

INVESTMENT IN MENTAL HEALTH WELLNESS GRANT PROGRAM
INFORMATIONAL SESSION
FOR APPLICANTS



DECEMBER 17, 2013
11:00 A.M. – 12:30 P.M. (PST)

STATE TREASURER'S OFFICE
915 CAPITOL MALL, ROOM 587, SACRAMENTO, CA 95814



PRESENTERS

CHFFA

Barbara Liebert, Executive Director

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Barbara Webster-Hawkins, Program Manager

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California Institute of Mental Health

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Contact Information

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WHAT WE'LL TALK ABOUT



- ❑ STATUTE
- ❑ REGULATIONS
- ❑ TYPES OF FUNDING AND ELIGIBLE PROGRAMS
- ❑ WHAT COSTS ARE ELIGIBLE
- ❑ EVALUATION CRITERIA
- ❑ THE APPLICATION CHECKLIST
- ❑ UNDERSTANDING THE FORMS
- ❑ SUBMITTING THE APPLICATION TO CHFFA
- ❑ NEXT STEPS
- ❑ QUESTIONS

The Statute

SB-82 Investment in Mental Health Wellness Act of 2013



PURPOSE

- Expand crisis treatment services and capacity by adding at least 2,000 **Crisis Residential Treatment** Beds and **Crisis Stabilization** services
- Add at least 25 **Mobile Crisis Support Teams**
- Reduce **unnecessary hospitalizations** and inpatient days
- Reduce **recidivism** and mitigate unnecessary expenditures of local law enforcement
- Expand the **continuum of services** with early intervention and treatment options that are **wellness, resiliency, and recovery** oriented in the **least restrictive** environment
- **Leverage** public and private funding sources to achieve improved networks of care

The Regulations

California Code of Regulations, Title 4, Division 10, Chapter 5



THE REGULATIONS DEFINE & DESCRIBE



- Terms
- **Applicant** Eligibility
- Eligible **Project** Costs
- **Grant Applications** & Process
- Funding Rounds & **Application** Deadlines
- Maximum **Grant** Amounts for **Capital** & **Personnel Funding**
- Evaluation Criteria
- Process for Recommending & Awarding **Grants**
- What Happens After a **Grant** is Awarded

TYPES OF FUNDING AND ELIGIBLE PROGRAMS



TYPES OF FUNDING: CAPITAL AND PERSONNEL

CAPITAL FUNDING

- **Crisis Stabilization** as defined in Section 1810.210 of Title 9, California Code of Regulations
- **Crisis Residential Treatment** as defined in Section 1810.208 of Title 9, California Code of Regulations
- **Mobile Crisis Support Team** is defined in program regulations and is a form of **Crisis Intervention** as defined in Section 1810.209 of Title 9, California Code of Regulations

PERSONNEL FUNDING

- Personnel to staff **Mobile Crisis Support Teams**

WHAT COSTS ARE ELIGIBLE



FOR **CAPITAL FUNDING**, WHAT COSTS ARE ELIGIBLE?

- Purchase of real property
- Construction or renovation, including costs of **Project** planning or **Project** management, appraisals, inspections, and pre-construction costs
- Furnishings or equipment, including the purchase of vehicles for **Mobile Crisis Support Teams** and maintenance contracts for the vehicles for up to two years
- Information technology hardware and software
- Up to three months of **Program** startup or expansion costs

FOR **PERSONNEL FUNDING**, WHAT COSTS ARE ELIGIBLE?

- Employee salaries and benefits to staff the new vehicles funded by a **Grant** for the **Mobile Crisis Support Team(s)**

EVALUATION CRITERIA



1. **Project** expands **access** to and **capacity** for community based mental health crisis services - *Maximum 30 points*
2. **Application** demonstrates clear plan for a **continuum of care & collaboration** - *Maximum 20 points*
3. **Application** identifies **key outcomes** and a plan for measuring them - *Maximum 20 points*
4. **Project** is **feasible, sustainable and ready** - *Maximum 30 points*

1. EXPANDS ACCESS TO & CAPACITY FOR COMMUNITY BASED CRISIS SERVICES



- New or expanded **Program(s)** and identification of **Target Population(s)** to be served - *Maximum 5 points*
- **Project** meets the community need - *Maximum 3 points*
- Increases **capacity** - *Maximum 7 points*
- Expands and improves timely access to community based services - *Maximum 7 points*
- **Qualitatively different** than crisis services delivered in an institutional setting - *Maximum 5 points*
- Leverages public and private **funding sources** - *Maximum 3 points*

2. A CLEAR PLAN FOR A CONTINUUM OF CARE & COLLABORATION



- **Continuum of care** - *Maximum 8 points*
 - Shortcomings
 - Improvement
 - Triage application to MHSAOAC

