

**Crisis Care Mobile Units
Frequently Asked Questions
11/29/21**

Eligible Applicants

1. What entities are eligible for this funding opportunity?

Answer: DHCS will only accept applications 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 may apply for funds to develop or expand more than one CCMU within a single application. 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 Request for Application.

Funding Allocations

2. Will funding be allocated by State Fiscal Year or Calendar Year?

Answer: Allocations will be made by State Fiscal Year.

3. If an entity applies for one CCMU team of \$1,000,000, how much would the competitive grant allocation request be?

Answer: The base allocation would make up \$500,000 of the CCMU team request, and the remaining \$500,000 would be a competitive grant funding request.

4. Do the funding allocation requirements for infrastructure and direct services apply to the competitive grants in addition to the base funding?

Answer: Yes. Up to 25 percent of funding may be allocated for direct services, and no less than 75 percent of funding may be allocated for infrastructure. These restrictions are for both base allocation and competitive funding.

5. Can an applicant allocate 100 percent of competitive grant funds for direct services?

Answer: Applicants cannot apply for only direct services. At least 75 percent of the budget must be infrastructure. However, an application could be 100 percent infrastructure. The RFA places general restrictions on funding for infrastructure (no less than 75 percent of funding) and direct services (up to 25 percent of funding). The primary purpose of the CCMU funding opportunity is to support mobile crisis infrastructure needs and not direct service costs, due to the availability of other funding sources that support direct services, such as the Community Mental Health Services Block Grant (MHBG) or Substance Abuse Prevention and Treatment Block Grant (SABG).

6. If an applicant requests an amount above the base allocation grant of \$125,000 for direct services, would this additional amount be considered for a competitive grant?

Answer: Yes, funding request amounts above \$125,000 for direct services would be competitive grant requests. At least 75 percent of the total budget amount must be for infrastructure.

7. After grantees complete the Planning Grant Action Plan, how do they apply for the Implementation Grant?

Answer: The final, submitted Planning Grant Action Plan would serve as the infrastructure Implementation Grant application if funds are available. The Planning Grant Action Plan must include a total funding request of the remainder of the base allocation and respond to the questions in Attachment C of the RFA.

8. Can competitive grant funding be utilized for direct services through June 30, 2025?

Answer: No. Funding for direct services must be expended by February 14, 2023. However, infrastructure funding can be utilized through June 30, 2025.

9. If funding multiple teams, can some teams have budgets more than \$1,000,000 and some less than \$1,000,000, as long as it averages to \$1,000,000 per team?

Answer: No, individual teams are limited to \$1,000,000 each.

10. If some funds in year 1 remain unspent, can they roll into the next year?

Answer: Yes, some unspent funds may be rolled over to the next year in certain circumstances. Contracts and budgets for this project will be deliverable based, which means grantees will receive payment for the completion of each deliverable outlined in their contracts. This should result in complete expenditure of each fiscal year's budget unless deliverables were somehow delayed or amended. If deliverable timelines or amounts need to be changed, grantees must engage in a contract amendment with AHP. Additionally, direct service funding expires February 14, 2023, and cannot be extended beyond that date.

11. Are there timing restrictions on expending the base allocation?

Answer: There are no timing restrictions on the Base Allocation aside from the fact that all Direct Services funding must be expended by February 14, 2023, and all Infrastructure funding must be expended by June 30, 2025.

Allowable Expenses

12. Can grantees use funding to expand existing CCMU team staffing?

Answer: Yes.

13. What is meant by "infrastructure" for the purposes of this grant?

Answer: Please refer to page 7 of the RFA.

14. Do infrastructure allowable expenses include the remodel of a facility for crisis services to support CCMUs?

Answer: Certain allowable costs may support facility infrastructure that directly supports the CCMU team, including hardware, software, and phone line support.

15. Can grantees use infrastructure funding to help set up a crisis call center to support CCMUs by responding to or referring calls to CCMUs?

Answer: Hardware, software, and phone lines may be used to fund crisis call center activities when directly supporting a CCMU team.

16. Can grantees fund direct service positions with infrastructure funds?

Answer: No. Funding for direct service positions must be allocated in the direct services category.

17. Are patrol vehicle costs for law enforcement included in allowable expenses?

Answer: No, not at this time.

18. Can an entity apply for funding and distribute direct services funding to a private CCMU team?

Answer: Counties may use this funding opportunity to subcontract CCMU services to public and private nonprofit organizations.

19. Can infrastructure funds be used for peer certification/training of peers who are not on the mobile crisis team, but contribute to the behavioral health crisis continuum of care?

Answer: Infrastructure funds may be used to support crisis training for anyone involved in the behavioral health crisis continuum of care.

20. If a grantee contracts with another county for dispatch to CCMUs and then pays them usage fees, are the usage fees an allowable expense?

Answer: Yes, these usage fees are allowable, as they pertain to CCMU dispatch services.

21. If an adult CCMU team is scheduled to only serve individuals 18 and older, is this acceptable?

Answer: If this team does serve some individuals under the age of 25, it is allowable. It would be unallowable if it could not serve any individuals under the age of 25.

