

CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY



INVESTMENT IN MENTAL HEALTH WELLNESS GRANT PROGRAM FOR CHILDREN AND YOUTH

SECOND FUNDING ROUND APPLICATION TECHNICAL ASSISTANCE WEBINAR

OCTOBER 14, 2020

Welcome and Introductions

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AGENDA FOR TODAY

- GENERAL INFORMATION
- HOW TO FILL OUT THE APPLICATION
- WHAT MAKES A GOOD APPLICATION
- TOOLS AND RESOURCES
- NEXT STEPS
- QUESTIONS
- CONTACT INFORMATION

GENERAL INFORMATION

- BACKGROUND AND OBJECTIVES
- APPLICANT ELIGIBILITY
- ELIGIBLE PROGRAMS
- DHCS CHILDREN'S CRISIS RESIDENTIAL PROGRAM
- FAMILY RESPITE CARE
- GRANT AMOUNTS
- ELIGIBLE PROJECT COSTS
- HOW TO SUBMIT
- ITEMS TO NOTE



BACKGROUND AND OBJECTIVES

- **Senate Bill 833, Sec 20** (2016) expanded the Investment in Mental Health Wellness Act to specifically address a continuum of crisis services for children and youth
- **\$37.5 million in capital funding** to fund four types of mental health programs for children and youth. In the first funding round \$730,326.90 was awarded, leaving \$36,769,673.10 available for subsequent funding rounds.
- **\$4 million in personnel funding** for Mobile Crisis Support Team Personnel. In the first funding round \$1,320,660 was awarded leaving \$2,679,340 available for subsequent funding rounds.



BACKGROUND AND OBJECTIVES

- **Target Population**

Children and youth 21 years of age and under with a mental health crisis and/or illness

- **Key Objectives**

- Expand crisis treatment services & capacity by adding at least 120 Crisis Stabilization & Crisis Residential Treatment beds
- Add at least 200 Mobile Crisis Support Teams
- Expand Family Respite Care



APPLICANT ELIGIBILITY

The following entities are eligible to apply for the Children and Youth Grant Program (CY Grant Program)

- 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)



ELIGIBLE PROGRAMS

Mental health programs eligible under the CY Grant Program includes:

- Crisis Stabilization (CS)
- Mobile Crisis Support Team (MCST)
- Family Respite Care (FRC)
- Crisis Residential Treatment (CRT)
 - Children's Crisis Residential Program (CCRP)
 - Licensed by the CA Department Social Services



Children's Crisis Residential Program

Services, Facility Types, Timelines & Resources

Continuum of Mental Health Care Section



Children's Crisis Residential Program

Policy Guidance

- Assembly Bill (AB) 501 (Ridley-Thomas, Chapter 704, Statutes of 2017)
 - *Authorizes the **California Department of Social Services** to license a Short-term Residential Therapeutic Program to operate as a Children's Crisis Residential Program (CCRP).*
 - *CCRPs must obtain and have in good standing a mental health program approval that includes a Medi-Cal mental health certification, as described in WIC Section 11462.01, and a children's crisis residential mental health program approval as described in WIC Section 1146.011, both of which are issued by the **Department of Health Care Services**, or a county mental health plan to which the department has delegated approval authority.*
- Mental Health Substance Use Disorder Service [Information Notice 19-004](#).



Children's Crisis Residential Program

Services

- Provide short-term crisis residential services to children experiencing mental health crisis.
- Alternative to psychiatric in-patient hospitalization.
- Community-based crisis programs that have mental health treatment services available 24-hours a day, seven days a week.
- Prompt admission determinations based on medical necessity criteria.
- Involve the child's family and natural support system.



Children's Crisis Residential Program

Program Models

- **STRTP-CCRP:** A separate unit within a larger STRTP that serves children who are not experiencing mental health crisis. (Health and Safety Code (HSC) Section 1562.02(a)(2))
 1. Must have a STRTP license.
 2. STRTP Mental Health Program Approval (Welfare and Institutions Code (W&I) Section 11462.01).
 3. CCRP mental health program approval.
- **CCRP (*Stand Alone*):** Operate solely as CCRPs serving children who are experiencing mental health crises.
 1. DHCS will not require a STRTP mental health program approval pursuant to W&I Code Section 11462.01.
 2. DHCS' approval of the CCRP mental health program at a stand-alone CCRP satisfies the approval requirements of HSC Section 1562.02(a)(2).



