CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY (the "Authority")

Investment in Mental Health Wellness Act of 2013

Resolution No. 2014-03

Staff seeks permanent rule making authority for the Investment in Mental Health Wellness Act of 2013 grant program. Specifically, staff seeks permission to submit the attached permanent regulations to the Office of Administrative Law ("OAL") for approval.

Emergency regulations were approved by OAL on November 21, 2013 and recently re-adopted May 15, 2014 with an effective date through August 14, 2014. Since the adoption of the emergency regulations and final allocations for the first funding round, staff has carefully reviewed, on multiple occasions, the existing emergency regulations including the forms incorporated within the regulations. Minor changes to Sections 7125 (Release of Grant Funds) and 7128 (Reporting Requirements) have been identified and integrated to clarify and improve the organization of these sections. Various clarifying adjustments to the forms have also been identified and integrated.

There are no substantive changes to the framework of the program previously developed and approved by the Authority. The attached spreadsheet shows available funding remaining within each of the five funding regions throughout the state, as well as for each of the crisis mental health programs available through the program.

If approved by the Authority, the proposed regulations will be submitted to OAL for approval and notice of the proposed regulations will be posted to the Authority's website and circulated to all individuals and entities who have signed up to receive automatic notifications from the Authority. The public will then have 45 days to comment on the proposed regulations. Staff recommends the Authority authorize staff to proceed with the permanent rulemaking process.

TEXT OF REGULATIONS

California Code of Regulations
Title 4, Division 10, Chapter 5
Investment in Mental Health Wellness Grant Program

Add Section 7113 to read:

Section 7113. Definitions.

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

(a) "Applicant" means an entity that meets the eligibility requirements as further described in Section 7114 for submission of an Application and submits an Application.

(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 Application ~~Form~~ No. CHFFA 7 MH-01 (Rev. xx/2014~~10/2013~~), including all supporting information and documents, as further described in Section 7116.

(c) "Audited Financial Statements" means an examination and report of an independent accounting firm on the financial activities of a public agency or private nonprofit corporation.

(d) "Authority" means the California Health Facilities Financing Authority.

(e) "Authority Staff" means employees of the Authority.

(f) "Bay Area Region" means the counties of Alameda, Contra Costa, Marin, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma.

(g) "Capital Funding" means the Grants the Authority may award up to a total of $142,500,000 for all Projects except Mobile Crisis Support Team personnel projects.

(h) "Central Region" means the counties of Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kings, Madera, Mariposa, Merced, Mono, Placer, Sacramento, San Joaquin, Stanislaus, Sutter, Tulare, Tuolumne, Yuba, and Yolo.

(i) "Counties Applying Jointly" means counties that submit an Application together for a Project to deliver crisis services.

(j) "Crisis Intervention" means crisis intervention as defined in Section 1810.209 of Title 9 of the California Code of Regulations.

(k) "Crisis Residential Treatment" means crisis residential treatment services as defined in Section 1810.208 of Title 9 of the California Code of Regulations.

(l) “Crisis Stabilization” means crisis stabilization as defined in Section 1810.210 of Title 9 of the California Code of Regulations.

(m) “Executive Director” means the executive director of the Authority.

(n) “Final Allocation” means the Grant amount approved by the Authority.

(o) “First Funding Round” means the initial time period during which Applications may be submitted for consideration of funding by the Authority.

(p) “Going Concern Qualification” means an opinion of an independent accounting firm auditor that there is substantial doubt regarding the entity's ability to continue into the future, generally defined as the following year.

(q) “Grant” means an award of funds to an Applicant.

(r) “Grant Agreement” means a written agreement between the Authority and a Grantee that consists of the terms and conditions of the Grant.

(s) “Grant Award Letter” means the official notification that a Grant has been approved by the Authority.

(t) “Grant Period” means the time period from the date of Final Allocation to the date set by the Authority for the Grant to end.

(u) “Grantee” means an Applicant that has been awarded a Grant and executed a Grant Agreement.

(v) “Initial Allocation” means the Grant amount the Authority Staff recommends the Authority approve for Final Allocation as further described in Section 7120.

(w) “Lead Grantee” means the county or joint powers authority with a county as a member designated on the Application to have the primary responsibility for the fiscal management of Grant funds, records retention, reporting and all of the other aspects of compliance with this Chapter and the Grant Agreement.

(x) “Los Angeles Region” means the County of Los Angeles and all communities within it.

(y) “Mobile Crisis Support Team” means a mobile unit staffed by designated personnel, which may include peers, dispatched to assist individuals experiencing mental health issues.

(z) “Personnel Funding” means the Grants the Authority may award up to a total of $6,800,000 to fund Mobile Crisis Support Team personnel.

(aa) “Program” means Crisis Stabilization, Crisis Residential Treatment, or Mobile Crisis Support Teams and the Crisis Intervention and Rehabilitative Mental Health Services provided therein.

(bb) "Project" means startup or expansion of Program(s) and acquisition, construction, renovation or financing of capital assets; or equipping and staffing a Mobile Crisis Support Team.

(cc) "Rehabilitative Mental Health Services" means rehabilitative mental health services as defined in Section 1810.243.1 of Title 9 of the California Code of Regulations.

(dd) "Related Supports" means local service providers who interact with individuals before, during and after a mental health crisis, including health care providers (such as hospitals, clinics, and substance abuse providers), law enforcement, mental health providers and peer support services, social services, triage personnel, housing providers, and other supports within the continuum of care.

(ee) "Southern Region" means the counties of Imperial, Kern, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, and Ventura.

(ff) "Subsequent Funding Rounds" means any specified time period after the First Funding Round during which Applications may be submitted to be considered for funding by the Authority, subject to the availability of funds.

(gg) "Superior Region" means the counties of Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, and Trinity.

(hh) "Target Population(s)" means the specific group(s) of people identified as the intended beneficiaries of the Program(s) to be funded by a Grant, including individuals eligible for Medi-Cal and individuals eligible for county health and mental health services.

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

Add Section 7114 to read:

Section 7114. Eligibility.

(a) The following entities are eligible to apply for a Grant under the Investment in Mental Health Wellness Grant Program:

(1) A county.

(2) Counties Applying Jointly.

(3) 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.

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

Add Section 7115 to read:

Section 7115. Eligible Project Costs.

(a) Eligible costs for Capital Funding are:

(1) Purchase of real property.

(2) Construction or renovation, including costs of Project planning or Project management, appraisals, inspections, and pre-construction costs such as permit fees, surveying, architectural, and engineering fees.

(3) Furnishings or equipment, including the purchase of vehicles for Mobile Crisis Support Teams and maintenance contracts for the vehicles for up to two years.

(4) Information technology hardware and software, not to exceed 1% of total Project costs except when approved by the Authority and only upon submission of justification that the additional information technology costs are necessary for the Project to achieve the desired goals and outcomes set forth in Section 7119.

(5) Up to three months of Program startup or expansion costs consisting of lease payments, utilities, repairs or maintenance of facilities, personnel costs, moving expenses, cleaning supplies or supplies for offices, kitchens and bathrooms. Supplies do not include foods, beverages or medications.

(b) Eligible costs for Personnel Funding are employee salaries and benefits specific to staff the new vehicles funded by a Grant for the Mobile Crisis Support Team(s). Salaries and benefits shall be consistent with the compensation policies of the employer.

(c) Grant funds shall be used only for reasonable costs directly related to and essential for the completion of the Project.

(d) Eligible costs include only those incurred during the Grant Period.

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

Add Section 7116 to read:

Section 7116. Grant Application.

(a) Entities that meet the eligibility requirements of Section 7114 may apply for a Grant.

(b) Applications with multiple Applicants shall designate one of the Applicants as Lead Grantee should a Grant be awarded.

(c) If a Project with the same Applicants includes multiple Programs, only a single Application is required.

(d) Application forms shall be available on the Authority's website at www.treasurer.ca.gov/chffa and at the Authority's Office located at 915 Capitol Mall, Room 590, Sacramento, California 95814 and will be referred to as the Investment in Mental Health Wellness Grant Program Application ~~Form~~ No. CHFFA 7 MH-01 (Rev. xx/2014~~10/2013~~).

(1) An original and two copies of the Application shall be received no later than 5:00 p.m. Pacific Time on the deadline date posted on the Authority's website at www.treasurer.ca.gov/chffa and may be sent to:

California Health Facilities Financing Authority
915 Capitol Mall, Room 590
Sacramento, California 95814

or the Application may be emailed as a Portable Document Format (PDF) attachment to chffa@treasurer.ca.gov. The Authority is not responsible for email transmittal delays or failures of any kind.

(2) 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.

(3) 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.

Add Section 7117 to read:

Section 7117. Funding Rounds and Application Deadlines.

(a) The deadline for the First Funding Round shall be the first working day following the 60th day after the date regulations are filed with the Secretary of State.

(b) Subsequent Funding Rounds: If funds are available, the deadline for Subsequent Funding Rounds shall be posted on the Authority's website at www.treasurer.ca.gov/chffa.

(c) Notices of deadlines will be posted on the Authority's website and sent to the Authority's listserv to which anyone may subscribe at www.treasurer.ca.gov/chffa.

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

Add Section 7118 to read:

Section 7118. Maximum Grant Amounts.

