



## **Request for Application: Crisis Care Mobile Units Program**

### **Background**

The California Department of Health Care Services (DHCS) is utilizing \$150 million in funding received from the Behavioral Health Continuum Infrastructure Program (BHCIP) and \$55 million received from the Substance Abuse and Mental Health Services Administration through the Coronavirus Response and Relief Appropriations Act (CRRSAA) to solicit applications to support and expand behavioral health mobile crisis and non-crisis services. DHCS has released a Request for Application (RFA) for an organization to oversee the administration of this project. The Administrator will develop, manage, and/or subcontract with grantees to plan, implement, or expand behavioral health Crisis Care Mobile Units (CCMUs).

DHCS is requesting applications for two separate tracks of funding. Applicants may apply for either Track 1 **or** Track 2 funding, but not both:

- Track 1 – Planning grants to assess the need, and develop an action plan to address the need of mobile crisis and non-crisis programs.
- Track 2 – Implementation grants to implement a new, or expand an existing, CCMU program.

There will be \$29,000,000 available as a Base Allocation to county and/or city behavioral health agencies in Track 2. All grantees will receive a non-competitive Implementation Grant Base Allocation of \$500,000 each. Of the Base Allocation, \$125,000 will be available for direct services and \$375,000 for infrastructure. Applicants may apply for less than the \$500,000 Base Allocation.

Please note: Counties/cities that do not apply for either Track 1 or Track 2 of this funding opportunity will forfeit their Base Allocation.

## **Eligibility Criteria**

DHCS will only accept applications from California county or city behavioral health agencies, or joint applications of city or county behavioral health agencies. Applicants may only submit one application, but may apply for funds to develop or expand more than one CCMU within a single application. DHCS will select the most highly qualified and necessary CCMUs described within each application.

## **Scope of Work**

The focus of this funding opportunity is to support development and expansion of behavioral health CCMUs throughout California. A behavioral health CCMU program must:

- Provide services to individuals experiencing behavioral health crises, including mental health crises, substance use crises, or co-occurring mental health and substance use crises;
- Prioritize services to individuals 25 and younger, which may include activities such as conducting needs assessments for youth services; placing mobile units near schools and universities, outreach, public education campaigns, and taking measurable steps towards addressing the youth and young adult crisis needs within the community.
- Include appropriate staff, acting within their scope, who can assess the needs of individuals within the region of operation and provide direct treatment services, and a licensed mental health professional to oversee the program, in accordance with Welfare and Institutions Code § 5848.7;
- Develop mobile crisis services available to reach any person in the service area in a home, school, workplace, or any other community-based location in a timely manner; and
- Connect individuals to facility-based, or other follow-up care as needed through warm hand-offs and coordinating transportation when and only if situations warrant transition to other locations.

The following options were developed by DHCS to support California county or city behavioral health agencies, or joint applications of city and/or county behavioral health agencies, through base allocations and/or competitive grants. DHCS strongly encourages counties to include peers, including Medi-Cal Certified Peer Support Specialists, in CCMU teams.

Specific Scope of Work requirements through this funding opportunity are described in the Funding Description section below.

## Funding Information

Applicants are required to submit a detailed deliverables-based budget to assist DHCS in establishing cost reasonableness of the final amount awarded. Applicants must abide by standard funding restrictions as determined by SAMHSA and as described in Attachment A. Applications must address all services described throughout this RFA.

Applicants are required to adhere to the budget guidelines included in the Budget Template. Applicants must submit a separate Budget Template for each CCMU they wish to develop or expand, and must submit their proposed budgets in the template format. Applications that do not conform to this template will not be considered. All items budgeted must be inclusive of all costs, including taxes and fees, in U.S. dollars.

