

**State of California  
Office of Administrative Law**

**In re:**  
**California Health Facilities Financing  
Authority**

**Regulatory Action:**

**Title 04, California Code of Regulations**

**Adopt sections:**

**Amend sections: 7313, 7316**

**Repeal sections:**

**NOTICE OF APPROVAL OF CERTIFICATE OF  
COMPLIANCE**

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

**OAL Matter Number: 2022-0125-01**

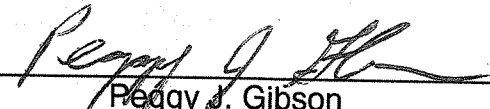
**OAL Matter Type: Certificate of Compliance  
(C)**

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

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

Date: March 9, 2022

  
\_\_\_\_\_  
Peggy J. Gibson  
Senior Attorney

For: Kenneth J. Pogue  
Director

Original: Frank Moore, Executive Director  
Copy: Bianca Smith

NOTICE PUBLICATION/REGULATIONS SUBMISSION

CERT

For use by Secretary of State only

STD. 400 (REV. 10/2019)

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z-2021-1122-01</b>	REGULATORY ACTION NUMBER <b>2022-0125-01C</b>	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
SUBMISSION OF REGULATIONS		REGULATIONS	

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

MAR 09 2022

2:16 PM

OFFICE OF ADMIN. LAW  
2022 JAN 25 AM 9:34

AGENCY WITH RULEMAKING AUTHORITY  
CA Health Facilities Financing Authority

AGENCY FILE NUMBER (If any)

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re. Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER <b>2021, 49-Z</b>	PUBLICATION DATE <b>12/3/2021</b>

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) <b>Investment in Mental Health Grant Program - Children/Youth</b>	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) <b>Z2021-1122-01, 2021- 0923-01ER, 2-21-0901-01E</b>
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	<b>7313, 7316</b>	AMEND
		REPEAL

4. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

3. TYPE OF FILING

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

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input checked="" type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify)
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify)		

7. CONTACT PERSON <b>Bianca Smith</b>	TELEPHONE NUMBER <b>916/653-2408</b>	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional)
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE <b>1-24-22</b>
TYPED NAME AND TITLE OF SIGNATORY <b>Frank Moore, Executive Director, CA Health Facilities Financing Authority</b>	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

MAR 09 2022

Office of Administrative Law

**CALIFORNIA CODE OF REGULATIONS**

**Title 4, Division 10, Chapter 7**

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

**Amend Section 7313. Definitions to read:**

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

(a) No change

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

(c) - (ll) No change

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

**Amend Section 7316. Grant Application to read:**

(a) No change

(b) No change

(c) No change

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

- (1) ~~An original and two copies of the written~~ The Application shall be received by the Authority no later than 5:00 p.m. (Pacific Time) on the deadline date posted on the Authority's website at [www.treasurer.ca.gov/chffa](http://www.treasurer.ca.gov/chffa). ~~and may be sent by mail or delivery to:~~

California Health Facilities Financing Authority  
Investment in Mental Health Wellness Grant Program  
For Children and Youth  
915 Capitol Mall, Room 435  
Sacramento, California 95814

~~\_\_\_\_\_~~ or the Application may be emailed as a Portable Document Format (PDF) attachment to [chffa@treassurer.ca.gov](mailto:chffa@treassurer.ca.gov).

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

(34) Incomplete Applications and Applications received by the Authority after the deadline date and time of the funding round shall not be accepted for review in that funding round.

(45) Applications shall be considered final as of the deadline date and time. No additional information or documents shall be accepted by the Authority after that date, except as specifically requested by the Authority.

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




Adopt



## California Health Facilities Financing Authority California Educational Facilities Authority

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

 [Invite Collaborators](#)

The Investment in Mental Health Wellness Grant Program for Children and Youth (CY Grant Program) intends to improve access to mental health crisis services in California for children and youth, ages 21 and under.

Mental health programs eligible under the CY Grant Program include:

1. Mobile Crisis Support Team (MCST)
2. Crisis Stabilization (CS)
3. Crisis Residential Treatment (CRT)
4. Family Respite Care (FRC)

Entities eligible to apply for the CY Grant Program are:

- A County
- Counties applying jointly
- A private nonprofit corporation or public agency designated by a county or Counties Applying Jointly to be a co-applicant with the county or Counties Applying Jointly (aka, Designated Grantee)

We encourage applicants to invite other collaborators to assist in filling the application if needed.

### General Instructions

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

information that is not repeated here including eligibility, instructions for submission of an Application, and maximum Grant amounts. All terms that are capitalized in this Application are defined in Section 7313 of the regulations.

We expect Applicants to adhere to the organization and sequencing of questions contained herein when completing an Application.

Please contact the California Health Facilities Financing Authority with any questions by phone: (916) 653-2779 or email [chffa@treasurer.ca.gov](mailto:chffa@treasurer.ca.gov) (<mailto:chffa@treasurer.ca.gov>)

For technical assistance with the online application, visit Submittable's Customer Support at <https://www.submittable.com/help/submitter/> (<https://salesloft.submittable.com/t/101224/c/74eaf0f7-7048-4cb8-8a0a-75144dfbaa14/NB2HI4DTHIXS653XO4XHG5LCNVUXI5DBMJWGLTDN5WS62DFNRYC643VMJWWS5DUMVZC6===/www-submittable-com-help-submitter>)

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**SUMMARY INFORMATION - Please type all responses.**

**Total Requested Grant Amount \***

\$

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**LEAD GRANTEE**

**Name of Applicant: \***

**Entity Type (County or Joint Powers Authority) \***

**Applicant Address \***

Country

Select... 

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

**Contact Information \***

First Name

Last Name

**Contact Title \***

**Is the contact address the same as the applicant address \***

Yes

No

**Contact Address \***

Country

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

**Contact phone number \***

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**Contact Email Address \***

email@example.com

**Project Title \***

**Project Brief Summary Description \***

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

Limit: 300 characters

Limited to 20 words

**County(ies) to be served \***

**Please select all programs to be funded with Grant \***

- Crisis Residential Treatment (CRT)     Crisis Stabilization (CSU)     Mobile Crisis Support Teams (MCST)     Family Respite Care (FRC)

**Insert number of beds to be added by the proposed Project, as applicable. \***



	Number of Beds	Amount Requested
CRT		
CSU		
FRC		

**Insert number of teams to be added by the proposed Project, as applicable. \***



	Number of MCST Teams	Number of MCST Vehicles	Number of MCST Staff	MCST (Capital) Amount Requested	MCST (Personnel) Amount Requested
MCST					

**Purpose of Grant: Check all applicable boxes \***

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

**ADDITIONAL APPLICANTS AND SERVICE PROVIDERS (Please fill out additional Applicants and service provider(s) contact information, if applicable)**

**Is there a Co-applicant? \***

- Yes  No

**Name of CO-APPLICANT \***

**Entity Type (County, Joint Powers Authority, or Non-Profit) \***

**ADDRESS OF CO-APPLICANT \***

Country

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

**CO-APPLICANT CONTACT INFORMATION \***

First Name

Last Name

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

Yes

No

**ADDRESS OF CO-APPLICANT CONTACT INFORMATION \***

Country

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

**CO-APPLICANT PHONE NUMBER \***

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**CO-APPLICANT EMAIL ADDRESS \***

**Is the Co-Applicant an Designated Grantee? \***

Yes

No

**Has the Service Provider been selected yet? \***

Yes

No

**Is the Service Provider the same as the designated grantee? \***

Yes

No

**Name of Service Provider \***

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

**Service Provider Address \***

Country

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

**Service Provider Contact Information \***

First Name

Last Name

**Service Provider Contact Phone Number \***



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**Service Provider Email Address \***

email@example.com


**SUMMARY OF FUNDING REQUESTED**

Please contact the California Health Facilities Financing Authority with any questions by phone: (916) 653-2779 or email [chffa@treasurer.ca.gov](mailto:chffa@treasurer.ca.gov) (mailto:chffa@treasurer.ca.gov)

**Requesting Funding for Crisis Residential Treatment Program \***

Yes  No

**Requested Funding for Crisis Residential Treatment Program \***



<b>CRISIS RESIDENTIAL PROGRAM</b>		
<b>ELIGIBLE COSTS</b>	<b>Purchase of Real Property (how many properties?)</b>	<b>AMOUNT</b>
Purchase of Real Property		
Construction or Renovation*		
Furnishings and/or Equipment		
Information Technology**		
Program Startup or Expansion Costs (up to three months)		
<b>SUB-TOTAL</b>		<b>0</b>


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

\*\*Information Technology hardware and software costs may not exceed 1% of total Grant award except when approved by the Authority and only upon submission of justification in Application narrative that the additional information technology costs are necessary for the Project to achieve the desired goals and outcomes set forth in Section 7319(a)(3) and Section 7319.1(a)(3) of the regulations.

**Requesting Funding for Crisis Stabilization Program \***

Yes  No

**Requested Funding for Crisis Stabilization Program \***



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



Construction or Renovation*		
Furnishings and/or Equipment		
Information Technology**		
Program Startup or Expansion Costs (up to three months)		
<b>SUB-TOTAL</b>		<b>0</b>

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

\*\*Information Technology hardware and software costs may not exceed 1% of total Grant award except when approved by the Authority and only upon submission of justification in Application narrative that the additional information technology costs are necessary for the Project to achieve the desired goals and outcomes set forth in Section 7319(a)(3) and Section 7319.1(a)(3) of the regulations.

**Requesting Funding for Mobile Crisis Support Team Program \***

Yes  No

**Requested Funding for Mobile Crisis Support Team Program**



MOBILE CRISIS SUPPORT TEAMS			
ELIGIBLE COSTS	Purchase of vehicles (how many vehicles?)	Personnel Funding for 1 year (how many FTEs?)	AMOUNT
Purchase of vehicles (May include two-year maintenance contracts, if any).			
Furnishings and/or Equipment			
Information Technology**			
Program Startup or Expansion Costs (up to three months)			
Personnel Funding for 1 year			
<b>SUB-TOTAL</b>			<b>0</b>

**Requesting Funding For Family Respite Care Program \***

Yes  No

**Requested Funding for Family Respite Care Program \***



FAMILY CARE RESPITE PROGRAM		
ELIGIBLE COSTS	Purchase of Real Property (how many properties?)	AMOUNT

Purchase of Real Property		
Construction or Renovation*		
Furnishings and/or Equipment		
Information Technology**		
Program Startup or Expansion Costs (up to three months)		
<b>SUB-TOTAL</b>		<b>0</b>

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

\*\*Information Technology hardware and software costs may not exceed 1% of total Grant award except when approved by the Authority and only upon submission of justification in Application narrative that the additional information technology costs are necessary for the Project to achieve the desired goals and outcomes set forth in Section 7319(a)(3) and Section 7319.1(a)(3) of the regulations.

