### 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

Senior Attorney

For:

Kenneth J. Pogue

Director

Original: Frank Moore, Executive Director

Copy: Bianca Smith

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#### 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) <u>The Application forms</u>-shall be available on the Authority's website at <u>www.treasurer.ca.gov/chffa</u> 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 <a href="https://www.treasurer.ca.gov/chfffa.and-may-be-sent-by-mail-or-delivery-to:">www.treasurer.ca.gov/chfffa.and-may-be-sent-by-mail-or-delivery-to:</a>

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 <a href="mailto:ehffa@treassurer.ca.gov">ehffa@treassurer.ca.gov</a>.

- (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 <a href="https://www.treasurer.c.gov/chffa">www.treasurer.c.gov/chffa</a>
- (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.









## California Health Facilities Finanacing 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 <a href="http://www.treasurer.ca.gov/chffa/imhwa/index.asp">http://www.treasurer.ca.gov/chffa/imhwa/index.asp</a> (<a href="http://www.treasurer.ca.gov/chffa/imhwa/index.asp">http:/

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/NB2HI4DTHIXS653XO4XHG5LCNVUXI5DBMJWGKLTDN5WS62DFNRYC643VMJWWS5DUMVZC6===/wwwsubmittable-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)

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Has the Service Provider been selected yet? \*

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UMMARY OF FUNDING REQUESTED		
ease contact the California Health Facilities Financing Affa@treasurer.ca.gov (mailto:chffa@treasurer.ca.gov)	Authority with any questions by phone: (916) 6	53-2779 or email
equesting Funding for Crisis Residential	Treatment Program *	
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CRISIS RESIDENTIAL PROGRAM		
ELIGIBLE COSTS	Purchase of Real Property (how many properties?)	AMOUNT
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Personnel Funding for 1 year	85, 28, 77				
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Information Technology**	9 1864				
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MOBILE CRISIS SUPPORT TEAMS					
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Yes		O No			
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Project to achieve the desired goals and outcomes	set fo	rth in Section 7319(a)(3)	and Section 7319.1(a)(3)	of the re	gulations.
*Information Technology hardware and software condonly upon submission of justification in Applica	osts m	ay not exceed 1% of tota	I Grant award except whe	n appro	ved by the Author
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Purchase of Real Property	
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Program Startup or Expansion Costs (up to three months)	
SUB-TOTAL	0

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

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

Crisis Residential Treatment Program		<b>*</b>	
Crisis Stabilization Program			
Mobile Crisis Support Team Program			
Family Respite Care Program			
,	0		V V

Please provide sub-totals for each requested funding by program. Total Grant Requested Amount should match the amount requested at the beginning of the application.

#### **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)
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			0
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			0
TOTALS	0	0	0

Complete the worksheet above for each County listed as Lead Grantee and CoApplicant(s).

Applicants may apply for Capital and Personnel Funding as set forth in Section 7318 of the regulations. Counties Applying Jointly, may at their discretion, apply for up to the sum of their respective maximum Capital Funding amounts.

<sup>\*\*</sup>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.

#### **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	The second of the second of the	
Realignment funds		
Medi-Cal, Federal Financial Participation		
Interest earnings from advanced funds		
Other sources, list (e.g., bank loans, other grants)		
Total Sources	0	

<sup>\*</sup>If obtaining a bank loan, please name the bank and describe the length and rate of the loan.

#### Total Uses of Funds \*

Facility acquisition	
Renovation	
Furnishing and/or equipment	
Information technology hardware and software	
Program startup or expansion costs	
Other costs:	
	and the second of the second o
Total Uses:	0

Authority recommends Applicants consult wi	ith their legal counsel.	
Please verify Total Uses equa	als Total Sources *	
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	The state of the s	
Please contact the California Health Facilitie <a href="mailto:chffa@treasurer.ca.gov">chffa@treasurer.ca.gov</a> (mailto:chffa@treasurer.ca.gov		
	4	
Evaluation Criteria – Applying fo	or Crisis Residential Treatment, (	Crisis Stabilization and/or Mobile
Crisis Support Team *		
(a) v	() No	
(O) Yes	O NO	
		and the second s
Applications shall be scored on		7319 of the regulations. Please
address each of the criteria for e	each Program as follows:	
1. Project expands access to an offer relevant alternatives to hos		d Mental Health Crisis Services tha
points)	spitalization and detailment by	iaw emorcement. (maximum 23
1 (a) Describe the new or expan	nded Crisis Stabilization, Crisis I	Residential Treatment and/or Mobi
		ervices within the Programs, and t
Target Population(s), including a	age group(s), to be served. (Max	kimum 5 points) *
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		e de la companya della companya della companya della companya de la companya della companya dell
1. (b) Describe the community n	eed existing within the current	continuum, address who does and
		to address the weaknesses of the
current system and build on its		vailable data that reflects
community need. (Maximum 3 p	ooints) *	
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3 <b>4</b>		E :

\*\*Grantees must comply with California's prevailing wage law under Labor Code section 1720, et seq. for public works projects. The

1. (c) Quantify and describe how the Project will increase capacity for community-based	Mental			
Health Crisis Services. Describe how the number of Crisis Stabilization and Crisis Resident Treatment beds; and/or the number of Mobile Crisis Support Teams including the number of Crisis Stabilization and Crisis Resident Number of Crisis Stabilization and	iential			
Crisis Support Team vehicles and staff impact the Target Population(s) and translates in	∍r or wobile ito a			
number of additional Children and Youth that can be served in the community? (Maximum 6				
points) * 中央中国企业的企业中的企业中的企业中的企业中的企业中的企业中的企业中的企业中的企业中的企				
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1. (d) Describe how the Project will expand and improve timely access to community-ba	sed Mental			
Health Crisis Services. Address how access is expanded and improved for the commun	itv.			
Examples include extending hours of existing services; adding locations where services	s can be			
accessed by Children and Youth, as appropriate, and their family members; efforts to tir	nely			
connect Children and Youth to crisis services from hospitals, educational institutions, d	etainment			
centers, juvenile hall, jail, etc.; engaging in new outreach to Children and Youth, as appr	opriate, and			
their families, and educational institutions so they know new or expanded services are a	available:			
and addressing cultural, language, and other barriers unique to the community. (Maximu	um 6 points)			
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1. (e) Describe how the Project will be qualitatively different than crisis services delivere	d in an			
institutional setting (such as a hospital emergency room, an in-patient hospital setting of	r a law			
enforcement vehicle) and include a description of the proposed staffing, the community	setting in			
which the Programs will be offered and the building or vehicles in which services will be (Maximum 5 points) *	provided.			
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	<b>&gt;</b>			
2. Application demonstrates a clear plan for a continuum of care before, during, and afte	r crisis			
mental health intervention or treatment and for collaboration and integration with other h	nealth			
systems, educational institutions, social services, and law enforcement (Maximum 15 po	ints)			

