

COMMUNITY SERVICES INFRASTRUCTURE GRANT PROGRAM

APPLICATION TECHNICAL ASSISTANCE WEBINAR DECEMBER 13, 2018



CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

915 CAPITOL MALL, ROOM 435

SACRAMENTO, CA 95814

PHONE: 916-653-2799



Welcome and Introductions

PROGRAM MANAGER II
CAROLYN ABOUBECHARA

PROGRAM MANAGER
SONDRA JACOBS

PROGRAM ANALYST
NICOLE WEAVER

TECHNICAL ADVISOR
CALIFORNIA INSTITUTE FOR BEHAVIORAL HEALTH SOLUTIONS
CONSTANCE GUSTAFSON, MSW, SENIOR ASSOCIATE



COMMUNITY SERVICES INFRASTRUCTURE GRANT PROGRAM WEBINAR RESOURCES

For technical issues, contact GoToWebinar (GoToMeeting) at 1-800-263-6317 or <http://support.citrixonline.com/gotomeeting/>

Presentation slides are available in the Handouts section of your control panel.

Live captioning is available at www.streamtext.net/player?event=CDIAC



AGENDA FOR TODAY

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

GENERAL INFORMATION

- BACKGROUND AND OBJECTIVES
- APPLICANT ELIGIBILITY
- ELIGIBLE PROGRAMS
- MAXIMUM GRANT AMOUNTS
- ELIGIBLE COSTS
- HOW TO SUBMIT
- ITEMS TO NOTE



BACKGROUND AND OBJECTIVES

- **Senate Bill 843, Sec 52** (2016) intends to expand community alternatives to jail and prison through establishing a one-time competitive grant program: Community Services Infrastructure Grant Program (“CSI Grant Program”). There is **\$65,813,000** available to fund grant Projects
- **Target Population** - Justice-Involved Individuals with mental health illness, substance use disorders, or who suffer from trauma
- **Key Objectives**
 - Expand access to jail/prison diversion programs and services
 - Create or expand mental health treatment, substance use disorder treatment, and trauma-centered service facilities in local communities
 - Reduce the need of mental health treatment, substance use disorder treatment, and trauma-centered services in jails/prisons



APPLICANT ELIGIBILITY

The following are eligible to apply for the CSI Grant Program:

- A County
- Counties Applying Jointly



ELIGIBLE PROGRAMS

SB 843 does not restrict the types of Programs eligible for Grant funding.

Programs must:

- Divert individuals from jails/prisons **and**
- Provide mental health treatment, substance use disorder treatment, and/or trauma-centered services



MAXIMUM GRANT AMOUNTS

<u>County Population</u>	<u>Maximum</u>
100,000 or less	\$ 750,000
100,001 – 400,000	\$1,000,000
400,001 – 1,100,000	\$2,500,000
1,100,001 – 5,000,000	\$4,000,000
5,000,001 or more	\$6,000,000

- The maximum county grant amounts are applicable only to the first funding round.
- If funds remain after first funding round, a subsequent funding round will open without county maximums. Awards shall be made on a statewide competitive basis.



ELIGIBLE COSTS

- Facility Acquisition
- Renovation: Including project planning or project management, appraisals, inspections, pre-renovation costs such as permit fees, surveying, architectural, and engineering fees, and hardscaping and/or landscaping (no more than 5% of total grant funding)
- Furnishings/Equipment
- Information Technology: hardware and software (no more than 3% of total grant funding, may request more with written justification)
- 3 months of program start-up or expansion costs: training, personnel salaries, and benefits



HOW TO SUBMIT

How to submit	Where to submit	What to submit
Mail or In Person	California Health Facilities Financing Authority Community Services Infrastructure Grant Program 915 Capitol Mall, Suite 435 Sacramento, California 95814	1 original & 2 copies of completed application
Email	chffa@treasurer.ca.gov	1 PDF attachment of completed application

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



ITEMS TO NOTE

- Applications are due no later than 5:00pm on April 30, 2019
- One Application shall be submitted per Project site
- If a Project includes multiple Program components, only a single Application is required
- Applications with multiple Applicants shall designate one of the applicants as the Lead Grantee
- Projects must be completed and operational by June 30, 2022

HOW TO FILL OUT THE APPLICATION

- Application Sections 1-5
- Narrative Requirements
- Evaluation Criteria
- Attachments A-C

SECTIONS 1-5

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

Maximum Grant amounts by county size are listed in Section 7418 (a)(1)-(a)(5) of the regulations.

