

# 2008-2011 MENTAL HEALTH SERVICES ACT (MHSA) TRAINING PROJECT APPLICATION

## SECTION I: APPLICANT'S INFORMATION

Regional center:

Person completing this application on behalf of the regional center:

Phone:

Fax:

E-mail:

Regional Center Project Manager for the proposed MHSA Training Project:

Phone:

Fax:

E-mail:

Regional Center Chief Financial Officer:

Phone:

Fax:

E-mail:

1<sup>st</sup> Project Partner/Subcontractor (identify agency or other regional center):

Contact Person:

Phone:

Fax:

E-mail:

2<sup>nd</sup> Project Partner/Subcontractor (identify agency or educational entity):

Contact Person:

Phone:

Fax:

E-mail:

## SECTION II: PROPOSED TRAINING PROJECT DETAILS

MHSA Training Project Funding requested (from budget). Total: \$

Counties to benefit from this project and associated activities:

Is there a need for the proposed training project in your regional center's particular geographic area?  Yes  No

MHSA Training audience (please check all that apply):

- Consumers  Families  Service Providers  
 Clinicians  Other Professionals

Briefly describe the focus of the training to be provided:

Describe, specifically, what participants will learn (Please note: Training participants are to be given a pre-test before the training and post test immediately after the training. Test results shall be captured and reported to the Department of Developmental Services (DDS). Six months after the training, participants are to be queried regarding whether and how their practices have changed as a result of the training. This information is to be submitted to DDS).

Targeted number of individuals to participate in the training:

Training materials, curriculum, and tools to be developed (check all that apply):

- training manuals  resource guide  checklist(s)  syllabi  
 CD-Rom  DVD  web-based materials  video

Method(s) to be used to announce and market the training(s) (check all that apply):

- brochure  e-mailed announcement  web announcement

### SECTION III: TIMELINE

Identify deliverables, timeframes and responsible entities for each of the training/events:

<b>DELIVERABLES</b>	<b>ANTICIPATED TIME FRAME</b>	<b>RESPONSIBLE ENTITY</b>
<b>ESTABLISH THE LOCATION &amp; DATE OF THE TRAINING EVENT(S):</b>		
<b>RECRUIT TRAINERS:</b>		
<b>DEVELOP CURRICULUM AND TRAINING MATERIALS:</b>		
<b>ANNOUNCE &amp; MARKET THE TRAINING:</b>		
<b>HOLD TRAINING EVENT(S):</b>		
<b>CONDUCT TRAINING EVALUATION:</b>		

### SECTION IV: APPLICANT'S HISTORY & COMMITMENT

- Please briefly describe any previous efforts, projects, training, and services that your regional center has initiated focusing on training and/or mental health and developmental disabilities.
  
- Were previous efforts successful?  Yes  No
  
- Provide a brief narrative describing your regional center's commitment to and capacity to complete the proposed training project.

### SECTION V: LETTERS OF SUPPORT

Mail two letters of support for the proposed MHSa Training Project to DDS. The first letter must be from a mental health agency. The second letter, from a member of the community or a community organization, shall confirm local support of your project.

**SECTION VI: MHSA TRAINING/REGIONAL PLANNING EVENT PROJECT BUDGET**

**Part A - Regional Center Costs**

**(Regional center staff expenses may be claimed only for work performed during the fiscal year in which the funds were allocated. Funding cannot be used to supplant the regional center budget)**

	<b>FY 08/09</b>	<b>FY 09/10</b>	<b>FY 10/11</b>
1. Salary & Wages <i>(not to exceed 20% or supplant current funding for salaries.)</i>	_____	_____	_____
2. Travel/Training	_____	_____	_____
3. Conference Expenditures	_____	_____	_____
4. Printing/Photocopying	_____	_____	_____
5. Communication	_____	_____	_____
6. Postage/Shipping	_____	_____	_____
7. Materials Development Publications/Videos	_____	_____	_____
8. Other	_____	_____	_____
<b>Total regional center costs:</b>	_____	_____	_____

**Part B – Contractor Costs (Specify 1<sup>st</sup> Contractor:\_\_\_\_\_)**

	<b>FY 08/09</b>	<b>FY 09/10</b>	<b>FY 10/11</b>
1. Salary & Wages <i>(If the 1<sup>st</sup> Contractor is a regional center, this item is not to exceed 20% or supplant current funding for salaries.)</i>	_____	_____	_____
2. Travel/Training	_____	_____	_____
3. Conference Expenditures	_____	_____	_____
4. Printing/Photocopying	_____	_____	_____
5. Communication	_____	_____	_____
6. Postage/Shipping	_____	_____	_____
7. Materials Development/ Publications/Videos	_____	_____	_____
8. Other	_____	_____	_____
<b>Total 1<sup>st</sup> Contractor Costs:</b>	_____	_____	_____

