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IST Diversion and Community-Based Restoration Infrastructure Project Office Hours

A Walk Through the Online Proposal

June 11, 2024, 12:00 p.m. PT

Agenda

- Welcome
- Did You Know?
- A Walk Through the Online Proposal



Q&A

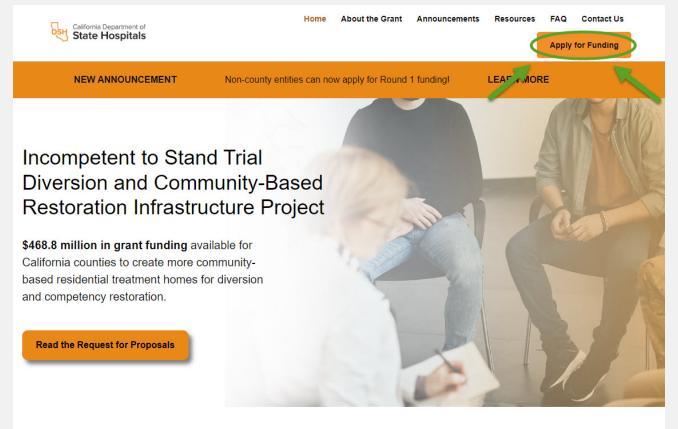


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Did You Know?

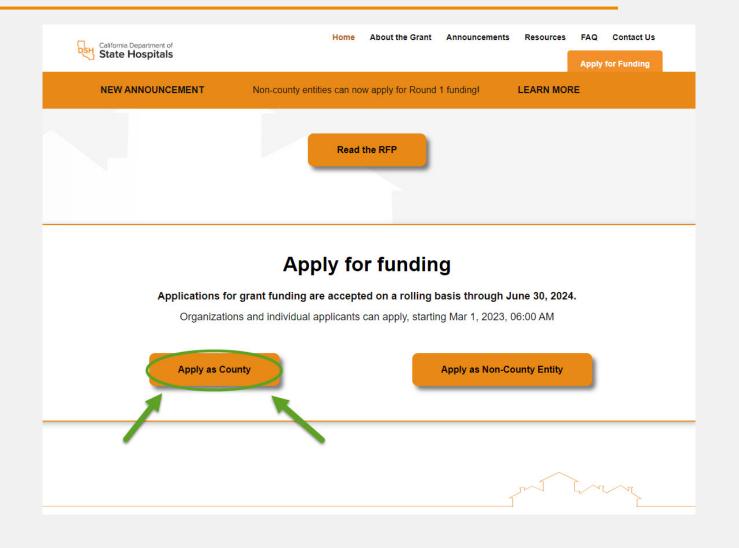
First – Click the Apply for Funding Button!



NEW ANNOUNCEMENT

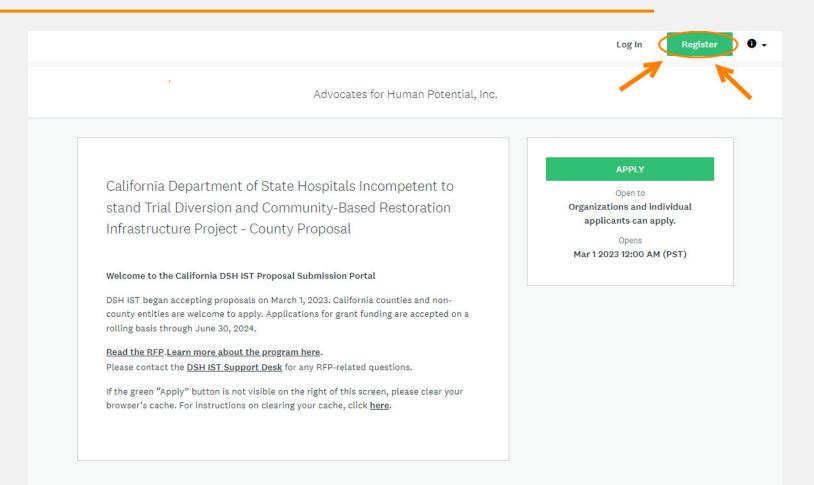
June DSH IST Infrastructure Project Office Hours

Are You a County or a CBO?