## Funding Description

<b>Funding Overview</b>	
<b>Description</b>	<ul style="list-style-type: none"> <li>Eligible applicants include county or city behavioral health agencies, or joint group of counties and/or city behavioral health agencies are eligible.</li> </ul>
<b>Key Focus</b>	<ul style="list-style-type: none"> <li>All grantees must prioritize efforts to support mobile behavioral health crisis services to individuals age 25 and younger; and</li> <li>Grantees are encouraged to utilize this funding to implement and expand mobile crisis services to prevent and divert individuals from involvement in the criminal justice system, including supporting joint mobile crisis and law enforcement intervention services.</li> </ul>
<b>Total Available Funding</b>	\$205,000,000 available through BHCIP and CRRSAA.
<b>Track 1 – Planning Grant Funding</b>	<ul style="list-style-type: none"> <li>Planning grants are intended to assess the need, and develop an Action Plan to address the need, of crisis and non-crisis mobile programs.</li> <li>Counties/cities that are not ready to implement a CCMU or expand services may select the Planning Grant Option and be awarded up to \$200,000 to develop an Action Plan.</li> </ul>
<b>Track 2 – Implementation Grant Funding</b>	<ul style="list-style-type: none"> <li>\$29,000,000 Base Allocation to county and/or city behavioral health agencies.</li> <li>All grantees will receive a non-competitive Implementation Grant Base Allocation of \$500,000 each.               <ul style="list-style-type: none"> <li>Of the Base Allocation, \$125,000 will be available for direct services through CRRSAA.</li> <li>Of the Base Allocation, \$375,000 will be available for infrastructure through BHCIP.</li> </ul> </li> <li>Counties/cities may apply for less than the Base Allocation of \$500,000.</li> <li>All grantees may apply for Competitive Grants for additional funding beyond their Base Allocation.</li> <li>Up to \$1,000,000 per CCMU team for activities from September 15, 2021 – June 30, 2025.</li> </ul>

<b>Funding Overview</b>	
<b>Implementation Grant Funding Breakdown</b>	<ul style="list-style-type: none"> <li>• Up to 25 percent of funding may be used for direct services and will be funded through CRRSAA. These services must be fully conducted and expended no later than February 14, 2023; and</li> <li>• Not less than 75 percent of funding must be used for infrastructure services, which will be funded through BHCIP. These services must be fully conducted and expended no later than June 30, 2025.</li> </ul>

<b>Track 1</b>	<b>Planning Grants</b>
<b>Description</b>	<ul style="list-style-type: none"> <li>• Planning grants are intended to assess the need, and develop an Action Plan to address the need, of crisis and non-crisis mobile programs.</li> <li>• Counties/cities that are not ready to implement a CCMU or expand services may select the Planning Grant Option and be awarded up to \$200,000 to develop an Action Plan.</li> <li>• Once an Action Plan has been submitted to and approved by DHCS, no later than February 14, 2023, Planning Grantees will be eligible to receive the remainder of their initial Base Allocation for implementation efforts, and may apply for Competitive Implementation Grant funding, subject to availability.</li> <li>• Planning Grant funding <u>will not</u> cover implementation costs or direct services of existing CCMUs.</li> </ul>
<b>Key Focus</b>	<ul style="list-style-type: none"> <li>• All grantees must prioritize efforts to support mobile behavioral health crisis services to individuals age 25 and younger; and</li> <li>• Grantees are encouraged to utilize this funding to implement and expand mobile crisis services to prevent and divert individuals from involvement in the criminal justice system including supporting joint mobile crisis and law enforcement intervention services.</li> </ul>
<b>Available Funding</b>	Up to \$200,000 for activities from September 15, 2021 – February 14, 2023.
<b>Allowable Expenses</b>	<ul style="list-style-type: none"> <li>• Staffing to facilitate and inform program planning and Action Plan development;</li> <li>• Consultant services to facilitate and inform program planning and Action Plan development;</li> <li>• Coordination with local and regional organizations to facilitate program planning and Action Plan development;</li> <li>• Equipment, supplies, and software to support program planning and Action Plan development; and</li> <li>• Community needs assessments to inform program planning and Action Plan development.</li> </ul>
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Applicant must be California county or city behavioral health agencies or joint group of counties and/or city behavioral health agencies.</li> </ul>