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



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

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

**COUNTY GRANT AMOUNTS WORKSHEET (For Counties Applying Jointly Only)**



COUNTY NAME	CAPITAL FUNDING REQUESTED	PERSONNEL FUNDING REQUESTED (Mobile Crisis for 1 year)	TOTAL REQUESTED (Capital + Personnel)
			0
			0
			0
			0
			0
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

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

## SOURCES AND USES

Please include sources and uses to complete the entire Project.

### Total Sources of Funds \*

CHFFA grant(s)	
Mental Health Services Act (MHSA) funds	
Realignment funds	
Medi-Cal, Federal Financial Participation	
Interest earnings from advanced funds	
Other sources, list (e.g., bank loans, other grants)	
<b>Total Sources</b>	<b>0</b>

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

### Total Uses of Funds \*

Facility acquisition	
Renovation	
Furnishing and/or equipment	
Information technology hardware and software	
Program startup or expansion costs	
Other costs:	
<b>Total Uses:</b>	<b>0</b>

\*\*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.

Please verify Total Uses equals Total Sources \*

Please contact the California Health Facilities Financing Authority with any questions by phone: (916) 653-2779 or email [chffa@treasurer.ca.gov](mailto:chffa@treasurer.ca.gov) (mailto:chffa@treasurer.ca.gov)

**Evaluation Criteria – Applying for Crisis Residential Treatment, Crisis Stabilization and/or Mobile Crisis Support Team \***

Yes

No

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

**1. Project expands access to and capacity for community-based Mental Health Crisis Services that offer relevant alternatives to hospitalization and detainment by law enforcement. (Maximum 25 points)**





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

**B I U** [List Icon] [List Icon] [Quote Icon] [Link Icon]

**1. (b) Describe the community need existing within the current continuum, address who does and does not receive services now, and how the Project is designed to address the weaknesses of the current system and build on its strengths. Please include any available data that reflects community need. (Maximum 3 points) \***

**B I U** [List Icon] [List Icon] [Quote Icon] [Link Icon]





1. (c) Quantify and describe how the Project will increase capacity for community-based Mental Health Crisis Services. Describe how the number of Crisis Stabilization and Crisis Residential Treatment beds; and/or the number of Mobile Crisis Support Teams including the number of Mobile Crisis Support Team vehicles and staff impact the Target Population(s) and translates into a number of additional Children and Youth that can be served in the community? (Maximum 6 points) \*

B I U    

1. (d) Describe how the Project will expand and improve timely access to community-based Mental Health Crisis Services. Address how access is expanded and improved for the community. Examples include extending hours of existing services; adding locations where services can be accessed by Children and Youth, as appropriate, and their family members; efforts to timely connect Children and Youth to crisis services from hospitals, educational institutions, detainment centers, juvenile hall, jail, etc.; engaging in new outreach to Children and Youth, as appropriate, and their families, and educational institutions so they know new or expanded services are available; and addressing cultural, language, and other barriers unique to the community. (Maximum 6 points) \*

B I U    

1. (e) Describe how the Project will be qualitatively different than crisis services delivered in an institutional setting (such as a hospital emergency room, an in-patient hospital setting or a law enforcement vehicle) and include a description of the proposed staffing, the community setting in which the Programs will be offered and the building or vehicles in which services will be provided. (Maximum 5 points) \*



B I U    

2. Application demonstrates a clear plan for a continuum of care before, during, and after crisis mental health intervention or treatment and for collaboration and integration with other health systems, educational institutions, social services, and law enforcement (Maximum 15 points)

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

community. (Maximum 5 points)





2. (a) (i) Identify the shortcomings that exist within the continuum and how the Project will improve the existing continuum of care for Children and Youth utilizing Mental Health Crisis Services and supply any available data. \*

B I U    

2. (a) (ii) Indicate whether the Applicant(s) contemplates submitting an application to the Mental Health Oversight and Accountability Commission or has been awarded funding for triage personnel. \*

B I U    




2. (b) Describe the county's or counties' working relationships with Related Supports that already exist and those which will be established to enhance and expand community-based collaboration designed to maximize and expedite access to crisis services for the purpose of avoiding unnecessary hospitalization and detainment by law enforcement and improving wellness for Children and Youth with mental health disorders and their families. The existing working relationships shall be supported by letters from the Related Supports identifying the collaborative efforts amongst the agencies to enhance and expand crisis services. 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 Children and Youth experiencing a mental health crisis. (Maximum 10 points) \*

B I U    




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

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




3. (a) (i) Reduced hospital emergency room and psychiatric inpatient utilization. (Maximum 2 points) \*

B I U   " 




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

B I U   " 




3. (a) (iii) Improvements in participation rates in the Program(s). (Maximum 1 point) \*

B I U   " 

3. (a) (iv) Children or Youth (when appropriate) and/or their family members' (when appropriate) satisfaction with the crisis services the Children and Youth received. (Maximum 1 point) \*

B I U   " 





3. (a) (v) Number of Crisis Residential Treatment and Crisis Stabilization beds; and/or number of Mobile Crisis Support Teams including the number of Mobile Crisis Support Team vehicles and staff added. (Maximum 1 point) \*

B I U   " 





3. (a) (vi) Number of Children and Youth within the Target Population(s) being served and other Children and Youth who may be being served. (Maximum 1 point) \*

B I U   " 

3. (a) (vii) The value of the Program(s), such as mitigation of costs to the county, law enforcement, or hospitals. An example of such value is: The utilization of Crisis Residential Treatment costs "X" dollars and utilization of inpatient hospitalization would have cost "X" dollars, therefore value approximates "X" dollars. (Maximum 1 point) \*

B I U    

3. (a) (viii) The percent of Children and Youth who receive a crisis service who, within 15 days, and within 30 days, return for crisis services at a hospital emergency department, psychiatric hospital, detainment center, juvenile hall or jail. (Maximum 1 point) \*

B I U    

**4. Project is, or will be Ready, Feasible, and Sustainable as follows: (Maximum 50 points)**

- Mobile Crisis Support Team Projects within nine months of the approval of the Final Allocation.
- Crisis Residential Treatment and Crisis Stabilization Projects that include acquisition of a building and/or renovation within 12 months of the approval of the Final Allocation
- Crisis Residential Treatment and Crisis Stabilization Projects that include construction within 18 months of the approval of the Final Allocation.

**READINESS**

4. (a) A detailed plan and timeline, including supporting documentation if available, with the steps needed to complete the Project as further delineated below and provide evidence demonstrating the ability to meet the timeframes set forth in Section 7319(a)(4)(H) of the regulations. (Maximum 15 points)

Please provide project timeline.

Choose File



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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

**4. (a) (i) Address, renderings and/or floor plans of Project site, if available. If a Project site has not been identified, provide a description of the process, criteria for selection, and timeline for identification of a Project site that will be utilized. (This subdivision is not applicable to Mobile Crisis Support Team Projects). \***

**B I U** ☰ ☷ ☹ ☺

**Please provide renderings and/or floor plans of Project site, if available.**

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

**4. (a) (ii) Necessary approvals and processes to complete the Project, and the names and roles of all responsible entities. This includes, but is not limited to, County Board of Supervisors' approval, Request for Proposals, architectural and construction contracts, California Environmental Quality Act (CEQA) compliance, building permits, and conditional use permits, as applicable. \***

**B I U** ☰ ☷ ☹ ☺

**4. (a) (iii) Key milestones, in the future and completed to date, including projected or actual Project start date (i.e., date of purchase, renovation/construction or lease), Project end date (i.e., date of occupancy), and projected start date of services to Target Population(s). \***

**B I U** ☰ ☷ ☹ ☺

**4. (a) (iv) The plan and current status for staffing the Program(s). \***

**B I U** ☰ ☷ ☹ ☺

4. (a) (v) Potential challenges that may affect the timeline to start providing services and how those challenges will be mitigated, including but not limited to, site identification and acquisition, contracting, local use permit process, County Board of Supervisors' approval, CEQA process, Building Code compliance, selection of service provider, licensure, certification, loss of a site, delays in local (city and/or county) approvals, community opposition issues, loss or reduction in leverage funding, and increased Project costs, as applicable. \*

B I U [bulleted list icon] [numbered list icon] [quote icon] [link icon]

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4. (b) Describe and provide evidence of community outreach and engagement efforts for the proposed Program(s) in the vicinity of planned Project site, as applicable. (Maximum 7 points) \*

B I U [bulleted list icon] [numbered list icon] [quote icon] [link icon]

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

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

4. (c) Identify the service provider or describe the plan for identifying one addressing the following: (Maximum 8 points)




4. (c) (i) If a service provider that will operate the Program(s) has already been identified, provide a description of the written plans that are in place for how the services will be provided

4. (c) (i) (1) Description of range of services offered. \*




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


4. (c) (i) (2) Information about the service provider including expertise in mental health treatment, purpose, goals, and services of the organization \*

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


4. (c) (ii) If a service provider has not been identified at the time the Application is submitted, provide a description of the process, criteria for selection, and timeline for identification of a service provider that will operate the Program(s). \*

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4. (d) For proposed crisis stabilization or crisis residential treatment programs, provide a plan for obtaining Medi-Cal certification. (Required, but no points awarded) \*

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4. (e) For proposed crisis residential treatment programs, provide a plan for obtaining a license and program approval to operate as a Children's crisis residential program as defined in Health and Safety Code Section 1502, subdivision (a)(21). (Required, but no points awarded) \*

B I U   " 

**FEASIBILITY**

4. (f) Provide a Project budget, utilizing "Summary of Funding Request"; "County Grant Amounts Worksheet"; and "Sources and Uses", all of which are previously completed at the beginning of the application. Please provide project budget in line item detail. (Maximum 10 points)

Choose File

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

**4. (f) (i) Proposed uses of Grant funds in line item detail with a budget narrative. If working capital for Program startup or expansion costs are being requested, include a separate line item budget detailing those costs. Information technology costs exceeding 1% of total Grant award, require a justification that the additional costs are necessary for the Project to achieve the goals and outcomes set forth in Section 7319(a)(3) of the regulations. \***

**B I U** [List Bulleted] [List Numbered] [Quote] [Link]

**4. (f) (ii) A description of any leveraged public and/or private funding other than the Grant that will be used to complete the proposed Project. Include the amount of funding and the current status of the funding. Attach documentation, if any, such as letters describing commitment of funding or the status of consideration from the other funding sources or other similar documentation acceptable to the Authority. \***

**B I U** [List Bulleted] [List Numbered] [Quote] [Link]

**Please provide any leveraged public and/or private funding, 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.**

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

**4. (f) (iii) An explanation of the Grantee's internal process to ensure the Grant funds will only be used for eligible costs as described in Section 7315 of the regulations. \***

**B I U** [List Bulleted] [List Numbered] [Quote] [Link]

**SUSTAINABILITY**

**4. (g) Provide the following: (Maximum 10 points)**

**4. (g) (i) Please provide program operating budget that details annual operating costs projected for the proposed Program(s).**