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

Total Requested Grant Amount: \$ _____

Date Submitted: _____

DESIGNATED LEAD GRANTEE

1. APPLICANT INFORMATION

NAME OF APPLICANT: (County) _____	ENTITY TYPE: (Department, Agency, etc.) _____
ADDRESS: _____	CITY, STATE AND ZIP: _____

CONTACT INFORMATION

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

Project Title: _____

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

County(ies) to be served: _____

Please select all Programs to be funded through the Grant, and insert number of beds and/or Program service capacity to be added by the proposed Project:

<input type="checkbox"/> Mental Health Treatment _____ beds/service capacity	<input type="checkbox"/> Substance Use Disorder Treatment _____ beds/service capacity	<input type="checkbox"/> Trauma-Centered Services _____ beds/service capacity
---	--	--

Purpose of Grant: *Check all applicable boxes*

<input type="checkbox"/> Facility acquisition	<input type="checkbox"/> Renovation	<input type="checkbox"/> Program startup or expansion costs
<input type="checkbox"/> Furnishings and/or Equipment	<input type="checkbox"/> Information technology	

A Project may contain multiple Programs.

Eligible Project costs are listed in detail in Section 7415 (a)(1)-(a)(5) of the regulations.

Section-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: (County) []	ENTITY TYPE: (Department, Agency, etc.) []
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: []	

This section applies to Counties Applying Jointly.

Service Providers:

1. ORGANIZATION TO DELIVER SERVICES (IF KNOWN)

NAME OF ORGANIZATION: []	ENTITY TYPE: []
ADDRESS: []	CITY, STATE AND ZIP: []

CONTACT INFORMATION

FIRST AND LAST NAME: []	TITLE: []
PHONE NUMBER: []	FAX NUMBER: []
EMAIL ADDRESS: []	

YES NO N/A Currently licensed and/or certified by the applicable state authority and in substantial compliance.

This is the service provider(s) specified in Evaluation Criteria 4 (c).

Section-3: SUMMARY OF FUNDING REQUESTED

Breakdown
the
requested
funding for
each
eligible
cost
category.

ELIGIBLE COSTS	AMOUNT	
Facility Acquisition	\$	0.00
Renovation*	\$	0.00
Furnishings and/or Equipment	\$	0.00
Information Technology**	\$	0.00
Program Startup or Expansion Costs (up to three months)	\$	0.00
Total Requested Grant Amount	\$	0.00

Section-4: COUNTY GRANT AMOUNTS WORKSHEET

Lead Grantee will be listed first, along with the amount of funding being requested, up to the maximum county amount.

When applying jointly, the Co-Applicant(s) will be listed under the Lead Grantee, as well as their desired funding amounts, up to the maximum county amount.

COUNTY GRANT AMOUNTS WORKSHEET	
<i>Complete the worksheet below for each County listed as Lead Grantee and Co-Applicant(s) on Section-1 and Section-2.</i>	
Applicants may apply for funding as set forth in Section 7418 of the regulations. Counties Applying Jointly, may at their discretion, apply for up to the sum of their respective maximum funding amounts, as applicable.	
COUNTY NAME	FUNDING REQUESTED
█	\$ 0.00
█	\$ 0.00
█	\$ 0.00
█	\$ 0.00
█	\$ 0.00
█	\$ 0.00
█	\$ 0.00
█	\$ 0.00
TOTALS	\$ 0.00

Section-5: SOURCES AND USES

Please include sources and uses to complete the entire Project.

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

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

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

Uses of Funds:	
Facility acquisition	\$ 0.00
Renovation**	\$ 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
Other costs:	
<input type="checkbox"/> _____	\$ 0.00
<input type="checkbox"/> _____	\$ 0.00
<input type="checkbox"/> _____	\$ 0.00
Total Uses (must equal Total Sources)	\$ 0.00

**Grantees must comply with California’s prevailing wage law under Labor Code section 1720, et seq. for public works projects. The Authority recommends Applicants consult with legal counsel.