Track 2	Implementation Grants
<b>Description</b>	<ul style="list-style-type: none"> <li>• Implement a new, or expand an existing, CCMU program to be utilized for mobile crisis and non-crisis services.</li> </ul>
<b>Key Focus</b>	<ul style="list-style-type: none"> <li>• All grantees must prioritize efforts to support mobile behavioral health crisis services to individuals age 25 and younger; and</li> <li>• Grantees are encouraged to utilize this funding to implement and expand mobile crisis services to prevent and divert individuals from involvement in the criminal justice system including supporting joint mobile crisis and law enforcement intervention services.</li> </ul>
<b>Project Funding Timeline</b>	<ul style="list-style-type: none"> <li>• Direct services will be funded by CRRSAA and must be fully expended by February 14, 2023. <ul style="list-style-type: none"> <li>○ Direct services beyond February 14, 2023 may be supported through other allowable behavioral health funding sources.</li> <li>○ Applicants must describe how they intend to fund CCMU direct services beyond the expiration of CRRSAA funding.</li> </ul> </li> <li>• Infrastructure costs will be funded by BHCIP and must be fully expended by June 30, 2025.</li> </ul>
<b>Base Allocation</b>	<ul style="list-style-type: none"> <li>• \$29,000,000 Base Allocation to county and/or city behavioral health agencies.</li> <li>• All grantees will receive a non-competitive Implementation Grant Base Allocation of \$500,000 each. <ul style="list-style-type: none"> <li>○ Of the Base Allocation, \$125,000 will be available for direct services through CRRSAA.</li> <li>○ Of the Base Allocation, \$375,000 will be available for infrastructure through BHCIP.</li> </ul> </li> <li>• Counties/cities may apply for less than the Base Allocation of \$500,000.</li> <li>• Counties/cities that do not apply for either Track 1 or Track 2 of this funding opportunity forfeit their Base Allocation.</li> </ul>
<b>Competitive Funding</b>	<ul style="list-style-type: none"> <li>• All grantees may apply for Competitive Grants for additional funding beyond their Base Allocation.</li> <li>• Up to \$1,000,000 per CCMU team for activities from September 15, 2021 – June 30, 2025.</li> <li>• Applicants may request multiple CCMU teams within each application.</li> </ul>

Track 2	Implementation Grants (continued)
<p><b>Allowable Expenses</b></p>	<p><b>Infrastructure</b></p> <ul style="list-style-type: none"> <li>• Purchasing or leasing vehicles;</li> <li>• Phone line support;</li> <li>• Hardware and software for mobile units, including: <ul style="list-style-type: none"> <li>○ GPS;</li> <li>○ Integrated communications systems;</li> <li>○ Any materials to interface with existing systems;</li> </ul> </li> <li>• Staffing, including administrative staff, to support calls;</li> <li>• Developing peer supports within mobile crisis and non-crisis, including recruiting, training, and marketing;</li> <li>• Trainings, including, but not limited to: <ul style="list-style-type: none"> <li>○ Crisis Intervention Training (CIT) for law enforcement and other responders, including development and facilitation of the training;</li> <li>○ Crisis response and communication trainings for community members;</li> <li>○ Technical Assistance for rural community mobile crisis models;</li> <li>○ Developing sustainable financing models for 24/7 mobile crisis response;</li> </ul> </li> <li>• Coordination and planning activities to manage multiple CCMUs;</li> <li>• Marketing for direct services provided under this funding opportunity; and</li> <li>• Coordination with local and regional organizations.</li> </ul> <p><b>Direct Services</b></p> <ul style="list-style-type: none"> <li>• Mental health and/or substance use crisis and non-crisis services for uninsured or underinsured individuals without coverage for medically necessary services, including: <ul style="list-style-type: none"> <li>○ Treatment services by licensed and appropriately certified clinicians;</li> <li>○ Triage/screening and assessment;</li> <li>○ De-escalation/resolution peer support;</li> <li>○ Coordination and referral with medical and behavioral health services;</li> <li>○ Crisis planning and follow-up;</li> </ul> </li> <li>• Peer support services in conjunction with crisis intervention services; and</li> <li>• Specified engagement activities (bus passes and gift cards).</li> </ul>
<p><b>Eligibility</b></p>	<ul style="list-style-type: none"> <li>• Applicant must be California county or city behavioral health agencies or joint group of counties and/or city behavioral health agencies. Applicant must either be capable of implementing a new mobile crisis support program, or must currently operate or manage a mobile crisis support program.</li> </ul>

## Funding Restrictions

The following will not be funded:

- Debt retirement;
- Operational deficits;
- Partisan activities;
- Religious organizations for explicit religious activities;
- Activities that exclusively benefit the members of sectarian or religious organizations;
- County organizations may utilize their existing DHCS certified indirect cost rates for per [Behavioral Health Information Notice 20-020](#);
- Funds shall not be utilized for services that can be supported through other accessible sources of funding, such as other federal discretionary and formula grant funds, (e.g., HHS, CDC, CMS, HRSA and SAMHSA), DOJ (OJP/BJA) and non-federal funds, third-party insurance, and sliding scale self-pay, among others.
- CRRSAA funding has been awarded through the Substance Abuse Prevention and Treatment Block Grant and the Community Mental Health Services Block Grant, and expenditures utilizing these funds must follow all relevant statutes, rules, and regulations.

