



CRISIS CARE MOBILE UNITS PROGRAM

Request for Application: Crisis Care Mobile Units Program

Background

The California Department of Health Care Services (DHCS) is re-releasing this Request for Application (RFA), utilizing funding received from the Behavioral Health Continuum Infrastructure Program (BHCIP) and the Substance Abuse and Mental Health Services Administration (SAMHSA) through the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) to solicit applications to support and expand mobile behavioral health crisis and non-crisis services. Awards are subject to the availability of funding not obligated in the first RFA.

DHCS has contracted with Advocates for Human Potential, Inc. (AHP), as the Administrator for this program. AHP will subcontract with grantees to plan, implement, and/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 of up to \$200,000 to assess the need and develop an Action Plan to address the need for mobile crisis and non-crisis programs. Once Action Plans are submitted and approved, grantees can apply for the remainder of their base allocation for infrastructure, if funds are available.
- Track 2—Implementation Grants to implement a new or expand an existing CCMU program, up to \$1,000,000 per CCMU team.

New grantees are eligible to receive a non-competitive Implementation Grant Base Allocation of \$500,000 each, if funds are available. Of the Base Allocation, a maximum of \$125,000 will be available for direct services and \$375,000 or more for infrastructure. Applicants may apply for less than the \$500,000 Base Allocation.

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

Eligibility Criteria

DHCS will accept applications only from California county, city, or tribal entity behavioral health authorities, or joint applications of county and/or city or tribal entity behavioral health authorities. Tribal entities are defined as a federally recognized Indian tribe, tribal organization, or urban Indian organization, as defined in Section 1603 of Title 25 of the United States Code. Applicants may only submit one application, but within a single application they may apply for funds to develop or expand more than one CCMU. DHCS will select the most highly qualified CCMUs described within each application. Priority will be given to those agencies who were not funded through the first CCMU RFA.

Scope of Work

The focus of this funding opportunity is to support the 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, and taking measurable steps toward 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 transfer to other locations.

The following options were developed by DHCS to support California county, city, or tribal entity behavioral health authorities, or joint applications of county and/or city or tribal entity behavioral health authorities, through Base Allocations and/or competitive grants. DHCS strongly encourages grantees 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, deliverable-based budget and budget justification to assist DHCS in establishing the final amount awarded. Applicants must abide by standard funding restrictions as determined by SAMHSA and as described in Attachment A: [Standard Funding Restrictions and in the Crisis Care Mobile Units Program Funding Fact Sheet](#). Applications must address all services described throughout this RFA.

Applicants are required to adhere to the budget guidelines included in the Budget Submission Form. 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. The applicant must also submit a budget justification with a detailed description of the costs, including the costs per team.

Funding Description

Funding Overview	
Description	<ul style="list-style-type: none"> Eligible applicants include California county, city, or tribal entity behavioral health authorities, or joint applications of county and/or city or tribal entity behavioral health authorities.
Key Focus	<ul style="list-style-type: none"> All grantees must prioritize efforts to support mobile behavioral health crisis services to individuals age 25 and younger, and 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.
Track 1 – Planning Grant Funding	<ul style="list-style-type: none"> Planning Grants are intended to assess the need and develop an Action Plan to address the need for crisis and non-crisis mobile programs. Counties/cities/tribal entities 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.

Funding Overview (continued)

Track 2 – Implementation Grant Funding	<ul style="list-style-type: none">• All new grantees are eligible to receive a non-competitive Implementation Grant Base Allocation of \$500,000 each, if funds are available.<ul style="list-style-type: none">○ Of the Base Allocation, up to \$125,000 will be available for direct services through CRRSAA.○ Of the Base Allocation, \$375,000 or more will be available for infrastructure through BHCIP.• Counties/cities/tribal entities may apply for less than the Base Allocation of \$500,000.• Applicants may apply for Competitive Grants for additional funding beyond their Base Allocation.• Applicants may request up to \$1,000,000 per CCMU team. This maximum includes both Base and Competitive Funding.
Implementation Grant Funding Breakdown	<ul style="list-style-type: none">• 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.• 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.