NARRATIVE REQUIREMENTS

The narrative portion of Application must satisfy the following requirements:

- Maximum of 20 pages
- 12 point, Arial or Times New Roman font
- 1" margins



EVALUATION CRITERIA

1. Project increases or expands **access** to and **capacity** for eligible community based treatment and service programs that offer relevant alternatives to incarceration.
2. Application demonstrates clear plan for a **continuum of care** and for **collaboration, integration,** and **linkage** with other departments or agencies.
3. Application identifies **key outcomes** and a plan for measuring them.
4. Project is, or will be, **Ready, Feasible,** and **Sustainable.**



EVALUATION CRITERIA 1

Project increases or expands **access** to and **capacity** for community mental health treatment, substance use disorder treatment, and/or trauma-centered services that offer relevant alternatives to incarceration – **Maximum 25 points**

- New or expanded Program(s) and identification of Target Population(s) to be served – Maximum 7 points
- Project meets the community need – Maximum 6 points
- Increases capacity for community based Jail Diversion Program(s) – Maximum 6 points
- Describes existing or proposed Jail Diversion plan – Maximum 6 points



EVALUATION CRITERIA 2

Application demonstrates clear plan for a **continuum of care**; and for **collaboration, integration, and linkage** with law enforcement, judicial systems, public health systems, behavioral health services, and social services – **Maximum 15 points**

- Continuum of care – *Maximum 4 points*
 - Shortcomings
 - Improvement

- How Target Population(s) will be retained in treatment and discharge plan, including care received once discharged – *Maximum 4 points*

Criteria 2 continued on next slide



EVALUATION CRITERIA 2

- Working relationships with Related Supports that enhances and expands community collaboration – Maximum 4 points
 - Expedite access
 - Improve wellness
- Identification of working relationships, supported by letters or Memoranda of Understanding from Related Supports identifying collaborative efforts – Maximum 3 points
 - Counties Applying Jointly shall provide evidence or a plan in place showing collaboration between counties for treatment and/or services across county lines



EVALUATION CRITERIA 3

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

- Provide methodology, timeline, and assignment of responsibility to measure and demonstrate outcomes of the Program, including:
 - Reduced number of individuals in jails and/or prisons, and reduced need for treatment and/or services in jails and/or prisons – Maximum 2 points
 - Individuals within the Target Populations(s) who utilize treatment and/or services – Maximum 2 points
 - Individuals who complete treatment and/or services – Maximum 2 points

Criteria 3 continued on next slide



EVALUATION CRITERIA 3

- Provide methodology, timeline, and assignment of responsibility to measure and demonstrate outcomes of the Program, including:
 - Individuals who did not complete treatment and/or services and were returned to jail and/or prison – Maximum 2 points
 - Cost savings of the Programs compared to the cost of providing treatment and/or services in jails and/or prisons – Maximum 2 points



EVALUATION CRITERIA 4

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

READINESS

- a. Detailed plan and timeline with steps needed to complete Project and demonstrate ability to be Ready, Feasible, and Sustainable within 12 months – Maximum 15 points
- b. Community outreach and engagement efforts – Maximum 7 points

Criteria 4 continued on next slide



EVALUATION CRITERIA 4

READINESS

- c. Service provider selection – Maximum 8 points
 - A qualified service provider has been identified or a plan is in place for identifying one – Maximum 5 points
 - Service provider has at least 3 years experience working with the Target Population – Maximum 3 points

- d. For proposed Program(s), demonstrates certainty of state licensure/certification, if applicable – Required, but no points awarded

Criteria 4 continued on next slide



EVALUATION CRITERIA 4

FEASIBILITY

- e. Total cost of Project, and sufficient funding sources or plan for acquiring them – Maximum 10 points
 - Line item of Project costs, including proposed use of Grant
 - Project leverages public and/or private funding sources, and current status of funding
 - Total uses of funds shall not exceed total funding sources

SUSTAINABILITY

- f. Provide: – Maximum 10 points
 - Operation Budget
 - Description of new Program funding sources
 - Documentation showing approval of budget

ATTACHMENTS A - C

- **Attachment A:** Application Certification
- **Attachment B:** Legal Status Questionnaire for Counties
- **Attachment C:** CEQA Review

Attachment A

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

Application Certification:

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

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

By (Print Name)

Signature

Title

Date

**LEGAL STATUS QUESTIONNAIRE
FOR COUNTIES**

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

1. Financial Viability

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

Response:

2. Fraud, Corruption, or Serious Harm

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

Response:

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

Attachment C

CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) REVIEW

Instructions: Please provide the following exhibit for each Project site. This can be completed within 12 months of award, 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: _____

Complete if Project is subject to CEQA requirements.

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

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

Complete if Project is **NOT** subject to CEQA requirements.

TOOLS & RESOURCES

- GRANT APPLICATION CHECKLISTS
- CHFFA WEBSITE



GRANT APPLICATION CHECKLIST

This checklist can be found at the back of the application.

It should be used to ensure you have completed all of the necessary sections and attachments.