(a) Until January 1, 2016, the Authority shall award Capital Funding totaling no more than the following maximums per region:

(1)	Bay Area Region	$26,000,000
(2)	Central Region	$25,000,000
(3)	Los Angeles Region	$40,000,000
(4)	Southern Region	$45,000,000
(5)	Superior Region	$6,500,000

(b) Until January 1, 2016, Applicants may apply for Capital Funding totaling no more than the following maximum Grant amounts per county, according to the most recent population projection by the California Department of Finance at the time the Application is submitted:

	County Population	**Maximum**
(1)	100,000 or less	$500,000
(2)	Between 100,001 and 400,000	$1,000,000
(3)	Between 400,001 and 600,000	$2,000,000
(4)	Between 600,001 and 1,100,000	$4,000,000
(5)	Between 1,100,001 and 2,500,000	$7,000,000
(6)	Between 2,500,001 and 9,000,000	$11,000,000

(c) Until January 1, 2016, Applicants may apply for Personnel Funding totaling no more than the following maximums per region:

(1)	Bay Area Region	$1,240,000
(2)	Central Region	$1,193,000
(3)	Los Angeles Region	$1,909,000
(4)	Southern Region	$2,147,000
(5)	Superior Region	$311,000

(d) Subdivision (b) does not apply to the County of Los Angeles.

(e) Counties Applying Jointly may, at their discretion, apply for up to the sum of their respective maximum Capital Funding and Personnel Funding amounts.

(f) If funds remain after January 1, 2016, subdivisions (a), (b) and (c) shall not apply and Applications may be submitted without regard to previous maximum amounts per county and region, and Grant awards shall be made on a statewide competitive basis.

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

Add Section 7119 to read:

Section 7119. Evaluation Criteria.

(a) Applications shall be scored on the following criteria:

(1) Project expands access to and capacity for community based mental health crisis services that offer relevant alternatives to hospitalization and incarceration. (Maximum 30 points)

(A) Project proposes new or expanded Crisis Stabilization, Crisis Residential Treatment and/or Mobile Crisis Support Team Programs to be funded by the Grant, describes the services within the Programs, and clearly identifies the Target Population(s) to be served. (Maximum 5 points)

(B) Project meets the community need existing within the current continuum, seeks to address who does and does not receive services now, and is designed to address the weaknesses of the current system and build on its strengths. (Maximum 3 points)

(C) Project increases capacity for community based mental health crisis services. The Application shall identify the number of Crisis Stabilization and Crisis Residential Treatment beds that will be added and how the number added impacts the Target Population(s) and translates into a number of additional individuals that can be served in the community. (Maximum 7 points)

(D) Project expands and improves timely access to community based mental health crisis services. The Application shall 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 consumers and their family members; undertaking efforts to timely connect consumers to crisis services from other venues like hospitals; engaging in new outreach to families and consumers so they know new or expanded services are available; and addressing cultural, language, and other barriers unique to the community. (Maximum 7 points)

(E) Project is 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 clearly describes 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)

(F) Project leverages public and private funding sources to complete the Project. (Maximum 3 points)

(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, social services, and law enforcement. (Maximum 20 points)

(A) Project fits in with the continuum of care as it presently exists in the community. The Application identifies the shortcomings that exist within the continuum and how the Project will improve the existing continuum of care for individuals utilizing mental health crisis services, including whether Applicant contemplates submitting an application to the Mental Health Oversight and Accountability Commission for triage personnel. (Maximum 8 points)

(B) Application identifies working relationships with Related Supports that already exist and 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 incarceration and improving wellness for individuals with mental health disorders and their families. For example, an enhancement may include training of local law enforcement, current crisis providers, hospitals and other related providers on how to properly respond to individuals experiencing a mental health crisis. An expansion may include adding a supportive housing provider to the local collaboration for post-crisis residential placements. (Maximum 12 points)

(3) Identifies Key Outcomes and a Plan for Measuring Them. (Maximum 20 points)

(A) Application includes methodology, timeline and assignment of responsibility to measure and demonstrate outcomes of the Project, including the following:

(i) Reduced average disposition time for visits to emergency rooms of local hospitals. (Maximum 2 points)

(ii) Reduced hospital emergency room and psychiatric inpatient utilization. (Maximum 3 points)

(iii) Reduced law enforcement involvement on mental health crisis calls, contacts, custodies and/or transports for assessment. (Maximum 2 points)

(iv) Improvements in participation rates by consumers in outpatient mental health services, and case management services, and more placements by outreach workers. (Maximum 2 points)

(v) Consumers' and/or their family members' (when appropriate) satisfaction with the crisis services the consumer received. (Maximum 2 points)

(vi) Number of Crisis Residential Treatment and Crisis Stabilization beds and Mobile Crisis Support Team personnel and vehicles added. (Maximum 2 points)

(vii) Whether the Target Population is being served and other individuals who may be being served. (Maximum 2 points)

(viii) 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 3 points)

(ix) The percent of individuals who receive a crisis service who, within 15 days, and within 30 days, return for crisis services at a hospital emergency department, psychiatric hospital or jail. (Maximum 2 points)

(4) Project is feasible, sustainable, and ready or will be feasible, sustainable and ready within six months of the Final Allocation. (Maximum 30 points)

(A) Project timeline is clear and includes details of the following: (Maximum 7 points)

(i) Key milestones in the future and completed to date, including projected or actual Project start date (such as date of purchase, renovation or lease) and end date (such as date of occupancy).

(ii) A description of the status of use permits, licensure and/or other approval processes.

(iii) Staffing status.

(iv) Projected date services will begin to be provided to consumers.

(v) A narrative description of processes that may affect the timeline to start providing services, such as site identification and acquisition, contracting, local use permit process, California Environmental Quality Act process, licensure and certification.

(vi) A narrative description identifying potential challenges and how those challenges will be mitigated.

(B) Project has sufficient funding sources or has a plan for getting them, and proposed uses of funding are acceptable and the following are included: (Maximum 10 points)

(i) The amount of funding from funding sources, other than the Grant, including the amount of funding and the current status of the funding.

(ii) The proposed uses of funds includes a budget for startup costs (not to exceed three months), if applicable. The total uses shall not exceed the total of all available funding sources.

(iii) A description of how the Grant funds, as well as other grants, loans, or internal funds, will be used to ensure Grant funds will not be used for ineligible costs as described in Section 7115.

(C) Lead Grantee is creditworthy and has satisfactory financial capacity as indicated in its most recent local government credit rating or three most recent years of Audited Financial Statements which may not contain a Going Concern Qualification. (Maximum 5 points)

(D) Application includes a budget that details annual projected operating costs and a description of new Program funding sources with amounts and cash flow projections and/or how existing funding will be redirected to provide on-going support for new and expanded services, including documentation such as funding letters, minutes from the Board of Supervisors meeting evidencing approval of the budget, or other documentation acceptable to the Authority. (Maximum 3 points)

(E) A qualified service provider has been identified or a plan is in place for identifying one and the following are addressed: (Maximum 5 points)

(i) If a service provider that will operate Program(s) has already been identified, written plans and policies in place for the care that will be provided shall be described. These include statement of admission and discharge criteria; psychiatric policies and practices; description of range of services offered; and information about the service provider including expertise in mental health care, purpose, goals, and services of the organization.

(ii) A service provider already licensed by the California Department of Social Services shall be in Substantial Compliance as defined in Section 80001 of Title 22 of the California Code of Regulations.

(iii) If a service provider has not been identified, the process, criteria for selection and timeline for identification are clear.

(F) For proposed Crisis Stabilization or Crisis Residential Treatment Programs, Application demonstrates certainty of Medi-Cal certification, and for proposed Crisis Residential Treatment Programs, Application demonstrates certainty of state licensure. (Required, but no points awarded)

(i) Includes discussion of how service provider will cooperate and comply with Community Residential Treatment Services Program certification process and any related certification process for any Crisis Stabilization Program proposed.

(ii) For proposed Crisis Residential Treatment Programs, includes confirmation that structured day and evening services will be available seven days a week, and services will include individual and group counseling; crisis intervention; planned activities; counseling, with available members of the consumer's family, when indicated in the consumer's

treatment or rehabilitation plan; the development of community support systems for consumers to maximize their utilization of non-mental health community resources; pre-vocational or vocational counseling; consumer advocacy, including assisting consumers to develop their own advocacy skills; an activity program that encourages socialization within the program and general community, and which links the consumer to resources which are available after leaving the program; and use of the residential environment to assist consumers in the acquisition, testing, or refinement of community living and interpersonal skills.

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

Add Section 7120 to read:

Section 7120. Initial Allocation.

(a) Authority Staff will evaluate the Application's completeness, responsiveness, and clarity in addressing the criteria described in Section 7119.

(b) The scores from each reviewer of the Authority Staff will be added and the average of the scores will be calculated. The average score will be the final score assigned to the Application.

(c) The Authority Staff will make Initial Allocations based on the final score assigned to each Application, and present the Initial Allocations to the Authority for Final Allocations.

(d) Notification of Initial Allocations will be sent to Applicants before the public meeting at which the Authority will determine Final Allocations.

(e) During any funding round, Initial Allocations shall be limited to Applications which receive a minimum of 70 points under Section 7119.

(1) Applications shall score a minimum of 24 points under Section 7119, subdivision (a)(4) to be considered for an Initial Allocation.

(2) Applications receiving a score of zero points in any criteria in Section 7119, subdivision (a)(1) or (a)(2) shall not be considered for an Initial Allocation.