## Selection and Evaluation Criteria

DHCS will select applicants who present the most complete and responsive applications demonstrating a mix of credentials, experience, capacity, potential, and cost.

Applications will be reviewed on how well proposed activities match the intent of the funding opportunity, anticipated overall impact, and strength of project team and proposals.

### The most competitive applications will:

<ul style="list-style-type: none"><li>• Prioritize mobile behavioral health crisis services to individuals age 25 and younger</li></ul>
<ul style="list-style-type: none"><li>• Propose activities that have buy-in and are ready for immediate implementation</li></ul>
<ul style="list-style-type: none"><li>• Have a concrete plan for incorporating proposed activities into the county's current workflow</li></ul>
<ul style="list-style-type: none"><li>• Demonstrate understanding of the project scope, project integration, and overall capabilities</li></ul>
<ul style="list-style-type: none"><li>• Affirm applicant's ability to submit regular data and financial progress reports</li></ul>

Applications also must adhere to funding guidelines and present a budget clearly linked to the proposed activities. If application requests exceed available funding, DHCS will consider priority factors such as geographic diversity, underserved patient population or service area, and behavioral health needs in the population served.

At DHCS' discretion, the above evaluation criteria are subject to change to best meet programmatic needs and funder requirements.

## Project Timeline

Applications are due August 23, 2021, and award announcements will be made by September 15, 2021. Contracts will cover activities for the following time period: September 15, 2021 through February 14, 2023 for Direct Services and September 15, 2021 through June 30, 2025 for Infrastructure.



## **Data and Reporting Requirements**

Grantees shall comply with the regulations set forth in 42 CFR Part 2, including the responsibility for assuring the security and confidentiality of all electronically transmitted patient material, including the Health Insurance Portability and Accountability Act (HIPAA) privacy and SAMHSA confidentiality rules, and a commitment to operating in compliance with the regulations.

## **Progress Reports**

Grantees will be required to submit quarterly progress reports and include financial reports describing actual expenditures of contract funding.

## **Track 1: Planning Grants**

Applicants for Planning Grants must submit substantiating documentation of their efforts throughout the contract period, which may include implementation/action plan drafts and community needs assessments. A finalized Action Plan must be submitted to, and approved by, DHCS no later than close of business February 14, 2023. If Planning Grantees are seeking Implementation Grant funding, the finalized Action Plan must include a total funding request of Base Allocation and Competitive Funding and respond to the questions in Attachment C.

## **Track 2: Implementation Grants**

Applicants for Implementation Grants must include data on the performance measures identified in their contracts. Potential performance measures include:

- The number of individuals served/impacted by each CCMU
  - Percent (%) treated and released by CCMU
  - % referred to services in the community
  - % admitted to psychiatric hospital
  - % involuntarily admitted to hospital
  - % taken to the Emergency Department
- Average and median response time of each CCMU
- Primary diagnoses of clients served
- Primary reason for CCMU dispatch
  - e.g. Risk of self-harm, risk of violence to others, other erratic behavior
- % with co-occurring mental health and substance use disorder diagnoses
- Health insurance statuses of clients served
- Number of CCMU dispatches
  - Percent of all crisis calls (911 or other) resulting in CCMU dispatch
- Number of initial mental health or substance use calls routed through police to CCMU
- Number of crisis calls when CCMU engages/requests police response
- Demographic data of clients served:
  - Number of clients served who are aged 5 and under/5-9/10-14/15-19/20-25/26-34/35-44/45-54/65-74/75-84/85 and over/unknown
  - Number of clients served who are male/female/transgender/non-binary or gender queer/unknown

- Number of clients served who are American Indian or Alaska Native/Asian American/ Black or African American/Native Hawaiian or Pacific Islander/More than one race/White/unknown
- Number of clients served who are Latinx or Chicanx or Hispanic/Not Latinx or Chicanx or Hispanic/unknown
- Number of clients served who speak a language other than English at home
- % of individuals who receive crisis follow-up care within 48 hours
- % of families engaged collaboratively in the crisis intervention process
- % of crisis encounters resolved successfully within two hours
- Satisfaction with services (how likely are they to recommend)

Performance measures may be revised as needed to address current situations and high priority challenges.