Track 1	Planning Grants
Description	<ul style="list-style-type: none"> • Planning Grants are intended to assess the need and develop an Action Plan to address the need for crisis and non-crisis mobile programs. • Counties/cities/tribal entities 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. • Planning Grantees are eligible to access the remainder of their base allocation for infrastructure implementation after DHCS approval of an Action Plan, if funds are available. • Planning Grant funding <u>will not</u> cover implementation costs or direct services of existing CCMUs.
Key Focus	<ul style="list-style-type: none"> • All grantees must prioritize efforts to support mobile behavioral health crisis services to individuals age 25 and younger. • 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.
Available Funding	<ul style="list-style-type: none"> • Up to \$200,000 for activities from February 2022 to February 14, 2023
Allowable Expenses	<ul style="list-style-type: none"> • Staffing to facilitate and inform program planning and Action Plan development • Consultant services to facilitate and inform program planning and Action Plan development • Coordination with local and regional organizations to facilitate program planning and Action Plan development • Equipment, supplies, and software to support program planning and Action Plan development • Community needs assessments to inform program planning and Action Plan development
Eligibility	<ul style="list-style-type: none"> • California county, city, or tribal entity behavioral health authorities, or joint applications of county and/or city or tribal entity behavioral health authorities

Track 2	Implementation Grants
Description	<ul style="list-style-type: none"> • Implementation Grants are intended to implement a new or expand an existing CCMU program to be utilized for mobile crisis and non-crisis services.
Key Focus	<ul style="list-style-type: none"> • All grantees must prioritize efforts to support mobile behavioral health crisis services to individuals age 25 and younger. • 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.
Project Funding Timeline	<ul style="list-style-type: none"> • Direct services will be funded by CRRSAA and must be fully expended by February 14, 2023. <ul style="list-style-type: none"> ○ Direct services beyond February 14, 2023, may be supported through other allowable behavioral health funding sources. ○ Applicants must describe how they intend to fund CCMU direct services beyond the expiration of CRRSAA funding. • Infrastructure costs will be funded by BHCIP and must be fully expended by June 30, 2025.
Base Allocation	<ul style="list-style-type: none"> • All new grantees are eligible to receive a non-competitive Implementation Grant Base Allocation of \$500,000 each, if funds are available. <ul style="list-style-type: none"> ○ Of the Base Allocation, up to \$125,000 will be available for direct services through CRRSAA. ○ Of the Base Allocation, \$375,000 or more will be available for infrastructure through BHCIP. • Counties/cities/tribal entities may apply for less than the Base Allocation of \$500,000. • Counties/cities/tribal entities that do not apply for either Track 1 or Track 2 of this funding opportunity forfeit their Base Allocation.
Competitive Funding	<ul style="list-style-type: none"> • All grantees may apply for Competitive Grants for additional funding beyond their Base Allocation up to \$1,000,000 per CCMU team for activities from February 2022 through June 30, 2025. This maximum includes both Base and Competitive Funding. • Applicants may request funding for multiple CCMU teams within one application.

Track 2	Implementation Grants (continued)
Allowable Expenses	<p data-bbox="448 201 1419 268">(For more details, refer to CCMU Program Funding Fact Sheet.)</p> <p data-bbox="448 319 656 348">Infrastructure</p> <ul data-bbox="496 373 1412 1411" style="list-style-type: none"> • Purchasing or leasing vehicles • Dispatch hardware and software • Hardware and software for mobile units, including <ul data-bbox="591 487 1383 630" style="list-style-type: none"> ○ GPS systems, ○ Integrated communications systems, and ○ Any materials to interface CCMU teams with existing systems, including internet access • Limited administrative staffing that directly supports the CCMU program • Dispatch staffing to support CCMU teams and dispatch activities • Developing peer supports within mobile crisis, including recruiting, training, and marketing • Trainings, including but not limited to <ul data-bbox="548 898 1396 1260" style="list-style-type: none"> ○ Crisis Intervention Training (CIT) or other behavioral health crisis training for law enforcement and other responders, including development and facilitation of the training; ○ Crisis response and communication trainings for dispatch; ○ Technical assistance/consultation for rural community mobile crisis models; and ○ Technical assistance/consultation on developing sustainable financing models for 24/7 mobile crisis response • Coordination and planning activities to manage multiple CCMUs • Staff and materials for marketing of CCMU programs • Coordination with local and regional organizations <p data-bbox="448 1432 678 1461">Direct Services</p> <ul data-bbox="496 1486 1412 1911" style="list-style-type: none"> • Mental health and/or substance use crisis and non-crisis services for uninsured or underinsured individuals without coverage for medically necessary services, including <ul data-bbox="548 1600 1409 1848" style="list-style-type: none"> ○ Treatment services by licensed and appropriately certified clinicians, ○ Triage/screening and assessment, ○ De-escalation/resolution peer support, ○ Coordination and referral with medical and behavioral health services, and ○ Crisis planning and follow-up • Peer support services in conjunction with crisis intervention services

	<ul style="list-style-type: none"> Specified engagement activities (bus passes and gift cards) to facilitate follow-up crisis care
Track 2	Implementation Grants (continued)
Eligibility	<ul style="list-style-type: none"> California county, city, or tribal entity behavioral health authorities, or joint applications of county and/or city or tribal entity behavioral health authorities Applicant must either be capable of implementing a new mobile crisis support program or must currently operate or manage a mobile crisis support program.