APPLICATION CHECKLIST

Make sure you have completed the following tasks:

- Used 12 point font such as Arial or Times New Roman in narrative sections (except footnotes and charts).
- Have 1 inch margins for narrative sections.
- Remained within 20 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:

- Section-1 to Section-5
- Narrative for Criteria #1
- Criteria #2
 - Letters or Memoranda of Understanding from Related Supports as described in Criteria #2 (d) (required) and Criteria #2 (d) (i) (if applicable)
 - Narrative for Criteria #2
- Narrative for Criteria #3
- Criteria #4:
 - Renderings and/or floor plans of Project site as described in Criteria #4 (a) (ii)
 - Project renovation timeline with narrative as described in Criteria #4 (a) (iv) (if applicable)
 - Community outreach and engagement efforts as described in Criteria #4 (b) (i) or (ii)
 - Evidence that service provider has at least three years of experience working with the Target Population(s) as described in Criteria #4 (c) (ii)
 - Project budget with narrative as described in Criteria #4 (e) (i)-(iii)
 - Program operating budget with narrative as described in Criteria #4 (f)
 - Narrative for Criteria #4
- Attachment A - Application Certification Letter for all Applicants
- Attachment B - Legal Status Questionnaire for Counties
- Attachment C - California Environmental Quality Act (CEQA) Review for each project site (if applicable)



CHFFA WEBSITE

<http://www.treasurer.ca.gov/chffa/csi/csigp.asp>

California State Treasurer
John Chiang

Home | Open Government | Careers | Contact

Search

Home | CHFFA Home | Contacts | Publications

Home -> CHFFA -> Community Services Infrastructure Grant Program

CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

Community Services Infrastructure Grant Program (CSI)

Creates and expands community alternatives to incarceration in the form of mental health treatment, substance use disorder treatment, and trauma-centered services.

Contact Information

If you have any questions about the Community Services Infrastructure Grant Program, please contact [CHFFA](#).

Quick Links

- [Statute, Regulations & Regulatory Actions](#)
- [Sign Up to Receive CHFFA Information](#)

Connect With Us

List Serv

Program Description

Senate Bill 843 (2016), Section 52 established a competitive grant program to disburse funds for the purpose of creating and expanding community alternatives to incarceration. The Community Services Infrastructure Grant Program intends to expand access to jail and prison diversion programs and services; create or expand mental health treatment facilities, substance use disorder treatment facilities, and trauma-centered service facilities in local communities; and reduce the need of mental health treatment, substance use disorder treatment, and trauma-centered services in jails and prisons. The 2017-2018 budget bill appropriated \$65,813,000 to fund capital projects under the Community Services Infrastructure Grant Program.

The grants from the California Health Facilities Financing Authority (CHFFA) will be disbursed to California counties to support acquiring and expanding facilities.

Proposed Emergency Regulations (New November 6, 2018)

CHFFA proposes to adopt emergency regulations for the Community Services Infrastructure Grant Program. Please see Notification of Proposed Emergency Regulatory Action for details.

- [Notification of Proposed Emergency Regulatory Action](#)
- [Finding of Emergency](#)
- [Text of Emergency Regulations](#)
 - [Application](#)
 - [Request for Disbursement Form](#)
 - [Actual Expenditures Report](#)
 - [Certificate of Completion and Final Report](#)

Stakeholder Webinar

On Wednesday, August 15, 2018, CHFFA hosted a webinar with stakeholders to discuss proposed regulations for the new Community Services Infrastructure Grant Program.

- Webinar – Wednesday, August 15, 2018
 - [Proposed Regulations](#)
 - [Presentation Slides](#)
 - [Replay](#)

The deadline to submit comments has been extended to Tuesday, August 28, 2018 at 4:00 PM (Pacific Time). For further questions, please email CHFFA@treasurer.ca.gov or call (916) 653-2799.

The California Health Facilities Financing Authority website is full of helpful information such as Statute, Program Regulations, and the Application.

Sign up for ListServ to stay connected

NEXT STEPS



NEXT STEPS

- Applications Due: **April 30, 2019 at 5:00 PM**
- Applications Evaluated and Scored
- Initial Allocation and Appeal Process
- CHFFA Board Approval
- Execution of Grant Agreement
- Grantee Next Steps Webinar



QUESTIONS



CONTACT INFORMATION

FOR COMMENTS OR QUESTIONS PLEASE

EMAIL: CHFFA@TREASURER.CA.GOV

OR

CALL: (916) 653-2799