22. Is there any consideration for allowing different direct services/infrastructure allocations for small/rural counties? There are significant challenges with meeting the infrastructure requirements given the small scale of mobile crisis programs in small counties.

Answer: Direct services are limited to no more than 25 percent of your overall CCMU budget. However, you may utilize other funding sources, such as your Supplemental County Application Base

Allocation/Discretionary and General Crisis Services funding, to support direct services.

23. Can applicants apply CCMU grant infrastructure funds toward 911 and 988 call center CCMU dispatch efforts?

Answer: 911/988 dispatch technology and services resulting in CCMU dispatch are allowable, particularly with the application of cost-sharing/allocability methodology to CCMU funds for calls that result in CCMU dispatch.

24. Can a grantee purchase vehicles for CCMU and then lease those vehicles to a CCMU subcontractor for use?

Answer: No. Grantees may purchase or lease vehicles to be used by CCMU teams or subcontractors but may not charge their subcontractors for use of those vehicles.

25. Can the funds be used to expand or enhance Family Urgent Response System (FURS) Teams?

Answer: These funds cannot replace or supplant existing funds. They can expand or enhance FURS Teams, but the crisis services must also be available to youth, age 25 or younger. The FURS Teams and the services they provide must meet the eligibility requirements outlined in the RFA.

26. Are Admin/Indirect costs allowable? A 10% de minimus admin cost is allowable under most grants.

Answer: Behavioral Health Authorities may integrate indirect costs for each deliverable into the total cost for that deliverable. For agencies with an Indirect Cost Rate (ICR) for MHBG or SABG with DHCS, this rate should be used. 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. Because this is a deliverable budget, the costs for staff, subcontractors, other direct costs, and indirect costs should be calculated and factored within each deliverable. The indirect costs and calculations should be included in the budget justifications.

27. Please provide clarification on allocating funds for CCMU dispatch in a call center that handles other types of calls, given that a call may start out with an assessment/triage to determine whether a dispatch is needed.

Answer: The triage, assessment, and technology needed for calls that result in dispatch are allowed as part of infrastructure. Technology and staff costs for calls that result in dispatch of a CCMU team are allowable infrastructure. As noted in the Fact Sheet on page 7, you must have a clear rationale for funding through this program.

This dispatch technology and staffing can be considered infrastructure and is not subject to the 5 percent cap.

28. How would an applicant figure out salaries and technology for a whole call center and dispatch system? If 20 percent of calls result in deployment to CCMU, what costs would be covered by this infrastructure?

Answer: If 20 percent of the calls result in dispatch, 20 percent of technology and staff could be allocated to the CCMU program. If other funds are already available for this staffing/technology, you may not supplant these funds.

29. Can these funds pay for direct service of existing staff?

Answer: Yes, you may use direct service funding to support existing staff, so long as they are not covered by another funding source.

30. Are electric vehicles allowable?

Answer: Yes.

CCMU Services

31. Are CCMUs required to include a certain number of staff?

Answer: While the specific number of staff in a CCMU is not defined or restricted, the CCMU team must be able to provide the services described in the RFA Scope of Work and should meet the Substance Abuse and Mental Health Services Administration (SAMHSA)–defined essential functions of mobile crisis services, which include:

- Triage/screening, including explicit screening for suicidality;
- Assessment;

- De-escalation/resolution;
- Peer support;
- Coordination with medical and behavioral health services; and
- Crisis planning and follow up.

32. Should applications primarily target crisis services?

Answer: While the funding opportunity is targeted toward expanding the available crisis services statewide, applicants are also encouraged to include descriptions of non-crisis services that will be provided by the multidisciplinary CCMU teams.

33. Could a CCMU serve people in a mental health crisis regardless of income or insurance status?

Answer: Direct services funding from this grant can only be used for underinsured and uninsured individuals and must serve as a payer of last resort where other funding sources are available (i.e., public or private insurance coverage). However, CCMU services should not be denied to any individuals based on insurance status.

34. Can teams be based in emergency rooms, primarily responding to the hospital, if that is the gap in a grantee's crisis care system that needs addressing?

Answer: No, the purpose of the CCMU funding opportunity is to primarily support crisis care dispatch and mobile response in the field. CCMU teams may be based in the emergency department, but these funds will only cover crisis care dispatch and mobile response in the field.

35. Can a grantee have peers based out of emergency departments that will make immediate connections to identified people in the emergency department if services will be centered around referral and handoff to mental health treatment, substance use disorder treatment and medication management?

Answer: No, this is unallowable, as these services are based in and conducted entirely in the emergency department without crisis care dispatch and mobile response in the field.

Miscellaneous

36. Should applicants identify funding to sustain the expanded CCMU program once the grant funding ends?

Answer: DHCS prefers applications that demonstrate the sustainability of the grantees' CCMU programs.

37. What are the reporting requirements for the grant, especially for the direct services portion of the grant? i.e., SPARS reporting? Reporting on individuals served and if so, what level of detail?

Answer: See page 11 of the RFA regarding Data and Reporting Requirements and Progress Reports. AHP will provide additional guidance regarding performance metrics.