

SUSTAINABILITY ATTACHMENTS

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ATTACHMENT 3-1 – Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)

Provide the information related to the partnership below.

Name of County and/or City Mental Health/Behavioral Health Department	Director or Designee Name and Title	
Mendocino County Behavioral Health and Recovery Services (BHRS)	Jenine Miller, Psy. D.	
Director or Designee Signature <i>(Sign as Lead Agency or sign to authorize the Lead Agency listed below, if not the county/city)</i>		Date
		6/28/24

Provide the Lead agency information if it is not the County and/or City Mental Health/Behavioral Health Department.

Name of Lead Agency	Director or Designee Name and Title	
N/A	N/A	
Director or Designee Signature		Date

I HEREBY CERTIFY under penalty of perjury that I have the authority to apply for this grant and that this grant Application is accurate, correct, and consistent with the terms and requirements of the Commission's Request for Application for the Mental Health Student Services Act.

If this is a joint effort with another County and/or City Mental Health/Behavioral Health, list all additional participants to the application. *(Add lines as needed)*

Additional County and/or City Mental Health/Behavioral Health Departments	Director or Designee	Date Signed
1. None	Name:	
	Signature:	
2.	Name:	
	Signature:	

List all entities in the existing partnership.

List all entities in the existing partnership (Add lines as needed)	Entity Type (e.g., COE, School District, School)
1. Mendocino County Office of Education	COE
2.	
3.	
4.	
5.	
6.	
7.	

Applicant/Lead Grant Coordinator Contact Information:

Name:	Karen Lovato
Title:	Acting Deputy Director
Email:	lovatok@mendocinocounty.gov
Phone Number:	(707) 472-2342

Applying for Multiple Grants:

Complete as applicable

Are you applying for a grant in another category? (Yes / No)

No

If yes, describe your capacity for managing and completing the Contractor's Responsibility for each grant.

ATTACHMENT 3-3 – Applicant Background

Applicant Background	
11.C.1.	<p>Describe your experience in sustaining programs.</p> <p>BHRS Mental Health program cares for the people whose lives are affected by mental illness. In 2021, BHRS served 2,213 Mendocino County Specialty Mental Health and crisis clients. BHRS employs 56 staff with an annual operating budget of \$50 million. BHRS has successfully managed large-scale projects and grants with various partners to create sustainable programming for vulnerable populations. BHRS has been implementing the Mental Health Student Services Act (MHSSA) program with fidelity since September 1, 2020. We recognize the need to avoid relying on any one funder or funding source, and that Grantmaker funding is time-limited. To that end, we seek diverse sources of funding, including grants, fees for services, and other contracts, and strive to collaborate with other organizations as a means of sharing costs, conserving resources, and avoiding redundant services.</p>
11.C.2.	<p>Explain your current sustainability efforts for the MHSSA program funded the MHSSA grant.</p> <p>Currently, in the MHSSA program, we are focusing on finding diverse sources of funding for allowable services through State and Federal funding streams and augmenting with grant fund for youth services. We are also analyzing the data collected over the first three years to identify the most in-demand services and align them with available grants for MHSSA providers. Our goal is to collaborate with existing service providers to combine and utilize funding effectively to sustain programs based on the most effective funding for the services provided. The school funds include MHSA, FSP, Realignment and CalAIM Enhanced Care Management.</p>
11.C.3.	<p>Describe any non-monetary sustainability efforts that have been considered.</p> <p>Through the MHSSA expansion, we have examined many cost saving measures such as assigning providers to school districts that already have staff assigned in that region, reducing redundant administrative costs, and travel expenses. Our hope is to determine the most successful ways to support our youth. We have also augmented existing programs using grant funds for special populations and specialty mental health service funds for those that qualify. At this time, we are currently evaluating those services and how they may fit into future funding possibilities beyond MHSSA. The potential funding from this grant would enhance our efforts toward sustainability.</p>