**Choose File**

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

**4. (g) (ii) A description of new Program funding source(s) with amounts and cash flow projections and/or how existing funding will be redirected to provide ongoing support and sustainability for new and expanded services for the term of the useful life of the Project. Include estimated useful life of the Project. \***

**B I U** [List Icon] [List Icon] [Quote Icon] [Link Icon]

**4 (g) (iii) Documentation such as funding letters, minutes from the County Board of Supervisors' meeting evidencing approval of the budget, or other documentation acceptable to the Authority. If approval has not been obtained at the time of Application, provide a detailed plan for obtaining such approval. \***

**B I U** [List Icon] [List Icon] [Quote Icon] [Link Icon]

**Please provide documentation such as funding letters, minutes from the County Board of Supervisors' meeting evidencing approval of the budget, or other documentation acceptable to the Authority.**

**Choose File**

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Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

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

\*

Choose File

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

**Evaluation Criteria – Applying for Family Respite Care \***

Yes

No

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

**1. Project expands access to and capacity for Family Respite Care to families of Children and Youth receiving mental health services in order to sustain family health and well-being. (Maximum 25 points)**

**1. (a) Describe the new or expanded Family Respite Care Program to be funded by the Grant and the services within the Program, including but not limited to in-home and/or out-of-home respite care. Identify the criteria for the Target Population(s) whose families are eligible for services, including but not limited to age groups, diagnosis, etc. (Maximum 5 points) \***




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

**1. (b) Describe the community need existing within the current continuum, including who does and does not receive Family Respite Care services now, and how the proposed Project will address the weaknesses of the current system and build on its strengths. Please include any available data that reflects community need. (Maximum 3 points) \***




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

1. (c) Quantify and describe how the Project will increase capacity for Family Respite Care. (Maximum 6 points)

1. (c) (i) Identify the number of families that may receive services. \*




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1. (c) (ii) How does the added capacity impact the Target Population(s) and translate into a number of additional families that can be served in the community. \*




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1. (d) Describe how the Project will expand and improve timely access to Family Respite Care. (Maximum 6 points)




1. (d) (i) Address how access to Family Respite Care is expanded and improved for the community. Examples include: staff qualifications and hours of operation. \*

B I U   " 

1. (d) (ii) Describe services provided by the Program to families of Children and Youth receiving mental health services. \*

B I U   " 

1. (d) (iii) Will there be new outreach to families about availability of new or expanded services? \*

B I U   " 

1. (d) (iv) Will cultural, linguistic, and other barriers unique to the community be addressed? \*

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1. (e) A description of community-based services to be available to families of Children and Youth receiving mental health services, and describe the building(s) in which the Program will be offered and the setting(s) in which the identified services will be provided to the families. (Maximum 5 points) \*

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2. Application demonstrates a clear plan for a continuum of care before, during, and after intervention or treatment and for collaboration and integration with other health systems, educational institutions, social services and law enforcement, and describes the referral process that will be utilized to connect families to Family Respite Care. (Maximum 15 points)

2. (a) Describe how the Project fits in with the continuum of care as it presently exists in the community. (Maximum 5 points)

2. (a) (i) Identify the shortcomings that exist within the continuum and supply any available data that may expand on or further identify the shortcomings. \*

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2. (a) (ii) Identify how the Program will improve the existing continuum of care for Children and Youth receiving mental health services and their families. \*

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



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



2. (a) (iii) Identify how the Program supports other mental health crisis services available to Children and Youth. \*

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2. (a) (iv) Indicate whether Applicant(s) contemplates submitting an application to the Mental Health Oversight and Accountability Commission or has been awarded funding for family support services and training. \*

B I U    





2. (b) Describe the county's or counties' working relationships with Related Supports that already exist and those which will be established to enhance and expand community-based collaboration designed to maximize access to Family Respite Care for the purpose of sustaining health and well-being of families of Children and Youth receiving mental health services. The existing working relationships shall be supported by letters from the Related Supports identifying the collaborative efforts amongst the agencies to enhance and expand services. (Maximum 10 points) \*

B I U    

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

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

3. (a) (i) Increased participation rates by families in the Family Respite Care Program. (Maximum 1 point) \*

B I U    

3. (a) (ii) Family members' satisfaction with the Family Respite Care services received. (Maximum 2 points)

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

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3. (a) (iii) Number of families served by the Program. (Maximum 2 points) \*

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

[Empty text area]

3. (a) (iv) Whether services provided by the Program prevented out-of-home placement of Children and Youth receiving mental health services or re-entry of the Child and Youth into out-of-home placement. (Maximum 2 points) \*

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

[Empty text area]

3. (a) (v) Whether the families of the Target Population(s) are being served and other families who may be being served. (Maximum 2 points) \*

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

[Empty text area]

3. (a) (vi) The value of the Program, such as mitigation of costs to the county, when Children and Youth are not placed in out-of-home care. An example of such value is: The utilization of Family Respite Care costs "X" dollars and utilization of out-of-home placement would have cost "X" dollars, therefore value approximates "X" dollars. (Maximum 1 point) \*

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

[Empty text area]

**4. Project is, or will be Ready, Feasible, and Sustainable as follows: (Maximum 50 points)**

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

**READINESS**

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

**4. (a) (i) Address, renderings and/or floor plans of Project site, if available. If a Project site has not been identified, provide a description of the process, criteria for selection, and timeline for identification of Project site that will be utilized. \***

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

**Please provide renderings and/or floor plans of Project site, if available.**

**Choose File**

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

**Please provide project timeline.**

**Choose File**

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

**4. (a) (ii) Necessary approvals and processes to complete the Project, and the names and roles of all responsible entities. This includes, but is not limited to, County Board of Supervisors' approval,**

Requests for Proposals, architectural and construction contracts, California Environmental Quality Act (CEQA) compliance, building permits, and conditional use permits, as applicable. \*

**B I U** [List Icons] [Link Icon]

**4. (a) (iii) Key milestones, in the future and completed to date, including projected or actual Project start date (i.e., date of purchase, renovation/construction or lease), Project end date (i.e., date of occupancy), and projected start date of services to families of Children and Youth. \***

**B I U** [List Icons] [Link Icon]

**4. (a) (iv) The plan and current status for staffing the Program(s). \***

**B I U** [List Icons] [Link Icon]

**4. (a) (v) Potential challenges that may affect the timeline to start providing services and how those challenges will be mitigated, including but not limited to, site identification and acquisition, contracting, local use permit process, County Board of Supervisors' approval, CEQA process, Building Code compliance, selection of service provider, licensure, certification, loss of a site, delays in local (city and/or county) approvals, community opposition issues, loss or reduction in leverage funding, and increased project costs, as applicable. \***

**B I U** [List Icons] [Link Icon]

**4. (b) Describe and provide evidence of community outreach and engagement efforts for the proposed Program(s) in the vicinity of planned Project sites, as applicable. (Maximum 7 points) \***

**B I U** [List Icons] [Link Icon]

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

Choose File

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

**4. (c) Describe in detail the proposed organizational and operational structure of the Family Respite Care program, whether provided by the Applicant directly or by a potential service provider.**

**4. (c) (i) This may include, but is not limited to, staffing criteria for designated supervisors and other personnel; staff recruitment, retention and training, family eligibility and needs assessment, screening and discharge procedures; relevant risk management policies; identification of service needs and coordination of these services on behalf of the family, if needed, and additional support services available as part of the program, etc. (Maximum 8 points) \***

## FEASIBILITY

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





**Please provide project budget in line item detail.**

Choose File

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

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

B I U    

**4. (d) (ii) A description of any leveraged public and/or private funding other than the Grant that will be used to complete the proposed Project. Include the amount of funding and the current status of the funding. Attach documentation, if any, such as letters describing commitment of funding or the status of consideration from the other funding sources or other similar documentation acceptable to the Authority. \***

**B I U** [List Bulleted] [List Numbered] [Quote] [Link]

**Please provide any leveraged public and/or private funding, 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.**

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

**4. (d) (iii) A explanation of the Grantee's internal process to ensure the Grant funds will only be used for eligible costs as described in Section 7315 of the regulations. \***

**B I U** [List Bulleted] [List Numbered] [Quote] [Link]

**SUSTAINABILITY**

**4. (e) Provide the following: (Maximum 10 points)**

**Please provide program operating budget.**

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

4. (e) (i) An operating budget that details annual operating costs projected for the proposed Program(s). \*

B I U ☰ ☷ ” ⌂

4. (e) (ii) A description of new Program funding source(s) with amounts and cash flow projections and/or how existing funding will be redirected to provide ongoing support and sustainability for new and expanded services for the term of the useful life of the Project. Include estimated useful life of the Project. \*

B I U ☰ ☷ ” ⌂

4. (e) (iii) Documentation such as funding letters, minutes from the County Board of Supervisors meeting evidencing approval of the budget, or other documentation acceptable to the Authority. If approval has not been obtained at the time of Application, provide a detailed plan for obtaining such approval. \*

B I U ☰ ☷ ” ⌂

Please provide funding letters, minutes from the County Board of Supervisors meeting evidencing approval of the budget, or other documentation acceptable to the Authority.

Choose File

Select up to 5 files to attach. No files have been attached yet. You may add 5 more files.  
Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

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

Choose File

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

## ATTACHMENTS

Please contact the California Health Facilities Financing Authority with any questions by phone: (916) 653-2779 or email [chffa@treasurer.ca.gov](mailto:chffa@treasurer.ca.gov) (<mailto:chffa@treasurer.ca.gov>)

### ATTACHMENT A- APPLICATION CERTIFICATION \*

Choose File

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

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

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

If more than one Applicant applying for a Project, each Applicant must submit an Application Certification to certify that all information in the joint Application is correct and true to the best of their knowledge and belief.

#### Application Certification:

I, (name of signatory), as (name of position), an authorized officer of (name of institution), certify that, to the best of my knowledge, the information contained in this application is true and correct to the best of my knowledge and belief, and I understand that any misrepresentation or material omissions may result in the cancellation of the Grant and other actions permitted by law and the Grant Agreement.

(Name of Institution) will cooperate in providing information and/or documentation, including at the time of site visits, to assist the Authority in consideration of the Application.

By (Print Name)

Signature




Title

Date

### ATTACHMENT B- LEGAL STATUS QUESTIONNAIRE FOR COUNTIES AND PUBLIC AGENCIES

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

#### **Financial Viability \***

B I U   " 



Disclose material information relating to any legal or regulatory proceeding or investigation in which the applicant/borrower/project sponsor is or has been a party and which might have a material impact on the financial viability of the project or the applicant/borrower/project sponsor. Such disclosures should include any parent, subsidiary, or affiliate of the applicant/borrower/project sponsor that is involved in the management, operation, or development of the project.

