Country

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

CO-APPLICANT CONTACT INFORMATION *

First Name

Last Name

Is the Co-applicant contact information address the same as the Co-applicant address? *

Yes

No

ADDRESS OF CO-APPLICANT CONTACT INFORMATION *

Country

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

CO-APPLICANT PHONE NUMBER *

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CO-APPLICANT EMAIL ADDRESS *

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 *

Entity Type (Non-profit/For-profit organization, public agency, etc...) *

Service Provider Address *

Country

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

Service Provider Contact Information *

First Name

Last Name

Service Provider Contact Phone Number *



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Service Provider Email Address *

email@example.com


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

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)		
SUB-TOTAL		0


*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.

Requesting Funding for Crisis Stabilization Program *

Yes No

Requested Funding for Crisis Stabilization Program *



CRISIS STABILIZATION PROGRAM		
ELIGIBLE COSTS	Purchase of Real Property (how many properties?)	AMOUNT
Purchase of Real Property		