- Working relationships with **Related Supports** that **enhances and expands collaboration** - *Maximum 12 points*
 - Expedite access
 - Avoid unnecessary hospitalization
 - Improve wellness

3. KEY OUTCOMES AND A PLAN FOR MEASURING THEM



PROVIDE A PLAN (METHODOLOGY, TIMELINE AND ASSIGNMENT OF RESPONSIBILITY) TO MEASURE AND DEMONSTRATE OUTCOMES INCLUDING:

- Reduced average **disposition time** for visits to emergency rooms of local hospitals - *Maximum 2 points*
- Reduced hospital emergency room and psychiatric inpatient **utilization** - *Maximum 3 points*
- Reduced **law enforcement involvement** on mental health crisis calls, contacts, custodies and/or transports for assessment - *Maximum 2 points*
- Improvements in consumer **participation** in services after crisis - *Maximum 2 points*

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3. KEY OUTCOMES AND A PLAN FOR MEASURING THEM (cont.)



- Satisfaction of consumers and/or their family members - *Maximum 2 points*
- Added number of **Crisis Residential Treatment beds** and **Crisis Stabilization services** and **Mobile Crisis Support Teams** - *Maximum 2 points*
- Whether the **Target Population** and others are being served - *Maximum 2 points*
- The **value of the Program(s)**, such as mitigation of costs to the county, law enforcement, or hospitals - *Maximum 3 points*
- The percent of individuals who return for more crisis services, within 15 days and within 30 days at a hospital emergency department, psychiatric hospital or jail - *Maximum 2 points*

4. FEASIBLE, SUSTAINABLE AND READY - or will be within 6 months



WHAT IS KNOWN AND A PLAN FOR WHAT IS UNKNOWN

- Detailed **Project** timeline - *Maximum 7 points*
- Sufficient funding sources and acceptable uses of funding - *Maximum 10 points*
- Proof that **Lead Grantee** is creditworthy and has satisfactory financial capacity - *Maximum 5 points*
- Budget that details annual projected operating costs and a description and evidence of new **Program** funding sources - *Maximum 3 points*
- Qualified service provider to operate the **Programs** - *Maximum 5 points*
- Certainty of Medi-Cal certification for **Crisis Stabilization** or **Crisis Residential Treatment** programs and certainty of state licensure for **Crisis Residential Treatment** programs - *Required, but no points awarded*

APPLICATION CHECKLIST



ATTACHMENTS REFERRED TO IN EVALUATION CRITERIA

- ✓ Timeline
- ✓ Documentation verifying other committed funding
- ✓ Budgets detailing startup costs, if applicable, & annual projected operating costs
- ✓ Most recent local government credit rating (for government **Applicants**)

FORMS

NONPROFIT CORPORATION **APPLICANT** INFORMATION

- ✓ IRS and FTB tax-exemption letters
- ✓ Licensing information (if applicable)
- ✓ Three years most recent **Audited Financial Statements**

OTHER ATTACHMENTS

- ✓ **Application** Certification Letter for all **Applicants**
- ✓ Sources and Uses Form
- ✓ Legal Status Questionnaire for all **Applicants**
- ✓ CEQA Review for each **Project** site (if applicable)

FORMATTING REQUIREMENTS

- ✓ Narrative limited to 25 pages and 12-point font with 1-inch margins

FORM-1: SUMMARY INFORMATION



Lead Grantee will have the primary responsibility for fiscal management of grant funds, records retention, reporting and other aspects of compliance.

INVESTMENT IN MENTAL HEALTH WELLNESS GRANT PROGRAM

A. Summary Information Form *Please type all responses.*

Total Requested Amount: \$ Date Submitted:

DESIGNATED LEAD GRANTEE

1. INFORMATION

NAME OF APPLICANT: <input type="text"/> <i>Must be a county or JPA.</i>	ENTITY TYPE: <i>(County or Joint Powers Authority)</i> <input type="text"/>
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ADDRESS: <input type="text"/>	CITY, STATE AND ZIP: <input type="text"/>
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CONTACT INFORMATION

FIRST AND LAST NAME: <input type="text"/>	TITLE: <input type="text"/>
--	--------------------------------

ADDRESS: <input type="text"/>	CITY, STATE AND ZIP: <input type="text"/>
----------------------------------	--

PHONE NUMBER: <input type="text"/>	CELL NUMBER: <input type="text"/>	FAX NUMBER: <input type="text"/>	EMAIL ADDRESS: <input type="text"/>
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Project Title and/or Project Brief Description *(Limited to 20 words)*

Be as specific and brief as possible.

County(ies) to be served: *Be sure to include all counties receiving services.*

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FORM-1: SUMMARY INFORMATION (cont.)



