

Investment in Mental Health Wellness Grant Program



Lessons Learned

July 26, 2018

Introduction

The Investment in Mental Health Wellness Grant Program (IMHWGP) was established by SB82 (2013) to improve access to mental health crisis services by funding a statewide expansion of mobile crisis support teams and crisis stabilization and crisis residential treatment beds through grants available to counties. The California Health Facilities Financing Authority (“CHFFA” or the “Authority”) received a General Fund allocation of approximately \$142.5M to fund capital projects. Later SB 75 (2015) gave the Authority discretion to award up to \$3M for Peer Respite Care programs. The Authority administered five funding rounds resulting in grant awards totaling approximately \$136.5M for capital projects for all four eligible programs.

Lessons Learned

The lessons learned are compiled from grant award and program statistics, along with interviews and conversations with grantees, county stakeholders, and Authority staff since the implementation of SB 82 and focuses on three areas: 1)Program Development; 2)Project Monitoring; and 3)Project Completion.

When considering the operation and administration of the IMHWGP, staff analyzed the lessons learned and presented them in three categories: Description, Problem/Success, and Impact. Staff also took into consideration future CHFFA grant programs when reviewing each category. And lastly, staff included recommendations in which CHFFA can consider in the development of future programs. For detailed statistics please refer to Attachment A.

Program Development

Description	Problem/Success	Impact
Application submission period	2 months was not sufficient time to submit a well-developed application	1) Counties chose not to submit applications and funding was not awarded 2) Counties submitted poor proposals
Funding distribution	The maximum amounts for small counties may not have been sufficient to fund projects	Counties did not apply due to inability to collaborate with other small counties.
Start-up funding	Counties surrendered funds due to ineligible costs, and lack of proof/administrative paperwork	Forfeiture of funding due to the inability to find other eligible costs

Project Monitoring

Description	Problem/Success	Impact
Addition of milestones to resolutions	Counties regularly requested extensions close to grant period and resolution expiration dates	More frequent oversight by Authority; counties were held accountable to the project timeline ensuring projects were on track to meet grant period and resolution expiration dates
Project Readiness	Inability to meet readiness deadlines	Extensions needed to meet readiness requirements
Project Feasibility	1) Delay in securing property 2) Local Opposition	1) Extensions needed to secure property 2) Extensions needed to address issues and/or forfeiture of grant funds
Project Sustainability	Inability to secure or loss of leverage funding for program operation	Extension to secure funding and/or forfeiture of grant funds
Project scope changed	Counties deemed original project not feasible and/or county program needs changed	1) Approval for project change need by the Authority 2) Extensions needed
Projects in progress	23 (33%) of 69 projects are still in the development stages of planning and construction	IMHWGP has funding pending disbursement

Project Completion

Description	Problem/Success	Impact
Operational	41 (59%) of 69 projects are operational	1) 10 Crisis Residential Treatment Facilities, 12 Crisis Stabilization Unit Facilities, and 2 Peer Respite Care Facilities – totaling 286 beds are operational 2) 17 Mobile Crisis Support Teams are operational
Completion with no extension	9 projects were completed with no requests for an extension. (5 Mobile Crisis Service Teams, 3 Crisis Stabilization Units, and 1 Crisis Residential Treatment Facility)	Successfully showed that counties working with county owned sites and/or are expanding an existing program can be accomplished within the initial proposed timeline

Recommendations

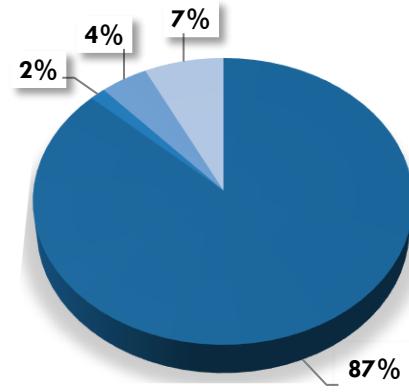
Authority staff analyzed the lessons learned and will take into consideration the following recommendations in the development of future grant programs.

- Provide counties sufficient time to submit quality, well developed applications.
- The recommended grant application submission period should be at least 3-5 months if time permits.
- Revise county and regional maximum grant awards to allow for additional funds for small and rural counties.
- To keep counties on track to be operational by the end of their grant period and resolution expiration, implement milestones within the original resolution. It is recommended that milestones be based on the project(s) and timeline(s) provided in the grant application(s).
- Define **Readiness, Feasibility, and Sustainability** in regulations and determine project deadlines based on the complexity of the project:
 - 9 months for projects involving the purchase of vehicles and/or equipment.
 - 12 months for projects involving acquisition of a building and/or renovation.
 - 18 months for projects constructing from the ground up.
- Grant higher points to counties who already have a property/facility identified and additional points if the property/facility is currently owned by the county.
- In an attempt to limit local opposition issues, request counties to submit documentation showing local community engagement regarding the facility and its proposed uses.
- Limit start-up funding to salaries, benefits, and training. Clearly identify in regulations, costs that are eligible under Start-Up.
- Request letters of support and memorandums of understanding showing collaboration between the community and other local agencies within the county.
- Incorporate questions/criteria within the regulations that will direct the applicant to complete due diligence when putting together the project plan and grant application.