### Fraud, Corruption, or Serious Harm \*

**B I U** [List Bulleted] [List Numbered] [Quote] [Link]

Disclose any civil, criminal, or regulatory action in which the applicant/borrower/project sponsor, or any current board members (not including volunteer board members of non-profit entities), partners, limited liability corporation members, senior officers, or senior management personnel has been named a defendant in such action in the past ten years involving fraud or corruption, matters related to employment conditions (including, but not limited to wage claims, discrimination, or harassment), or matters involving health and safety where there are allegations of serious harm to employees, the public or the environment.

### Is the co-Applicant a private nonprofit corporation? \*

Yes

No

### Requirements for Private Nonprofit Corporation Applicants

#### 1. A copy of the private nonprofit corporation tax-exemption letters from the Internal Revenue Service and the Franchise Tax Board. \*

Choose File

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

#### 2. Attachment C- A completed Legal Status Questionnaire for Private Nonprofit Corporations.

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

### Financial Viability \*

**B I U** [List Bulleted] [List Numbered] [Quote] [Link]

Disclose material information relating to any legal or regulatory proceeding or investigation in which the applicant/borrower/project sponsor is or has been a party and which might have a material impact on the financial viability of the project or the applicant/borrower/project sponsor. Such disclosures should include any parent, subsidiary, or affiliate of the applicant/borrower/project sponsor that is involved in the management, operation, or development of the project.

**Fraud, Corruption, or Serious Harm \***

**B I U** [List Icon] [Text Icon] [Quote Icon] [Link Icon]

Disclose any civil, criminal, or regulatory action in which the applicant/borrower/project sponsor, or any current board members (not including volunteer board members of non-profit entities), partners, limited liability corporation members, senior officers, or senior management personnel has been named a defendant in such action in the past ten years involving fraud or corruption, matters related to employment conditions (including, but not limited to wage claims, discrimination, or harassment), or matters involving health and safety where there are allegations of serious harm to employees, the public or the environment.

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

**Choose File**

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

**Attachment D- CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) REVIEW (if applicable)**

Instructions: Please provide the following exhibit for each Project site. This can be completed within the timeframes set forth in Section 7319, subdivision (a)(4)(H) and/or Section 7319.1, subdivision (a)(4)(F) of the regulations, if not available at time of Application.

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

**CEQA is not applicable to the project**

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

- |  |  |  |  |
|--|--|--|--|
| <input type="radio"/> Notice of Determination Received (Attach | <input type="radio"/> Notice of Exemption Received (Attach Copy) | <input type="radio"/> Other documents evidencing compliance (e.g. permits, local authority approval documents, printed | <input type="radio"/> Project is considered a Special Situation (see Title 14 California Code of Regulations, Sections 15180-15190) (Provide written |
|--|--|--|--|

Received (Attach Copy)

authorizations, OSHPD Plan Review status, etc.)

justification of compliance with applicable section.)

**Name of approving Agency**

**Date approval given**

**If Project is not subject to CEQA Requirements, provide a written justification using one of the following categories**

Is not a Project as defined by CEQA Requirements (see Title 14 California Code of Regulations, Section 15378)

Project is Statutorily Exempt (see Title 14 California Code of Regulations, Sections 15260-15285)

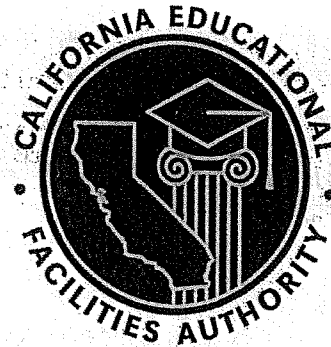
Project is Categorically Exempt (see Title 14 California Code of Regulations, Sections 15300-15333)

**All Other Attachments- (Letters of Support, Request for Proposals, Architectural and Construction contracts, Building Permits, etc.)**

Select up to 10 files to attach. No files have been attached yet. You may add 10 more files.


Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

Delete



## California Health Facilities Financing Authority California Educational Facilities Authority

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

 [Invite Collaborators](#)

The Investment in Mental Health Wellness Grant Program for Children and Youth (CY Grant Program) intends to improve access to mental health crisis services in California for children and youth, ages 21 and under.

Mental health programs eligible under the CY Grant Program include:

1. Mobile Crisis Support Team (MCST)
2. Crisis Stabilization (CS)
3. Crisis Residential Treatment (CRT)
4. Family Respite Care (FRC)

Entities eligible to apply for the CY Grant Program are:

- A County
- Counties applying jointly
- A private nonprofit corporation or public agency designated by a county or Counties Applying Jointly to be a co-Applicant with the county or Counties Applying Jointly (aka, Designated Grantee)

We encourage applicants to invite other collaborators to assist in filling the application if needed.

### General Instructions

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

information that is not repeated here including eligibility, instructions for submission of an Application, and maximum Grant amounts. All terms that are capitalized in this Application are defined in Section 7313 of the regulations.

We expect Applicants to adhere to the organization and sequencing of questions contained herein when completing an Application.

Please contact the California Health Facilities Financing Authority with any questions by phone: (916) 653-2779 or email [chffa@treasurer.ca.gov](mailto:chffa@treasurer.ca.gov) (<mailto:chffa@treasurer.ca.gov>)

For technical assistance with the online application, visit Submittable's Customer Support at <https://www.submittable.com/help/submitter/> (<https://salesoft.submittable.com/t/101224/c/74eaf0f7-7048-4cb8-8a0a-75144dfbaa14/NB2HI4DTHIXS653XO4XHG5LCNVUXI5DBMJWGLTDN5WS62DFNRYC643VMJWWS5DUMVZC6===/www-submittable-com-help-submitter>)

**SUMMARY INFORMATION - Please type all responses.**

**Total Requested Grant Amount \***

\$

**LEAD GRANTEE**

**Name of Applicant: \***

**Entity Type (County or Joint Powers Authority) \***

**Applicant Address \***

Country

Select...

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

**Contact Information \***

First Name

Last Name

**Contact Title \***

**Is the contact address the same as the applicant address \***

Yes

No

**Contact Address \***

Country

Select...

Address


Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

**Contact phone number \***

  
United States

**Contact Email Address \***

email@example.com

**Project Title \***

**Project Brief Summary Description \***

B I U

Limit: 300 characters

Limited to 20 words

**County(ies) to be served \***

**Please select all programs to be funded with Grant \***

- Crisis Residential Treatment (CRT)     
  Crisis Stabilization (CSU)     
  Mobile Crisis Support Teams (MCST)     
  Family Respite Care (FRC)

**Insert number of beds to be added by the proposed Project, as applicable. \***

	Number of Beds	Amount Requested
CRT		
CSU		
FRC		

**Insert number of teams to be added by the proposed Project, as applicable. \***

	Number of MCST Teams	Number of MCST Vehicles	Number of MCST Staff	MCST (Capital) Amount Requested	MCST (Personnel) Amount Requested
MCST					

**Purpose of Grant: Check all applicable boxes \***

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

**ADDITIONAL APPLICANTS AND SERVICE PROVIDERS (Please fill out additional Applicants and service provider(s) contact information, if applicable)**

**Is there a Co-applicant? \***

- Yes  No

**Name of CO-APPLICANT \***

**Entity Type (County, Joint Powers Authority, or Non-Profit) \***

**ADDRESS OF CO-APPLICANT \***

Country

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code



**CO-APPLICANT CONTACT INFORMATION \***

First Name

Last Name

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

Yes  No

**ADDRESS OF CO-APPLICANT CONTACT INFORMATION \***

Country

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

**CO-APPLICANT PHONE NUMBER \***

United States

**CO-APPLICANT EMAIL ADDRESS \***

**Is the Co-Applicant an Designated Grantee? \***

Yes  No

**Has the Service Provider been selected yet? \***

Yes

No

**Is the Service Provider the same as the designated grantee? \***

Yes

No

**Name of Service Provider \***

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

**Service Provider Address \***

Country

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

**Service Provider Contact Information \***

First Name

Last Name

**Service Provider Contact Phone Number \***

Uni  
ted  
Sta  
tes

**Service Provider Email Address \***

**SUMMARY OF FUNDING REQUESTED**

Please contact the California Health Facilities Financing Authority with any questions by phone: (916) 653-2779 or email [chffa@treasurer.ca.gov](mailto:chffa@treasurer.ca.gov) (mailto:chffa@treasurer.ca.gov)

**Requesting Funding for Crisis Residential Treatment Program \***

Yes  No

**Requested Funding for Crisis Residential Treatment Program \***

CRISIS RESIDENTIAL PROGRAM		
ELIGIBLE COSTS	Purchase of Real Property (how many properties?)	AMOUNT
Purchase of Real Property		
Construction or Renovation*		
Furnishings and/or Equipment		
Information Technology**		
Program Startup or Expansion Costs (up to three months)		
<b>SUB-TOTAL</b>		<b>0</b>

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

\*\*Information Technology hardware and software costs may not exceed 1% of total Grant award except when approved by the Authority and only upon submission of justification in Application narrative that the additional information technology costs are necessary for the Project to achieve the desired goals and outcomes set forth in Section 7319(a)(3) and Section 7319.1(a)(3) of the regulations.

**Requesting Funding for Crisis Stabilization Program \***

Yes  No

**Requested Funding for Crisis Stabilization Program \***

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

Construction or Renovation*		
Furnishings and/or Equipment		
Information Technology**		
Program Startup or Expansion Costs (up to three months)		
SUB-TOTAL		0

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

\*\*Information Technology hardware and software costs may not exceed 1% of total Grant award except when approved by the Authority and only upon submission of justification in Application narrative that the additional information technology costs are necessary for the Project to achieve the desired goals and outcomes set forth in Section 7319(a)(3) and Section 7319.1(a)(3) of the regulations.

**Requesting Funding for Mobile Crisis Support Team Program \***

Yes  No

**Requested Funding for Mobile Crisis Support Team Program**

MOBILE CRISIS SUPPORT TEAMS			
ELIGIBLE COSTS	Purchase of vehicles (how many vehicles?)	Personnel Funding for 1 year (how many FTEs?)	AMOUNT
Purchase of vehicles (May include two-year maintenance contracts, if any).			
Furnishings and/or Equipment			
Information Technology**			
Program Startup or Expansion Costs (up to three months)			
Personnel Funding for 1 year			
SUB-TOTAL			0

**Requesting Funding For Family Respite Care Program \***

Yes  No

**Requested Funding for Family Respite Care Program \***

FAMILY CARE RESPITE PROGRAM		
ELIGIBLE COSTS	Purchase of Real Property (how many properties?)	AMOUNT

Purchase of Real Property		
Construction or Renovation*		
Furnishings and/or Equipment		
Information Technology**		
Program Startup or Expansion Costs (up to three months)		
<b>SUB-TOTAL</b>		<b>0</b>

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

\*\*Information Technology hardware and software costs may not exceed 1% of total Grant award except when approved by the Authority and only upon submission of justification in Application narrative that the additional information technology costs are necessary for the Project to achieve the desired goals and outcomes set forth in Section 7319(a)(3) and Section 7319.1(a)(3) of the regulations.