Progress reports will follow the timeline below, which is based on the State Fiscal Year.

<b>Quarter</b>	<b>Period</b>	<b>Data due</b>
1 <sup>st</sup> Quarter	09/15/2021 – 09/30/2021	10/15/2021
2 <sup>nd</sup> Quarter	10/01/2021 – 12/31/2021	01/15/2022
3 <sup>rd</sup> Quarter	01/01/2022 – 03/31/2022	04/15/2022
4 <sup>th</sup> Quarter	04/01/2022 – 06/30/2022	07/15/2022
5 <sup>th</sup> Quarter	07/01/2022 – 09/30/2022	10/15/2022
6 <sup>th</sup> Quarter	10/01/2022 – 12/31/2022	01/15/2023
7 <sup>th</sup> Quarter	01/01/2023 – 03/31/2023	04/15/2023
8 <sup>th</sup> Quarter	04/01/2023 – 06/30/2023	07/15/2023
9 <sup>th</sup> Quarter	07/01/2023 – 09/30/2023	10/15/2023
10 <sup>th</sup> Quarter	10/01/2023 – 12/31/2023	01/15/2024
11 <sup>th</sup> Quarter	01/01/2024 – 03/31/2024	04/15/2024
12 <sup>th</sup> Quarter	04/01/2024 – 06/30/2024	07/15/2024
13 <sup>th</sup> Quarter	07/01/2024 – 09/30/2024	10/15/2024
14 <sup>th</sup> Quarter	10/01/2024 – 12/31/2024	01/15/2025
15 <sup>th</sup> Quarter	01/01/2025 – 03/31/2025	04/15/2025
16 <sup>th</sup> Quarter	04/01/2025 – 06/30/2025	07/15/2025

## **Application Timeline**

At DHCS' discretion, the timeline below is subject to change to best meet programmatic needs and funder requirements.

### **APPLICATION DEADLINE:**

**August 23, 2021, at 4 p.m. (Pacific Time)**

### **REVIEW OF APPLICATIONS:**

**August – September 2021**

### **APPROXIMATE AWARD ANNOUNCEMENT:**

**September 2021**

### **APPROXIMATE DATE CONTRACTS ISSUED:**

**September 2021**

**NOTE: All funding will be backdated to September 15, 2021, even if contracts are signed after September 15, 2021.**

**To be considered, your proposal must be submitted by 4 p.m. (Pacific Time) on the deadline date. Proposals received after the deadline date/time will not be reviewed. Submission before the deadline date is advised in case you experience technical difficulties with submitting your application through the portal. We may not be able to respond to your requests for help on the deadline date.**

## Questions

Direct questions about the services or about the instructions herein to DHCS as indicated below. Inquiries and questions will not be accepted after **4:00 p.m.** (Pacific Time) on **August 16, 2021**.

Please include the following in an inquiry:

- Respondent's name, name of Respondent's organization, mailing address, area code, telephone number, and email address.
- A description of the subject or issue in question or discrepancy found.
- RFA section, page number, or other information useful in identifying the specific problem or issue in question.

Email Inquiries
<b>Email Address:</b> <a href="mailto:BHRRP@dhcs.ca.gov">BHRRP@dhcs.ca.gov</a>
<b>Subject:</b> Questions Mobile Crisis and Non-Crisis Application

DHCS will respond directly to each person or organization submitting an inquiry. If a question and response is determined to be of value to other potential respondents, DHCS will transmit the question(s) and response(s) to the other organizations on the Respondents list. At its discretion, DHCS may contact an inquirer to seek clarification of any question or inquiry received.

## Reasonable Accommodations

For individuals with disabilities, DHCS will provide assistive services such as reading or writing assistance, conversion of the RFA, questions/answers, RFA addenda, or other Administrative Notices into Braille, large print, audiocassette, or computer disk. To request copies of written materials in an alternate format, please use one of the following methods below to arrange for reasonable accommodations.

Reasonable Accommodation Requests
<b>Email Address:</b> <a href="mailto:BHRRP@dhcs.ca.gov">BHRRP@dhcs.ca.gov</a>
<b>Subject:</b> Reasonable Accommodations – CCMU Program
<b>Fax:</b> 916-440-5230
<b>(TTY) California Relay Telephone Number:</b> 1-800-735-2929

NOTE: The range of assistive services available may be limited if requestors cannot allow ten or more State working days prior to date the alternate format material or assistance is needed.