11.C.4.	<p>Explain if the efforts have been successful or not.</p> <p>The Partnership has been in place for 6 years through collaboration of the service providers, school districts and the County Office of Education. Efforts to leverage and braid funding and build existing infrastructure with our existing MHSSA grant funding has been important to increase positive outcomes and access to mental health services, especially considering the rising need for mental health supports due to the increased anxiety and isolation of the COVID Pandemic and workforce shortages. The involvement of the partners will not end with the end of the grant. The interagency network established through this grant as well as the key personnel will be in place beyond the grant period. While great gains were made in reaching new clients, the sustainability goals of this grant have not been achieved due to unprecedented times and impacts of the pandemic on our ability to provide services on campus and during classroom time in many school districts as well as changes to funding streams impacting prevention funding.</p> <p>MHSA cannot fully commit funds beyond FY 2026-27 due to changes related to Behavioral Health Transition regulations. MHSA was one of the original sustainability plans for successful services provision types under MHSSA where programs qualified as prevention, suicide prevention, and or other qualifying MHSA components. If awarded, the work of the MHSSA Collaboration during the grant cycle will include diligently researching, identifying and securing appropriate funding for the future of MHSSA funded services and identifying ongoing funding for any coordination services after grant ends.</p>
11.C.5.	<p>What are the lessons learned from that experience</p> <p>The need to diversify funding sources, communicate regularly with key stakeholders, form partnerships with like-minded programs, and begin planning for sustainability early and adapt frequently with the changing environment.</p>
11.C.6.	<p>How will those lessons learned be addressed with this grant.</p> <p>Identifying and securing continued funding is critical for program sustainability. In order to diversify funding a combination of federal, state, private, and in-kind support will be considered. Communicating regularly with key stakeholders through updates on program achievements and outcomes in local print, social media, and community meetings will help to identify new funding sources, keep programming relevant to community needs and priorities, and build support for our programs.</p>

ATTACHMENT 3-4 – Proposed Plan

Proposed Plan	
11.D.1.	<p>Describe, in detail, your plans and expectations for a QIS coordinator.</p> <p>The project will be led by Samantha Ponts, Program Manager of BHRS. In addition to providing overall direction and leadership to the project, she will supervise the Quality Improvement and Sustainability (QIS)/BHRS Sr. Department Analyst assigned to the project. The QIS coordinator’s first task will be to establish a sustainability review committee to include the Mendocino County Office of Education (MCOE), MHSSA partners and BHRS leaders to seek proposals for a Sustainability Specialist. Once the Sustainability Specialist is contracted with, the QIS Coordinator/BHRS Sr. Department Analyst will work with the MCOE Director of Grants and contracted Sustainability Specialist to research and identify additional funding to develop sustainable strategies for programs and develop a Sustainability Plan based on need reflected in the data and stakeholder input.</p>
11.D.2.	<p>If hiring staff, describe the plan and steps needed to hire staff.</p> <p>N/A. Positions will be filled by allocating staff time differently internally. Staff time is not being supplanted, staff are new or reassigned from other areas.</p>
11.D.2.a.	<p>Include the Duty Statement for this position.</p> <p>The QIS Coordinator/BHRS Sr. Department Analyst performs a variety of difficult and complex professional and administrative analytical functions under general supervision. These functions involve the review and analysis of program budgets, systems, and procedures, as well as maintaining close liaison with County department and agencies. This position is responsible for developing more complex budgets, reports, or recommendations based on data collection analysis. This includes assessing the impact on service levels and operations and providing information required by funding sources.</p>
11.D.2.b.	<p>How long would it take to complete the hiring process?</p> <p>The hiring/onboarding process for the QIS Coordinator/BHRS Sr. Department Analyst and the MCOE Department of Grants liaison will take less than 6 months to transition tasks and finish current priority projects.</p>

11.D.3.

If hiring a contractor, describe the plan and steps needed to hire a contractor.