Children's Crisis Residential Program

STRTP-CCRP

- Operate as a separate unit within a STRTP.
- Obtain from CDSS a STRTP license.
- Obtain from DHCS a STRTP mental health program approval for children who are not experiencing mental health crises.
- Obtain from DHCS a CCRP mental health program approval.
- Obtain from CDSS a notation of the CCRP separate unit on the STRTP license.

CCRP (Stand Alone)

- Obtain from DHCS a CCRP mental health program approval.
- Obtain from CDSS a STRTP license indicating that the STRTP operates solely as a CCRP.



Children's Crisis Residential Program

Timeline STRTP-CCRP

- STRTP
 - 12 months
 - 6 month extension
- CCRP*
 - 4 months

*STRTP MHPA submission to approval is used as a proxy for this estimate

Timeline CCRP (Stand Alone)

- CCRP*
 - 6-7 months

*STRTP CDSS Review and DHCS MHPA submission to approval is used as a proxy for this estimate



Children's Crisis Residential Program

Resources

- [Letters and Information Notices](#)
 - [MHSUDS IN: 19-004](#)
- [Continuum of Mental Health Care Section](#)
 - [DHCS Form 1741 CCRP Application](#)
- Contact E-mail: CCRP@dhcs.ca.gov



GRANT AMOUNTS

- In the first funding round, applicants were restricted to maximum grant amounts per county population.
- Remaining funds after the first funding round are available without maximum grant amounts per county population.
- Awards will be granted on a statewide competitive basis.

**THERE ARE NO MAXIMUM GRANT AMOUNTS
IN THE 2ND FUNDING ROUND**



ELIGIBLE PROJECT COSTS

Capital Funding

- Purchase of real property
- Construction or renovation: Including project planning or project management, appraisals, inspections and pre-construction/renovation costs such as permit fees, surveying, architectural and engineering fees, and hardscaping and/or landscaping (no more than 5% of total grant funding)
- Furnishings/Equipment: County must own all furnishings and equipment
- Vehicles for Mobile Crisis Support Teams: County must own vehicle(s)
- Information Technology: Hardware and software (no more than 1% of total grant funding; may request more with written justification)
- 3 months of program start-up or expansion costs: Training, personnel salaries, and benefits



ELIGIBLE PROJECT COSTS

Personnel Funding

Eligible costs for Personnel funding are only for employee salaries and benefits specific to the staff of the Mobile Crisis Support Team(s).



HOW TO SUBMIT

| How to submit | Where to submit | What to submit |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| Mail or In Person | California Health Facilities Financing Authority Investment in Mental Health Wellness Grant Program for Children and Youth 915 Capitol Mall, Suite 435 Sacramento, California 95814 | 1 original & 2 copies of completed application |
| Email | chffa@treasurer.ca.gov | 1 PDF attachment of completed application |

- The Authority is not responsible for email transmittal delays or failures of any kind.
- Incomplete and late applications will not be accepted for review.



ITEMS TO NOTE

- Applications are due no later than 5:00 P.M., January 29, 2021
- No maximum grant amount
- Applications with multiple Applicants shall designate one of the Applicants as the Lead Grantee
- If Applicant(s) is applying for multiple Programs, only a single Application is required, with the exception of Family Respite Care
- If Applicant(s) is applying for Family Respite Care, please submit a separate application
- Projects must be completed and operational by June 30, 2026

HOW TO FILL OUT THE APPLICATION

- Application Forms 1-5
- Narrative Requirements
- Evaluation Criteria
- Attachments A-D



APPLICATION FORMS 1-5

- **Form 1:** Summary Information
- **Form 2:** Co-Applicants & Service Providers
- **Form 3:** Summary of Funding Requested
- **Form 4:** County Grant Amounts Worksheet
- **Form 5:** Sources and Uses

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

Total Requested Grant Amount: \$ _____

Date Submitted: _____

Grant amount requested.