2. (a) Describe how the Project fits in with the continuum of care as it presently exists in the

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3. (a) Provide a plan that includes the methodology, timeline, and assignment of responsibility to

measure and demonstrate outcomes of the Program, including the following:

community. (Maximum 5 points)

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3. (a) (iii) Improvemen	ts in participation	n rates in the Proເ	ıram(s). (Maximum	1 point) *
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3. (a) (viii) The percent of Children and Youth who receive a cri within 30 days, return for crisis services at a hospital emergen detainment center, juvenile hall or jail. (Maximum 1 point) *	
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<ol> <li>Project is, or will be Ready, Feasible, and Sustainable as fol</li> <li>Mobile Crisis Support Team Projects within nine months of the approval of the</li> <li>Crisis Residential Treatment and Crisis Stabilization Projects that include acque months of the approval of the Final Allocation</li> <li>Crisis Residential Treatment and Crisis Stabilization Projects that include cons Final Allocation.</li> </ol>	Final Allocation. sisition of a building and/or renovation within 12
READINESS	
4. (a) A detailed plan and timeline, including supporting docur needed to complete the Project as further delineated below an	mentation if available, with the step

Choose File

Crisis Support Team Project	s). *	gent of the dominated Angles.
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lease provide renderings a	nd/or floor plans of Project site, if available.	
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Select up to 5 files to attach. No files have been attached yet. You may add 5 more files.

(b) Describe and provide evidence of community outreach and engagement efforts for the oposed Program(s) in the vicinity of planned Project site, as applicable. (Maximum 7 points)  B. I. U. III. III. III. III. III. III. I	**
(b) Describe and provide evidence of community outreach and engagement efforts for the oposed Program(s) in the vicinity of planned Project site, as applicable. (Maximum 7 points)	
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justification that the additional costs are necessary for the Project to achieve the goals and outcomes set forth in Section 7319(a)(3) of the regulations. *			
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4. (g) Provide the following: (Maximun	n 10 points)		
4. (g) (i) Please provide program operathe proposed Program(s).	ating budget that details		
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4. (g) (ii) A description of new Program and/or how existing funding will be reconew and expanded services for the terlife of the Project. *	directed to provide ongo	ing support and sus	tainability for
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4 (g) (iii) Documentation such as fundi meeting evidencing approval of the bu approval has not been obtained at the such approval. *	idget, or other documen	tation acceptable to	the Authority. If
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1. (c) Quantify and describe how the Pro (Maximum 6 points)	pject will increase capacity for Family Respite Care.
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1. (c) (i) Identify the number of families t	nat may receive services. "
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	mpact the Target Population(s) and translate into a number
of additional families that can be served	
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	Respite Care is expanded and improved for the community.
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1. (d) (ii) Describe services provided by t mental health services. *	the Program to families of Children and Youth receiving
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1. (d) (iii) Will there be new outreach to fa	amilies about availability of new or expanded services? *
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2. (a) (iii) Identify how the Program supports other mental healt Children and Youth. *	
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2. (a) (iv) Indicate whether Applicant(s) contemplates submitting	g an application to the Mental Healtl
Oversight and Accountability Commission or has been awarded and training. *	d funding for family support service
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relationships shall be supported by letters from the Related Suj efforts amongst the agencies to enhance and expand services.  ■ I 및  ■ III III III III III III III III III	pports identifying the collaborative (Maximum 10 points) *
3. Identifies Key Outcomes and a Plan for Measuring Them. (Ma 3. (a) Provide a plan including the methodology, timeline, and as measure and demonstrate outcomes of the Program, including	ssignment of responsibility to
3. (a) (i) Increased participation rates by families in the Family R point) *	espite Care Program. (Maximum 1

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- Family Respite Care Projects that include acquisition of a building and/or renovation within 12 months of the approval of the Final Allocation.
- Family Respite Care Projects that include construction within 18 months of the approval of the Final Allocation.

#### **READINESS**

4. (a) A detailed plan and a timeline, including supporting documentation if available, with steps needed to complete the Project as further delineated below and provide evidence demonstrating the ability to meet the timeframes set forth in Section 7319.1(a)(4)(F) of the regulations. (Maximum 15 points)

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 Project site that will be utilized. \*

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4. (a) (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,

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Please provide community outreach and engagement efforts (as applicable).

Requests for Proposals, architectural and construction contracts, California Environmental Quality

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- 4. (c) Describe in detail the proposed organizational and operational structure of the Family Respite Care program, whether provided by the Applicant directly or by a potential service provider.
- 4. (c) (i) This may include, but is not limited to, staffing criteria for designated supervisors and other personnel; staff recruitment, retention and training, family eligibility and needs assessment, screening and discharge procedures; relevant risk management policies; identification of service needs and coordination of these services on behalf of the family, if needed, and additional support services available as part of the program, etc. (Maximum 8 points) \*

#### **FEASIBILITY**

4. (d) Provide a Project budget, utilizing "Summary of Funding Request"; "County Grant Amounts Worksheet"; and "Sources and Uses". In addition, provide the following: (Maximum 10 points)

Please provide project budget in line item detail.