Check all that apply

Please select all programs to be funded with grant:

- Crisis Stabilization Crisis Residential Mobile Crisis Support
 beds beds team(s)

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

For a Crisis Residential Treatment Program, please indicate the overall cost per bed \$

Purpose of Grant: Check all applicable boxes

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

Information should be submitted on the direct service provider. If you will be using multiple service providers, attach contact information for all providers.

ORGANIZATION TO DELIVER SERVICES (IF KNOWN) Check box if same as Designated Lead Grantee

NAME OF ORGANIZATION: <input type="text"/>	ENTITY TYPE: <input type="text"/> County/nonprofit/public agency/other
ADDRESS: <input type="text"/>	CITY, STATE AND ZIP: <input type="text"/>

CONTACT INFORMATION

FIRST AND LAST NAME: <input type="text"/>	TITLE: <input type="text"/>
PHONE NUMBER: <input type="text"/>	EMAIL ADDRESS: <input type="text"/>
CELL NUMBER: <input type="text"/>	FAX NUMBER: <input type="text"/>

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

FORM-2: APPLICANT INFORMATION



Please fill out additional Applicants contact information. *Please use space as needed. Copy page if more space is needed.*

2. APPLICANT INFORMATION

NAME OF APPLICANT: <input type="text"/>	ENTITY TYPE: (County or Joint Powers Authority) <input type="text"/>
ADDRESS: <input type="text"/>	CITY, STATE AND ZIP: <input type="text"/>

APPLICANT CONTACT INFORMATION

FIRST AND LAST NAME: <input type="text"/>	TITLE: <input type="text"/>		
ADDRESS: <input type="text"/>	CITY, STATE AND ZIP: <input type="text"/>		
PHONE NUMBER: <input type="text"/>	CELL NUMBER: <input type="text"/>	FAX NUMBER: <input type="text"/>	EMAIL ADDRESS: <input type="text"/>

3. APPLICANT INFORMATION

NAME OF APPLICANT: <input type="text"/>	ENTITY TYPE: (County or Joint Powers Authority) <input type="text"/>
ADDRESS: <input type="text"/>	CITY, STATE AND ZIP: <input type="text"/>

APPLICANT CONTACT INFORMATION

FIRST AND LAST NAME: <input type="text"/>	TITLE: <input type="text"/>		
ADDRESS: <input type="text"/>	CITY, STATE AND ZIP: <input type="text"/>		
PHONE NUMBER: <input type="text"/>	CELL NUMBER: <input type="text"/>	FAX NUMBER: <input type="text"/>	EMAIL ADDRESS: <input type="text"/>

FORM-3: SUMMARY OF FUNDING REQUESTED



SUMMARY OF FUNDING REQUESTED

REQUESTED FUNDING BY PROGRAM	
Program: Crisis Residential Treatment Program	
ELIGIBLE PROJECT COSTS	AMOUNT
Purchase of Real Property	\$ 0.00
Construction or Renovation	\$ 0.00
Furnishings or Equipment	\$ 0.00
Information Technology (not to exceed 1%)*	\$ 0.00
Program Startup or Expansion Costs (up to three months)	\$ 0.00
SUB-TOTAL	\$ 0.00
Program: Crisis Stabilization Program	
ELIGIBLE PROJECT COSTS	AMOUNT
Purchase of Real Property	\$ 0.00
Construction or Renovation	\$ 0.00
Furnishings or Equipment	\$ 0.00
Information Technology (not to exceed 1%)*	\$ 0.00
Program Startup or Expansion Costs (up to three months)	\$ 0.00
SUB-TOTAL	\$ 0.00
Program: Mobile Crisis Support Team Program	
ELIGIBLE PROJECT COSTS	AMOUNT
Purchase of vehicles (number <input type="text"/>)	\$ 0.00
Furnishings or Equipment	\$ 0.00
Information Technology (not to exceed 1%)*	\$ 0.00
Program Startup or Expansion Costs (up to three months)	\$ 0.00
Personnel	\$ 0.00
SUB-TOTAL	\$ 0.00
Total Requested Amount	\$ 0.00

The **Summary of Funding Requested Form** should only include costs that will be covered by grant funds.

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

Total Requested Amount must match Total Amount Requested at the top of Form-1.

FORM-4: MAXIMUM GRANT AMOUNTS WORKSHEET



MAXIMUM GRANT AMOUNTS WORKSHEET

Please enter each county name and the maximum grant amount that they qualify for and how much they are applying for in this application for Capital Funding and Personnel Funding.

Until January 1, 2016, Applicants may apply for Capital and Personnel Funding totaling no more than the maximum Grant amounts set forth in Section 7118 of the regulations.