Here is Where You Create Your Account





LOG IN

	OR	
 Register as an individua Register as an organizat 		
First name	Last name	
Email		
Password		
		•
Confirm password		
		•
By registering for an account, you	agree to our <u>terms of service</u> and <u>privacy policy</u> .	



You Are IN!

K Return to Advocates for Human Potential, Inc.



Welcome!

You have successfully registered for a SurveyMonkey Apply account for Advocates for Human Potential, Inc.

We've sent a confirmation link to your email. You won't be able to submit applications or complete certain tasks until your email address has been verified.

Continue to site



Last Step – Check Your Email

noreply to me 👻	@mail.smapply.net	Unsubscribe	1:06 PM (2 hours ago)	☆ ©) f
	Dear	2			
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Upload Required Documents

Letters of Support from 5 County and/or Community Stakeholders

[Date]

California Department of State Hospitals Stephanie Clendenin, Director 1215 "O" Street Sacramento, CA 95814

Re: Letter of Support – California Department of State Hospitals Incompetent to Stand Trial (IST) Diversion and Community-Based Restoration Infrastructure Program

Dear Ms. Clendenin,

I am writing to express my strong support for the **[Name of Infrastructure Project]**, which is being proposed as part of the DSH IST Infrastructure Project. As a representative of **[Supporting Organization]**, I believe that this project will have a significant impact on our community.

The **[Name of Infrastructure Project]** aims to address critical infrastructure needs in our area and for this population.

Specifically, the proposed project includes the following key components:

- 1. [Briefly describe the project components, such as bed count.]
- 2. [Highlight any unique features or benefits of the project.]
- 3. [Discuss how the project aligns with the goals and priorities of the DSH IST Infrastructure Project.]

On behalf of [Supporting Organization], I fully endorse the [Name of Infrastructure Project].

Thank you for your attention to this matter, and I look forward to the difference that the **[Name of Infrastructure Project]** will make for our community.

Sincerely,

[Name]

[Title]

- County Superior Court Representative
- County District Attorney's Office
- County Public Defender's Office
- County Administrator or Executive's Office
- County Behavioral Health Department
- Other Community Stakeholders

Letter of Intent (LOI) to Contract with DSH

[date]

California Department of State Hospitals Stephanie Clendenin, Director 1215 O Street Sacramento, CA 95814

Subject: Letter of Intent to Contract

Dear Ms. Clendenin:

This letter is to confirm COUNTY NAME's intent to contract with the Department of State Hospitals (DSH), for purposes of serving Felony Incompetent to Stand Trial (FIST) defendants in the community through a FELONY MENTAL HEALTH DIVERSION/COMMUNITY-BASED RESTORATION program. COUNTY NAME will use the beds funded by DSH through the Incompetent to Stand Trial Diversion and Community-Based Restoration Infrastructure Project to implement programming to admit up to XX FIST clients per year after activation. COUNTY NAME will execute said contract and implement programming that provides clinically appropriate, evidence-based mental health treatment and wraparound services for all FIST clients housed in infrastructure awarded through the Infrastructure Project.

For the Required Services Contract

Sincerely,

AUTHORIZED COUNTY REPRESENTATIVE TITLE DEPARTMENT

Memorandum of Agreement (MOA) Between County and CBO

Memorandum of Agreement Guide

A Memorandum of Agreement (MOA) is a written document describing a cooperative relationship between two parties wishing to work together on a project or to meet an agreed-upon objective. An MOA serves as a legal document and describes the terms and details of the partnership agreement between the county and the non-county entity.

The MOA between counties and non-county entities should have, at a minimum, the following 11 key components:

- 1. Each party's reporting obligations,
- 2. The requirement that the contract must respond to requests for information, including requests from Advocates for Human Potential (AHP) and the California Department of State Hospitals (DSH),
- 3. The eligible uses of program funds,
- 4. The conditions under which program funds will be disbursed,
- 5. The method of disbursement,
- 6. A requirement that the infrastructure project be deed restricted as required by the Program Funding Agreement,
- 7. Conditions for the repayment of any portion of the program funds or cancellation of future disbursements of any program funds,
- 8. A requirement that the non-county agency provide an annual audit within 90 days of the end of the fiscal year,
- 9. A requirement to report material changes, such as changes in key staff or litigation against the non-county entity or infrastructure project,
- 10. A requirement that the non-county agency indemnify the county,
- 11. Any other provisions required by the program funding agreement, request for proposals, or at AHP's or DSH's discretion.