In compliance with organizational procurement policies, BHRS will issue a Request for Proposals for the project to look at sustainability strategies related to existing funding sources for continuing the successful program elements and greatest need beyond the grant period, including an assessment regarding the specific activities that can and should be continued, how many employees or volunteers will be needed, and how large (scale) the program will be (how many youth will be served; how many mentors/peers to be recruited, etc.). The review committee will select an independent Sustainability Specialist with successful experience of similar projects in rural communities. The Sustainability Specialist will work with the team to develop priorities based on data collected from MHSSA services and activities to identify most critical needs for funding; identify key staff needed to manage future programming; involve key stakeholders to identify strategies; and find champions for the program's future and will seek new or as yet unidentified funding resources.

11.D.3.a.

Include the SOW for the contractor including required contractor qualifications and experience.

The Sustainability Specialist will compile and analyze data and provide formative reports to project staff on program characteristics, program planning, organizational capacity, need and support, and community capacity, need and support. Based on these indicators, reports will include recommendations to inform continued program development. The consultant will also prepare data summaries suitable for a range of audiences, including families participating in the program, educators, and other project staff.

The MCOE Department of Grants liaison will support the sustainability effort and bridge the work of the QIS Coordinator/BHRS Sr. Department Analyst in providing expertise in school mental health frameworks; federal, state, and local funding streams for school MH; and school MH financing models and support in conducting research to identify all the potential sources of funds that can be used for sustainability.

11.D.3.b.

How long would it take to complete the hiring process?

The contracting process for a consultant can take up to six months due to County processes.

11.D.4. Identify the amount of funding that the Applicant is willing to commit, in addition to this grant amount, to sustain the efforts of this category beyond the grant term.

We will be committing the remainder of the allocated staff 0.5FTE to this project, which will be funded by MHSA/BHSA. To the extent that existing MHSSA services meet criteria for MHSA/BHSA, these funds will be considered and proposed through the community stakeholder process to be utilized to sustain existing services. Our goal with this application is to identify other funding opportunities that can sustain MHSSA activities that do not fall within the allowable expenditures of specialty mental health services, school mental health services, MHSA funded whatever it takes or culturally responsive wraparound services, and other known grant supported funds.

11.D.5. Is this amount from an existing or recurring funding source that can be committed for this service?

The additional committed funding is the remainder of the 0.5 FTE for the BHRS Sr. Department Analyst which will be funded by MHSA/BHSA and or other time studied projects. The funding is recurring for the duration of MHSSA-004 as the remainder of time spent will be in facilitating Behavioral Health Services Act Transformation and implementation in Mendocino County.

11.D.5.a. Describe the source of funds.

MHSA/BHSA

11.D.5.b. Identify the amount committed from these sources of funds?

Description	Year 1	Year 2	Year 3	Total
BHRS Sr. Dpt. Analyst 0.5 FTE from MHSA/BHSA	\$36,307	\$38,123	\$40,029	\$114,459

11.D.6. Is this amount from a new, future, or potentially future funding source in which cannot be fully committed to this service at this time?

This amount has been committed for the Senior Department Analyst to support the BHSA Transformation process. This assignment has not existed before and may not extend beyond the first couple of years of BHSA Transformation depending on stakeholder prioritization on BHSA funding allocation after the infrastructure has been transitioned and implemented.

11.D.6.a.	<p>Describe the proposed source of funds.</p> <p>MHSA/BHSA</p>										
11.D.6.b.	<p>Identify the amount proposed from these sources of funds.</p> <p>The remaining 0.5 FTE for the Sr. Department Analyst.</p> <table border="1" data-bbox="316 556 1396 667"> <thead> <tr> <th data-bbox="316 556 690 598">Description</th> <th data-bbox="690 556 868 598">Year 1</th> <th data-bbox="868 556 1047 598">Year 2</th> <th data-bbox="1047 556 1226 598">Year 3</th> <th data-bbox="1226 556 1396 598">Total</th> </tr> </thead> <tbody> <tr> <td data-bbox="316 598 690 667">BHRS Sr. Dpt. Analyst 0.5 FTE from MHSA/BHSA</td> <td data-bbox="690 598 868 667">\$36,307</td> <td data-bbox="868 598 1047 667">\$38,123</td> <td data-bbox="1047 598 1226 667">\$40,029</td> <td data-bbox="1226 598 1396 667">\$114,459</td> </tr> </tbody> </table>	Description	Year 1	Year 2	Year 3	Total	BHRS Sr. Dpt. Analyst 0.5 FTE from MHSA/BHSA	\$36,307	\$38,123	\$40,029	\$114,459
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BHRS Sr. Dpt. Analyst 0.5 FTE from MHSA/BHSA	\$36,307	\$38,123	\$40,029	\$114,459							