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 (ICR) per [Behavioral Health Information Notice 20-020](#). If your organization does not have an ICR with DHCS, then either a federally negotiated indirect rate or a rate of 10 percent of modified total direct costs (MTDC) is allowable. Organizations claiming a federally negotiated ICR must provide supporting documentation.
- Funds shall not be utilized for services that can be supported through other accessible sources of funding, such as federal discretionary and formula grant funds (e.g., from HHS, CDC, CMS, HRSA, SAMHSA, DOJ, OJP/BJA), 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 reasonable 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">• Prioritize mobile behavioral health crisis services to individuals age 25 and younger
<ul style="list-style-type: none">• Propose activities that have buy-in and are ready for immediate implementation
<ul style="list-style-type: none">• Have a concrete plan for incorporating proposed activities into the applicant's current workflow
<ul style="list-style-type: none">• Demonstrate understanding of the project scope, project integration, and overall capabilities
<ul style="list-style-type: none">• Affirm applicant's ability to submit regular data and financial progress reports

Applications also must adhere to funding guidelines and use the attached templates to present a budget and budget justification that are 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's discretion, the above evaluation criteria are subject to change to best meet programmatic needs and funder requirements.

Project Timeline

Applications are due January 4, 2022, and award announcements will be made in February 2022. Contracts will begin in February 2022 and extend through February 14, 2023, for direct services (Implementation Grants) and Planning Grants, and through June 30, 2025, for infrastructure (Implementation Grants).

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, per the Health Insurance Portability and Accountability Act (HIPAA) privacy and SAMHSA confidentiality rules, and committing 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 infrastructure Implementation Grant funding, the finalized Action Plan must include a total funding request 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 following:

- 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
 - % 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 4 and under, 5–9, 10–14, 15–19, 20–25, 26–34, 35–44, 45–54, 55–64, 65–74, 75–84, 85 and over, and unknown
 - Number of clients served who are male/female/transgender/non-binary or genderqueer/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 2 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.

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

Application Timeline

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

RFA RELEASED: November 10, 2021

RFA INFORMATIONAL WEBINAR:

Wednesday, November 17, 2021, 11:00 a.m. – 12:00 p.m. (Pacific Time)

[Register Now](#)

QUESTION DEADLINE: December 28, 2021 4:00 PM (Pacific Time)

APPLICATION DEADLINE: January 4, 2022, at 4:00 p.m. (Pacific Time)

To be considered, your proposal must be submitted by 4:00 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.

APPROXIMATE AWARD ANNOUNCEMENT: February 2022

Questions

Direct questions about the services or about the instructions herein to AHP as indicated below. Inquiries and questions will not be accepted after **4:00 p.m. (Pacific Time) on December 28, 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
Email Address: CCMU@ahpnet.com Subject: Questions CCMU RFA Re-Release

AHP 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, AHP will transmit the question and response to the other organizations on the respondents list. At its discretion, AHP may contact an inquirer to seek clarification of any question or inquiry received.

Reasonable Accommodations

For individuals with disabilities, AHP 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
Email Address: CCMU@ahpnet.com
Subject: Reasonable Accommodations – CCMU Program
Fax: 916-440-5230
(TTY) California Relay Telephone Number: 1-800-735-2929

NOTE: The range of assistive services available may be limited if requestors cannot allow 10 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 non-responsive 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 January 4, 2022**, 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
<p>Email Address: CCMU@ahpnet.com Subject: Mobile Crisis Re-Release Application Submission</p>

Applications must be received no later than 4:00 p.m. Pacific Time on the submission due date. Untimely responses will be deemed non-responsive.

Application Checklist

- Application Narrative** (see attachments B and C of RFA):
 For Track 1 Planning, provide all of the information contained in Attachment B of the RFA including Applicant Organization Information, Project Information and Narrative Question Responses in one document and follow instructions for budget submission.
 For Track 2 Implementation provide all of the information contained in Attachment C of the RFA including Applicant Organization Information, Project Information and Narrative Questions in one document and follow instructions for budget submission. Only submit one narrative per application, which can be inclusive of multiple CCMUs.
- Required Additional Application Attachments**
 - Proposed project budget using the Budget Submission Form.
 - Proposed budget justification for each CCMU team.