LEAD GRANTEE

1. APPLICANT INFORMATION

| | |
|--------------------|-------------------------------------------------|
| NAME OF APPLICANT: | ENTITY TYPE: (County or Joint Powers Authority) |
| ADDRESS: | CITY, STATE AND ZIP: |

CONTACT INFORMATION

| | |
|----------------------|----------------------|
| FIRST AND LAST NAME: | TITLE: |
| ADDRESS: | CITY, STATE AND ZIP: |
| PHONE NUMBER: | FAX NUMBER: |
| EMAIL ADDRESS: | |

Project Title: _____

Project Brief Summary Description (Limited to 20 words):

County(ies) to be served: _____

Mark all Program(s) that are included in the application.

Please select all programs to be funded with Grant, and insert number of beds and/ or teams to be added by the proposed Project, as applicable.

| | | | |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Crisis Residential Treatment _____ beds Amount Requested \$ _____ | <input type="checkbox"/> Crisis Stabilization _____ beds Amount Requested \$ _____ | <input type="checkbox"/> Mobile Crisis Support Teams _____ team(s) including: 1) _____ Vehicle(s), and/or 2) _____ Staff Capital Amount Requested \$ _____ Personnel Funding Requested for 1 year \$ _____ | <input type="checkbox"/> Family Respite Care Amount Requested \$ _____ |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

Eligible Project costs are listed in detail in Section 7315 of the regulations. Mark all that apply.

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 | | |

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: <i>(County or Joint Powers Authority)</i> |
| ADDRESS: | CITY, STATE AND ZIP: |

CO-APPLICANT CONTACT INFORMATION

| | |
|----------------------|----------------------|
| FIRST AND LAST NAME: | TITLE: |
| ADDRESS: | CITY, STATE AND ZIP: |
| PHONE NUMBER: | FAX NUMBER: |
| EMAIL ADDRESS: | |

Complete this section if there are Co-Applicants.

Service Providers:



1. ORGANIZATION TO DELIVER SERVICES (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: |
| PHONE NUMBER: | FAX NUMBER: |
| EMAIL ADDRESS: | |

If selected, this section applies to the service provider(s) specified in Evaluation Criteria 4(c) or 4.1(c).

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 |

| Mobile Crisis Support Team Program | |
|---------------------------------------------------------------------------------------------------|----------------|
| 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 |

Break down the requested funding for each program: CRT, CSU, and FRC.

The sections look the same with exception to the MCST breaks down personnel funding and vehicles.

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.

Lead Grantee will be listed first with its funding being requested.

Counties Applying Jointly, co-Applicant(s), will be listed under the Lead Grantee.

| COUNTY NAME | CAPITAL FUNDING REQUESTED | PERSONNEL FUNDING REQUESTED (Mobile Crisis for 1 year) | |
|---------------|---------------------------|-----------------------------------------------------------|---------|
| | \$ 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 | \$ 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

| Sources of Funds: | Project Completion: | |
|-----------------------------------------------------|---------------------|-------------|
| Total Grant amount requested | \$ | 0.00 |
| Mental Health Services Act (MHSA) funds | \$ | 0.00 |
| Realignment funds | \$ | 0.00 |
| Medi-Cal, Federal Financial Participation | \$ | 0.00 |
| Other sources, list (i.e. bank loan*, other grants) | | |
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| Total Sources | \$ | 0.00 |

*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 | \$ | 0.00 |
| Construction or renovation** | \$ | 0.00 |
| Purchase of vehicles and vehicle maintenance contracts | \$ | 0.00 |
| Furnishings and/or equipment | \$ | 0.00 |
| Information technology hardware and software | \$ | 0.00 |
| Program start up or expansion costs (3 months) | \$ | 0.00 |
| Personnel Funding - for Mobile Crisis Support Teams only (1 year) | \$ | 0.00 |
| Other costs | | |
| _____ | \$ | 0.00 |
| _____ | \$ | 0.00 |
| _____ | \$ | 0.00 |
| Total Uses (must equal Total Sources) | \$ | 0.00 |

The total uses must not exceed the total of all available funding sources.