Form 1: County's Certification of Prevailing Wage

, as Lead Authorized Representative of (insert name of county), certify that:

Form 1

County's Certification of

Prevailing Wage

1. The information and statements set forth below are, to the best of my knowledge and belief, true and correct.

2. I possess the legal authority to submit this certification on behalf of the County.

3. I am providing this information in conjunction with an application for funding from the State of California Department of State Hospitals' (DSH's) Incompetent to Stand Trial Diversion and Community-Based Restoration Infrastructure Project and acknowledge that the State and its administrator, Advocates for Human Potential, Inc. (AHP), are relying on this information in awarding grant funds.

4. For construction projects, the County will submit a construction budget prepared with the assistance of a licensed contractor, architect, or experienced construction manager that specifically adheres to the compliance requirements that all construction work will be performed by skilled workers being paid current prevailing wages for the project's region, pursuant to California Labor Code 1720 et seq. I further certify that the County shall, in constructing the project, meet the prevailing wage requirements for construction projects in the State of California (Lab. Code, Sec 1720 et seq.). The County shall, prior to commencing construction of the project, provide a certification of compliance with California's prevailing wage law, registration with the California Department of Industrial Relations (DIR), as well as compliance with all applicable federal prevailing wage law. The certification shall (a) verify that prevailing wages have been or will be paid, (b) verify that labor records will be maintained and made available to any enforcement agency upon request, (c) verify that the County's contractor is registered with DIR and (d) be signed by the general contractor(s) and the County.

The County shall defend, indemnify, and hold harmless DSH, the State of California, and all officers, trustees, agents, and employees of the same, as well as AHP, from and against any and all claims, losses, costs, damages, or liabilities of any kind or nature, including attorneys' fees, whether direct or indirect, arising from or relating to the project.

I certify that the above information is true and correct and that County will comply with all requirements set forth above as a condition of receiving the grant funds.

Signature of Lead Authorized Representative

Date

Typed Name of Signatory

Title of Signatory



Form 2

County's Certification of Funding Terms

Form 2: County's Certification of Funding Terms

_____, as the Lead Authorized Representative of ______, as the Lead Authorized Representative of _______

 The information, statements, and attachments included in this application are, to the best of my knowledge and belief, true and correct.

2. I possess the legal authority to submit this application on behalf of the entity identified as the County for funding.

3. The following is a complete disclosure of all identities of interest—of all persons or entities, including affiliates, that will provide goods or services to the Department of State Hospitals' (DSH's) Incompetent to Stand Trial Diversion and Community-Based Restoration Infrastructure Project (Project) either (a) in one or more capacity or (b) that qualify as a "Related Party" to any person or entity that will provide goods or services to the Project. "Related Party" is defined in Section 10302 of Title 4 of the California Code of Regulations (CTCAC Regulations).

4. As of the date of the application, the Project, or the real property on which the Project is proposed (Property), is not party to or the subject of any claim or action at the state or federal appellate level.

5. I have disclosed and described below any claim or action undertaken that affects or potentially affects the feasibility of the Project. In addition, I acknowledge that all information in this application and attachments is public and may be disclosed by the State.

6. I understand and agree that DSH will require Counties to submit a complete application with all required documents. Further, I understand and agree that DSH reserves the right to request clarification of unclear or ambiguous statements made in an application and in other supporting documents.

7. I understand and agree with DSH that funds awarded pursuant to the program must be used to supplement, and not supplant, other funding available from existing local, state, or federal programs or from grants with similar purposes. Funding may not be used for "reimbursement." Only those costs that can be associated with completing the project would be eligible costs, per the Welfare and Institutions Code, Section 5960.15.

8. I further warrant and certify that County will comply with the following guidelines as a condition of receiving this funding:





Use the Q&A Box to submit your questions.

After the meeting, please send questions to <u>IST@ahpnet.com</u>.

Thank You!