**Part C – Contractor Costs (Specify 2<sup>nd</sup> Contractor: \_\_\_\_\_)**

	FY 08/09	FY 09/10	FY 10/11
1. Salary & Wages	_____	_____	_____
2. Travel/Training	_____	_____	_____
3. Conference Expenditures	_____	_____	_____
4. Printing/Photocopying	_____	_____	_____
5. Communication	_____	_____	_____
6. Postage/Shipping	_____	_____	_____
7. Materials Development/ Publications/Videos	_____	_____	_____
8. Other	_____	_____	_____
<b>Total 2<sup>nd</sup> Contractor Costs:</b>	_____	_____	_____
Budget Subtotal:	_____	_____	_____

**Part D – Administrative Costs**

Administrative costs ( <i>not to exceed 11%</i> )	_____	_____	_____
<b>MHSA Project Budget Total:</b>	_____	_____	_____

## SECTION VII: ASSURANCES

**\*\*\*THIS SECTION IS TO BE MAILED TO DDS.**

\_\_\_\_\_ (regional center) understands and acknowledges the following:

The funds being requested are one-time only and will not be added to the regional centers base budget.

Pursuant to Generally Accepted Accounting Procedures (GAAP), the salary and wages of regional center employees working on projects may be claimed only during the fiscal year for which the work was budgeted for and performed. **Example: If funding is awarded on March 1, 2009, salaries for FY 2008/09 may only be billed through June 30, 2009. Salaries for FY 2009/10 may only be billed through June 30, 2010, etc.**

- Regional centers must contract with one or two contractors, such as local mental health agencies, educational entities, and other regional centers.
- Contracting refers to entering into a legal agreement with an outside entity to perform specified work during an agreed upon timeframe to perform work-related duties.
- FY 08/09 funds not contracted by June 30, 2009, and/or not expended and invoiced for, by May 15, 2011, will revert to the General Fund.
- FY 09/10 funds not contracted by June 30, 2010, and/or not expended and invoiced for, by May 15, 2012, will revert to the General Fund.
- FY 10/11 funds not contracted by June 30, 2011, and/or not expended and invoiced for, by May 15, 2013, will revert to the General Fund.

The regional center is required to submit expenditure claims and identify expenses for MHSA projects using the MHSA Training Project Invoice, provided by DDS. This form is to be used for billing MHSA Training Projects. DDS may request additional information to substantiate these claims/expenses. **Funds used for regional center personnel costs must be invoiced per the fiscal year in which they were awarded, per the budget.**

The final invoices are due per the following schedule:

- Funds allocated in FY 08/09 must be invoiced by May 15, 2011.
- Funds allocated in FY 09/10 must be invoiced by May 15, 2012.
- Funds allocated in FY 10/11 must be invoiced by May 15, 2013.

**Invoices will not be processed unless a current Progress Report is on file.** DDS will forward the report format to eligible regional centers. Progress Reports shall be e-mailed to DDS, as directed. The final Progress Report and project training and/or regional planning event materials and curriculum are due to DDS by June 30, 2012. Training materials and curriculum must be developed and submitted to DDS, in a format which is conducive to internet posting.

The date(s) and location(s) of MHSA Training and/or regional planning events developed and conducted per these funds will be reported to DDS at least one month in advance of the event(s). Date and location information will be sent to [ewoolfor@dds.ca.gov](mailto:ewoolfor@dds.ca.gov).

Training participants must take a pre-test before the training and post test immediately after the training. Six months after the training, a follow-up evaluation will be conducted by the regional center to determine the impact of the training. Results shall be captured and reported to DDS via the MHSA Project Final Progress Report.

The regional center and sub-contractors recognize that, because all products and resources developed by way of this project and its associated activities are the result of public funds, the regional center and sub-contractors do not have proprietary rights to products and resources and that these products and resources must be sent to DDS, other regional centers, and made available upon request.

This regional center acknowledges that the equipment purchased for this project and its associated activities are property of the State of California and that this stipulation will be included in every subcontract.

The regional center and/or subcontractor will be prepared to send a representative(s) to participate in the Mental Health event(s). Following the implementation of the project and all associated activities, the regional center and/or contractor will, upon request of DDS, participate in the Mental Health Event(s).

Pursuant to Article 4, Section 4669.2 of the Lanterman Act, this regional center has consulted with the local Area Board to confirm the need for any new or expanded services to be developed under this proposal.

The Regional Center Administrator/Chief Financial Officer has reviewed the budget included in this application. I will ensure that the above information is shared with 1) the Regional Center Project Program Contact; and, 2) the Regional Center Financial Administrator.

<u>Executive Director (print)</u>	<u>Signature</u>	<u>Date Signed</u>