**Choose File** 

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

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4. (d) (i) Proposed uses of Grant funds in line item detail with a budget narrative. If working capital for Program startup or expansion costs are being requested, include a separate line item budget detailing those costs. Information technology costs exceeding 1% of total Grant award, require a justification that the additional costs are necessary for the Project to achieve the goals and outcomes set forth in Section 7319.1(a)(3), of the regulations. \*

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#### 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.

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# California Health Facilities Finanacing Authority California Educational Facilities Authority

# Investment in Mental Health Wellness Grant Program for Children and Youth Form No. CHFFA 7 CY-01A (08/2021)

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 <a href="http://www.treasurer.ca.gov/chffa/imhwa/index.asp">http://www.treasurer.ca.gov/chffa/imhwa/index.asp</a> (<a href="http://www.treasurer.ca.gov/chffa/imhwa/index.asp">http:/

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/NB2HI4DTHIXS653XO4XHG5LCNVUXI5DBMJWGKLTDN5WS62DFNRYC643VMJWWS5D 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)

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s the Co-Applicant an Desi	gnated Grantee? *	
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Has the Service Provider been selected yet? \*

## Service Provider Contact Phone Number \*

Uni ted

Sta Service Provider Email Address \*

email@example.com

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UMMARY OF FUNDING REQUESTED	Athitith any guartians by phone: (016) 6	53-2779 or email
lease contact the California Health Facilities Financing <a href="mailto:rhfa@treasurer.ca.gov">hffa@treasurer.ca.gov</a> )	Authority with any questions by phone. (516) 5	2110 or or or or
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Requesting Funding for Crisis Residentia	I Treatment Program *	
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CRISIS RESIDENTIAL PROGRAM		
ELIGIBLE CÖSTS	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 standard and software costs rand only upon submission of justification in Application reproject to achieve the desired goals and outcomes set for	may not exceed 1% of total Grant award excep	ot when approved by the Auth logy costs are necessary for
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	(how many vehicles?)	(how many FTEs?)	AMOUNT
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Purchase of Real Property	2.5	
Construction or Renovation*		
Furnishings and/or Equipment		
Information Technology**	1	
Program Startup or Expansion Costs (up to three months)		
SUB-TOTAL		0

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

## 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	

Please provide sub-totals for each requested funding by program. Total Grant Requested Amount should match the amount requested at the beginning of the application.

## 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)
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Complete the worksheet above for each County listed as Lead Grantee and CoApplicant(s).

Applicants may apply for Capital and Personnel Funding as set forth in Section 7318 of the regulations. Counties Applying Jointly, may at their discretion, apply for up to the sum of their respective maximum Capital Funding amounts.

<sup>\*\*</sup>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.

### **SOURCES AND USES**

Please include sources and uses to complete the entire Project.

## Total Sources of Funds \*

	, market
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)	
Total Sources	0

<sup>\*</sup>If obtaining a bank loan, please name the bank and describe the length and rate of the loan.

#### Total Uses of Funds \*

	n 1720, et seq. for public works projects. The
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van enterfal van de enterfal van de enterfal de van de enterfal	
with any questions by	y phone: (916) 653-2779 or email
ntial Treatment, (	Crisis Stabilization and/or Mobile
O No	Barbara Barbar
forth in Section	7319 of the regulations. Please
s follows:	
ommunity-based detainment by	d Mental Health Crisis Services th law enforcement. (Maximum 25
the Grant, the s	Residential Treatment and/or Mobervices within the Programs, and kimum 5 points) *
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	with any questions be natial Treatment,  No forth in Section is follows:  ommunity-based detainment by illization, Crisis the Grant, the s

1. (c) Quantify and describe how the Project will increase capa Health Crisis Services. Describe how the number of Crisis Stal	icity for community-based Mental
Treatment beds; and/or the number of Mobile Crisis Support To Crisis Support Team vehicles and staff impact the Target Popunumber of additional Children and Youth that can be served in points) *	eams including the number of Mobile llation(s) and translates into a
B <i>I</i> 및 <u> </u>	
	773
1. (d) Describe how the Project will expand and improve timely Health Crisis Services. Address how access is expanded and in Examples include extending hours of existing services; adding accessed by Children and Youth, as appropriate, and their fam connect Children and Youth to crisis services from hospitals, accenters, juvenile hall, jail, etc.; engaging in new outreach to Children families, and educational institutions so they know new of and addressing cultural, language, and other barriers unique to the services of the services of the services in the services of t	mproved for the community.  I locations where services can be ily members; efforts to timely educational institutions, detainment illdren and Youth, as appropriate, and r expanded services are available.
* AND CONTROLS OF THE WAY THE FORMAGE AND THE APPROPRIES.	CAMINERA TORS APPLICATED OF STATISTICAL
	in crisis services delivered in an -patient hospital setting or a law d staffing, the community setting in
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2. Application demonstrates a clear plan for a continuum of car mental health intervention or treatment and for collaboration an systems, educational institutions, social services, and law enfo	id integration with other health

2. (a) Describe how the Project fits in with the continuum of care as it presently exists in the

40100

community. (Maximum 5 p	olitis) a vääsiliselistä oli sil			
2. (a) (i) Identify the shorton the existing continuum of supply any available data	care for Children and	hin the continuum an Youth utilizing Menta	d how the Project al Health Crisis Se	will improve rvices and
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2. (a) (ii) Indicate whether Health Oversight and Acc personnel. *	the Applicant(s) conto ountability Commission	emplates submitting on or has been award	an application to t led funding for tri	he Mental age
B 1 U 등 등 ** ⊕	and the state of the		Particular and the same of the	49
2. (b) Describe the county exist and those which will designed to maximize and unnecessary hospitalizat Children and Youth with relationships shall be supefforts amongst the agen may include training of loproviders on how to prop	I be established to end d expedite access to common and detainment by mental health disorder pported by letters from cies to enhance and e	hance and expand co crisis services for the law enforcement and rs and their families. In the Related Support expand crisis services current crisis provide	mmunity-based community-based	ollaboration ing ess for ing collaborative enhancement other related

3. Identifies Key Outcomes and a Plan for Measuring Them. (Maximum 10 points)

(Maximum 10 points) \*

3. (a) Provide a plan that includes the methodology, timeline, and assignment of responsibility to measure and demonstrate outcomes of the Program, including the following:

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3. (a) (ii) Red and/or trans	duced law enforcement ports for assessment	nt involvement o	n mental hea	alth crisis c	alls, con	tacts, cus	todies
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4. Project is, or will be Read	dy, Feasible, and	d Sustainable a	s follows: (Maxir	mum 50 points)	
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	Tinal Allocation				
Crisis Residential Treatment at Final Allocation.	nd Crisis Stabilization	Projects that include	e construction within 13	8 months of the approval	orule
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	meline, includin	g supporting d	ocumentation if	available, with the	steps ating
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Crisis Support Team Projects). *	Service Supplier	sion is not applicable to	Mobile
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challenges will be mitigated, including but	not limited to, site identification and acquisition,
contracting, local use permit process, Cour Building Code compliance, selection of ser delays in local (city and/or county) approve	nty Board of Supervisors' approval, CEQA process, vice provider, licensure, certification, loss of a site, als, community opposition issues, loss or reduction in
leverage funding, and increased Project co	sts, as applicable.
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4. (b) Describe and provide evidence of corproposed Program(s) in the vicinity of plan	mmunity outreach and engagement efforts for the need Project site, as applicable. (Maximum 7 points) *
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Please provide proof of community outrea	ch and engagement efforts (as applicable).
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4. (c) Identify the service provider or descr	ibe the plan for identifying one addressing the following:
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4 (c) (i) If a service provider that will opera	ate the Program(s) has already been identified, provide a place for how the services will be provided
4. (c) (i) (1) Description of range of service	s offered. *
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provide a description of the	er has not been identified at the time the Application is submitted, e process, criteria for selection, and timeline for identification of a
service provider that will o	perate the Program(s). *
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4. (d) For proposed crisis s obtaining Medi-Cal certifica	tabilization or crisis residential treatment programs, provide a plan for ition. (Required, but no points awarded) *
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#### SUSTAINABILITY

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1. (c) Quantify and describe how the Project will increase capacity for Fa (Maximum 6 points)	amily Respite Care.
1. (c) (i) Identify the number of families that may receive services. *	
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1. (c) (ii) How does the added capacity impact the Target Population(s) a	
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1. (d) (i) Address how access to Family Respite Care is expanded and im Examples include: staff qualifications and hours of operation. *	proved for the community.
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1. (d) (ii) Describe services provided by the Program to families of Childro mental health services. *	en and Youth receiving
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l. (d) (iii) Will there be new outreach to families about availability of new o	Or overanded construe of
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4. Project is, or will be Ready, Feasible, and Sustainable as follows: (Maximum 50 p	oints)
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- Family Respite Care Projects that include acquisition of a building and/or renovation within 12 months of the approval of the Final Allocation.
- Family Respite Care Projects that include construction within 18 months of the approval of the Final Allocation.

#### READINESS

4. (a) A detailed plan and a timeline, including supporting documentation if available, with steps needed to complete the Project as further delineated below and provide evidence demonstrating the ability to meet the timeframes set forth in Section 7319.1(a)(4)(F) of the regulations. (Maximum 15 points)

4. (a) (i) Address, renderings and/or floor plans of Project s	ite, if available. If a Project site has no	ni
been identified, provide a description of the process, criteri	ia for selection, and timeline for	
identification of Project site that will be utilized. *		

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4. (a) (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,

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tart date (i.e., date of purchas ccupancy), and projected sta	e future and completed to date, including projected o e, renovation/construction or lease), Project end date rt date of services to families of Children and Youth.	e (i.e., date of
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I. (a) (iv) The plan and current	status for staffing the Program(s). *	
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4. (c) Describe in detail the propose	ed organizational and operational s	structure of the Family Donita
Care program, whether provided by	y the Applicant directly or by a pot	ential service provider.
4. (c) (i) This may include, but is no personnel; staff recruitment, retent screening and discharge procedure needs and coordination of these se services available as part of the pro-	iion and training, family eligibility a es; relevant risk management polic ervices on behalf of the family, if ne	ind needs assessment,
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4. (d) Provide a Project budget, utili: Worksheet"; and "Sources and Use	zing "Summary of Funding Requess". In addition, provide the following	st"; "County Grant Amounts ng: (Maximum 10 points)
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4. (d) (i) Proposed uses of Grant fun for Program startup or expansion co detailing those costs. Information te justification that the additional costs outcomes set forth in Section 7319.1	osts are being requested, include a echnology costs exceeding 1% of t s are necessary for the Project to a	separate line item budget otal Grant award, require a

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I. (d) (iii) A explanation of the Grantee's internal process	s to ensure the Grant funds will only be
used for eligible costs as described in Section 7315 of t	he regulations. *
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l. (e) (iii) Documentation such	as funding letters, minutes from the County Board of Sup	pervisors
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such approval. *		
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ATTACHMENTS		
Please contact the California Health Facilities Financing chffa@treasurer.ca.gov (mailto:chffa@treasurer.ca.gov)	Authority with any questions by phone:	(916) 653-2779 or email
ATTACHMENT A- APPLICATION CERTIFIC	CATION *	
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<ul> <li>and date the certification.</li> <li>In the case of a county Applicant, please have the supervisors or such other authorized county officia</li> <li>In the case of a public agency designated by the certification.</li> <li>In the case of a private nonprofit corporation design the board or other authorized officer sign this certification.</li> </ul>	al. county or Counties Applying Jointly, ple gnated by a county or Counties Applying fication.	ase have an authorized officer sign this  Jointly, please have the chairperson of
If more than one Applicant applying for a Project, each A the joint Application is correct and true to the best of the	Applicant must submit an Application Ce ir knowledge and belief.	rtification to certify that all information in
Application Certification:		
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### 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.

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justification for each Project:					gy dyddiadau i men o
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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

Received	(Attach
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authorizations, OSHPD Plan Review status, etc.) justification of compliance with applicable section.)