(f) Following Initial Allocations made pursuant to subsection (e), Initial Allocations may be considered for Applications scoring less than 70 points to achieve the statewide objectives of a minimum of 2,000 Crisis Stabilization and Crisis Residential Treatment beds and 25 Mobile Crisis Support Teams.

(g) Initial Allocations may be less than the amount requested in the Application to fund more Grants, control Project costs, or achieve the statewide objective of a minimum of 2,000 new Crisis Stabilization and Crisis Residential Treatment beds and 25 new Mobile Crisis Support Teams.

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

Add Section 7121 to read:

Section 7121. Appeals.

(a) Availability.

(1) The Applicant designated as Lead Grantee on an Application may, on behalf of all Applicants listed on an Application, appeal the amount of the Initial Allocation recommended by Authority Staff for that Application, including an Authority Staff determination not to recommend a Grant. No Applicant may appeal an Initial Allocation made to another Applicant.

(b) Timing.

(1) The appeal shall be submitted to the Executive Director no later than five calendar days following the date of the notification of Initial Allocation.

(2) Appeals may be submitted to the Executive Director by email, mail or delivery to:

California Health Facilities Financing Authority
915 Capitol Mall, Room 590
Sacramento, California 95814

Email address: chffa@treasurer.ca.gov

(c) Review.

(1) The Executive Director shall review the appeal based on the Application as originally submitted. Any new or revised Application or additional documentation or information that was not submitted in the Application shall not be considered.

(2) The Executive Director shall make a decision on the merit of the appeal and notify the Applicant of the decision no later than 20 calendar days after receipt of the appeal.

(3) The decision of the Executive Director may be appealed to the Authority, by written notification to the Executive Director within five calendar days of the date of the Executive Director's decision.

(4) The Authority shall make a final decision on an appeal of the Executive Director's decision at a public meeting.

(d) Successful appeals.

(1) An Initial Allocation to an Applicant based on the appeal may result in a reduction or elimination of Initial Allocations to other Applicants that would have otherwise received an Initial Allocation.

(2) Adjustments to any Initial Allocations following any appeals may not be appealed.

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

Add Section 7122 to read:

Section 7122. Final Allocation.

(a) Final Allocations shall be determined by the Authority at a public meeting.

(b) A Grant Award Letter that includes the following shall be sent to all Applicants approved for a Final Allocation:

(1) Name(s) of the Grantee.

(2) Grant amount.

(3) The Grant Period.

(4) A description of the costs to be funded by the Grant.

(5) A request for a resolution of the governing board authorizing an official to accept the Grant and all responsibilities flowing therefrom.

(6) Notification that the funds for a Grant under the Investment in Mental Health Wellness Act of 2013 are subject to availability of funds.

(7) A statement that the Authority reserves the right to modify or cancel the commitment upon failure of the Applicant to execute a Grant Agreement or otherwise fail to comply with this Article or if the Authority becomes aware of any matter which, if known at the time of Application review and approval, would have resulted in the rejection of the Application or the Grant not being approved.

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

Add Section 7123 to read:

Section 7123. Use of the Grant.

(a) Grant funds shall only be used for the purposes described in the Grant Agreement.

(b) Grant funds may supplement but not supplant existing financial or resource commitments.

(c) Grantee may request a change in the use of Grant funds or request an extension of the Grant Period by submitting a written request to the Authority that documents the reason(s) the change is needed and demonstrates it is consistent with the Investment in Mental Health Wellness Act of 2013 and this Chapter.

(d) Grantee shall not make changes to the uses of Grant funds until receipt of written approval from the Authority.

(e) Grantee shall not dispose of any capital asset acquired by Grant funds before the end of the useful life of the asset.

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

Add Section 7124 to read:

Section 7124. Grant Agreement.

(a) The terms and conditions of a Grant shall be set forth in a Grant Agreement which shall include, at a minimum, all of the following:

(1) The Grant amount.

(2) A description of the Project.

(3) Release of Grant Funds procedures in accordance with Section 7125, as applicable.

(4) Agreement that the Grantee shall comply with the Investment in Mental Health Wellness Act of 2013 and this Chapter, including, but not limited to, Section 7123.

(5) The Grantee shall defend, indemnify and hold harmless the Authority and the State of California, and all officers, trustees, agents and employees of the same, from and against any and all claims, losses, costs, damages or liabilities of any kind or nature, whether direct or indirect, arising from or relating to the Grant or Project.

(6) The Grantee shall comply with state and federal laws prohibiting discrimination, including those prohibiting discrimination because of sex, race, color, ancestry, religion, creed, national origin, physical disability (including HIV and AIDS) mental disability, medical condition (including cancer or genetic characteristics), sexual orientation, political affiliation, position in a labor dispute, age, marital status and denial of statutorily-required, employment-related leave.

(7) Grantee shall comply with California's prevailing wage law under Labor Code Section 1720 et seq. for public works projects.

(8) Grantee shall cooperate in inspections and audits.

(9) Notification that subject to the availability of funds, the Grant may be rescinded or reduced.

(10) Provisions relating to lease agreements, if applicable, pursuant to Section 7126.

(11) Resolution of the Authority authorizing the Grant.

(12) Resolution of the Grantee's governing board accepting the Grant and delegating authority to an officer to act on its behalf.

(13) Provision regarding default and its remedies, including forfeiture and return of the Grant funds to the Authority.

(14) Provision requiring Grantee to provide updated information upon request from Authority Staff to determine the Project's readiness and feasibility.

(15) Other terms and conditions that may be required by the Authority related to the Grant or Project.

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

Add Section 7125 to read:

Section 7125. Release of Grant Funds.

(a) Grant funds shall not be released until the following requirements have been met:

(1) A Grant Agreement has been executed by the Authority and Grantee.

(2) The Grantee has submitted to the Authority the following documentation, if available. If not available, Grantee has submitted a detailed statement concerning the status of obtaining any or all of this documentation to enable Authority Staff to determine readiness and feasibility.

(A) For construction or renovation.

(i) Detail of building plans, costs, and timelines.

(ii) Executed construction contract.

(iii) Architect, design and engineering contracts, if applicable.

(iv) Building permits and conditional use permits, if applicable.

(v) Evidence of compliance with the California Environmental Quality Act.

(vi) Evidence of compliance with prevailing wage law under Labor Code Section 1720 et. seq.

(vii) Evidence of property ownership, such as a grant deed or lease agreement and title report as required under Section 7126.

(B) For real property acquisitions: An appraisal completed within the previous six months by a state certified appraiser.

(C) For acquisition of supplies, furniture and equipment including vehicles: A list of items to be purchased and a copy of related purchase orders.

(D) For personnel costs:

(i) Staffing plan, including number of full time equivalent staff.

(ii) Job description or duty statement for each position, including minimum qualifications and any licensing or certification preferred or required.

(iii) Documentation of salary or hourly wage rate, if applicable.

(iv) Documentation of employer's contribution of benefits.

(v) Documentation that confirms salaries and benefits to be paid are consistent with the Applicant's compensation policies.

(E) For other eligible costs: Contracts and/or purchase orders.

(3) The Authority Staff has determined the Project is ready and feasible.

(A) The determination that the Project is ready and feasible may occur at the time of Initial Allocation or within six months following Final Allocation.

(B) If the determination is made after Final Allocation, the determination shall be based on updated information provided to the Authority by Grantee in accordance with Section 7124(a)(14).

(C) Limited extensions beyond six months as set forth in subdivision (3)(A) shall be made on a case-by-case basis at the discretion of the Executive Director for good cause, such as reasonable delays associated with obtaining building and conditional use permits, obtaining California Environmental Quality Act compliance documentation, or identifying a qualified provider.

(D) Failure to demonstrate readiness and feasibility within the timeframes dictated by the Authority shall cancel the Grant and the Grant funds shall be made available to other Applicants.

(4) The Grantee has submitted to the Authority a completed ~~Projected Six Months of Expenditures Form~~ Request for Disbursement, No. CHFFA 7 MH-02 (Rev. xx/2014~~10/2013~~). Except for the initial submission of the~~ form, it shall be submitted with~~ Request for Disbursement, a status report~~s pursuant~~ as required in ~~to~~ Section 7128,subdivision (a)(1) shall accompany all Requests for Disbursement.

~~(b) Within six months after each disbursement of Grant funds, the Grantee shall submit to the Authority a completed Actual Expenditures Form No. CHFFA 7 MH-03 (10/2013) and evidence of payment and documentation sufficient to establish eligibility of costs acceptable to the Authority such as executed purchase and sale agreement, proof of title, cancelled checks, proof of wire transfers, receipts and timesheets.~~

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

Add Section 7126 to read:

Section 7126. Requirements for Construction Projects on Leased Property

(a) A Grantee may use Grant funds for construction or renovation on property that is leased to the Grantee. The following requirements shall be satisfied prior to release of Grant funds:

(1) The lease agreement shall provide the Grantee, as lessee, full access to the site to carry out the Project.

(2) The term of the lease agreement shall be at least as long as the useful life of the Project.

(3) The lease agreement shall provide that any existing or subsequent encumbrance on the property (e.g. deed of trust) or sale of the property shall be subject to the lease agreement.