NARRATIVE REQUIREMENTS

Narrative portion of Application must satisfy the following requirements:

- Maximum of 25 pages
- 12 point, Arial or Times New Roman font
- 1" margins



EVALUATION CRITERIA

- Evaluation Criteria on pages 9-13 of the Application is for:
 - Crisis Residential Treatment
 - Crisis Stabilization
 - Mobile Crisis Support Teams

- Evaluation Criteria on pages 14-18 of the Application is for:
 - Family Respite Care

Applications must address each of the criteria for each Program.



EVALUATION CRITERIA

CRT, CS, and/or MCST

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
2. Application demonstrates a clear plan for a continuum of care and for collaboration and integration with other departments and agencies – Maximum 15 points
3. Application identifies key outcomes and a plan for measuring them – Maximum 10 points
4. Project is, or will be, Ready, Feasible, and Sustainable – Maximum 50 points



EVALUATION CRITERIA 1

CRT, CS, and/or MCST

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. New or expanded Program(s), describes services, and identifies Target Population(s), including age group(s), to be served – *Maximum 5 points*
- b. Project meets the community need – *Maximum 3 points*
- c. Increases capacity for community-based Mental Health Crisis Services – *Maximum 6 points*
- d. Project expands and improves timely access to community-based Mental Health Crisis Services – *Maximum 6 points*
- e. Project is qualitatively different from crisis services delivered in an institutional setting – *Maximum 5 points*



EVALUATION CRITERIA 2

CRT, CS, and/or MCST

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. Project fits within the continuum of care – *Maximum 5 points*
 - Shortcomings and Improvement
 - Mental Health Oversight and Accountability Commission
- b. Working relationships with Related Supports that enhances and expands community based collaboration – *Maximum 10 points*
 - Expedite access
 - Improve wellness



EVALUATION CRITERIA 3

CRT, CS, and/or MCST

Application identifies key outcomes and a plan for measuring them –
Maximum 10 points

- a. Provide methodology, timeline, and assignment of responsibility to measure and demonstrate outcomes of the Program, including:
 - 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*

Criteria 3 continued on next slide



EVALUATION CRITERIA 3

CRT, CS, and/or MCST

- iv. Children or Youth and/or their family members' satisfaction with the crisis services – *Maximum 1 point*
- v. Number of CRT and CS beds; and/or number of teams, 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 – *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*



EVALUATION CRITERIA 4

CRT, CS, and/or MCST

Project is, or will be **Ready, Feasible, and Sustainable** – *Maximum 50 points*

The application needs to demonstrate that the Project will be Ready, Feasible, and Sustainable by the following timelines:

- *Mobile Crisis Support Team Projects: within 9 months of the approval of Final Allocation*
- *Crisis Residential Treatment and Crisis Stabilization*
 - *Building acquisition and/or renovation: within 12 months of Final Allocation*
 - *Construction of a new facility: within 18 months of Final Allocation*



EVALUATION CRITERIA 4

CRT, CS, and/or MCST

READINESS

- a. A detailed plan and timeline, including supporting documentation if available, with the steps needed to complete Project and demonstrate ability to be Ready, Feasible, and Sustainable – *Maximum 15 points*
 - Address, renderings and/or floor plans of Project site, or description of the process and timeline for identification (this requirement is not applicable to MCST Projects)
 - Necessary approvals and processes to complete Project, and the names and roles of all responsible entities
 - Key milestones
 - Plan and current status for staffing Program(s)
 - Potential challenges

Criteria 4 continued on next slide



EVALUATION CRITERIA 4

CRT, CS, and/or MCST

READINESS

- b. Community outreach and engagement efforts – *Maximum 7 points*
- c. Service provider identified, or a plan in place for identifying one – *Maximum 8 points*
 - Written plans in place for how the services will be provided
 - If service provider not identified, the process for identification is clear
- d. For proposed CS or CRT Program(s), provide a plan for obtaining Medi-Cal certification – *Required, but no points awarded*
- e. For proposed CRT Program(s), provide a plan for obtaining a license and program approval to operate as a Children’s Crisis Residential Program – *Required, but no points awarded*