Name of approving Agency		
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Project is not subject to CEQA Rec	quirements, provide a written j	ustification using one of the
ollowing categories		
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Section 15378)	15285)	15333)
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II Other Attachments- (Letters of Su ontracts, Building Permits, etc.)	ipport, Request for Proposals,	Architectural and Construction
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CALIFORNIA STATE TREASURER'S OFFICE

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# CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY



# Investment in Mental Health Wellness Grant Program for Children and Youth 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/



### Investment in Mental Health Wellness Grant Program for Children and Youth Application

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### Investment in Mental Health Wellness Grant Program for Children and Youth Application

### **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, 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.

The narrative portion of the Application is limited to 25 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.

# INVESTMENT IN MENTAL HEALTH WELLNESS GRANT PROGRAM for Children and Youth

### Form-1: SUMMARY INFORMATION Please type all responses.

Total Requested Grant Am	nount: \$	Date Submitted:	
LEAD GRANTEE	**************************************	11.4.1.4.14	
1. APPLICANT INFORMA	TION		
NAME OF APPLICANT:	. 14 .	ENTITY TYPE: (County or Joint Powers Authority)	
ADDDECS.		CITY, STATE AND ZIP:	
ADDRESS:		ÇII T, STATE AND ZIP:	
CONTACT INFORMATION  FIRST AND LAST NAME:	V	TITLE:	
ADDRESS:		CITY, STATE AND ZIP:	'
PHONE NUMBER:	FAX NUMBER	EMAIL ADDRESS:	
Project Titles		The state of the s	
Project Title:			
Project Brief Summary De	escription (Limited to 20 wor	rds):	A COMMISSION OF THE ASSESSMENT
	/		
County(ies) to be served:			
m			
		and insert number of beds and/ or te	eams to be added by the
proposed Project, as apple	icavie.		
	October October Control	D Malaila Cuiaia Sanna ant	
Crisis Residential Treatment	Crisis Stabilization	Mobile Crisis Support Teams	Family Respite Care
Treatment		Teams	
beds	beds	team(s) including:	
ueds .	beas		
		1) Vehicle(s), and/or 2) Staff	
4		Distriction of the second	
Amount Requested	Amount Requested	Capital Amount Requested	Amount Requested
\$	\$	\$	\$
		Personnel Funding Requested for 1 year	
		\$	
			1
Purpose of Grant: Check all	l applicable boxes		
i dipose of Grant. Check an	ι αμφιικάστε σύλες		
Purchase of real property	Construction or ren		pport Team Personnel Funding
☐ Furnishings and/or Equip			le Crisis Support Team
	Program startup or	expansion costs vehicle(s)	

Form-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:		ENTITY TYPE: (County or Joint Powers Authority)
ADDRESS:		CITY, STATE AND ZIP:
CO-APPLICANT CONTACT INFORM	IATION	
FIRST AND LAST NAME:		TITLE:
	· >	
ADDRESS:		CITY, STATE AND ZIP:
PHONE NUMBER:	FAX NUMBER	EMAIL ADDRESS:
2. CO-APPLICANT INFORMATION		
NAME OF APPLICANT:		ENTITY TYPE: (County or Joint Powers Authority)
ADDRESS:		CITY, STATE AND ZIP:
CO-APPLICANT CONTACT INFORM	ATION	
FIRST AND LAST NAME:		TITLE:
ADDRESS:		CITY, STATE AND ZIP:
		GIT, STATE AND ZIF:
PHONE NUMBER:	FAX NUMBER	EMAIL ADDRESS:
Service Providers:		
		20%
1. ORGANIZATION TO DELIVER SI	ERVICES (IF KNOWN)	Check box if same as Designated Lead Grantee
NAME OF ORGANIZATION:		ENTITY TYPE:
ADDRESS:		CITY, STATE AND ZIP:
CONTACT INFORMATION		
FIRST AND LAST NAME:		TITLE:
		and the state of t
PHONE NUMBER:	FAX NUMBER	EMAIL ADDRESS:
	4.45.0.19.45.45.45.45	
2. ORGANIZATION TO DELIVER SE	ERVICES (IF KNOWN)	
NAME OF ORGANIZATION:		ENTITY TYPE:
ADDRESS:		CITY, STATE AND ZIP:
COMPLICED PROPERTY		
CONTACT INFORMATION FIRST AND LAST NAME:		
FINGS AND LAGE NAME:		TITLE:
PHONE NUMBER:	FAX NUMBER	EMAIL ADDRESS:

Form-3: SUMMARY OF FUNDING REQUESTED

REQUESTED FUNDING BY PROGRAM		
Crisis Residential Treatment Program		
ELIGIBLE COSTS		AMOUNT
Purchase of Real Property (how many properties? )	\$	0.00
Construction or Renovation*	. \$	0.00
Furnishings and/or Equipment	\$	0.00
Information Technology**	\$	0.00
Program Startup or Expansion Costs (up to three months)	\$	0.00
SUB-TOTAL	\$	0.00
Crisis Stabilization Program		
ELIGIBLE COSTS		AMOUNT
Purchase of Real Property (how many properties? )	\$	0.00
Construction or Renovation*	\$	0.00
Furnishings and/or Equipment	\$	0.00
Information Technology**	\$	0.00
Program Startup or Expansion Costs (up to three months)	\$	0.00
SUB-TOTAL	\$	0.00
Mobile Crisis Support Team Program	gage and the left of the second of the second	
ELIGIBLE COSTS		AMOUNT
Purchase of vehicles (how many vehicles? ) May include two-year maintenance contracts, if any.	\$	0.00
Furnishings and/or Equipment	\$	0.00
Information Technology**	\$	0.00
Program Startup or Expansion Costs (up to three months)	\$	0.00
Personnel Funding for 1 year (how many FTEs? )	\$	0.00
SUB-TOTAL	\$	0.00

REQUESTED FUNDING BY PROGRAM	
Family Respite Care Program	
ELIGIBLE COSTS	AMOUNT
Purchase of Real Property (how many properties? )	\$ 0.00
Construction or Renovation*	\$ 0.00
Furnishings and/or Equipment	\$ 0.00
Information Technology**	\$ 0.00
Program Startup or Expansion Costs (up to three months)	\$ 0.00
SUB-TOTAL	\$ 0.00
Total Requested Grant Amount	\$ 0.00

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

<sup>\*\*</sup>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.