(4) The lease agreement shall provide that the only remedy for any default by Grantee, including failure to pay rent, is suit for rent or specific performance to remedy specific breach. The landlord's remedies for any default by Grantee may not include cancellation of lease agreement, retaking of property or eviction of Grantee.

(5) A current title report on the site, brought up to date as of the effective date of the lease agreement shall be provided to the Authority. The title report shall show all of the following:

(A) No delinquent taxes or assessments or, if there are delinquent taxes or assessments, these are being contested in good faith.

(B) No easements, exceptions or restrictions on the use of the site that shall interfere with or impair the operation of the Project.

(C) A restrictive covenant recorded in the chain of title that the property shall be used only for Crisis Residential Treatment or Crisis Stabilization during the useful life of the leasehold improvements funded by the Grant.

(D) Fee title is subject to the lease agreement and recorded in the chain of title.

(b) If the lease agreement terminates prior to the end of the useful life of the Project and the property that was subject to the lease agreement is not simultaneously released under a new lease agreement that complies with the requirements of this Section or fee title to the property that was subject to the lease agreement is not simultaneously transferred to the Grantee, the Authority is entitled to recover the Grant funds.

(c) When a Project on leased property includes improvements to any common areas that are shared with other tenants or areas that are not leased by the Grantee, the Grant funds shall be limited only to the proportionate costs of the Project which exclude the costs related to such areas.

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

Add Section 7127 to read:

Section 7127. Recovery of Funds for Non-Performance and Unused Grant Funds.

(a) If the Authority determines that Grant funds were not used consistent with the Investment in Mental Health Wellness Act of 2013, this Chapter or the Grant Agreement, the Authority may require remedies, including the forfeiture and return of the Grant funds to the Authority.

(b) If the Grantee fails to timely begin or complete the Project, the Authority may require remedies including forfeiture and return of the Grant funds to the Authority.

(c) Unused funds and any unused investment earnings on such Grant funds shall be returned by the Grantee to the Authority no later than the date of the certification of Project completion.

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

Add Section 7128 to read:

Section 7128. Reporting Requirements.

(a) The Grantee shall submit a ~~six-month~~ status report and a completed Actual Expenditures Report, No. CHFFA 7 MH 03 (Rev. xx/2014) within 45 days following the completion of the periods ending on June 30 and December 31 of each year during the Grant Period and upon the Authority's request.

(b) ~~The six-month s~~Status reports to the Authority shall include:

(1) A description of activities performed for the Project and activities related to Project operations ~~for the preceding six months~~, including population served, if applicable, since the date of the preceding status report or initial disbursement as applicable.

(2) A summary of incurred costs and expenditures related to the Project consistent with cost information submitted in the Application and an explanation of any variances from the Application.

(3) A summary of data or preliminary evaluation results, available to date, related to all outcomes described in Section 7119, subdivision (a)(3) and a description of any challenges in obtaining relevant data.

(4) A summary of other funding sources utilized for the Project.

(5) A description of remaining work to be completed for the Project and an estimated timeline or schedule for the completion of that work.

(6) A description of whether the Project is within the proposed budget and, if not, the reasons for any differences and the actions that will be taken to ensure that the Project has sufficient funding for completion.

(c) Actual Expenditures Reports shall include evidence of payment and documentation sufficient to establish eligibility of costs incurred since the last disbursement such as executed purchase and sale agreement, proof of title, cancelled checks, proof of wire transfers, receipts and time sheets.

(d~~c~~) Grantee shall submit a completed Certificate of Completion and Final Report ~~Form~~ No. CHFFA 7 MH-04 (Rev. xx/201~~410/2013~~) and the following documentation, as applicable, within 60 days of ~~p~~Project completion:

(1) For all Projects:

(A) License and certification of Program(s) if applicable.

(B) Summary of sources and uses of funds that show that the Grant and any investment earnings on Grant funds did not exceed the cost of the Project.

(C) Project's outcomes described in Section 7119 subdivision (a)(3) and key milestones and accomplishments .

(2) For Projects that include real property acquisition: Final closing statement with certification by the title company.

(3) For Projects that include building construction or renovation: Certificate of occupancy.

(4) For Projects that include vehicle acquisition: Executed sales agreement or title.

(e) After submission of the Certificate of Completion and Final Report, Grantees shall submit annual reports to the Authority through June 30, 2016 to report on Project key milestones, accomplishments, and outcomes, including a discussion of the populations being served. This report shall be certified by an authorized officer of the Grantee. Authority Staff may request annual reports after June 30, 2016 to continue tracking accomplishments, outcomes and populations served.

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

Add Section 7129 to read:

Section 7129. Records Retention, Inspections and Audits.

(a) Grantees shall retain all Project and financial records necessary to substantiate the purposes for which the Grant funds were spent for a period of three years after the certification of Project completion has been submitted.

(b) Co-Applicants that are a private nonprofit corporation shall provide, upon request, Audited Financial Statements to Authority Staff.

(c) Authority may perform site visits to inspect the Project during the Grant Period and may inspect and/or audit Project records during the Grant Period and for three years after the certification of Project completion has been submitted.

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

CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

Bill Lockyer, Chairman
State Treasurer

Investment in Mental Health Wellness Grant Program Application

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General Instructions

Please refer closely to the regulations 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 ~~a~~Application, and maximum Grant amounts. All terms that are capitalized in this Application are defined in Section 7113 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

~~A. Summary Information~~ Form-1: SUMMARY INFORMATION *Please type all responses.*

Total Requested Grant Amount: **$** _____ Date Submitted: _____

DESIGNATED 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: ~~CELL NUMBER:~~ FAX NUMBER	EMAIL ADDRESS:

~~Project Title and/or Project Brief Description *(Limited to 20 words)*~~

Project Title:

Project Brief Summary Description *(Limited to 20 words):*

County(ies) to be served:

Please select all programs to be funded with ~~G~~grant, and insert number of beds and/ or teams to be added by the proposed Project:

☐ Crisis Residential Treatment	☐ Crisis Stabilization	☐ Mobile Crisis Support Teams	
_____ beds	_____ beds	_____ team(s)	
Amount Requested	Amount Requested	Capital Amount Requested	Personnel Amount Requested
$ _____	**$** _____	**$** _____	**$** _____

~~*(Please insert number of beds and/ or teams to be added with the proposed project)*~~

~~For a Crisis Residential Treatment Program, please indicate the overall cost per bed~~ ~~**$**_____~~

Purpose of Grant: *Check all applicable boxes*

☐ Purchase of real property ☐ Construction or renovation ☐ Program startup or expansion costs
☐ Furnishings or Equipment ☐ Information technology ☐ Mobile Crisis Support Team personnel funding

~~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: CELL NUMBER: FAX NUMBER~~	~~EMAIL ADDRESS:~~

~~☐ YES ☐ NO Currently licensed by the California Department of Social Services and in substantial compliance as defined in Section 80001 of Title 22 of the California Code of Regulations.~~

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~~2~~. CO-APPLICANT INFORMATION

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

CO-APPLICANT CONTACT INFORMATION

FIRST AND LAST NAME:	TITLE:
ADDRESS:	CITY, STATE AND ZIP:
PHONE NUMBER: ~~CELL NUMBER:~~ FAX NUMBER	EMAIL ADDRESS:

2~~3~~. CO-APPLICANT INFORMATION

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

CO-APPLICANT CONTACT INFORMATION

FIRST AND LAST NAME:	TITLE:
ADDRESS:	CITY, STATE AND ZIP:
PHONE NUMBER: ~~CELL NUMBER:~~ FAX NUMBER	EMAIL ADDRESS:

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:

~~4.~~ APPLICANT INFORMATION

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

~~APPLICANT CONTACT INFORMATION~~

~~FIRST AND LAST NAME:~~	~~TITLE:~~
~~ADDRESS:~~	~~CITY, STATE AND ZIP:~~
~~PHONE NUMBER: CELL NUMBER: FAX NUMBER~~	~~EMAIL ADDRESS:~~

~~5.~~ APPLICANT INFORMATION

~~NAME OF APPLICANT:~~	~~ENTITY TYPE: *(County or Joint Powers Authority)*~~

~~ADDRESS:~~	~~CITY, STATE AND ZIP:~~

~~APPLICANT CONTACT INFORMATION~~	
~~FIRST AND LAST NAME:~~	~~TITLE:~~
~~ADDRESS:~~	~~CITY, STATE AND ZIP:~~
~~PHONE NUMBER: CELL NUMBER: FAX NUMBER~~	~~EMAIL ADDRESS:~~

☐ YES ☐ NO ☐ NA Currently licensed by the California Department of Social Services and in substantial compliance as defined in Section 80001 of Title 22 of the California Code of Regulations.

2. ORGANIZATION TO DELIVER SERVICES (IF KNOWN)	
NAME OF ORGANIZATION:	ENTITY TYPE:
ADDRESS:	CITY, STATE AND ZIP:

CONTACT INFORMATION	
FIRST AND LAST NAME:	TITLE:
PHONE NUMBER: FAX NUMBER	EMAIL ADDRESS:

☐ YES ☐ NO ☐ NA Currently licensed by the California Department of Social Services and in substantial compliance as defined in Section 80001 of Title 22 of the California Code of Regulations.