## State's Rights

1. If deemed necessary by DHCS, DHCS may collect additional applicant documentation, signatures, missing items, or omitted information during the response review process. DHCS will advise the Applicant orally, by email, or in writing of any documentation that is required and the submission timeline. Failure to submit the required documentation by the date and time indicated may cause DHCS to deem a response nonresponsive and eliminate it from further consideration.
2. The submission of a response to this RFA does not obligate DHCS to make a contract award.
3. DHCS reserves the right to deem incomplete responses non-responsive to the RFA requirements.
4. DHCS reserves the right to modify or cancel the RFA process at any time.
5. The following occurrences may cause DHCS to reject a response from further consideration:
  - a. Failure to meet the state applicant requirements by the submission deadline.
  - b. Failure to comply with a request to submit additional documentation in a timely manner.
  - c. Failure to comply with all performance requirements, terms, conditions, and/or exhibits that will appear in the resulting contract.

## Submission of RFA Responses

Applications shall be submitted electronically by **4:00 p.m.** (Pacific Time) on **August 23, 2021**, at the email address shown below. If the applicant is unable to email the application, please contact DHCS with the preferred delivery method. DHCS will not consider late application packages.

Application Submissions
<b>Email Address:</b> <a href="mailto:BHRRP@dhcs.ca.gov">BHRRP@dhcs.ca.gov</a> <b>Subject:</b> Mobile Crisis and Non-Crisis Application Submission

To be timely, DHCS must receive responses no later than 4:00 p.m. (Pacific Time) on the submission due date. Untimely responses will be deemed nonresponsive.

## **Application Checklist**

- **Application Narrative** (see attachments B and C of RFA): Counties are only required to submit one narrative per application, which can be inclusive of multiple CCMU.
- **Required Application Attachments**
  - Proposed project budget completed in Proposed Budget Template: Applicants must submit a separate Proposed Budget for each CCMU.
  - Proposed budget justification for each CCMU.

## Attachment A – Standard Funding Restrictions

SAMHSA funds must be used for purposes supported by the program and may not be used to:

- Exceed Salary Limitation: The Consolidated Appropriations Act, 2016 (Pub. L. 113-76) signed into law on January 10, 2016, limits the salary amount that may be awarded and charged to SAMHSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary can be found in SAMHSA's standard terms and conditions for all awards at <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to sub awards/subcontracts under a SAMHSA grant or cooperative agreement. The Federal Executive Level II Salary Cap is currently \$199,300.
- Pay for any lease beyond the project period.
- Pay for the purchase or construction of any building or structure to house any part of the program.
- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.
- No out-of-state travel is permitted with these funds.

*\*SAMHSA funds were granted to the State and all funding restrictions are applicable to this funding opportunity and all sub-contracts.*

## Attachment B -

### Track 1 Application: Planning Grants

#### **APPLICANT ORGANIZATION INFO**

- County name or list of participating counties
- Is the county fiscally sponsoring a provider?
- Name of fiscally sponsored organization, if applicable
- Address
- Phone
- URL (optional)
- Application contact
- Application contact email address
- Application contact phone
- What is the applicant's annual budget amount?
- Does the applicant have an annual financial audit?

#### **PROJECT INFORMATION**

- Project Name (10 words maximum):
- Brief Summary and Purpose of Project (100 words maximum):

Start Date: September 15, 2021

End Date: February 14, 2023

- Amount Requested: \$ \_\_\_\_\_
  - (Up to \$200,000)

#### **Focus Populations (Race/Ethnicity)**

For the racial and ethnic populations that will be affected, provide your best estimate of the percentage of the total people of each population. (Total may not add up to 100 percent, as individuals may select multiple races/ethnicities).

- African American or Black: %
- American Indian or Alaska Native: %
- Asian: %
- Chicanx or Latinx or Hispanic: %
- Native Hawaiian or Pacific Islander: %
- White: %
- Other: % [please specify]

#### **Focus Populations (Age)**

Provide your best estimate for the affected populations within the age ranges identified below. Please note your project must prioritize activities for individuals 25 years and younger.