### Form-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 Form-1 and Form-2.

Applicants may apply for Capital and Personnel Funding as set forth in Section 7318 of the regulations. Counties Applying Jointly, may at their discretion, apply for up to the sum of their respective maximum Capital Funding amounts.

COUNTY NAME	CAPITAL FUNDIN REQUESTED	G	PERSONNEL F REQUEST (Mobile Crisis f	ΓED	TOTAL REQU (Capital + Per	
	\$	0.00	\$	0.00	\$	0.00
	\$	0.00	\$	0.00	\$14 114.4	0.00
	\$	0.00	\$ 44 44	0.00	\$	0.00
	\$	0.00	\$	0.00	\$	0.00
	\$	0.00	\$	0.00	\$	0.00
	\$	0.00	\$	0.00	\$	0.00
	\$	0.00	\$	0.00	\$	0.00
	\$	0.00	\$	0.00	\$	0.00
TOTALS	\$ \$	0.00	\$	\$ 0.00	\$	\$ 0.00

Form-5: SOURCES AND USES

Please include sources and uses to complete the entire Project.

Sources of Funds:		Project	t Completion:
Total Grant amount requested			0.00
Mental Health Services Act (MHSA) funds	\$		0.00
Realignment funds	1 1 maran a	taga Perandah	0.00
Medi-Cal, Federal Financial Participation	\$ _	and the second second	0.00
Other sources, list (i.e. bank loan*, other grants	s)		
	\$		0.00
· 大学的 1985年 -	\$		0.00
	\$	***	0.00
Total Sources	<b>\$</b>		0.00

<sup>\*</sup>If obtaining a bank loan, please name the bank and describe the length and rate of the loan.

Uses of Funds:	
Purchase of real property	\$ 0.0
Construction or renovation**	\$ 0.0
Purchase of vehicles and vehicle maintenance contracts	\$ 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
Personnel Funding - for Mobile Crisis Support Teams only (1 year)	\$ 0.0
Other costs	
A THE RESIDENCE OF A CONTROL OF	\$ 0.0
	\$ 0.0
grander fra de de de la grande d La grande de la grande	\$ 0.0
Total Uses (must equal Total Sources)	\$ 0.0

<sup>\*\*</sup>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.



## Investment in Mental Health Wellness Grant Program For Children and Youth Application

Evaluation Criteria – Crisis Residential Treatment, Crisis Stabilization and/or Mobile Crisis Support Team (The evaluation criteria for Family Respite Care begins on page 14)

Applications shall be scored on the criteria set forth in Section 7319 of the regulations. Please address each of the criteria for <u>each Program</u> as follows:

- 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. 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)
  - b. Describe the community need existing within the current continuum, address who does and does not receive services now, and how the Project is designed to address the weaknesses of the current system and build on its strengths. Please include any available data that reflects community need. (Maximum 3 points)
  - c. Quantify and describe how the Project will increase capacity for community-based Mental Health Crisis Services. (Maximum 6 points)
    - i. Describe how the number of Crisis Stabilization and Crisis Residential Treatment beds; and/or the number of Mobile Crisis Support Teams including the number of Mobile Crisis Support Team vehicles and staff impact the Target Population(s) and translates into a number of additional Children and Youth that can be served in the community?
  - d. Describe how the Project will expand and improve timely access to community-based Mental Health Crisis Services. Address how access is expanded and improved for the community. Examples include extending hours of existing services; adding locations where services can be accessed by Children and Youth, as appropriate, and their family members; efforts to timely connect Children and Youth to crisis services from hospitals, educational institutions, detainment centers, juvenile hall, jail, etc.; engaging in new outreach to Children and Youth, as appropriate, and their families, and educational institutions so they know new or expanded services are available; and addressing cultural, language, and other barriers unique to the community. (Maximum 6 points)
  - e. Describe how the Project will be qualitatively different than crisis services delivered in an institutional setting (such as a hospital emergency room, an in-patient hospital setting or a law enforcement vehicle) and include a description of the proposed staffing, the community setting in which the Programs will be offered and the building or vehicles in which services will be provided. (Maximum 5 points)



# Investment in Mental Health Wellness Grant Program For Children and Youth Application

- 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. Describe how the Project fits in with the continuum of care as it presently exists in the community. (Maximum 5 points)
    - i. Identify the shortcomings that exist within the continuum and how the Project will improve the existing continuum of care for Children and Youth utilizing Mental Health Crisis Services and supply any available data.
    - ii. Indicate whether the Applicant(s) contemplates submitting an application to the Mental Health Oversight and Accountability Commission or has been awarded funding for triage personnel.
  - b. Describe the county's or counties' working relationships with Related Supports that already exist and those which will be established to enhance and expand community-based collaboration designed to maximize and expedite access to crisis services for the purpose of avoiding unnecessary hospitalization and detainment by law enforcement and improving wellness for Children and Youth with mental health disorders and their families. The existing working relationships shall be supported by letters from the Related Supports identifying the collaborative efforts amongst the agencies to enhance and expand crisis services. (Maximum 10 points)
    - i. An example of an enhancement may include training of local law enforcement, current crisis providers, hospitals and other related providers on how to properly respond to Children and Youth experiencing a mental health crisis.

### 3. Identifies Key Outcomes and a Plan for Measuring Them. (Maximum 10 points)

- a. Provide a plan that includes the methodology, timeline, and assignment of responsibility to measure and demonstrate outcomes of the Program, including the following:
  - 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)
  - iv. Children or Youth (when appropriate) and/or their family members' (when appropriate) satisfaction with the crisis services the Children and Youth received. (Maximum 1 point)



# Investment in Mental Health Wellness Grant Program For Children and Youth Application

- v. Number of Crisis Residential Treatment and Crisis Stabilization beds; and/or number of Mobile Crisis Support Teams including the number of Mobile Crisis Support Team 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. An example of such value is: The utilization of Crisis Residential Treatment costs "X" dollars and utilization of inpatient hospitalization would have cost "X" dollars, therefore value approximates "X" dollars. (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)
- 4. Project is, or will be Ready, Feasible, and Sustainable as follows: (Maximum 50 points)
  - Mobile Crisis Support Team Projects within nine months of the approval of the Final Allocation.
  - Crisis Residential Treatment and Crisis Stabilization Projects that include acquisition of a building and/or renovation within 12 months of the approval of the Final Allocation.
  - Crisis Residential Treatment and Crisis Stabilization Projects that include construction within 18 months of the approval of the Final Allocation.