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

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

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

**COUNTY GRANT AMOUNTS WORKSHEET (For Counties Applying Jointly Only)**

COUNTY NAME	CAPITAL FUNDING REQUESTED	PERSONNEL FUNDING REQUESTED (Mobile Crisis for 1 year)	TOTAL REQUESTED (Capital + Personnel)
			0
			0
			0
			0
			0
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>

Complete the worksheet above for each County listed as Lead Grantee and CoApplicant(s). Applicants may apply for Capital and Personnel Funding as set forth in Section 7318 of the regulations. Counties Applying Jointly, may at their discretion, apply for up to the sum of their respective maximum Capital Funding amounts.

**SOURCES AND USES**

Please include sources and uses to complete the entire Project.

**Total Sources of Funds \***

CHFFA grant(s)	
Mental Health Services Act (MHSA) funds	
Realignment funds	
Medi-Cal, Federal Financial Participation	
Interest earnings from advanced funds	
Other sources, list (e.g., bank loans, other grants)	
<b>Total Sources</b>	<b>0</b>

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

**Total Uses of Funds \***

Facility acquisition	
Renovation	
Furnishing and/or equipment	
Information technology hardware and software	
Program startup or expansion costs	
Other costs:	
<b>Total Uses:</b>	<b>0</b>

\*\*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.

Please verify Total Uses equals Total Sources \*

Please contact the California Health Facilities Financing Authority with any questions by phone: (916) 653-2779 or email [chffa@treasurer.ca.gov](mailto:chffa@treasurer.ca.gov) (<mailto:chffa@treasurer.ca.gov>).




**Evaluation Criteria – Applying for Crisis Residential Treatment, Crisis Stabilization and/or Mobile Crisis Support Team \***

Yes  No




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

**1. Project expands access to and capacity for community-based Mental Health Crisis Services that offer relevant alternatives to hospitalization and detainment by law enforcement. (Maximum 25 points)**

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

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**1. (b) Describe the community need existing within the current continuum, address who does and does not receive services now, and how the Project is designed to address the weaknesses of the current system and build on its strengths. Please include any available data that reflects community need. (Maximum 3 points) \***

B I U   " 

1. (c) Quantify and describe how the Project will increase capacity for community-based Mental Health Crisis Services. Describe how the number of Crisis Stabilization and Crisis Residential Treatment beds; and/or the number of Mobile Crisis Support Teams including the number of Mobile Crisis Support Team vehicles and staff impact the Target Population(s) and translates into a number of additional Children and Youth that can be served in the community? (Maximum 6 points) \*

B I U

1. (d) Describe how the Project will expand and improve timely access to community-based Mental Health Crisis Services. Address how access is expanded and improved for the community. Examples include extending hours of existing services; adding locations where services can be accessed by Children and Youth, as appropriate, and their family members; efforts to timely connect Children and Youth to crisis services from hospitals, educational institutions, detainment centers, juvenile hall, jail, etc.; engaging in new outreach to Children and Youth, as appropriate, and their families, and educational institutions so they know new or expanded services are available; and addressing cultural, language, and other barriers unique to the community. (Maximum 6 points) \*

B I U

1. (e) Describe how the Project will be qualitatively different than crisis services delivered in an institutional setting (such as a hospital emergency room, an in-patient hospital setting or a law enforcement vehicle) and include a description of the proposed staffing, the community setting in which the Programs will be offered and the building or vehicles in which services will be provided. (Maximum 5 points) \*

B I U




2. Application demonstrates a clear plan for a continuum of care before, during, and after crisis mental health intervention or treatment and for collaboration and integration with other health systems, educational institutions, social services, and law enforcement (Maximum 15 points)

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






community. (Maximum 5 points)




2. (a) (i) Identify the shortcomings that exist within the continuum and how the Project will improve the existing continuum of care for Children and Youth utilizing Mental Health Crisis Services and supply any available data. \*

B I U   " 

2. (a) (ii) Indicate whether the Applicant(s) contemplates submitting an application to the Mental Health Oversight and Accountability Commission or has been awarded funding for triage personnel. \*

B I U   " 





2. (b) Describe the county's or counties' working relationships with Related Supports that already exist and those which will be established to enhance and expand community-based collaboration designed to maximize and expedite access to crisis services for the purpose of avoiding unnecessary hospitalization and detainment by law enforcement and improving wellness for Children and Youth with mental health disorders and their families. The existing working relationships shall be supported by letters from the Related Supports identifying the collaborative efforts amongst the agencies to enhance and expand crisis services. 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 Children and Youth experiencing a mental health crisis. (Maximum 10 points) \*

B I U   " 




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

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





3. (a) (i) Reduced hospital emergency room and psychiatric inpatient utilization. (Maximum 2 points) \*

B I U    





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

B I U    





3. (a) (iii) Improvements in participation rates in the Program(s). (Maximum 1 point) \*

B I U    





3. (a) (iv) Children or Youth (when appropriate) and/or their family members' (when appropriate) satisfaction with the crisis services the Children and Youth received. (Maximum 1 point) \*

B I U    





3. (a) (v) Number of Crisis Residential Treatment and Crisis Stabilization beds; and/or number of Mobile Crisis Support Teams including the number of Mobile Crisis Support Team vehicles and staff added. (Maximum 1 point) \*

B I U    





3. (a) (vi) Number of Children and Youth within the Target Population(s) being served and other Children and Youth who may be being served. (Maximum 1 point) \*

B I U    

3. (a) (vii) The value of the Program(s), such as mitigation of costs to the county, law enforcement, or hospitals. An example of such value is: The utilization of Crisis Residential Treatment costs "X" dollars and utilization of inpatient hospitalization would have cost "X" dollars, therefore value approximates "X" dollars. (Maximum 1 point) \*

B I U    

3. (a) (viii) The percent of Children and Youth who receive a crisis service who, within 15 days, and within 30 days, return for crisis services at a hospital emergency department, psychiatric hospital, detention center, juvenile hall or jail. (Maximum 1 point) \*

B I U    

4. Project is, or will be Ready, Feasible, and Sustainable as follows: (Maximum 50 points)

- Mobile Crisis Support Team Projects within nine months of the approval of the Final Allocation.
- Crisis Residential Treatment and Crisis Stabilization Projects that include acquisition of a building and/or renovation within 12 months of the approval of the Final Allocation
- Crisis Residential Treatment and Crisis Stabilization Projects that include construction within 18 months of the approval of the Final Allocation.

## READINESS

4. (a) A detailed plan and timeline, including supporting documentation if available, with the steps needed to complete the Project as further delineated below and provide evidence demonstrating the ability to meet the timeframes set forth in Section 7319(a)(4)(H) of the regulations. (Maximum 15 points)





Please provide project timeline.

Choose File

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

**4. (a) (i) Address, renderings and/or floor plans of Project site, if available. If a Project site has not been identified, provide a description of the process, criteria for selection, and timeline for identification of a Project site that will be utilized. (This subdivision is not applicable to Mobile Crisis Support Team Projects). \***

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



**Please provide renderings and/or floor plans of Project site, if available.**

Choose File





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



**4. (a) (ii) Necessary approvals and processes to complete the Project, and the names and roles of all responsible entities. This includes, but is not limited to, County Board of Supervisors' approval, Request for Proposals, architectural and construction contracts, California Environmental Quality Act (CEQA) compliance, building permits, and conditional use permits, as applicable. \***

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


**4. (a) (iii) Key milestones, in the future and completed to date, including projected or actual Project start date (i.e., date of purchase, renovation/construction or lease), Project end date (i.e., date of occupancy), and projected start date of services to Target Population(s). \***

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


**4. (a) (iv) The plan and current status for staffing the Program(s). \***

B I U    

4. (a) (v) Potential challenges that may affect the timeline to start providing services and how those challenges will be mitigated, including but not limited to, site identification and acquisition, contracting, local use permit process, County Board of Supervisors' approval, CEQA process, Building Code compliance, selection of service provider, licensure, certification, loss of a site, delays in local (city and/or county) approvals, community opposition issues, loss or reduction in leverage funding, and increased Project costs, as applicable. \*

B I U   " 

4. (b) Describe and provide evidence of community outreach and engagement efforts for the proposed Program(s) in the vicinity of planned Project site, as applicable. (Maximum 7 points) \*

B I U   " 

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

Choose File




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



4. (c) Identify the service provider or describe the plan for identifying one addressing the following: (Maximum 8 points)

4. (c) (i) If a service provider that will operate the Program(s) has already been identified, provide a description of the written plans that are in place for how the services will be provided





4. (c) (i) (1) Description of range of services offered. \*

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



4. (c) (i) (2) Information about the service provider including expertise in mental health treatment, purpose, goals, and services of the organization \*

B I U    





4. (c) (ii) If a service provider has not been identified at the time the Application is submitted, provide a description of the process, criteria for selection, and timeline for identification of a service provider that will operate the Program(s). \*

B I U    

4. (d) For proposed crisis stabilization or crisis residential treatment programs, provide a plan for obtaining Medi-Cal certification. (Required, but no points awarded) \*

B I U    

4. (e) For proposed crisis residential treatment programs, provide a plan for obtaining a license and program approval to operate as a Children's crisis residential program as defined in Health and Safety Code Section 1502, subdivision (a)(21). (Required, but no points awarded) \*

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## FEASIBILITY





4. (f) Provide a Project budget, utilizing "Summary of Funding Request"; "County Grant Amounts Worksheet"; and "Sources and Uses", all of which are previously completed at the beginning of the application. Please provide project budget in line item detail. (Maximum 10 points)

Choose File

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

4. (f) (i) Proposed uses of Grant funds in line item detail with a budget narrative. If working capital for Program startup or expansion costs are being requested, include a separate line item budget detailing those costs. Information technology costs exceeding 1% of total Grant award, require a justification that the additional costs are necessary for the Project to achieve the goals and outcomes set forth in Section 7319(a)(3) of the regulations. \*





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4. (f) (ii) A description of any leveraged public and/or private funding other than the Grant that will be used to complete the proposed Project. Include the amount of funding and the current status of the funding. Attach documentation, if any, such as letters describing commitment of funding or the status of consideration from the other funding sources or other similar documentation acceptable to the Authority. \*

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



Please provide any leveraged public and/or private funding, 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.