- < 5yr olds: %
- 5 to 9 yr olds: %
- 10 to 14 yr olds: %
- 15 to 19 yr olds: %



- ☐ 20 to 25 yr olds: %
- ☐ 26 to 34 yr olds: %
- ☐ 35 to 44 yr olds: %
- ☐ 45 to 54 yr olds: %
- ☐ 55 to 64 yr olds: %
- ☐ 65 to 74 yr olds: %
- ☐ 75 to 84 yr olds: %
- ☐ 85+ yr olds: %

## **NARRATIVE QUESTIONS**

### **Track Record:**

1. Describe your county's current behavioral health crisis system, and specifically, prior or ongoing mobile crisis and/or crisis intervention services. (200 words maximum)
2. What services are currently available in your county for adults in crisis?
  - a. Mobile Crisis Unit
    - i. Staff composition of unit(s)
    - ii. Number of units and cumulative hours of coverage
    - iii. How are these teams dispatched?
  - b. Urgent Care/Walk-in clinics
  - c. Crisis Stabilization Unit/23-hour unit (CSU)
    - i. List program name(s) and number of beds
  - d. Crisis Residential Facilities (CRF)
    - i. List program name(s) and number of beds
  - e. Other crisis facility models (e.g. crisis and peer respite, living room model, unlicensed facilities)
    - i. List program name(s) and number of beds
  - f. Sobering Centers (SC)
    - i. List program name(s) and number of beds
3. What services are currently available in your county for children/youth in crisis?
  - a. Mobile Crisis Unit
    - i. Staff composition of unit(s)
    - ii. Number of units and cumulative hours of coverage
    - iii. How are these teams dispatched?
  - b. Urgent Care/Walk-in clinics
  - c. CSU
    - i. List program name(s) and number of beds
  - d. CRF
    - i. List program name(s) and number of beds
  - e. Other crisis facility models (e.g. crisis and peer respite, living room model, unlicensed facilities)
    - i. List program name(s) and number of beds
  - f. SC
    - i. List program name(s) and number of beds
4. Are there any behavioral health crisis service facilities or units (CSU, CRF, SC, or others) that your county contracts for that are not located within your county?

- a. List program name(s), location (i.e. county), facility or unit type, population served (i.e. adults or children/youth) and number of beds
5. What is the current process for dispatch of mobile crisis units in your county's behavioral health crisis system?
6. How does your county incorporate telehealth/mobile technology in its behavioral health crisis system?
7. How are law enforcement involved in your county's behavioral health crisis system?
8. How many crisis services within your county operate 24/7?
  - a. Please include information regarding patient wait times.

**Use of Funds:** Describe in detail your plan to assess the need, and develop an action plan to address the need of mobile crisis and non-crisis programs in your county, including your 1) goals, 2) activities, 3) plans to prioritize efforts to support mobile behavioral health crisis services to individuals age 25 and younger, 4) plans to prioritize efforts to support justice-intervention services (if applicable), and 5) resources. (300 words maximum)

**Expected Outcomes:** List 2-5 expected direct outcomes of the proposed activities. (200 words maximum)

**Evaluation Process:** Describe how you will document or evaluate progress toward the outcomes. (200 words maximum)

**Organizational Capacity:** Describe 1) your county's capacity to implement the project (including staffing capacity), and 2) how this project may further build your county's capacity. (250 words maximum)

**Partnerships.** Describe clinic or community partnerships and resources that could be readily established or are already in place to support the planning process. (200 words maximum)

**Technical Assistance:** What technical assistance would your county benefit from in implementing this project? (100 words maximum)

## **ATTACHMENTS**

- Proposed Project Budget (required): Applicants must submit a Proposed Budget utilizing the required Budget Template for planning grant activities.
  - Payments will be made to grantees based on completion of deliverables.

## Attachment C -

### Track 2 Application: Implementation Grants

#### **APPLICANT ORGANIZATION INFO**

- County name or list of participating counties
- Is the county fiscally sponsoring a provider?
- Name of fiscally sponsored organization, if applicable
- Address
- Phone
- URL (optional)
- Application contact
- Application contact email address
- Application contact phone
- What is the applicant's annual budget amount?
- Does the applicant have an annual financial audit?

#### **PROJECT INFORMATION**

- Project Name (10 words maximum):
- Brief Summary and Purpose of Project (100 words maximum):

Start Date: September 15, 2021

Direct Service End Date: February 14, 2023

Infrastructure End Date: June 30, 2025

- Amount Requested: \$ \_\_\_\_\_
  - (Up to \$1,000,000 per CCMU)

#### **Focus Populations (Race/Ethnicity)**

For the racial and ethnic populations that will be affected, provide your best estimate of the percentage of the total people of each population. (Total may not add up to 100 percent, as individuals may select multiple races/ethnicities).