Criteria 4 continued on next slide



EVALUATION CRITERIA 4

CRT, CS, and/or MCST

FEASIBILITY

- f. Total cost of Project, and sufficient funding sources or plan for acquiring them – *Maximum 10 points*
- Line item of Project costs, including proposed use of Grant funds
 - Project leverages public and/or private funding sources and current status of funding
 - Total uses of funds shall not exceed total funding sources
 - Description of the internal process to ensure the Grant funds will only be used for eligible costs

SUSTAINABILITY

- g. Provide the following: – *Maximum 10 points*
- Operating Budget that details annual operating costs
 - Description of new Program funding sources that provide ongoing support
 - Documentation showing approval of budget
- h. Provide the most recent local government credit rating or the most recent Audited Financial Statement – *Required, but no points awarded*



EVALUATION CRITERIA

FRC

1. Project expands access to and capacity for Family Respite Care to families of Children and Youth receiving mental health services – Maximum 25 points
2. Application demonstrates a clear plan for a continuum of care and for collaboration and integration with other departments and agencies, and describes the referral process that will be utilized to connect families to FRC – Maximum 15 points
3. Application identifies key outcomes and a plan for measuring them – Maximum 10 points
4. Project is, or will be, Ready, Feasible, and Sustainable – Maximum 50 points



EVALUATION CRITERIA 1

FRC

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. New or expanded FRC Program(s), describes services and identification of Target Population(s) whose families are eligible for services – *Maximum 5 points*
- b. Project meets the community need – *Maximum 3 points*
- c. Increases capacity for FRC – *Maximum 6 points*
- d. Project expands and improve timely access to FRC – *Maximum 6 points*
- e. Project provides community-based services and the Application describes 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*



EVALUATION CRITERIA 2

FRC

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 FRC – *Maximum 15 points*

- a. Project fits within the continuum of care – *Maximum 5 points*
 - Shortcomings and Improvement
 - Support other mental health crisis services available to Children and Youth

- b. Working relationships with Related Supports that enhances and expands community-based collaboration – *Maximum 10 points*
 - Maximize access
 - Sustain health and well-being



EVALUATION CRITERIA 3

FRC

Application identifies key outcomes and a plan for measuring them – *Maximum 10 points*

- a. Provide methodology, timeline, and assignment of responsibility to measure and demonstrate outcomes of the Program, including:
 - i. Increased participation rate by families in the FRC Program – *Maximum 1 point*
 - ii. Family members' satisfaction with the FRC 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/Youth into out-of-home placement – *Maximum 2 points*
 - 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(s), such as mitigation of costs to the county, when Children and Youth are not placed in out-of-home care – *Maximum 1 point*



EVALUATION CRITERIA 4

FRC

Project is, or will be **Ready, Feasible, and Sustainable** – *Maximum 50 points*

The application needs to demonstrate that the Project will be Ready, Feasible, and Sustainable by the following timelines:

- Projects that include building acquisition and/or renovation: within 12 months of Final Allocation
- Projects that include construction of a new facility: within 18 months of Final Allocation

Criteria 4 continued on next slide



EVALUATION CRITERIA 4

FRC

READINESS

- a. A detailed plan and timeline, including supporting documentation if available, with the steps needed to complete Project and demonstrate ability to be Ready, Feasible, and Sustainable – *Maximum 15 points*
 - Address, renderings and/or floor plans of Project site, or description of process and timeline for identification
 - Necessary approvals and processes to complete Project, and the names and roles of all responsible entities
 - Key milestones
 - Plan and current status for staffing Program(s)
 - Potential challenges

Criteria 4 continued on next slide



EVALUATION CRITERIA 4

FRC

READINESS

- b. Community outreach and engagement efforts – Maximum 7 points
- c. The proposed organizational and operational structure of the FRC Program – Maximum 8 points
- Staffing criteria, 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

Criteria 4 continued on next slide



EVALUATION CRITERIA 4

FRC

FEASIBILITY

- d. Total cost of Project, and sufficient funding sources or plan for acquiring them – *Maximum 10 points*
- Line item of Project costs, including proposed use of Grant funds
 - Project leverages public and/or private funding sources and current status of funding
 - Total uses of funds shall not exceed total funding sources
 - Description of internal processes to ensure the grant funds will only be used for eligible costs.