Choose File

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Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

4. (f) (iii) An explanation of the Grantee's internal process to ensure the Grant funds will only be used for eligible costs as described in Section 7315 of the regulations. \*

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**SUSTAINABILITY**

**4. (g) Provide the following: (Maximum 10 points)**

**4. (g) (i) Please provide program operating budget that details annual operating costs projected for the proposed Program(s).**

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Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

**4. (g) (ii) A description of new Program funding source(s) with amounts and cash flow projections and/or how existing funding will be redirected to provide ongoing support and sustainability for new and expanded services for the term of the useful life of the Project. Include estimated useful life of the Project. \***

**B I U** [List Bullets] [List Circles] [Quote] [Link]

**4 (g) (iii) Documentation such as funding letters, minutes from the County Board of Supervisors' meeting evidencing approval of the budget, or other documentation acceptable to the Authority. If approval has not been obtained at the time of Application, provide a detailed plan for obtaining such approval. \***

**B I U** [List Bullets] [List Circles] [Quote] [Link]

**Please provide documentation such as funding letters, minutes from the County Board of Supervisors' meeting evidencing approval of the budget, or other documentation acceptable to the Authority.**

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx



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

\*

Choose File

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

**Evaluation Criteria – Applying for Family Respite Care \***




Yes

No




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

1. Project expands access to and capacity for Family Respite Care to families of Children and Youth receiving mental health services in order to sustain family health and well-being. (Maximum 25 points)

1. (a) Describe the new or expanded Family Respite Care Program to be funded by the Grant and the services within the Program, including but not limited to in-home and/or out-of-home respite care. Identify the criteria for the Target Population(s) whose families are eligible for services, including but not limited to age groups, diagnosis, etc. (Maximum 5 points) \*





B I U   " 

1. (b) Describe the community need existing within the current continuum, including who does and does not receive Family Respite Care services now, and how the proposed Project will address the weaknesses of the current system and build on its strengths. Please include any available data that reflects community need. (Maximum 3 points) \*

B I U   " 

1. (c) Quantify and describe how the Project will increase capacity for Family Respite Care.  
(Maximum 6 points)

1. (c) (i) Identify the number of families that may receive services. \*





B I U    

1. (c) (ii) How does the added capacity impact the Target Population(s) and translate into a number of additional families that can be served in the community. \*





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1. (d) Describe how the Project will expand and improve timely access to Family Respite Care.  
(Maximum 6 points)





1. (d) (i) Address how access to Family Respite Care is expanded and improved for the community.  
Examples include: staff qualifications and hours of operation. \*

B I U    




1. (d) (ii) Describe services provided by the Program to families of Children and Youth receiving mental health services. \*

B I U    




1. (d) (iii) Will there be new outreach to families about availability of new or expanded services? \*

B I U    

1. (d) (iv) Will cultural, linguistic, and other barriers unique to the community be addressed? \*

B I U   " 




1. (e) A description of community-based services to be available to families of Children and Youth receiving mental health services, and describe the building(s) in which the Program will be offered and the setting(s) in which the identified services will be provided to the families. (Maximum 5 points) \*

B I U   " 


2. Application demonstrates a clear plan for a continuum of care before, during, and after intervention or treatment and for collaboration and integration with other health systems, educational institutions, social services and law enforcement, and describes the referral process that will be utilized to connect families to Family Respite Care. (Maximum 15 points)

2. (a) Describe how the Project fits in with the continuum of care as it presently exists in the community. (Maximum 5 points)





2. (a) (i) Identify the shortcomings that exist within the continuum and supply any available data that may expand on or further identify the shortcomings. \*

B I U   " 





2. (a) (ii) Identify how the Program will improve the existing continuum of care for Children and Youth receiving mental health services and their families. \*

B I U   " 





2. (a) (iii) Identify how the Program supports other mental health crisis services available to Children and Youth. \*

B I U    

2. (a) (iv) Indicate whether Applicant(s) contemplates submitting an application to the Mental Health Oversight and Accountability Commission or has been awarded funding for family support services and training. \*

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



2. (b) Describe the county's or counties' working relationships with Related Supports that already exist and those which will be established to enhance and expand community-based collaboration designed to maximize access to Family Respite Care for the purpose of sustaining health and well-being of families of Children and Youth receiving mental health services. The existing working relationships shall be supported by letters from the Related Supports identifying the collaborative efforts amongst the agencies to enhance and expand services. (Maximum 10 points) \*

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


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

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




3. (a) (i) Increased participation rates by families in the Family Respite Care Program. (Maximum 1 point) \*

B I U    




3. (a) (ii) Family members' satisfaction with the Family Respite Care services received. (Maximum 2 points)

B I U   " 




3. (a) (iii) Number of families served by the Program. (Maximum 2 points) \*

B I U   " 




3. (a) (iv) Whether services provided by the Program prevented out-of-home placement of Children and Youth receiving mental health services or re-entry of the Child and Youth into out-of-home placement. (Maximum 2 points) \*

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3. (a) (v) Whether the families of the Target Population(s) are being served and other families who may be being served. (Maximum 2 points) \*

B I U   " 

3. (a) (vi) The value of the Program, such as mitigation of costs to the county, when Children and Youth are not placed in out-of-home care. An example of such value is: The utilization of Family Respite Care costs "X" dollars and utilization of out-of-home placement would have cost "X" dollars, therefore value approximates "X" dollars. (Maximum 1 point) \*

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**4. Project is, or will be Ready, Feasible, and Sustainable as follows: (Maximum 50 points)**

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

**READINESS**

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

**4. (a) (i) Address, renderings and/or floor plans of Project site, if available. If a Project site has not been identified, provide a description of the process, criteria for selection, and timeline for identification of Project site that will be utilized. \***

**B I U** [List Icon] [Text Icon] [Quote Icon]

**Please provide renderings and/or floor plans of Project site, if available.**

**Choose File**

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

**Please provide project timeline.**

**Choose File**

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

**4. (a) (ii) Necessary approvals and processes to complete the Project, and the names and roles of all responsible entities. This includes, but is not limited to, County Board of Supervisors' approval,**

Requests for Proposals, architectural and construction contracts, California Environmental Quality Act (CEQA) compliance, building permits, and conditional use permits, as applicable. \*

B I U ☰ ☷ ” ⌂

4. (a) (iii) Key milestones, in the future and completed to date, including projected or actual Project start date (i.e., date of purchase, renovation/construction or lease), Project end date (i.e., date of occupancy), and projected start date of services to families of Children and Youth. \*

B I U ☰ ☷ ” ⌂

4. (a) (iv) The plan and current status for staffing the Program(s). \*

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4. (a) (v) Potential challenges that may affect the timeline to start providing services and how those challenges will be mitigated, including but not limited to, site identification and acquisition, contracting, local use permit process, County Board of Supervisors' approval, CEQA process, Building Code compliance, selection of service provider, licensure, certification, loss of a site, delays in local (city and/or county) approvals, community opposition issues, loss or reduction in leverage funding, and increased project costs, as applicable. \*

B I U ☰ ☷ ” ⌂

4. (b) Describe and provide evidence of community outreach and engagement efforts for the proposed Program(s) in the vicinity of planned Project sites, as applicable. (Maximum 7 points) \*

B I U ☰ ☷ ” ⌂

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

Choose File

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

4. (c) Describe in detail the proposed organizational and operational structure of the Family Respite Care program, whether provided by the Applicant directly or by a potential service provider.

4. (c) (i) This may include, but is not limited to, staffing criteria for designated supervisors and other personnel; staff recruitment, retention and training, family eligibility and needs assessment, screening and discharge procedures; relevant risk management policies; identification of service needs and coordination of these services on behalf of the family, if needed, and additional support services available as part of the program, etc. (Maximum 8 points) \*

[Empty text box for response]

**FEASIBILITY**

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

Please provide project budget in line item detail.

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





Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

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

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4. (d) (ii) A description of any leveraged public and/or private funding other than the Grant that will be used to complete the proposed Project. Include the amount of funding and the current status of the funding. Attach documentation, if any, such as letters describing commitment of funding or the status of consideration from the other funding sources or other similar documentation acceptable to the Authority. \*

B I U    

Please provide any leveraged public and/or private funding, 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.

Choose File

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

4. (d) (iii) A explanation of the Grantee's internal process to ensure the Grant funds will only be used for eligible costs as described in Section 7315 of the regulations. \*

B I U    

## SUSTAINABILITY

4. (e) Provide the following: (Maximum 10 points)

Please provide program operating budget.

Choose File

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

4. (e) (i) An operating budget that details annual operating costs projected for the proposed Program(s). \*

B I U [list] [list] [list] [list]

[Empty text area]

4. (e) (ii) A description of new Program funding source(s) with amounts and cash flow projections and/or how existing funding will be redirected to provide ongoing support and sustainability for new and expanded services for the term of the useful life of the Project. Include estimated useful life of the Project. \*

B I U [list] [list] [list] [list]

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4. (e) (iii) Documentation such as funding letters, minutes from the County Board of Supervisors meeting evidencing approval of the budget, or other documentation acceptable to the Authority. If approval has not been obtained at the time of Application, provide a detailed plan for obtaining such approval. \*

B I U [list] [list] [list] [list]

[Empty text area]

Please provide funding letters, minutes from the County Board of Supervisors meeting evidencing approval of the budget, or other documentation acceptable to the Authority.

[Choose File]

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

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

[Choose File]

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

## ATTACHMENTS

Please contact the California Health Facilities Financing Authority with any questions by phone: (916) 653-2779 or email [chffa@treasurer.ca.gov](mailto:chffa@treasurer.ca.gov) (<mailto:chffa@treasurer.ca.gov>)

### ATTACHMENT A- APPLICATION CERTIFICATION \*

Choose File

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

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

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

If more than one Applicant applying for a Project, each Applicant must submit an Application Certification to certify that all information in the joint Application is correct and true to the best of their knowledge and belief.

#### Application Certification:

I, (name of signatory), as (name of position), an authorized officer of (name of institution), certify that, to the best of my knowledge, the information contained in this application is true and correct to the best of my knowledge and belief, and I understand that any misrepresentation or material omissions may result in the cancellation of the Grant and other actions permitted by law and the Grant Agreement.

(Name of Institution) will cooperate in providing information and/or documentation, including at the time of site visits, to assist the Authority in consideration of the Application.

By (Print Name)

Signature

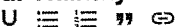
Title

Date

### ATTACHMENT B- LEGAL STATUS QUESTIONNAIRE FOR COUNTIES AND PUBLIC AGENCIES

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

#### Financial Viability \*

B I U 

Disclose material information relating to any legal or regulatory proceeding or investigation in which the applicant/borrower/project sponsor is or has been a party and which might have a material impact on the financial viability of the project or the applicant/borrower/project sponsor. Such disclosures should include any parent, subsidiary, or affiliate of the applicant/borrower/project sponsor that is involved in the management, operation, or development of the project.

### Fraud, Corruption, or Serious Harm \*

**B I U** [List Bulleted] [List Numbered] [Quote] [Link]

Disclose any civil, criminal, or regulatory action in which the applicant/borrower/project sponsor, or any current board members (not including volunteer board members of non-profit entities), partners, limited liability corporation members, senior officers, or senior management personnel has been named a defendant in such action in the past ten years involving fraud or corruption, matters related to employment conditions (including, but not limited to wage claims, discrimination, or harassment), or matters involving health and safety where there are allegations of serious harm to employees, the public or the environment.