- African American or Black: %
- American Indian or Alaska Native: %
- Asian: %
- Chicanx or Latinx or Hispanic: %
- Native Hawaiian or Pacific Islander: %
- White: %
- Other: % [please specify]

#### **Focus Populations (Age)**

Provide your best estimate for the affected populations within the age ranges identified below. Please note your project must prioritize activities for individuals 25 years and younger.

- < 5yr olds: %
- 5 to 9 yr olds: %

- ☐ 10 to 14 yr olds: %
- ☐ 15 to 19 yr olds: %
- ☐ 20 to 25 yr olds: %
- ☐ 26 to 34 yr olds: %
- ☐ 35 to 44 yr olds: %
- ☐ 45 to 54 yr olds: %
- ☐ 55 to 64 yr olds: %
- ☐ 65 to 74 yr olds: %
- ☐ 75 to 84 yr olds: %
- ☐ 85+ yr olds: %

## **NARRATIVE QUESTIONS**

**Track Record:** Describe your county's current behavioral health crisis system and CCMU program or capacity within your existing behavioral health crisis system to implement a new CCMU program. (200 words maximum)

1. What services are currently available in your county for adults in crisis?
  - a. Mobile Crisis Unit
    - i. Staff composition of unit(s)
    - ii. Number of units and cumulative hours of coverage
    - iii. How are these teams dispatched?
  - b. Urgent Care/Walk-in clinics
  - c. Crisis Stabilization Unit/23-hour unit (CSU)
    - i. List program name(s) and number of beds
  - d. Crisis Residential Facilities (CRF)
    - i. List program name(s) and number of beds
  - e. Other crisis facility models (e.g. crisis and peer respite, living room model, unlicensed facilities)
    - i. List program name(s) and number of beds
  - f. Sobering Centers (SC)
    - i. List program name(s) and number of beds
  
2. What services are currently available in your county for children/youth in crisis?
  - a. Mobile Crisis Unit
    - i. Staff composition of unit(s)
    - ii. Number of units and cumulative hours of coverage
    - iii. How are these teams dispatched?
  - b. Urgent Care/Walk-in clinics
  - c. CSU
    - i. List program name(s) and number of beds
  - d. CRF
    - i. List program name(s) and number of beds
  - e. Other crisis facility models (e.g. crisis and peer respite, living room model, unlicensed facilities)
    - i. List program name(s) and number of beds
  - f. SC
    - i. List program name(s) and number of beds

3. Are there any behavioral health crisis service facilities or units (CSU, CRF, SC, or others) that your county contracts for that are not located within your county?
  - a. List program name(s), location (i.e. county), facility or unit type, population served (i.e. adults or children/youth) and number of beds
4. What is the current (or intended) process for dispatch of mobile crisis units in your county's behavioral health crisis system?
5. How does your county incorporate telehealth/mobile technology in its behavioral health crisis system?
6. How are law enforcement involved in your county's behavioral health crisis system?
7. How many crisis services within your county operate 24/7?
  - a. Please include information regarding patient wait times.

**Use of Funds:** Describe in detail your plan for using these funds to expand your current CCMU program or to implement a new CCMU program, including your 1) goals, 2) activities, 3) timeline, and 4) resources. (300 words maximum)

**Expected Outcomes:** List 2-5 expected direct outcomes of the proposed activities. (200 words maximum)

**Evaluation Process:** Describe how you will document or evaluate progress toward the outcomes. (200 words maximum)

**Organizational Capacity:** Describe 1) your county's capacity to implement the project (including staffing capacity), and 2) how this project may further build your county's capacity. (250 words maximum)

**Partnerships.** Describe clinic or community partnerships and resources that could be readily established or are already in place to support implementation of program goals. (200 words maximum)

**Sustainability:** Describe how your project will utilize this funding to support sustainability of your work after the funding ends. (100 words maximum)

**Coordination:** If your county manages multiple CCMUs, describe how you will structure and coordinate the administration of these entities. (200 words maximum)

**Technical Assistance:** What technical assistance would your county benefit from in implementing this project? (100 words maximum)

## ATTACHMENTS

- Proposed Project Budget (required): Applicants must submit a separate Proposed Budget utilizing the Budget Template for each CCMU team.
  - Payments will be made to grantees based on completion of deliverables.