ATTACHMENT 3-5 – Budget Worksheet

11.E.1. Proposed Budget				
Description	Year 1	Year 2	Year 3	Total
Hire Staff				
BHRS Program Manager 0.12 FTE	\$11,954	\$12,552	\$13,179	\$37,685
BHRS Sr. Dpt. Analyst 0.5 FTE	\$36,307	\$38,123	\$40,029	\$114,459
	\$	\$	\$	\$
Other Personnel Services Cost				
Benefits BHRS Employees (39%)	\$18,822	\$19,763	\$20,751	\$59,336
Benefits MCOE Employee (39%)	\$10,553	\$11,081	\$11,635	\$33,270
	\$	\$	\$	\$
Hire Contractors				
Sustainability Specialist	\$13,000	\$13,000	\$13,000	\$39,000
MCOE Dir. Of Grants 0.2 FTE	\$27,060	\$28,413	\$29,834	\$85,307
	\$	\$	\$	\$
Other Costs				
Promotional Materials and Outreach	\$9,000	\$9,000	\$4,248	\$22,248
	\$	\$	\$	\$
Administration (15%)	\$19,005	\$19,790	\$19,901	\$58,696
Total	\$145,701	\$151,721	\$152,578	\$450,000
Provide a description of the proposed expenditure for each line listed in the Proposed Budget.				
Hire Staff				
The proposed budget includes funds for a QIS Coordinator/BHRS Sr. Department Analyst at \$114,459 (0.5 FTE) to facilitate sustainability review meetings and collaborate with a contracted Sustainability Specialist and MCOE Liaison Director of Grants on data collection, analysis, and creation of a Sustainability Plan. Additionally, \$37,685 (0.12 FTE) is allocated for the Program Manager to provide overall direction and leadership for the project and to supervise the QIS Coordinator/Sr. Department Analyst.				
Other Personnel Services Cost				
MCOE \$33,270 and BHRS \$59,336 benefits includes FICA, Medicare, Health/Life Insurance, and Worker’s Comp (39%).				

Hire Contractors

The Sustainability Specialist has been allocated \$39,000 to create a comprehensive Sustainability Plan that includes an updated list of programmatic and system change opportunities based on data collection. The funds will also be utilized to establish consensus targets and metrics for future success. The budget allocation is based on an estimated rate of \$125 per hour for 104 hours of work per year.

The MCOE Liaison Director of Grants, accounting for \$85,307 (.20 FTE) will support the sustainability effort and bridge the work of the QIS Coordinator/BHRS Sr. Department Analyst.

Other Costs

Promotional materials and outreach advertising \$22,248
Administration (15%) \$58,696

ATTACHMENT 3-6 – Payee Data Record (STD 204)

The Applicant must complete and submit Payee Data Record (STD. 204) with its Final Application.

This form is available at: <http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7) STD 204 (Rev. 03/2021)

Section 1 – Payee Information

NAME (This is required. Do not leave this line blank. Must match the payee's federal tax return)

Mendocino County Behavioral Health and Recovery Services

BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME (If different from above)

MAILING ADDRESS (number, street, apt. or suite no.) (See instructions on Page 2)

1120 S. Dora Street

CITY, STATE, ZIP CODE

Ukiah

E-MAIL ADDRESS

Section 2 – Entity Type

Check one (1) box only that matches the entity type of the Payee listed in Section 1 above. (See instructions on page 2)

SOLE PROPRIETOR / INDIVIDUAL

SINGLE MEMBER LLC Disregarded Entity owned by an individual

PARTNERSHIP

ESTATE OR TRUST

CORPORATION (see instructions on page 2)

MEDICAL (e.g., dentistry, chiropractic, etc.)