Form-3: SUMMARY OF FUNDING REQUESTED

REQUESTED FUNDING BY PROGRAM		
~~Program:~~ Crisis Residential Treatment Program		
ELIGIBLE ~~PROJECT~~ COSTS		**AMOUNT**
Purchase of Real Property (how many properties?)	**$**	**0.00**
Construction or Renovation	**$**	**0.00**
Furnishings or Equipment	**$**	**0.00**
Information Technology ~~(not to exceed 1%)~~*	**$**	**0.00**
Program Startup or Expansion Costs (up to three months)	**$**	**0.00**
SUB-TOTAL	**$**	**0.00**
~~Program:~~ Crisis Stabilization Program		
ELIGIBLE ~~PROJECT~~ COSTS		**AMOUNT**
Purchase of Real Property (how many properties?)	**$**	**0.00**
Construction or Renovation	**$**	**0.00**
Furnishings or Equipment	**$**	**0.00**
Information Technology ~~(not to exceed 1%)~~*	**$**	**0.00**
Program Startup or Expansion Costs (up to three months)	**$**	**0.00**
SUB-TOTAL	**$**	**0.00**
~~Program:~~ Mobile Crisis Support Team Program		
ELIGIBLE ~~PROJECT~~ COSTS		**AMOUNT**
Purchase of vehicles (how many vehicles?~~number~~)**	**$**	**0.00**
Furnishings or Equipment	**$**	**0.00**
Information Technology ~~(not to exceed 1%)~~*	**$**	**0.00**
Program Startup or Expansion Costs (up to three months)	**$**	**0.00**
Personnel Funding for 1 year (how many FTEs?)	**$**	**0.00**
SUB-TOTAL	**$**	**0.00**
Total Requested Grant Amount	**$**	**0.00**

* Information Technology hardware and software costs may not exceed 1% of total Project costs except when approved by Authority and only upon submission of justification in Application narrative (evaluation criteria 4(b)(i)) that the additional information technology costs are necessary for the Project to achieve the desired goals and outcomes set forth in Section 7119 of the regulations.

**May include two-year maintenance contracts, if any.

Form-4: COUNTY GRANT AMOUNTS WORKSHEET ~~**Please provide justification for information technology costs exceeding 1% of total Project costs:**~~

~~**Please attach additional pages, if necessary**~~

COUNTY~~MAXIMUM~~ GRANT AMOUNTS WORKSHEET

Complete the worksheet below for each County listed as an Applicant and Co-Applicant(s) on Form-1 and Form-2. ~~*Please enter each county name and the maximum grant amount that they qualify for and how much they are applying for in this application for Capital Funding and Personnel Funding.*~~

Until January 1, 2016, Applicants may apply for Capital and Personnel Funding totaling no more than the maximum Grant amounts set forth in Section 7118 of the regulations. Counties Applying Jointly, may at their discretion, apply for up to the sum of their respective maximum Capital Funding and Personnel Funding amounts.

COUNTY NAME	COUNTY MAXIMUM CAPITAL FUNDING ~~ALLOWED GRANT AMOUNT~~	CAPITAL FUNDING REQUESTED	PERSONNEL FUNDING REQUESTED (Mobile Crisis- 1 year)	TOTAL REQUESTED (Capital + Personnel)
	$ 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**
	$ 0.00	$ **0.00**	$ **0.00**	$ **0.00**
	$ 0.00	$ **0.00**	$ **0.00**	$ **0.00**
TOTALS	$ 0.00	$ **0.00**	$ **0.00**	$ **0.00**

Additional Funding

If the Legislature makes additional funds ~~were made~~ available ~~after January 1, 2016,~~ would you request additional funding?
If so, how much **$** _____

Brief description of the ~~p~~Project that additional funding would be used for. Another ~~a~~Application may be required.

~~**Please attach additional pages, if necessary**~~

~~ATTACHMENT B~~
Form-5: SOURCES AND USES

~~SOURCES AND USES FORM~~

Please include sources and uses to complete the entire Project and sustain the Program(s) for 1 year.

Sources of Funds:		
Total requested 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)		
_____	$ 0.00	( )
_____	$ 0.00	( )
_____	$ 0.00	( )
Total Sources	**$ 0.00**	**(0%)**
		Must equal 100%

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

Purchase of real property	$ 0.00
Construction or renovation**	$ 0.00
Vehicles & vehicle maintenance contracts	$ 0.00
Furnishings or equipment	$ 0.00
Information technology hardware and software	$ 0.00
Program start up or expansion costs (3 months)	$ 0.00
Personnel funding (mobile crisis for 1 year)	$ 0.00
Other costs, list (i.e. operating costs, evaluation)	
_____	$ 0.00
_____	$ 0.00
_____	$ 0.00
~~Other Costs~~	
Total Uses (must equal Total Sources)	**$ 0.00**

**** ~~-~~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~~ing~~ with ~~their~~ legal counsel.**

~~B.~~ Evaluation Criteria

Applications shall be scored on the criteria set forth in Section 7119 of the regulations:

1. Project expands access to and capacity for community based mental health crisis services that offer relevant alternatives to hospitalization and incarceration. (Maximum 30 points).
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, social services, and law enforcement. (Maximum 20 points).
3. Identifies key outcomes and a plan for measuring them. (Maximum 20 points).
4. Project is feasible, sustainable and ready or will be feasible, sustainable and ready within six months of the Final Allocation. (Maximum 30 points).

Please address each of the criteria set forth in Section 7119, as follows:

1. Project expands access to and capacity for community based mental health crisis services that offer relevant alternatives to hospitalization and incarceration (Maximum 30 points).

a. Describe the new or expanded ~~Crisis Stabilization,~~ Crisis Residential Treatment, Crisis Stabilization, and/or Mobile Crisis Support Team Programs to be funded by the Grant and the services within the Programs, including the Target Population(s) to be served. (Maximum 5 points)

b. Describe the community need existing within the current continuum, including who does and does not receive services now and how the Project will address weaknesses of the current system and build on existing 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 7 points)

   i. Identify the number of ~~Crisis Stabilization and~~ Crisis Residential Treatment and Crisis Stabilization beds that will be added.

   ii. How the number added impacts the Target Population(s) and translates into a number of additional individuals 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. (Maximum 7 points) For example,

   i. Will the hours of existing services be extended?

   ii. Will there be additional locations where services can be accessed by consumers and their family members?

   iii. What efforts will be undertaken to timely connect consumers to crisis services from other venues like hospitals?

iv. Will there be new outreach provided to families and consumers so they know new or expanded services are available?

v. Will cultural, language, and other barriers unique to the community be addressed?

vi. Will there be any other efforts undertaken to improve access? Describe.

e. Describe how the proposed 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)

f. Identify all public and private funding sources to complete the Project and explain efforts undertaken to leverage the funding to be provided by ~~a~~the ~~g~~Grant. (Maximum 3 points)

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, social services, and law enforcement. (Maximum 20 points).

a. Describe how the Project fits in with the continuum of care as it presently exists in the community. (Maximum 8 points)

i. Identify the shortcomings that exist within the continuum and supply any available data that may expand on or further identify the shortcomings.

ii. Identify how the Project will improve the existing continuum of care for individuals utilizing mental health crisis services.

iii. Indicate whether the Applicant(s) has been awarded a triage personnel grant ~~will submit an application to or has received a grant~~ from the Mental Health Oversight and Accountability Commission. ~~for triage personnel, and b~~ Briefly describe the distinctions and connections between the triage program and the proposed programs, if applicable.

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 incarceration and improving wellness for individuals with mental health disorders and their families. (Maximum 12 points)

i. An example of an enhancement may include training of local law enforcement, current crisis providers, hospital staff and other related providers on how to properly respond to individuals experiencing a mental health crisis.

ii. An example of an expansion may include adding a supportive housing provider to the local collaboration for post-crisis residential placements.

3. Identifies key outcomes and a plan for measuring them. (Maximum 20 points)

a. Provide a plan that includes methodology, timeline and assignment of responsibility

to measure and demonstrate outcomes of the Project, including the following:

i. Reduced average disposition time for visits to emergency rooms of local hospitals. (Maximum 2 points)

ii. Reduced hospital emergency room and psychiatric inpatient utilization. (Maximum 3 points)

iii. Reduced law enforcement involvement on mental health crisis calls, contacts, custodies and/or transports for assessment. (Maximum 2 points)

iv. Improvements in participation rates by consumers in outpatient mental health services, and case management services, and more placements by outreach workers. (Maximum 2 points)

v. Consumers' and/or their family members' (when appropriate) satisfaction with the crisis services the consumer received. (Maximum 2 points)

vi. Number of Crisis Residential Treatment and Crisis Stabilization beds and Mobile Crisis Support Team personnel and vehicle(s) added. (Maximum 2 points)

vii. Whether the Target Population is being served and other individuals who may be being served. (Maximum 2 points)

viii. 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 3 points)

ix. The percent of individuals who receive a crisis service who, within 15 days, and within 30 days, return for crisis services at a hospital emergency department, psychiatric hospital or jail. (Maximum 2 points)

4. Project is feasible, sustainable, and ready or will be feasible, sustainable and ready within six months of the Final Allocation. (Maximum 30 points)

READINESS

a. Provide a Project timeline and associated narrative, which includes projected or actual key dates and addresses the following ~~details~~: (Maximum 7 points)

i. Key milestones in the future and completed to date, including projected or actual Project start date (such as date of purchase, renovation or lease) and end date (such as date of occupancy). A description of the status of use permits, licensure and/or other approval processes.

ii. Staffing status.

iii. Projected date ~~of~~ services will begin to be provided to consumers.

iv. ~~A narrative description of p~~Processes that may affect the timeline to start providing services, such as site identification and acquisition, contracting, local use permit process, licensure and certification, and California Environmental Quality Act (CEQA) approval process *(See Attachment ~~E~~D)*.

v. ~~A narrative description identifying p~~Potential challenges and how those challenges will be mitigated.