County Name	MAXIMUM ALLOWED GRANT AMOUNT	CAPITAL FUNDING	PERSONNEL FUNDING	Total (Capital + Personnel)
	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Section 7118 Capital Funding Per County Maximum Grant Amounts

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

No county maximums.

Additional Funding

If additional funds were made available after January 1, 2016, would you request additional funding?

If so, how much? \$ _____

ATTACHMENT B – SOURCES & USES



SOURCES AND USES FORM

Sources of Funds:		
Grant amount requested	\$ 0.00	(0%)
Mental Health Services Act (MHSA) funds	\$ 0.00	(0%)
Realignment funds	\$ 0.00	(0%)
Other sources, list (i.e. bank loan*, other grants)		
	\$ 0.00	(0%)
	\$ 0.00	(0%)
	\$ 0.00	(0%)
Total Sources	\$ 0.00	(0%)

Must equal 100%

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

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

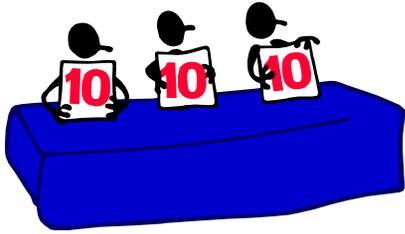
The **Sources and Uses Form** should include the amount of funding from **all** funding sources and **all** proposed uses necessary to complete the entire project (including budgeted startup costs, if applicable).

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

SUBMITTING THE APPLICATION



- ❑ Deadline: 5 p.m. (PST) on Monday, January 22, 2014
- ❑ **Applicants** may send or deliver an original and two copies of the **Application** to CHFFA at 915 Capitol Mall, Room 590, Sacramento, California 95814
- ❑ Or email the **Application** as a PDF attachment to CHFFA at chffa@treasurer.ca.gov
- ❑ **Applications** will not be considered if they:
 - Are received after the deadline date and time
 - Are incomplete
- ❑ If funds are available, subsequent funding rounds will be posted on CHFFA's website and also announced to everyone who has signed up on CHFFA's website to receive CHFFA news



SCORING PROCESS

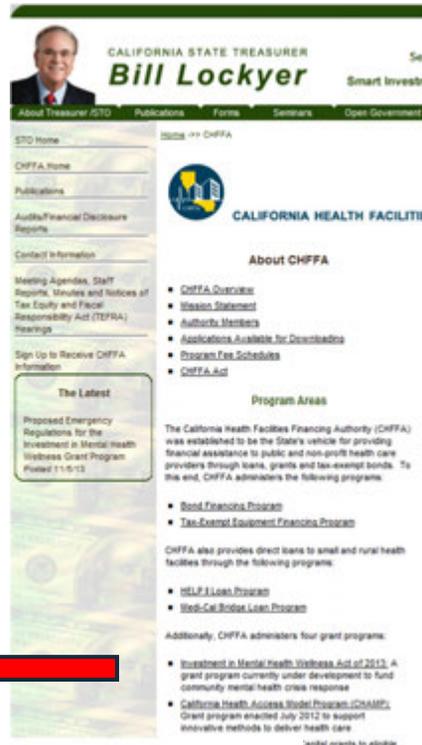


- Staff will score **Applications** and make funding recommendations to the **Authority** for final approval
- Minimum of 70 of 100 total points required but some flexibility
- **Application** must score at least:
 - one point for Criteria 1 - expands access and capacity
 - one point for Criteria 2 - continuum of care and collaboration
 - 24 points out of 30 for Criteria 4 – feasibility, sustainability and readiness
- **Grants** may be less than the requested amount
- Appeal process is in place for **Applicants** who seek to contest **Initial Allocations** made by staff

CHFFA's Website

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

- Link to statute, regulations and application form
- Sign up to receive email updates



- Investment in Mental Health Wellness Act of 2013: A grant program currently under development to fund community mental health crisis response

Sign Up to Receive CHFFA Information

NEXT STEPS



- ❑ Review of **Applications** complete – the last week of March 2014 – aiming for earlier
- ❑ **Recommendations to the Authority** – as early as March 2014 but depends on appeal process and the time it takes us to perform quality review
- ❑ **Permanent regulations** drafted by staff, adopted by the Board and submitted to the Office of Administrative Law (OAL) – aiming for OAL approval in May 2014
- ❑ **Grant Agreements**
- ❑ Six-month readiness and feasibility review
- ❑ Disbursement of funds and reporting requirements

QUESTIONS



IF YOU THINK OF QUESTIONS LATER, EMAIL THEM TO
CHFFA@TREASURER.CA.GOV



REMEMBER THE DEADLINE:
JANUARY 22 AT 5 P.M. (PST)

THANK YOU FOR PARTICIPATING TODAY!