LEGAL (e.g., attorney services)

EXEMPT (e.g., nonprofit)

ALL OTHERS

Section 3 – Tax Identification Number

Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must match the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. Note: Payment will not be processed without a TIN.

Social Security Number (SSN) or Individual Tax Identification Number (ITIN)

_____ - _____ - _____

OR

Federal Employer Identification Number (FEIN)

9 4 - 6 0 0 0 5 2 0

- For Individuals, enter SSN.
If you are a Resident Alien, and you do not have and are not eligible to get an SSN, enter your ITIN.
Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN.
For Sole Proprietor or Single Member LLC (disregarded entity), in which the sole member is an individual, enter SSN (ITIN if applicable) or FEIN (FTB prefers SSN).
For Single Member LLC (disregarded entity), in which the sole member is a business entity, enter the owner entity's FEIN. Do not use the disregarded entity's FEIN.
For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN.

Section 4 – Payee Residency Status (See instructions)

- CALIFORNIA RESIDENT – Qualified to do business in California or maintains a permanent place of business in California.
CALIFORNIA NONRESIDENT – Payments to nonresidents for services may be subject to state income tax withholding.
No services performed in California
Copy of Franchise Tax Board waiver of state withholding is attached.

Section 5 – Certification

I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the state agency below.

NAME OF AUTHORIZED PAYEE REPRESENTATIVE

Jenine Miller, Psy. D.

TITLE

Director

E-MAIL ADDRESS

millerje@mendocinocounty.gov

SIGNATURE

[Handwritten Signature]

DATE

6/13/24

TELEPHONE (include area code)

(707) 472-2341

Section 6 – Paying State Agency

Please return completed form to:

STATE AGENCY/DEPARTMENT OFFICE

UNIT/SECTION

MAILING ADDRESS

FAX

TELEPHONE (include area code)

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)
STD 204 (Rev. 03/2021)

GENERAL INSTRUCTIONS

Type or print the information on the Payee Data Record, STD 204 form. Sign, date, and return to the state agency/department office address shown in Section 6. Prompt return of this fully completed form will prevent delays when processing payments.

Information provided in this form will be used by California state agencies/departments to prepare Information Returns (Form 1099).

NOTE: Completion of this form is optional for Government entities, i.e. federal, state, local, and special districts.

A completed Payee Data Record, STD 204 form, is required for all payees (non-governmental entities or individuals) entering into a transaction that may lead to a payment from the state. Each state agency requires a completed, signed, and dated STD 204 on file; therefore, it is possible for you to receive this form from multiple state agencies with which you do business.

Payees who do not wish to complete the STD 204 may elect not to do business with the state. If the payee does not complete the STD 204 and the required payee data is not otherwise provided, payment may be reduced for federal and state backup withholding. Amounts reported on Information Returns (Form 1099) are in accordance with the Internal Revenue Code (IRC) and the California Revenue and Taxation Code (R&TC).

Section 1 – Payee Information

Name – Enter the name that appears on the payee's federal tax return. The name provided shall be the tax liable party and is subject to IRS TIN matching (when applicable).

- Sole Proprietor/Individual/Revocable Trusts – enter the name shown on your federal tax return.
- Single Member Limited Liability Companies (LLCs) that is disregarded as an entity separate from its owner for federal tax purposes - enter the name of the individual or business entity that is tax liable for the business in section 1. Enter the DBA, LLC name, trade, or fictitious name under Business Name.
- Note: for the State of California tax purposes, a Single Member LLC is not disregarded from its owner, even if they may be disregarded at the Federal level.
- Partnerships, Estates/Trusts, or Corporations – enter the entity name as shown on the entity's federal tax return. The name provided in Section 1 must match to the TIN provided in section 3. Enter any DBA, trade, or fictitious business names under Business Name.

Business Name – Enter the business name, DBA name, trade or fictitious name, or disregarded LLC name.