### Is the co-Applicant a private nonprofit corporation? \*

Yes

No

### Requirements for Private Nonprofit Corporation Applicants

#### 1. A copy of the private nonprofit corporation tax-exemption letters from the Internal Revenue Service and the Franchise Tax Board. \*

Choose File

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

#### 2. Attachment C- A completed Legal Status Questionnaire for Private Nonprofit Corporations.

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

### Financial Viability \*

**B I U** [List Bulleted] [List Numbered] [Quote] [Link]

Disclose material information relating to any legal or regulatory proceeding or investigation in which the applicant/borrower/project sponsor is or has been a party and which might have a material impact on the financial viability of the project or the applicant/borrower/project sponsor. Such disclosures should include any parent, subsidiary, or affiliate of the applicant/borrower/project sponsor that is involved in the management, operation, or development of the project.

**Fraud, Corruption, or Serious Harm \***

B I U

Disclose any civil, criminal, or regulatory action in which the applicant/borrower/project sponsor, or any current board members (not including volunteer board members of non-profit entities), partners, limited liability corporation members, senior officers, or senior management personnel has been named a defendant in such action in the past ten years involving fraud or corruption, matters related to employment conditions (including, but not limited to wage claims, discrimination, or harassment), or matters involving health and safety where there are allegations of serious harm to employees, the public or the environment.

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

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

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

**Attachment D- CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) REVIEW (if applicable)**

Instructions: Please provide the following exhibit for each Project site. This can be completed within the timeframes set forth in Section 7319, subdivision (a)(4)(H) and/or Section 7319.1, subdivision (a)(4)(F) of the regulations, if not available at time of Application.

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

**CEQA is not applicable to the project**

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

- |   |  |  |  |
|---|--|--|--|
| <p>Notice of Determination</p> <p><input type="radio"/></p> <p>Received (Attach</p> | <p>Notice of Exemption Received (Attach Copy)</p> <p><input type="radio"/></p> | <p>Other documents evidencing compliance (e.g. permits, local authority approval documents, printed</p> <p><input type="radio"/></p> | <p>Project is considered a Special Situation (see Title 14 California Code of Regulations, Sections 15180-15190) (Provide written</p> <p><input type="radio"/></p> |
|---|--|--|--|

Received (Attach Copy)

authorizations, OSHPD Plan Review status, etc.)

justification of compliance with applicable section.)

**Name of approving Agency**

**Date approval given**

**If Project is not subject to CEQA Requirements, provide a written justification using one of the following categories**

Is not a Project as defined by CEQA Requirements (see Title 14 California Code of Regulations, Section 15378)

Project is Statutorily Exempt (see Title 14 California Code of Regulations, Sections 15260-15285)

Project is Categorically Exempt (see Title 14 California Code of Regulations, Sections 15300-15333)

**All Other Attachments- (Letters of Support, Request for Proposals, Architectural and Construction contracts, Building Permits, etc.)**

Select up to 10 files to attach. No files have been attached yet. You may add 10 more files.

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg, .png, .ppt, .pptx, .xls, .xlsx

Delete

# CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY



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

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915 Capitol Mall, Room 435  
Sacramento, California 95814  
Phone: (916) 653-2799  
Fax: (916) 654-5362  
[chffa@treasurer.ca.gov](mailto:chffa@treasurer.ca.gov)  
<http://www.treasurer.ca.gov/chffa/>



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## General Instructions

Please refer closely to the Investment in Mental Health Wellness Grant Program for Children and Youth regulations (California Code of Regulations, Title 4, Sections 7313-7329) as you are completing this Application. The regulations, which can be found at <http://www.treasurer.ca.gov/chffa/imhwa/index.asp>, contain a great deal of essential information that is not repeated here including eligibility, instructions for submission of an Application, and maximum Grant amounts. All terms that are capitalized in this Application are defined in Section 7313 of the regulations.

We expect Applicants to adhere to the organization and sequencing of questions contained herein when completing an Application.

The narrative portion of the Application is limited to 25 pages in 12 point font such as Arial or Times New Roman with 1 inch margins. Required forms and attachments are not included in the page limit. Maximum font size does not apply to forms, graphs or footnotes.

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

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

Total Requested Grant Amount: \$ \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**LEAD GRANTEE**

1. APPLICANT INFORMATION	
NAME OF APPLICANT:	ENTITY TYPE: <i>(County or Joint Powers Authority)</i>
ADDRESS:	CITY, STATE AND ZIP:

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

Project Title:
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Project Brief Summary Description <i>(Limited to 20 words)</i> :
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County(ies) to be served:	
---------------------------	--

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

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

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

**Form-2: ADDITIONAL APPLICANTS AND SERVICE PROVIDERS** Please fill out additional Applicants and service provider(s) contact information. *Please use space as needed. Copy page if more space is needed.*

**1. CO-APPLICANT INFORMATION**

NAME OF APPLICANT:	ENTITY TYPE: <i>(County or Joint Powers Authority)</i>
ADDRESS:	CITY, STATE AND ZIP:

**CO-APPLICANT CONTACT INFORMATION**

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

**2. CO-APPLICANT INFORMATION**

NAME OF APPLICANT:	ENTITY TYPE: <i>(County or Joint Powers Authority)</i>
ADDRESS:	CITY, STATE AND ZIP:

**CO-APPLICANT CONTACT INFORMATION**

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

**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:	

**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:	

**Form-3: SUMMARY OF FUNDING REQUESTED**

**REQUESTED FUNDING BY PROGRAM**

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

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

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

\*\*Information Technology hardware and software costs may not exceed 1% of total Grant award except when approved by the Authority and only upon submission of justification in Application narrative that the additional information technology costs are necessary for the Project to achieve the desired goals and outcomes set forth in Section 7319(a)(3) and Section 7319.1(a)(3) of the regulations.

**Form-4: COUNTY GRANT AMOUNTS WORKSHEET**

**COUNTY GRANT AMOUNTS WORKSHEET**

**Complete the worksheet below for each County listed as Lead Grantee and Co-Applicant(s) on Form-1 and Form-2.**

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

COUNTY NAME	CAPITAL FUNDING REQUESTED	PERSONNEL FUNDING REQUESTED (Mobile Crisis for 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
<b>TOTALS</b>	\$ 0.00	\$ 0.00	\$ 0.00

**Form-5: SOURCES AND USES**

*Please include sources and uses to complete the entire Project.*

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

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

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

**\*\*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.**



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

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

**1. Project expands access to and capacity for community-based Mental Health Crisis Services that offer relevant alternatives to hospitalization and detainment by law enforcement.** (Maximum 25 points)

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





**2. Application demonstrates a clear plan for a continuum of care before, during, and after crisis mental health intervention or treatment and for collaboration and integration with other health systems, educational institutions, social services, and law enforcement (Maximum 15 points)**

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

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

- a. Provide a plan that includes the methodology, timeline, and assignment of responsibility to measure and demonstrate outcomes of the Program, including the following:
  - i. Reduced hospital emergency room and psychiatric inpatient utilization. (Maximum 2 points)
  - ii. Reduced law enforcement involvement on mental health crisis calls, contacts, custodies and/or transports for assessment. (Maximum 2 points)
  - iii. Improvements in participation rates in the Program(s). (Maximum 1 point)
  - iv. Children or Youth (when appropriate) and/or their family members' (when appropriate) satisfaction with the crisis services the Children and Youth received. (Maximum 1 point)



- v. Number of Crisis Residential Treatment and Crisis Stabilization beds; and/or number of Mobile Crisis Support Teams including the number of Mobile Crisis Support Team vehicles and staff added. (Maximum 1 point)
- vi. Number of Children and Youth within the Target Population(s) being served and other Children and Youth who may be being served. (Maximum 1 point)
- vii. The value of the Program(s), such as mitigation of costs to the county, law enforcement, or hospitals. An example of such value is: The utilization of Crisis Residential Treatment costs "X" dollars and utilization of inpatient hospitalization would have cost "X" dollars, therefore value approximates "X" dollars. (Maximum 1 point)
- viii. The percent of Children and Youth who receive a crisis service who, within 15 days, and within 30 days, return for crisis services at a hospital emergency department, psychiatric hospital, detainment center, juvenile hall or jail. (Maximum 1 point)

**4. Project is, or will be Ready, Feasible, and Sustainable as follows: (Maximum 50 points)**

- Mobile Crisis Support Team Projects within nine months of the approval of the Final Allocation.
- Crisis Residential Treatment and Crisis Stabilization Projects that include acquisition of a building and/or renovation within 12 months of the approval of the Final Allocation.
- Crisis Residential Treatment and Crisis Stabilization Projects that include construction within 18 months of the approval of the Final Allocation.

**READINESS**

- a. A detailed plan and timeline, including supporting documentation if available, with the steps needed to complete the Project as further delineated below and provide evidence demonstrating the ability to meet the timeframes set forth in Section 7319(a)(4)(H) of the regulations. (Maximum 15 points)
  - i. Address, renderings and/or floor plans of Project site, if available. If a Project site has not been identified, provide a description of the process, criteria for selection, and timeline for identification of a Project site that will be utilized. (This subdivision is not applicable to Mobile Crisis Support Team Projects.)
  - ii. Necessary approvals and processes to complete the Project, and the names and roles of all responsible entities. This includes, but is not limited to, County Board of Supervisors' approval, Request for Proposals, architectural and construction contracts, California Environmental Quality Act (CEQA) compliance, building permits, and conditional use permits, as applicable.



- iii. Key milestones, in the future and completed to date, including projected or actual Project start date (i.e., date of purchase, renovation/construction or lease), Project end date (i.e., date of occupancy), and projected start date of services to Target Population(s).
  - iv. The plan and current status for staffing the Program(s).
  - v. Potential challenges that may affect the timeline to start providing services and how those challenges will be mitigated, including but not limited to, site identification and acquisition, contracting, local use permit process, County Board of Supervisors' approval, CEQA process, Building Code compliance, selection of service provider, licensure, certification, loss of a site, delays in local (city and/or county) approvals, community opposition issues, loss or reduction in leverage funding, and increased Project costs, as applicable.
- b. Describe and provide evidence of community outreach and engagement efforts for the proposed Program(s) in the vicinity of planned Project site, as applicable. (Maximum 7 points)
- c. Identify the service provider or describe the plan for identifying one addressing the following: (Maximum 8 points)
- i. If a service provider that will operate the Program(s) has already been identified, provide a description of the written plans that are in place for how the services will be provided. These include:
    - 1. Description of range of services offered.
    - 2. Information about the service provider including expertise in mental health treatment, purpose, goals, and services of the organization.
  - ii. If a service provider has not been identified at the time the Application is submitted, provide a description of the process, criteria for selection, and timeline for identification of a service provider that will operate the Program(s).
- d. For proposed crisis stabilization or crisis residential treatment programs, provide a plan for obtaining Medi-Cal certification. (Required, but no points awarded)
- e. For proposed crisis residential treatment programs, provide a plan for obtaining a license and program approval to operate as a Children's crisis residential program as defined in Health and Safety Code Section 1502, subdivision (a)(21). (Required, but no points awarded)



## FEASIBILITY

- f. Provide a Project budget, utilizing “Summary of Funding Request” (Form-3); “County Grant Amounts Worksheet” (Form-4); and “Sources and Uses” (Form-5). In addition, provide the following: (Maximum 10 points)
- i. Proposed uses of Grant funds in line item detail with a budget narrative. If working capital for Program startup or expansion costs are being requested, include a separate line item budget detailing those costs. Information technology costs exceeding 1% of total Grant award, require a justification that the additional costs are necessary for the Project to achieve the goals and outcomes set forth in Section 7319(a)(3) of the regulations.
  - ii. A description of any leveraged public and/or private funding other than the Grant that will be used to complete the proposed Project. Include the amount of funding and the current status of the funding. Attach documentation, if any, such as letters describing commitment of funding or the status of consideration from the other funding sources or other similar documentation acceptable to the Authority.
  - iii. An explanation of the Grantee’s internal process to ensure the Grant funds will only be used for eligible costs as described in Section 7315 of the regulations.