FEASIBILITY

b. Provide a Project budget, including ~~a~~ "Summary of Funding Requested" (Form-3), ~~a~~ "County Grant Amounts Worksheet" (Form-4), and ~~a~~ "Sources and Uses ~~Form~~" (Form-5). ~~funding sources and proposed uses of funding and include a discussion of the~~ Also provide the following: ~~(*Fill out Attachment B "Sources and Uses Form."*)~~ (Maximum 10 points)

i. Proposed uses of Grant funds in line item detail with a budget narrative. If working capital for Program startup or expansion costs is being requested, include a separate line item budget detailing those costs. If information technology exceeds 1% of total Project costs, provide a justification that the additional costs are necessary for the Project to achieve the goals and outcomes set forth in Section 7119 of the regulations.

ii. ~~Describe the amount~~ A description of funding from funding sources~~,~~ other than the Grant that will be used to complete the proposed Project. Include ~~including~~ 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.

~~ii. Describe proposed uses of funds:~~

~~1. Include a budget for startup costs (not to exceed three months), if applicable.~~

~~2. The total uses shall not exceed the total of all available funding sources.~~

iii. ~~Describe~~ An explanation of how the Grant funds, as well as other grants, loans, or internal funds, will be used to ensure Grant funds will not be used for ineligible costs as described in Section 7115 of the regulations.

SUSTAINABILITY

c. Provide a Program operating budget that details annual operating costs projected for the proposed Program(s). Describe new Program funding source(s) with amounts and cash flow projections and/or how existing funding will be redirected to provide on-going support and sustainability for new and expanded services. Include documentation such as minutes from the Board of Supervisors meeting evidencing

approval of the budget, or other documentation acceptable to the Authority. (Maximum 3 points)

~~c~~d. Provide a means of assessing financial capacity and/or creditworthiness of the Lead Grantee in the form of most recent local government credit rating or three most recent years Audited Financial Statements, which may not contain a Going Concern Qualification. (Maximum 5 points)

~~d. Provide a budget that details annual projected operating costs and a description of new Program funding source(s) with amounts and cash flow projections and/or how existing funding will be redirected to provide on-going support for new and expanded services. Include documentation such minutes from the Board of Supervisors meeting evidencing approval of the budget, or other documentation acceptable to the Authority. (Maximum 3 points)~~

e. Identify the service provider or describe the plan for identifying one, addressing the following: (Maximum 5 points)

i. If a service provider that will operate Program(s) has already been identified:

1. Describe written plans and policies in place for the care that will be provided. These include:

a. Statement of admission and discharge criteria.

b. Psychiatric policies and practices.

c. Description of range of services offered.

d. Information about the service provider including expertise in mental health care, purpose, goals, and services of the organization.

ii. If a service provider is an established service provider licensed by the California Department of Social Services, demonstrate evidence of substantial compliance as defined in Section 80001 of Title 22 of the California Code of Regulations.

iii. 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 that will be or is being utilized to identify and designate a provider or providers of Program services.

f. Provide~~s~~ details to support the certainty of Medi-Cal certification of ~~Crisis Stabilization or~~ Crisis Residential Treatment or Crisis Stabilization Programs, and provide~~s~~ details to support the certainty of state licensure for Crisis Residential Treatment Programs, if any is proposed: (Required, but no points awarded)

i. Include discussion of how service provider will cooperate and comply with Community Residential Treatment Services Program certification process and any related certification process for any Crisis Stabilization Program proposed.

ii. Will structured day and evening services will be available seven days a week?

iii. Will community support systems for consumers be developed to maximize their utilization of non-mental health community resources?

iv. Will the Program use the residential environment to assist consumers in the acquisition, testing, or refinement of community living and interpersonal skills?

v. Will services include individual and group counseling, crisis intervention, and planned activities?

vi. Will counseling include available members of the consumer's family, when indicated in the consumer's treatment or rehabilitation plan?

vii. Will pre-vocational or vocational counseling be provided?

viii. Will consumer advocacy, including assisting consumers to develop their own advocacy skills be part of the Program?

ix. Will the Program include an activity program that encourages socialization within the Pprogram and general community, and which links the consumer to resources which are available after leaving the Pprogram?

~~C.~~ Requirements for Private Nonprofit Corporation Applicants

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

1. A copy of its tax-exemption letter from both the Internal Revenue Service and the Franchise Tax Board.

2. A copy of the most recent license(s), if applicable, or notification of exemption from licensure from the State governmental entity with jurisdiction over the services provided by or facility operated by the private nonprofit corporation.

3. A completed Legal Status Questionnaire for Private Nonprofit Corporations (Attachment C~~D~~).

4. In addition, upon request, ~~T~~three years of most recent Audited Financial Statements.

ATTACHMENT A

APPLICATION CERTIFICATION

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

- In the case of a county Aapplicant, 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 Aapplication Ccertification form to certify that all information in the joint Aapplication 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

Sample

ATTACHMENT B

SOURCES AND USES FORM

Grant amount requested	$ 0.00	( )
Mental Health Services Act (MHSA) funds	$ 0.00	( )
Realignment funds	$ 0.00	( )
Other sources, list (i.e. bank loan*, other grants)		
_____	$ 0.00	( )
_____	$ 0.00	( )
_____	$ 0.00	( )
Total Sources	**$ 0.00**	**(0%)**
		Must equal 100%

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

Uses of Funds:

Purchase real property	$ 0.00
Construction or renovation**	$ 0.00
Furnishings or equipment	$ 0.00
Information technology hardware and software	$ 0.00
Program start up or expansion costs	$ 0.00
Personnel funding	$ 0.00
Other _____	$ 0.00
_____	$ 0.00
_____	$ 0.00
Total Uses (must equal Total Sources)	**$ 0.00**

**** 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.**

ATTACHMENT B~~C~~

LEGAL STATUS QUESTIONNAIRE
FOR COUNTIES AND PUBLIC AGENCIES

1. Financial Viability

   Disclose any legal or regulatory action or investigation that may have a material impact on the financial viability of the Project or the county/public agency. The disclosure should be limited to actions or investigations in which the county/public agency has been named a party.

   Response:

2. Fraud, Corruption, or Serious Harm

   Disclose any legal or regulatory action or investigation involving fraud or corruption, or health and safety where there are allegations of serious harm to employees, the public, or the environment. The disclosure should be limited to actions or investigations pertaining to mental health services and in which the county/public agency or the county's/ public agency's officer or personnel has been named a defendant within the past ten years.

   Response:

Disclosures should include civil or criminal cases filed in state or federal court; civil or criminal investigations by local, state, or federal law enforcement authorities; and enforcement proceedings or investigations by local, state or federal regulatory agencies. The information provided must include relevant dates, the nature of the allegation(s), complaint or filing, and the outcome.

ATTACHMENT C~~D~~

LEGAL STATUS QUESTIONNAIRE
FOR PRIVATE NONPROFIT CORPORATIONS

1. Financial Viability

   Disclose any legal or regulatory action or investigation that may have a material impact on the financial viability of the Project or the private nonprofit corporation. The disclosure should be limited to actions or investigations in which the private nonprofit corporation or the private nonprofit corporation's parent, subsidiary, or affiliate involved in the management, operation or development of the Project has been named a party.

   Response:

2. Fraud, Corruption, or Serious Harm

   Disclose any legal or regulatory action or investigation involving fraud or corruption, or health and safety where there are allegations of serious harm to employees, the public, or the environment. The disclosure should be limited to actions or investigations in which the private nonprofit corporation or the private nonprofit corporation's current board member (except for volunteer board members of nonprofit entities), partner, limited liability corporation member, senior officer, or senior management personnel has been named a defendant within the past ten years.

   Response:

Disclosures should include civil or criminal cases filed in state or federal court; civil or criminal investigations by local, state, or federal law enforcement authorities; and enforcement proceedings or investigations by local, state or federal regulatory agencies. The information provided must include relevant dates, the nature of the allegation(s), complaint or filing, and the outcome.

ATTACHMENT DE

CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) REVIEW

Instructions: Please provide the following exhibit for each Project site. This can be completed within six months of award, if not available at time of Aapplication.

~~**CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) REVIEW**~~
~~California Health Facilities Financing Authority Checklist~~

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 Pproject is subject to CEQA Requirements, provide the ~~following~~ appropriate documentation or justification for each Pproject:

- ☐ 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 Regulation, Sections 15180-15190) (Provide written justification of compliance with applicable section.)

Name of approving Agency: _____

Date approval given: _____

If Pproject is not subject to CEQA Requirements, provide a written justification ~~and rationale~~ using one of the following categories:

- ☐ Is not a Project as defined by CEQA Requirements (see Title 14 California Code of Regulation, Section 15378)
- ☐ Project is Statutorily Exempt (see Title 14 California Code of Regulation, Sections 15260-15285)
- ☐ Project is Categorically Exempt (see Title 14 California Code of Regulation, Sections 15300-15333)

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), ~~which are~~ identified in the Application ~~from pages 1-6~~.