SUSTAINABILITY

- e. Provide the following: – *Maximum 10 points*
- Operating budget that details annual operating costs
 - Description of new Program funding sources that provide ongoing support
 - Documentation showing approval of budget
- f. Provide the most recent local government credit rating or the most recent Audited Financial Statement – *Required, but no points awarded*



ATTACHMENTS A-D

- **Attachment A:** Application Certification
- **Attachment B:** Legal Status Questionnaire
(counties and public agencies)
- **Attachment C:** Legal Status Questionnaire
(private nonprofits corporations)
- **Attachment D:** CEQA Review

- Transfer this Certification language onto **official letterhead** and have the appropriate official sign and date
- If more than one county is applying, **each county** must submit an Application Certification to certify that all information in the joint Application is correct and true to the best of their knowledge

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

**LEGAL STATUS QUESTIONNAIRE
FOR COUNTIES AND PUBLIC AGENCIES**

- This form is a standard part of the Grant Application
- One must be completed for the Lead Grantee and for any Co-Applicants

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.

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.

Complete this section if the Project is subject to CEQA requirements.

Grantees must submit documentation demonstrating compliance with Division 13 commencing with Section 21000 of the Public Resources Code (CEQA Requirements) for construction Projects.

If the Project is subject to CEQA Requirements, provide the appropriate documentation or justification for each Project:

- Notice of Determination Received (Attach Copy)
- Notice of Exemption Received (Attach Copy)
- Other documents evidencing compliance (e.g. permits, local authority approval documents, printed authorizations, OSHPD Plan Review status, etc.)
- Project is considered a Special Situation (see Title 14 California Code of Regulations, Sections 15180-15190) (Provide written justification of compliance with applicable section.)

Name of approving Agency: _____

Date approval given: _____

Complete this section if the Project is **NOT** subject to CEQA requirements.

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)

WHAT MAKES A GOOD APPLICATION



WHAT MAKES A GOOD APPLICATION

- Give a clear description of the facility and how it will be utilized by the program
- Clearly describe the key objective
- Clearly describe types of services that will be provided on site
- Clearly explain how the target population will be referred to the program
- Be organized and provide clear descriptions about the project timeline and its implementation



WHAT MAKES A GOOD APPLICATION

- Provide a clear plan for continuum of care
- Clearly address each criteria
- Provide detailed line item budgets
 - Familiarize yourself with the eligible expenses
 - Contact CHFFA with questions regarding eligible expenses
- Provide clear methodology on the project timeline
- Utilize the checklist in the back of the application to ensure completion of each section

TOOLS & RESOURCES

- GRANT APPLICATION CHECKLIST
- CHFFA WEBPAGES



GRANT APPLICATION CHECKLIST

- This checklist can be found at the back of the application
- It should be used to ensure you have completed all of the necessary sections and attachments

APPLICATION CHECKLIST

Make 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)

CHFFA's WEBPAGE

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

Quick Links

[CHFFA Overview](#)

[Mission Statement](#)

[Authority Members](#)

[Meeting Schedule, Agendas, Materials, and TEFRA Notices](#)

[For PPE donations, please visit State of California COVID-19 Medical Supply Contributions](#)

[Programs Fact Sheet](#)

[Applications Available for Downloading](#)

[Program Fee Schedules](#)

[CHFFA Act](#)

[Audits/Financial Disclosure Reports](#)

[Fast Facts](#)

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Highlights

[Children's Hospital Program of 2018: Currently Accepting Applications from Children's Hospitals 4/22/19](#)

Did You Know?

Since January 2015, CHFFA's Bond Financing Program has issued \$2,257,750,000 to 12 hospitals. In addition, the HELP II Loan Program has issued \$5,415,000 to eight non-profit health care facilities. Also, the Investment in Mental Health Wellness Grant Program has awarded over \$55 million to 21 counties.