Mailing Address – The mailing address is the address where the payee will receive information returns. Use form STD 205, Payee Data Record Supplement to provide a remittance address if different from the mailing address for information returns, or make subsequent changes to the remittance address.

Section 2 – Entity Type

If the Payee in Section 1 is a(n)...	THEN Select the Box for...
Individual • Sole Proprietorship • Grantor (Revocable Living) Trust disregarded for federal tax purposes	Sole Proprietor/Individual
Limited Liability Company (LLC) owned by an individual and is disregarded for federal tax purposes	Single Member LLC-owned by an individual
Partnerships • Limited Liability Partnerships (LLP) • and, LLC treated as a Partnership	Partnerships
Estate • Trust (other than disregarded Grantor Trust)	Estate or Trust
Corporation that is medical in nature (e.g., medical and healthcare services, physician care, nursery care, dentistry, etc.) • LLC that is to be taxed like a Corporation and is medical in nature	Corporation-Medical
Corporation that is legal in nature (e.g., services of attorneys, arbitrators, notary publics involving legal or law related matters, etc.) • LLC that is to be taxed like a Corporation and is legal in nature	Corporation-Legal
Corporation that qualifies for an Exempt status, including 501(c) 3 and domestic non-profit corporations.	Corporation-Exempt
Corporation that does not meet the qualifications of any of the other corporation types listed above • LLC that is to be taxed as a Corporation and does not meet any of the other corporation types listed above	Corporation-All Other

Section 3 – Tax Identification Number

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the state provide their Taxpayer Identification Number (TIN). The TIN is required by R&TC sections 18646 and 18661 to facilitate tax compliance enforcement activities and preparation of Form 1099 and other information returns as required by the IRC section 6109(a) and R&TC section 18662 and its regulations.

Section 4 – Payee Residency Status

Are you a California resident or nonresident?

- A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.
- A partnership is considered a resident partnership if it has a permanent place of business in California.
- An estate is a resident if the decedent was a California resident at time of death.
- A trust is a resident if at least one trustee is a California resident.
 - For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:

Withholding Services and Compliance Section: 1-888-792-4900

E-mail address: wscs.gen@ftb.ca.gov

For hearing impaired with TDD, call: 1-800-822-6268

Website: www.ftb.ca.gov

Section 5 – Certification

Provide the name, title, email address, signature, and telephone number of individual completing this form and date completed. In the event that a SSN or ITIN is provided, the individual identified as the tax liable party must certify the form. Note: the signee may differ from the tax liable party in this situation if the signee can provide a power of attorney documented for the individual.

Section 6 – Paying State Agency

This section must be completed by the state agency/department requesting the STD 204.

Privacy Statement

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it. It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and state law imposes noncompliance penalties of up to \$20,000. You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

All questions should be referred to the requesting state agency listed on the bottom front of this form.

ATTACHMENT 3-7 – Generative Artificial Intelligence (GenAI)

The Applicant must complete and submit Generative Artificial Intelligence (GenAI) Disclosure and Factsheet (STD 1000).

This form is available at: <https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std1000.pdf>

Generative Artificial Intelligence (GenAI) Disclosure & Factsheet

Bidder/Offer Information

MHSOAC			
Solicitation Number		Bidder ID/Vendor ID (optional)	
RFA-MHSSA-004			
Business Name		Business Telephone Number	
Mendocino County Behavioral Health and Recovery Services		Ukiah	Ca 95482
Business Address		City	State Zip Code

GenAI Disclosure & Factsheet

Will you be using or offering GenAI technology, model, or service (collectively, "system")? Yes No (If No, skip to Signature section of this form.)

If yes, provide details regarding the GenAI system"). See *GenAI Disclosure & Factsheet Definitions* at the end of this form for more information.

Failure to disclose GenAI to the State and submit the detailed description may result in disqualification and may void any resulting contract.