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](#). 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 subawards/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.
- Pay for out-of-state travel.

SAMHSA funds were granted to the State of California, and all funding restrictions are applicable to this funding opportunity and all subcontracts.

I. APPLICANT ORGANIZATION INFO

- Name of county, city, or tribal entity, or joint applications of county and/or city or tribal entity
- Is the applicant 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?

II. PROJECT INFORMATION

- Project Name (10 words maximum):
- Brief Summary and Purpose of Project (100 words maximum):
- 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 might not add up to 100 percent, as individuals may belong to multiple racial/ethnic populations).

- 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.

- < 5 yr 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: %

III. NARRATIVE QUESTIONS

A. Track Record:

1. Describe your 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 crisis system 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 crisis system 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 you contract for that are not located within your crisis system?

- a. List program name(s), location, 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 behavioral health crisis system?
6. How do you incorporate telehealth/mobile technology in your behavioral health crisis system?
7. How is law enforcement involved in your behavioral health crisis system?
8. How many crisis services within your crisis system operate 24/7?
 - a. Please include information regarding patient wait times.

B. Use of Funds: Describe in detail your plan to assess the need for, and develop an Action Plan to address the need for, mobile crisis and non-crisis programs in your crisis system, 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)

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

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

E. Organizational Capacity: Describe 1) your capacity to implement the project (including staffing capacity), and 2) how this project may further build your crisis system capacity. (250 words maximum)

F. 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)

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

IV. BUDGET AND JUSTIFICATION

Download and complete the [Word document](https://www.infrastructure.buildingcalhhs.com/wp-content/uploads/2021/11/Budget_Form_PlanningGrants_CCMU.docx) provided at https://www.infrastructure.buildingcalhhs.com/wp-content/uploads/2021/11/Budget_Form_PlanningGrants_CCMU.docx for your deliverable/schedule and budget submission. Also attach a budget justification.

I. APPLICANT ORGANIZATION INFO

- Name of county, city, or tribal entity, or joint applications of county and/or city or tribal entity
- Is the applicant 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?

II. PROJECT INFORMATION

- Project Name (10 words maximum):
- Brief Summary and Purpose of Project (100 words maximum):
- Number of new CCMU Teams Proposed: _____
- Number of enhanced CCMU Teams Proposed: _____
- 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 might not add up to 100 percent, as individuals may belong to multiple racial/ethnic populations).

- 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.

- < 5 yr 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: %

III. NARRATIVE QUESTIONS

A. Track Record: Describe your 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 crisis system 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 crisis system 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 you contract for that are not located within your crisis system?
 - a. List program name(s), location, 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 behavioral health crisis system?
 5. How do you incorporate telehealth/mobile technology in your behavioral health crisis system?
 6. How is law enforcement involved in your behavioral health crisis system?
 7. How many crisis services within your crisis system operate 24/7?
 - a. Please include information regarding patient wait times.
- B. 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, 4) resources, and 5) number of new CCMU teams created and number enhanced and with this funding. (300 words maximum)
- C. Expected Outcomes:** List 2–5 expected direct outcomes of the proposed activities. (200 words maximum)
- D. Evaluation Process:** Describe how you will document or evaluate progress toward the outcomes. (200 words maximum)
- E. Organizational Capacity:** Describe 1) your capacity to implement the project (including staffing capacity), and 2) how this project may further build your crisis system capacity. (250 words maximum)
- F. 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)
- G. Sustainability:** Describe how your project will utilize this funding to support sustainability of your work after the funding ends. (100 words maximum)
- H. Coordination:** If you manage multiple CCMUs, describe how you will structure and coordinate the administration of these entities. (200 words maximum)
- I. Technical Assistance:** What technical assistance would your organization benefit from in implementing this project? (100 words maximum)

IV. BUDGET AND JUSTIFICATION

Download and complete the [Word document](https://www.infrastructure.buildingcalhhs.com/wp-content/uploads/2021/11/Budget_Form_ImplementationGrants_CCMU.docx) provided at https://www.infrastructure.buildingcalhhs.com/wp-content/uploads/2021/11/Budget_Form_ImplementationGrants_CCMU.docx for your deliverable/schedule and budget submission. Also attach a budget justification for the proposed teams.