Project Extensions

The IMHWGP awarded 69 capital projects. Of the 69 projects, 9 did not request any extension. Among the 60 remaining projects, there were a total of 66 extensions (some projects were granted multiple extensions).

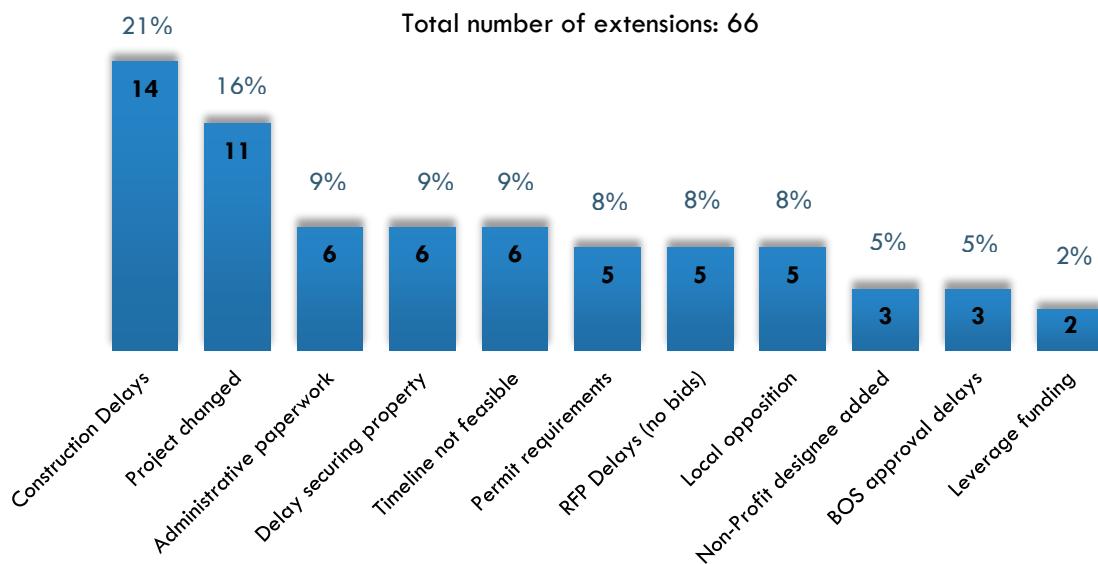
The nine projects that did not request extensions break down as follows: 5 Mobile Crisis Service Teams, 3 Crisis Stabilization Units (CSU), and 1 Crisis Residential Treatment Facility (CRT). The CSU and CRT projects were developed on county owned properties, expanded existing programs, and/or worked with service providers who have expertise in constructing mental health facilities.



Projects w/extensions (n=60)	CRT no extensions (n=1)
CSU no extensions (n=3)	MCST no extsions (n=5)

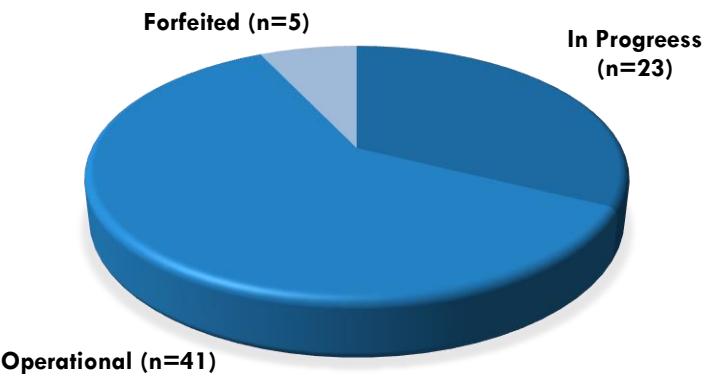
The chart below details the types and frequency of project extension requests.

Project Extension Reasons



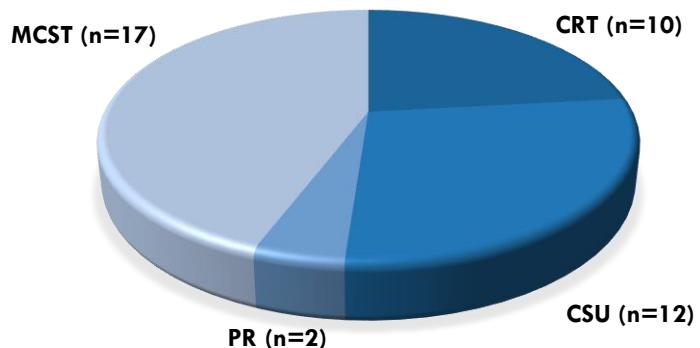
Project Status

Since implementation the IMHWGP has awarded 69 capital projects. Of the 69 awarded projects, 23 are in progress (planning stage or under construction), 41 are operational and providing services, and 5 programs forfeited the grant funds.



Operational Projects

The 41 operational projects breakdown as follows: 10 Crisis Residential Treatment Facilities (CRT), 12 Crisis Stabilization Unit Facilities (CSU), 2 Peer Respite Facilities (PR), and 17 Mobile Crisis Service Teams (MCST).



Operational Beds

Out of the 819 approved beds; 268 are operational, 520 beds are in progress (240 are located in Los Angeles), and 31 beds have been forfeited.