## SUSTAINABILITY

- g. Provide the following: (Maximum 10 points)
- i. An operating budget that details annual operating costs projected for the proposed Program(s).
  - ii. A description of new Program funding source(s) with amounts and cash flow projections and/or how existing funding will be redirected to provide ongoing support and sustainability for new and expanded services for the term of the useful life of the Project. Include estimated useful life of the Project.
  - iii. Documentation such as funding letters, minutes from the County Board of Supervisors’ meeting evidencing approval of the budget, or other documentation acceptable to the Authority. If approval has not been obtained at the time of Application, provide a detailed plan for obtaining such approval.
- h. Provide documentation indicating Lead Grantee’s creditworthiness and satisfactory financial capacity in the most recent local government credit rating or the most recent Audited Financial Statement, which may not contain a Going Concern Qualification. (Required, but no point awarded)



## Evaluation Criteria – Family Respite Care

*Applications shall be scored on the criteria set forth in Section 7319.1 of the regulations.*

*Please address each of the criteria as follows:*

### **1. Project expands access to and capacity for Family Respite Care to families of Children and Youth receiving mental health services in order to sustain family health and well-being. (Maximum 25 points)**

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



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



- v. Whether the families of the Target Population(s) are being served and other families who may be being served. (Maximum 2 points)
- vi. The value of the Program, such as mitigation of costs to the county, when Children and Youth are not placed in out-of-home care. An example of such value is: The utilization of Family Respite Care costs "X" dollars and utilization of out-of-home placement would have cost "X" dollars, therefore value approximates "X" dollars. (Maximum 1 point)

**4. Project is, or will be Ready, Feasible, and Sustainable as follows: (Maximum 50 points)**

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

**READINESS**

- a. A detailed plan and a timeline, including supporting documentation if available, with steps needed to complete the Project as further delineated below and provide evidence demonstrating the ability to meet the timeframes set forth in Section 7319.1(a)(4)(F) of the regulations. (Maximum 15 points)
  - i. Address, renderings and/or floor plans of Project site, if available. If a Project site has not been identified, provide a description of the process, criteria for selection, and timeline for identification of Project site that will be utilized.
  - ii. Necessary approvals and processes to complete the Project, and the names and roles of all responsible entities. This includes, but is not limited to, County Board of Supervisors' approval, Requests for Proposals, architectural and construction contracts, California Environmental Quality Act (CEQA) compliance, building permits, and conditional use permits, as applicable.
  - iii. Key milestones, in the future and completed to date, including projected or actual Project start date (i.e., date of purchase, renovation/construction or lease), Project end date (i.e., date of occupancy), and projected start date of services to families of Children and Youth.
  - iv. The plan and current status for staffing the Program(s).
  - v. Potential challenges that may affect the timeline to start providing services and how those challenges will be mitigated, including but not limited to, site identification and acquisition, contracting, local use permit process, County Board of Supervisors' approval, CEQA process, Building Code compliance, selection of service provider, licensure, certification, loss of a site, delays in local (city and/or county) approvals, community opposition issues, loss or reduction in leverage funding, and increased project costs, as applicable.



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

## FEASIBILITY

- d. Provide a Project budget, utilizing "Summary of Funding Request" (Form-3); "County Grant Amounts Worksheet" (Form-4); and "Sources and Uses" (Form-5 on page 8). In addition, provide the following: (Maximum 10 points)
  - i. Proposed uses of Grant funds in line item detail with a budget narrative. If working capital for Program startup or expansion costs are being requested, include a separate line item budget detailing those costs. Information technology costs exceeding 1% of total Grant award, require a justification that the additional costs are necessary for the Project to achieve the goals and outcomes set forth in Section 7319.1(a)(3), of the regulations.
  - ii. A description of any leveraged public and/or private funding other than the Grant that will be used to complete the proposed Project. Include the amount of funding and the current status of the funding. Attach documentation, if any, such as letters describing commitment of funding or the status of consideration from the other funding sources or other similar documentation acceptable to the Authority.
  - iii. A explanation of the Grantee's internal process to ensure the Grant funds will only be used for eligible costs as described in Section 7315 of the regulations.

## SUSTAINABILITY

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





- ii. A description of new Program funding source(s) with amounts and cash flow projections and/or how existing funding will be redirected to provide ongoing support and sustainability for new and expanded services for the term of the useful life of the Project. Include estimated useful life of the Project.
- iii. Documentation such as funding letters, minutes from the County Board of Supervisors meeting evidencing approval of the budget, or other documentation acceptable to the Authority. If approval has not been obtained at the time of Application, provide a detailed plan for obtaining such approval.
- f. Provide documentation indicating Lead Grantee's creditworthiness and satisfactory financial capacity in the most recent local government credit rating or the most recent Audited Financial Statement, which may not contain a Going Concern Qualification. (Required, but no point awarded)



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

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

1. A copy of the private nonprofit corporation tax-exemption letters from the Internal Revenue Service and the Franchise Tax Board.
2. A completed Legal Status Questionnaire for Private Nonprofit Corporations (Attachment C).
3. In addition, upon request by Authority staff, three years of most recent Audited Financial Statements.

**ATTACHMENT A**

**APPLICATION CERTIFICATION**

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

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

If more than one Applicant applying for a Project, each Applicant must submit an Application Certification to certify that all information in the joint Application is correct and true to the best of their knowledge and belief.

Application Certification:

I, (name of signatory), as (name of position), an authorized officer of (name of institution), certify that, to the best of my knowledge, the information contained in this application is true and correct to the best of my knowledge and belief, and I understand that any misrepresentation or material omissions may result in the cancellation of the Grant and other actions permitted by law and the Grant Agreement.

(Name of Institution) will cooperate in providing information and/or documentation, including at the time of site visits, to assist the Authority in consideration of the Application.

\_\_\_\_\_  
By (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## ATTACHMENT B

### LEGAL STATUS QUESTIONNAIRE FOR COUNTIES AND PUBLIC AGENCIES

#### 1. Financial Viability

Disclose material information relating to any legal or regulatory proceeding or investigation in which the applicant/borrower/project sponsor is or has been a party and which might have a material impact on the financial viability of the project or the applicant/borrower/project sponsor. Such disclosures should include any parent, subsidiary, or affiliate of the applicant/borrower/project sponsor that is involved in the management, operation, or development of the project.

Response:

#### 2. Fraud, Corruption, or Serious Harm

Disclose any civil, criminal, or regulatory action in which the applicant/borrower/project sponsor, or any current board members (not including volunteer board members of non-profit entities), partners, limited liability corporation members, senior officers, or senior management personnel has been named a defendant in such action in the past ten years involving fraud or corruption, matters related to employment conditions (including, but not limited to wage claims, discrimination, or harassment), or matters involving health and safety where there are allegations of serious harm to employees, the public or the environment.

Response:

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

## ATTACHMENT C

### LEGAL STATUS QUESTIONNAIRE FOR PRIVATE NONPROFIT CORPORATIONS

#### 1. Financial Viability

Disclose material information relating to any legal or regulatory proceeding or investigation in which the applicant/borrower/project sponsor is or has been a party and which might have a material impact on the financial viability of the project or the applicant/borrower/project sponsor. Such disclosures should include any parent, subsidiary, or affiliate of the applicant/borrower/project sponsor that is involved in the management, operation, or development of the project.

Response:

#### 2. Fraud, Corruption, or Serious Harm

Disclose any civil, criminal, or regulatory action in which the applicant/borrower/project sponsor, or any current board members (not including volunteer board members of non-profit entities), partners, limited liability corporation members, senior officers, or senior management personnel has been named a defendant in such action in the past ten years involving fraud or corruption, matters related to employment conditions (including, but not limited to wage claims, discrimination, or harassment), or matters involving health and safety where there are allegations of serious harm to employees, the public or the environment.

Response:

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

## ATTACHMENT D

### CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) REVIEW

*Instructions: Please provide the following exhibit for each Project site. This can be completed within the timeframes set forth in Section 7319, subdivision (a)(4)(H) and/or Section 7319.1, subdivision (a)(4)(F) of the regulations, if not available at time of Application.*

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

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

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

Name of approving Agency: \_\_\_\_\_

Date approval given: \_\_\_\_\_

If Project is not subject to CEQA Requirements, provide a written justification using one of the following categories:

- Is not a Project as defined by CEQA Requirements (see Title 14 California Code of Regulations, Section 15378)
- Project is Statutorily Exempt (see Title 14 California Code of Regulations, Sections 15260-15285)
- Project is Categorical Exempt (see Title 14 California Code of Regulations, 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), identified in the Application.

### **Make sure you have submitted as part of the Application each of the following:**

- Form-1 to Form-5
- Narrative for Criteria #1- #3
- Criteria #4 for Crisis Residential Treatment, Crisis Stabilization and/or Mobile Crisis Support Team:
  - Project timeline with narrative as described in Criteria #4(a)
  - Community outreach and engagement efforts as described in Criteria #4(b) (as applicable)
  - Project budget in line item detail with narrative as described in Criteria #4(f)
  - Program operating budget with narrative described in Criteria #4(g)
  - Most recent local government credit rating or most recent audited financial statement as described in Criteria #4(h)
- Criteria #4 for Family Respite Care:
  - Project timeline with narrative as described in Criteria #4(a)
  - Community outreach and engagement efforts as described in Criteria #4(b) (as applicable)
  - Project budget in line item detail with narrative as described in Criteria #4(d)
  - Program operating budget with narrative described in Criteria #4(e)
  - Most recent local government credit rating or most recent audited financial statement as described in Criteria #4(f)
- Attach all required documentation for Private Nonprofit Corporation Applicants
- Attachment A - Application Certification Letter for all Applicants
- Attachment B - Legal Status Questionnaire for Counties and Public Agencies
- Attachment C - Legal Status Questionnaire for Private Nonprofit Corporations (as applicable)
- Attachment D - California Environmental Quality Act (CEQA) Review for each Project site (as applicable)