Make sure you have submitted as part of the Aa~~a~~pplication each of the following:

☐ ~~Summary Information Form~~Form-1 to Form-5 ~~(Pages Form-1 to Form-4)~~

☐ ~~Evaluation Criteria~~ Narrative ~~(Not exceeding 25 pages)~~ for Criteria #1- #3

☐ Criteria #4:

☐ Project ~~T~~timeline with narrative as described in Criteria #4 (a)

☐ Project budget with narrative ~~Attach additional relevant documentation~~ as described in Criteria #4 (b) (i)-(iii)

☐ ~~Provide a~~ Program operating budget with narrative as described in Criteria #4 (~~b) (ii~~c)~~, if applicable~~

☐ Most recent local government credit rating or three years of most recent audited financial statements as described in Criteria #4 (~~c~~d)

☐ Narrative for Criteria #4(e)

☐ Narrative for Criteria #4 (f) for Crisis Residential Treatment and Crisis Stabilization Programs only~~☐ Provide a budget as described in Criteria #4 (d)~~

☐ Attach all requirements for Private Nonprofit Corporation Applicants ~~on page 7~~

☐ Attachment A - Application Certification Letter for all Applicants

~~☐ Attachment B - Sources and Uses Form~~

☐ Attachment ~~C~~B - Legal Status Questionnaire for Counties and Public Agencies

☐ Attachment ~~D~~C - Legal Status Questionnaire for Private Nonprofit Corporations (if applicable)

☐ Attachment ~~E~~D - California Environmental Quality Act (CEQA) Review for each project site (if applicable)

California Health Facilities Financing Authority ("CHFFA")
Investment in Mental Health Wellness Grant Program

~~Projected Six Months of Expenditures~~ Request for Disbursement Form

Request # _____

Grant # ~~MH-~~ _____

Award Amount _____

Project Name or Description:	❑ Crisis Residential ❑ Crisis Stabilization ❑ Mobile Crisis Support Team

CHFFA Project Officer

Phone: (916) _____ ~~653-####~~
Fax: (916) 654-5362
E-Mail: _____

~~Name@treasurer.ca.gov~~

Lead Grantee:

_____

FOR CHFFA USE ONLY

Cost Type(s)	Total of previous disbursement	Projected Expenditure Amount	Disbursement	
			This Disbursement	Total to Date
Capital Funding except vehicle purchase:	$ _____	$ _____	$ _____	$ _____
Vehicle Purchase:	$ _____	$ _____	$ _____	$ _____
Personnel Funding:	$ _____	$ _____	$ _____	$ _____
Total - Previous Disbursement:	$ _____			

Documentation to Accompany Form:
Please attach a spreadsheet and other documentation used to establish this projection.

TOTAL DISBURSEMENT REQUEST: $ _____ $ _____ $ _____

Has the scope of the Project changed from the description in your grant agreement? YES or NO (circle one) If yes, use Attachment 1 to request approval of and explain any line item changes needed.

I certify that to the best of my knowledge, the information contained in this projection and the accompanying materials is true and accurate. I understand that misrepresentation may result in the cancellation of the grant and other actions which the Authority is authorized to take.

By (Print Name of Authorized Officer) _____ Signature _____

Title _____ Date _____

Phone: _____ Email: _____

~~Please check applicable reporting period:~~Except for the initial submission of this form, please attach status report in accordance with Section 7125(a)(4) and 7128 in the regulations.

~~❑ Mid-year Due within 45 days following June 30~~
~~❑ End of year Due within 45 days following December 31~~
~~❑ Final Due within 60 days of project completion~~

ATTACHMENT 1

California Health Facilities Financing Authority ("CHFFA")
Investment in Mental Health Wellness Grant Program

Grant # ~~MH~~ _____
Date Submitted: _____

~~Projected Six Months of Expenditures Form~~
REQUEST FOR CHANGE

Lead Grantee _____

1) Please detail the requested change or changes in the table below.

Line/Category	Approved Amount	Change Requested	Amount, if approved

2) Explain budget change requested above. Why is the change needed?

3) Does the change affect the scope of the project as shown in your grant agreement YES or NO (circle one)

If yes, please explain in detail.

4) Request change of Grant Period end date from _____ to _____

Please explain.

California Health Facilities Financing Authority ("CHFFA")
Investment in Mental Health Wellness Grant Program
Actual Expenditures Report
SUMMARY SHEET

Grant # ~~MH-~~ _____
Award Amount _____

Project Name or Description	❑ Crisis Residential ❑ Crisis Stabilization ❑ Mobile Crisis Support Team

CHFFA Project Officer
Phone: (916) _____~~653-####~~
Fax: (916) 654-5362
E-Mail: _____
~~Name@treasurer.ca.gov~~

Lead Grantee: _____

Date of Expenditures
From _____ to _____

FOR CHFFA USE ONLY

Cost Type(s)	**~~CHFFA Approved~~Actual Expenditures**	**~~Actual Expenditures~~Verified as Eligible**	**~~Verified as Eligible~~Budget Remaining**
Purchase of real property (Attachment A):	$	$	$
Construction or renovation (Attachment B):	$	$	$
Furnishings or equipment including vehicles (Attachment C):	$	$	$
Information technology hardware and software (Attachment D):	$	$	$
Program startup or expansion costs (Attachment E):	$	$	$
Personnel Funding (Attachment F):	$	$	$
~~Less: Other funding sources (list)~~ _____	~~($)~~	~~($~~	
_____	~~($)~~	~~($~~	
	~~($)~~	~~($~~	
TOTAL:	$	$	$

I certify that to the best of my knowledge, the information contained in this report form and the accompanying materials is true and accurate. I understand that misrepresentation may result in the cancellation of the grant and other actions which the Authority is authorized to take.

By (Print Name of Authorized Officer) _____ Signature _____

Title _____ Date _____

Phone: _____ Email: _____

ATTACHMENT A

Please check applicable status report submitted with this form:~~reporting period~~

- ❑ Mid-year — Due within 45 days following June 30
- ❑ End of year — Due within 45 days following December 31
- ❑ ~~Final~~Supplemental — ~~Due within 60 days of project completion~~Upon CHFFA Request

ATTACHMENT A

California Health Facilities Financing Authority ("CHFFA")
Investment in Mental Health Wellness Grant Program

Actual Expenditures Form – Purchase of Real Property

Grant # ~~MH~~ : _____

Date: _____

Lead Grantee _____

	Payee~~Contractor~~	~~Contract/Inv.~~ Payment Date	~~Contract/Inv.~~ Payment Number	Description	Amount*
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
	TOTAL EXPENDITURES~~DISBURSEMENT~~ REQUEST – PURCHASE OF REAL PROPERTY (All pages):				

NOTE: 1. Attach supporting documentation behind this form in list~~the above~~ order and number~~ed~~ documents in list order ~~as shown above~~.

2. If more than 15 items~~invoices~~ are to be listed, copy this form for additional pages and please note total number of pages included _____.

ATTACHMENT B

California Health Facilities Financing Authority ("CHFFA")
Investment in Mental Health Wellness Grant Program

Actual Expenditures Form – Construction or Renovation

Grant ~~# MH~~: _____

Date: _____

Lead Grantee _____

	Payee~~Document Description~~	Payment Date ~~of Document~~	Description	Amount~~, (if applicable)~~
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
	TOTAL EXPENDITURES~~DISBURSEMENT~~ REQUEST – CONSTRUCTION OR RENOVATION (All pages):			

NOTE: 1. Attach supporting documentation behind this form in list~~the above~~ order and number~~ed~~ documents in list order ~~as shown above~~.

2. If more than 15 items are to be listed, copy this form for additional pages and please note total number of pages included _____.

ATTACHMENT C

California Health Facilities Financing Authority ("CHFFA")
Investment in Mental Health Wellness Grant Program

Actual Expenditures Form – Furnishings or Equipment

Grant # ~~MH~~: _____

Date: _____

Lead Grantee _____

	Payee~~Vendor~~	Payment~~Invoice~~ Date	Payment~~Invoice~~ Number	Description	Amount*
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
	TOTAL EXPENDITURES~~DISBURSEMENT~~ REQUEST -- FURNISHINGS OR EQUIPMENT (All Pages):				

NOTE: 1. Attach supporting documentation behind this form in list ~~the above~~ order and number~~ed~~ documents in list order ~~as shown above~~.

2. If more than 15 items~~nvoices~~ are to be listed, copy this form for additional pages and please note total number of pages included _____.

ATTACHMENT D

California Health Facilities Financing Authority ("CHFFA")
Investment in Mental Health Wellness Grant Program

Actual Expenditures Form – Information Technology Hardware and Software

Grant # ~~MH~~: _____

Date: _____

Lead Grantee _____

	Payee~~Vendor~~	~~Invoice~~ Payment Date	~~Invoice~~ Payment Number	Description	Amount*
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
	TOTAL EXPENDITURES~~DISBURSEMENT~~ REQUEST -- INFORMATION TECHNOLOGY HARDWARE AND SOFTWARE (All Pages):				

NOTE: 1. Attach supporting documentation behind this form in list ~~the above~~ order and number~~ed~~ documents in list order ~~as shown above~~.

2. If more than 15 items~~invoices~~ are to be listed, copy this form for additional pages and please note total number of pages included _____.