### **READINESS**

- a. 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 timeframes set forth in Section 7319(a)(4)(H) of the regulations. (Maximum 15 points)
  - 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 to Mobile Crisis Support Team Projects.)
  - 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, Request for Proposals, architectural and construction contracts, California Environmental Quality Act (CEQA) compliance, building permits, and conditional use permits, as applicable.



# Investment in Mental Health Wellness Grant Program For Children and Youth Application

- iii. Key milestones, in the future and completed to date, including projected or actual Project start date (i.e., date of purchase, renovation/construction or lease), Project end date (i.e., date of occupancy), and projected start date of services to Target Population(s).
- iv. The plan and current status for staffing the Program(s).
- v. 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 leverage funding, and increased Project costs, as applicable.
- b. Describe and provide evidence of community outreach and engagement efforts for the proposed Program(s) in the vicinity of planned Project site, as applicable. (Maximum 7 points)
- 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 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, purpose, goals, and services of the organization.
  - ii. 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).
- d. For proposed crisis stabilization or crisis residential treatment programs, provide a plan for obtaining Medi-Cal certification. (Required, but no points awarded)
- e. For proposed crisis residential treatment programs, provide a plan for obtaining a license and program approval to operate as a Children's crisis residential program as defined in Health and Safety Code Section 1502, subdivision (a)(21). (Required, but no points awarded)



# Investment in Mental Health Wellness Grant Program For Children and Youth Application

### **FEASIBILITY**

- f. Provide a Project budget, utilizing "Summary of Funding Request" (Form-3); "County Grant Amounts Worksheet" (Form-4); and "Sources and Uses" (Form-5). In addition, 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 are being requested, include a separate line item budget detailing those costs. Information technology costs exceeding 1% of total Grant award, require a justification that the additional costs are necessary for the Project to achieve the goals and outcomes set forth in Section 7319(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 7315 of the regulations.

### **SUSTAINABILITY**

- g. 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.
- h. Provide documentation indicating Lead Grantee's creditworthiness and satisfactory financial capacity in the most recent local government credit rating or the most recent Audited Financial Statement, which may not contain a Going Concern Qualification. (Required, but no point awarded)



# Investment in Mental Health Wellness Grant Program For Children and Youth Application

### Evaluation Criteria - Family Respite Care

Applications shall be scored on the criteria set forth in Section 7319.1 of the regulations. Please address each of the criteria as follows:

- 1. Project expands access to and capacity for Family Respite Care to families of Children and Youth receiving mental health services in order to sustain family health and well-being. (Maximum 25 points)
  - a. Describe the new or expanded Family Respite Care Program to be funded by the Grant and the services within the Program, including but not limited to in-home and/or out-of-home respite care. Identify the criteria for the Target Population(s) whose families are eligible for services, including but not limited to age groups, diagnosis, etc. (Maximum 5 points)
  - b. Describe the community need existing within the current continuum, including who does and does not receive Family Respite Care services now, and how the proposed Project will address the weaknesses of the current system and build on its strengths. Please include any available data that reflects community need. (Maximum 3 points)
  - c. Quantify and describe how the Project will increase capacity for Family Respite Care. (Maximum 6 points)
    - i. Identify the number of families that may receive services.
    - ii. How does the added capacity impact the Target Population(s) and translate into a number of additional families that can be served in the community.
  - d. Describe how the Project will expand and improve timely access to Family Respite Care. (Maximum 6 points)
    - i. Address how access to Family Respite Care is expanded and improved for the community. Examples include: staff qualifications and hours of operation.
    - ii. Describe services provided by the Program to families of Children and Youth receiving mental health services.
    - iii. Will there be new outreach to families about availability of new or expanded services?
    - iv. Will cultural, linguistic, and other barriers unique to the community be addressed?
  - e. A description of community-based services to be available to families of Children and Youth receiving mental health services, and describe the building(s) in which the Program will be offered and the setting(s) in which the identified services will be provided to the families. (Maximum 5 points)



# Investment in Mental Health Wellness Grant Program For Children and Youth Application

- 2. Application demonstrates a clear plan for a continuum of care before, during, and after intervention or treatment and for collaboration and integration with other health systems, educational institutions, social services and law enforcement, and describes the referral process that will be utilized to connect families to Family Respite Care. (Maximum 15 points)
  - a. Describe how the Project fits in with the continuum of care as it presently exists in the community. (Maximum 5 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 Program will improve the existing continuum of care for Children and Youth receiving mental health services and their families.
    - iii. Identify how the Program supports other mental health crisis services available to Children and Youth.
    - iv. Indicate whether Applicant(s) contemplates submitting an application to the Mental Health Oversight and Accountability Commission or has been awarded funding for family support services and training.
  - b. Describe the county's or counties' working relationships with Related Supports that already exist and those which will be established to enhance and expand community-based collaboration designed to maximize access to Family Respite Care for the purpose of sustaining health and well-being of families of Children and Youth receiving mental health services. The existing working relationships shall be supported by letters from the Related Supports identifying the collaborative efforts amongst the agencies to enhance and expand services. (Maximum 10 points)
- 3. Identifies Key Outcomes and a Plan for Measuring Them. (Maximum 10 points)
  - a. Provide a plan including the methodology, timeline, and assignment of responsibility to measure and demonstrate outcomes of the Program, including the following:
    - i. Increased participation rates by families in the Family Respite Care Program. (Maximum 1 point)
    - ii. Family members' satisfaction with the Family Respite Care services received. (Maximum 2 points)
    - iii. Number of families served by the Program. (Maximum 2 points)
  - iv. Whether services provided by the Program prevented out-of-home placement of Children and Youth receiving mental health services or re-entry of the Child and Youth into out-of-home placement. (Maximum 2 points)