The California Health Facilities Financing Authority (CHFFA) was established to be the State's vehicle for providing financial assistance to public and non-profit health care providers through loans, grants and tax-exempt bonds.

Here's what we offer:

COVID-19 FINANCIAL ASSISTANCE PROGRAMS

COVID-19
Emergency HELP
Loan Program

HELP II Loan Program
Debt Service
Payment Deferral



Bond Financing
Program



Tax-Exempt
Equipment Financing
Program



HELP II
Loan Program



Children's Hospital
Program



Mental Health
Wellness Grants



Community Services
Infrastructure Grant
Program



Lifeline Grant
Program



Peer Respite
Care Program



CA Health Access
Model Program

CHFFA CY WEBPAGE

<https://www.treasurer.ca.gov/chffa/imhwa/index.asp>

Contact Information

If you have any questions about the IMHW program, please contact [CHFFA](#).



CY Grant Program

[Statute](#)

[Regulations](#)

[Previous Meeting Materials & Webinars](#)

[Frequently Asked Questions \(FAQ\)](#)

[Notable Projects – Children and Youth Program](#)

[Program One Pager](#)

IMHW Act of 2013

[Statute](#)

[Regulations](#)

[Previous Meeting Materials & Webinars](#)

[Frequently Asked Questions \(FAQ\) \(Version 2/2/2016\)](#)

[Next Step for Grantees](#)

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Connect With Us



Sign up for the ListServ to stay connected

Investment in Mental Health Wellness Grant Program for Children and Youth (CY Grant Program)

In 2016, Senate Bill 833 (Section 20) expanded the Investment in Mental Health Wellness Act to specifically address a continuum of crisis services for children and youth, 21 years of age and under and allocated funding to develop four mental health programs - crisis residential treatment, crisis stabilization, mobile crisis support teams and family respite care.

The grants from the California Health Facilities Financing Authority (CHFFA) will be disbursed to California counties or to their nonprofit or public agency designees to support capital improvement, expansion and limited start-up costs.

Second Funding Round

CHFFA is pleased to invite California counties and their nonprofit or public agency designees to submit applications for the CY Grant Program during the Second Funding Round. Counties may apply for funding without regard to maximum Grant amounts per county, subject to availability of funds, pursuant to Section 731 subdivisions (d)-(e) of the CY Grant Program regulations.

In an effort to assist potential applicants impacted by the COVID-19 pandemic, CHFFA extended the Second Funding Round application deadline to FRIDAY, JANUARY 29, 2021 at 5:00 PM (Pacific Time).

There is currently \$36,732,604.10 available in Capital funding and \$2,679,340.00 in Personnel funding.

Application Submission

If hard copies are submitted, please mail or drop off [an original and two copies of the full application package](#)

California Health Facilities Financing Authority
Investment in Mental Health Grant Program for Children and Youth
915 Capitol Mall, Suite 435
Sacramento, CA 95814

Alternatively, applications may be submitted via email at CHFFA@treasurer.ca.gov. If your document is larger than 25MB, please send an email at least one week prior to submission to set up a File Transfer Protocol (FTI) service account.

CY Grant Program – Currently Accepting Applications

CY Grant Application Form No. CHFFA 7 CY-01 (09/2018)

- [Microsoft Word Version \(fillable\)](#)
- [PDF Version \(non-fillable\)](#)

- [Program Regulations \(Effective May 20, 2019\)](#)
- [Frequently Asked Questions \(February 2020\)](#)
- Applications for the second funding round will be accepted until 5:00 P.M. (Pacific Time) Friday January 29, 2021.

NEXT STEPS



NEXT STEPS

- Applications Due: **January 29, 2021 at 5:00 PM**
- Applications Evaluated and Scored
- Initial Allocation and Appeal Process
- CHFFA Board Approval
- Execution of Grant Agreement
- Grantee Next Steps Webinar



QUESTIONS



CONTACT INFORMATION

| | |
|----------------|------------------------------------------------------------|
| Address | 915 Capitol Mall, Room 435 Sacramento, CA 95814 |
| Phone | (916) 653-2799 |
| Email | CHFFA@TREASURER.CA.GOV |