1. GenAI Model Name, Version (including number of parameters)	
2. Model Owner	
3. Overview	
4. Purpose	
5. Intended Domain	
6. Model Training Data	
7. Model Information	

8. Input and Outputs		
9. Performance Metrics		
10. Optimal Conditions		
11. Poor Conditions		
12. Bias		
13. Test Data		

Explain below how you are ensuring the GenAI system is not adversely affecting “decisions that materially impact access to, or approval for, housing or accommodations, education, employment, credit, health care, and criminal justice.” (AB 302, Department of Technology: High-Risk automated decision systems: inventory).

Signature

By signing this document, I certify that I have identified and disclosed, if any, all GenAI components in the proposed solution or service.



Signature

6/13/24

Date

GenAI Disclosure & Factsheet Definitions

Please use the following definitions to complete the GenAI Disclosure and Factsheet:

- 1. Model Name, Version & Number of Parameters:**
 - Definition: The unique identifier or name assigned to the specific GenAI model or service.
 - Purpose: Allows users to refer to and distinguish between different GenAI models.
- 2. Model Owner**
 - Definition: The name of the organization or entity responsible for creating or deploying the GenAI model or service.
 - Importance: Helps identify the source and accountability for the GenAI system.
- 3. Overview:**
 - Definition: A concise summary of the GenAI model's purpose, functionality, and key characteristics.
 - Role: Provides a high-level understanding for users and stakeholders.
- 4. Purpose:**
 - Definition: The intended use or goal of the GenAI model (e.g., image recognition, natural language processing, text summarization).
 - Significance: Helps users assess whether the GenAI model aligns with their needs.
- 5. Intended Domain:**
 - Definition: The context, subject matter or domain for which the GenAI model is designed to operate effectively.
 - Importance: Helps users determine if the GenAI model is suitable for their specific use case.
- 6. Training Data:**
 - Definition: Information used to train the GenAI model (e.g., labeled images, text corpora).
 - Role: Influences the GenAI model's behavior and performance.
- 7. Model Information:**
 - Definition: Details about the architecture, parameters, and configuration of the GenAI model.
 - Relevance: Provides insights into how the GenAI model functions.
- 8. Inputs and Outputs:**
 - Definition:
 - Inputs: The data or features provided to the model for prediction (e.g., images, text).
 - Outputs: The GenAI model's predictions or results (e.g., class labels, probabilities).
 - Understanding: Crucial for integrating the GenAI model into applications.
- 9. Performance Metrics:**
 - Definition: Quantitative measures (e.g., accuracy, F1-score) used to evaluate the GenAI model's performance.
 - Assessment: Determines how well the GenAI model meets its intended purpose.
 - Continuous Monitoring Plan: Establishes a plan for continuous monitoring and evaluation of the GenAI model's performance.

10. Optimal Conditions:

- Definition: The ideal environment or context for the GenAI model to perform optimally.
- Contextual Guidance: Helps users achieve the best results.

11. Poor Conditions:

- Definition: Scenarios or conditions where the GenAI model's performance may degrade.
- Risk Awareness: Alerts users to potential limitations.

12. Bias:

- Definition: Any systematic error or unfairness in the GenAI model's predictions due to biased training data or design.
- Mitigation: Addressing bias is crucial for ethical and unbiased GenAI.

13. Test Data:

- Definition: Independent data used to evaluate the GenAI model's performance after training.
- Validation: Ensures the GenAI model generalizes well to unseen examples.

ATTACHMENT 3-8 – Final Submission Checklist

Complete this checklist to confirm the items in your application. Place a check mark or “X” next to each item that you are submitting to the Commission. For your application to be complete, all required attachments, along with this checklist, must be returned with your application.

Included	Attachment	
X	ATTACHMENT 3-1	Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)
	ATTACHMENT 3-2	Grant Application Cover Sheet / Minimum Requirements (New Applicants)
X	ATTACHMENT 3-3	Applicant Background
X	ATTACHMENT 3-4	Proposed Plan
X	ATTACHMENT 3-5	Budget Worksheet
X	ATTACHMENT 3-6	Payee Data Record (STD 204)
X	ATTACHMENT 3-7	Generative Artificial Intelligence (GenAI)
X	ATTACHMENT 3-8	Final Submission Checklist