# Investment in Mental Health Wellness Grant Program For Children and Youth Application

- v. Whether the families of the Target Population(s) are being served and other families who may be being served. (Maximum 2 points)
- vi. The value of the Program, such as mitigation of costs to the county, when Children and Youth are not placed in out-of-home care. An example of such value is: The utilization of Family Respite Care costs "X" dollars and utilization of out-of-home placement would have cost "X" dollars, therefore value approximates "X" dollars. (Maximum 1 point)
- 4. Project is, or will be Ready, Feasible, and Sustainable as follows: (Maximum 50 points)
  - Family Respite Care Projects that include acquisition of a building and/or renovation within 12 months of the approval of the Final Allocation.
  - Family Respite Care Projects that include construction within 18 months of the approval of the Final Allocation.

### READINESS

- a. A detailed plan and a timeline, including supporting documentation if available, with steps needed to complete the Project as further delineated below and provide evidence demonstrating the ability to meet the timeframes set forth in Section 7319.1(a)(4)(F) of the regulations. (Maximum 15 points)
  - 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, critera for selection, and timeline for identification of Project site that will be utilized.
  - 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 Quality Act (CEQA) compliance, building permits, and conditional use permits, as applicable.
  - iii. Key milestones, in the future and completed to date, including projected or actual Project start date (i.e., date of purchase, renovation/construction or lease), Project end date (i.e., date of occupancy), and projected start date of services to families of Children and Youth.
  - iv. The plan and current status for staffing the Program(s).
  - v. 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 leverage funding, and increased project costs, as applicable.



# Investment in Mental Health Wellness Grant Program For Children and Youth Application

- b. Describe and provide evidence of community outreach and engagement efforts for the proposed Program(s) in the vicinity of planned Project sites, as applicable. (Maximum 7 points)
- c. Describe in detail the proposed organizational and operational structure of the Family Respite Care program, whether provided by the Applicant directly or by a potential service provider. (Maximum 8 points)
  - i. This may include, but is not limited to, staffing criteria for designated supervisors and other personnel; staff recruitment, retention and training, family eligibility and needs assessment, screening and discharge procedures; relevant risk management policies; identification of service needs and coordination of these services on behalf of the family, if needed, and additional support services available as part of the program, etc.

### **FEASIBILITY**

- d. Provide a Project budget, utilizing "Summary of Funding Request" (Form-3); "County Grant Amounts Worksheet" (Form-4); and "Sources and Uses" (Form-5 on page 8). In addition, 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 are being requested, include a separate line item budget detailing those costs. Information technology costs exceeding 1% of total Grant award, require a justification that the additional costs are necessary for the Project to achieve the goals and outcomes set forth in Section 7319.1(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. A explanation of the Grantee's internal process to ensure the Grant funds will only be used for eligible costs as described in Section 7315 of the regulations.

### **SUSTAINABILITY**

- e. Provide the following: (Maximum 10 points)
  - i. An operating budget that details annual operating costs projected for the proposed Program(s).



# Investment in Mental Health Wellness Grant Program For Children and Youth Application

- 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.
- f. Provide documentation indicating Lead Grantee's creditworthiness and satisfactory financial capacity in the most recent local government credit rating or the most recent Audited Financial Statement, which may not contain a Going Concern Qualification. (Required, but no point awarded)



# Investment in Mental Health Wellness Grant Program For Children and Youth Application

### **Requirements for Private Nonprofit Corporation Applicants**

If a co-Applicant is a private nonprofit corporation, provide the following:

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

### 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.

- 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.
- In the case of a public agency designated by the county or Counties Applying Jointly, please have an authorized officer sign this certification.
- In the case of a private nonprofit corporation designated by a county or Counties Applying Jointly, please have the chairperson of the board or other authorized officer sign this certification.

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 AND PUBLIC AGENCIES

### 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), charges complaint or filing, and the outcome.

### ATTACHMENT C

### LEGAL STATUS QUESTIONNAIRE FOR PRIVATE NONPROFIT CORPORATIONS

### 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), charges, complaint or filing, and the outcome.

### ATTACHMENT D

### CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) REVIEW

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.

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) П 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) 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**

wake sure you have completed the following tasks:	
	Used 12 point font such as Arial or Times New Roman in narrative sections (except footnotes and charts).
	Have 1 inch margins for narrative sections.
	Remained within 25 pages for the questions and answers to the narrative portion (Evaluation Criteria Narrative), identified in the Application.
Make sure you have submitted as part of the Application each of the following:	
	Form-1 to Form-5
	Narrative for Criteria #1- #3
	Criteria #4 for Crisis Residential Treatment, Crisis Stabilization and/or Mobile Crisis Support Team:
	Project timeline with narrative as described in Criteria #4(a)
	Community outreach and engagement efforts as described in Criteria #4(b) (as applicable)
	Project budget in line item detail with narrative as described in Criteria #4(f)
	Program operating budget with narrative described in Criteria #4(g)
	Most recent local government credit rating or most recent audited financial statement as described in Criteria #4(h)
	Criteria #4 for Family Respite Care:
	Project timeline with narrative as described in Criteria #4(a)
	Community outreach and engagement efforts as described in Criteria #4(b) (as applicable)
	Project budget in line item detail with narrative as described in Criteria #4(d)
	Program operating budget with narrative described in Criteria #4(e)
	Most recent local government credit rating or most recent audited financial statement as described in Criteria #4(f)
	Attach all required documentation for Private Nonprofit Corporation Applicants
	Attachment A - Application Certification Letter for all Applicants
	Attachment B - Legal Status Questionnaire for Counties and Public Agencies
	Attachment C - Legal Status Questionnaire for Private Nonprofit Corporations (as applicable)
	Attachment D - California Environmental Quality Act (CEQA) Review for each Project site (as applicable)