ATTACHMENT E

California Health Facilities Financing Authority ("CHFFA")
Investment in Mental Health Wellness Grant Program

Actual Expenditures Form – Program Startup or Expansion Costs

Grant # ~~MH~~: _____

Date: _____

Lead Grantee _____

	Payee~~Vendor~~	~~Invoice~~ Payment Date	~~Invoice~~ Payment Number	Description	Amount*
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
	TOTAL EXPENDITURES~~DISBURSEMENT~~ REQUEST -- PROGRAM STARTUP OR EXPANSION COSTS (All Pages):				

NOTE: 1. Attach supporting documentation behind this form in ~~the above~~list order and Number~~ed~~ documents in list order ~~as shown above~~.

2. If more than 15 i~~nvoice~~tems are to be listed, copy this form for additional pages and please note total number of pages included _____.

ATTACHMENT F

California Health Facilities Financing Authority ("CHFFA")
Investment in Mental Health Wellness Grant Program

Actual Expenditures Form – Personnel Funding

Grant # ~~MH~~: _____

Date: _____

Lead Grantee _____

	Payee~~Vendor~~	~~Invoice~~ Payment Date	~~Invoice~~ Payment Number	Description	Amount*
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
	TOTAL EXPENDITURES~~DISBURSEMENT~~ REQUEST -- PERSONNEL FUNDING (All Pages):				

NOTE: 1. Attach supporting documentation behind this form in list~~the above~~ order and number~~ed~~ documents in list order ~~as shown above~~.

2. If more than 15 items~~invoices~~ are to be listed, copy this form for additional pages and please note total number of pages included _____.

ATTACHMENT __

California Health Facilities Financing Authority ("CHFFA")
Investment in Mental Health Wellness Grant Program
Actual Expenditures Form _____

Grant # MH : _____
Date: _____

Lead Grantee _____

	Vendor	Invoice Date	Invoice Number	Description	Amount*
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
	TOTAL DISBURSEMENT REQUEST – EXTRA PAGE (All Pages):				

NOTE: 1. Attach supporting documentation behind this form in the above order and numbered as shown above.

2. If more than 15 invoices are to be listed, copy this form for additional pages and please note total number of pages included _____.

COMPLETION CERTIFICATE & FINAL REPORT
Investment in Mental Health Wellness Grant Program

California Health Facilities Financing Authority (CHFFA)

Grantee:	
Grant Award #	**Grant Amount:** $
CHFFA Approval Date:	**Grant Period End Date:**
Project Description:	

PART I: NARRATIVE QUESTIONS

Please attach a narrative in response to the following questions.

1) Results of the Project

Through the Investment in Mental Health Wellness Act of 2013, the legislature of the State of California authorized the Investment in Mental Health Wellness Grant Program to increase capacity for mental health crisis services. Please provide descriptions, data and/or stories that demonstrate how well the project contributed to each of the following key outcomes:

a) Reduced average disposition time for visits to emergency rooms and local hospital(s).

b) Reduced hospital emergency room and psychiatric inpatient utilization.

c) Reduced law enforcement time spent on mental health crisis calls, contacts, custodies and/or transports for assessment.

d) Improvements in participation rates for outpatient mental health services and case management services.

e) Consumers' and/or their family members' (when appropriate) satisfaction with the crisis services the consumer received.

f) Number of crisis residential beds, crisis stabilization units and mobile crisis vehicles and support teams added.

g) Services provided to target population, including individuals eligible for Medi-Cal, individuals eligible for county health and mental health services, and any other populations affected.

h) Value of the program(s), such as mitigation of costs to the county, law enforcement, and/or hospitals.

2) Key Milestones

a) When did the project start?

b) When was it (and any associated larger project) completed? and when did services for each funded Program begin?

c) What were some other key milestones or notable events, including licensing and certification (if applicable)?

d) If the project (or an associated larger project) requires follow-up implementation actions, please provide information detailing:

i. how implementation will take place.

ii. what funding, staffing, equipment, or other resources are needed or have been secured?

iii. a timeline with key dates projected for completion, licensing and/or other approvals as applicable.

LEFT BLANK INTENTIONALLY

PART II: ACTUAL PROJECT SOURCES & USES

Please provide a summary of actual sources and uses in the format provided below. Provide an "as of" date. Investment in Mental Health Wellness Program grants cannot exceed the total cost of the project. Total sources must equal total uses.

Sources of Funds – as of (date) _____:

CHFFA grant(s)	$ _____
Mental Health Services Act (MHSA) funds	$ _____
Realignment funds	$ _____
Medi-Cal, Federal Financial Participation	$ _____
Interest earnings from advanced funds	$ _____
Other sources, list (i.e. bank loans, other grants)	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
Total Sources	$ _____

Uses of Funds (from all sources) – as of (date) _____:

Purchase of real property	$ _____
Construction or renovation	$ _____
Vehicles & vehicle maintenance contracts	$ _____
Furnishings or equipment	$ _____
Information technology hardware and software	$ _____
Program startup or expansion costs	$ _____
Personnel funding	$ _____
Other costs, list (i.e. operating costs, evaluation)	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
Total Uses	$ _____

PART III: CERTIFICATION

I hereby certify that, to the best of my knowledge, all grant funds were expended on the above named project, the project is complete, the grant did not exceed the total project costs, all interest earnings have been reported to CHFFA, and this report and all accompanying documents are true and correct. I understand that the grant agreement includes valid and binding obligations that extend beyond the term of the grant.

_____ _____

Signature: Date

Name: _____ Title: _____

Additional Contact:

Name: _____ Title: _____

Email: _____ Phone: _____

California Health Facilities Financing Authority
Investment in Mental Health Wellness Grant Program
Available Funds [1]

By Program

Total Remaining:	Crisis Residential	$	70,434,489.63
	Crisis Stabilization	$	184,210.52
	Mobile Crisis Support (MCS)	$	549,955.94
	MCS Personnel	$	25,710.58

By Region

Superior Region			
	Crisis Residential	$	4,834,329.39
	Crisis Stabilization	$	184,210.52
	Mobile Crisis Support (MCS)	$	-
	MCS Personnel	$	-
Central Region			
	Crisis Residential	$	19,919,197.56
	Crisis Stabilization	$	-
	Mobile Crisis Support (MCS)	$	-
	MCS Personnel	$	24,653.56
Bay Area Region			
	Crisis Residential	$	14,036,962.17
	Crisis Stabilization	$	-
	Mobile Crisis Support (MCS)	$	193,615.80 [2]
	MCS Personnel	$	1,057.02
Southern Region			
	Crisis Residential	$	31,556,281.21
	Crisis Stabilization	$	-
	Mobile Crisis Support (MCS)	$	213,818.75
	MCS Personnel	$	-
Los Angeles Region			
	Crisis Residential	$	87,719.30
	Crisis Stabilization	$	-
	Mobile Crisis Support (MCS)	$	142,521.39
	MCS Personnel	$	-

1. Please note these sums are approximate and may be subject to adjustment
2. This remaining sum is tentatively committed to Monterey County and will be presented to the CHFFA board at the June 26, 2014 meeting for approval of a Final Allocation.

RESOLUTION NO. 2014-03

RESOLUTION OF THE CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY APPROVING THE ADOPTION OF REGULATIONS AND AUTHORIZING PERMANENT RULEMAKING PROCEEDINGS FOR THE INVESTMENT IN MENTAL HEALTH WELLNESS ACT OF 2013

WHEREAS, the Investment in Mental Health Wellness Act of 2013 (the "Act") established a grant program for mental health crisis services with funding from various sources and authorized the California Health Facilities Financing Authority (the "Authority") to, among other things, develop specified selection criteria and maximum grant amounts for awarding grants to eligible applicants which are counties, counties acting jointly, or counties with private non-profit corporations or public agencies counties may designate; and

WHEREAS, on October 31, 2013, the Authority authorized the adoption of emergency regulations relating to the grant program and the Office of Administrative Law approved the emergency regulations on November 21, 2013;

WHEREAS, on May 15, 2014, the Office of Administrative Law authorized the re-adoption of these emergency regulations with an effective date through August 14, 2014;

WHEREAS, since the adoption of the emergency regulations and grant awards for the first funding round, Authority staff has identified minor recommended amendments to the emergency regulations for clarity and organization, including recommended amendments for the various forms applicants must complete as part of their application process; and

WHEREAS, the Authority must act to establish permanent regulations for the implementation and operation of the mental health wellness grant program;

BE IT RESOLVED, by the California Health Facilities Financing Authority as follows:

Section 1. The proposed permanent regulations for the grant program are hereby approved in substantially the form submitted to the Authority by Authority staff. The Chair, any Deputy to the Chair, Executive Director and Deputy Executive Director are each hereby authorized, for and on behalf of the Authority, to submit such regulations, with the supporting documentation required by law, to the Office of Administrative Law and proceed as required by the Administrative Procedures Act.

Section 2. The Chair, any Deputy to the Chair, Executive Director and Deputy Executive Director of the Authority are each hereby authorized and directed to take such actions, including making or causing to be made such changes to the regulations as may be required for approval thereof by the Office of Administrative Law, and to execute and deliver any and all documents that he or she may deem necessary or advisable in order to effectuate the purposes of this resolution.

Section 3. This resolution shall take effect immediately upon its approval.

Date Approved: _____