

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	
County of Santa Barbara Department of Behavioral Wellness	Antonette Navarro, Director	
Director or Designee Signature (Sign as Lead Agency or sign to authorize the Lead Agency listed below, if not the county/city)		Date
 2095C5A16FE1474		6/27/2024

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	
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
	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. Santa Barbara County of Education Office	COE
2.	
3.	
4.	
5.	
6.	
7.	

Applicant/Lead Grant Coordinator Contact Information:

Name:	Christina Lombard
Title:	MHSSA Program Manager
Email:	clombard@sbcbswell.org
Phone Number:	805-621-2075

Applying for Multiple Grants:

Complete as applicable	
Are you applying for a grant in another category? (Yes / No)	Yes
<p>If yes, describe your capacity for managing and completing the Contractor’s Responsibility for each grant.</p> <p>The County of Santa Barbara Department of Behavioral Wellness (BWell) collaborates with the Santa Barbara County Office of Education through our MHSSA funded program, Mental Wellness Education & Linkages (MWEL). The Program Manager ensures that services are being delivered in alignment with program goals and objectives. Department resources are also available to help support MWEL programming including materials and additional staff involvement when necessary. Evaluations are conducted on a regular basis to assess program effectiveness and data is utilized to drive programming shifts that may need to be implemented. The program outlined in this application directly aligns with our current programming and will be seamlessly integrated into services offered to the school districts.</p>	

ATTACHMENT 3-2 – Grant Application Cover Sheet / Minimum Requirements (New Applicants)

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	
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

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	
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 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.	Name:	
	Signature:	
2.	Name:	
	Signature:	

List all School Districts participating in this application. *(Add lines as needed)*

Name of School District	Administrator/Director or Designee	Date Signed
1.	Name:	
	Signature:	
2.	Name:	
	Signature:	

List all Educational entities (County Office of Education and/or Charter School(s)) participating in this application. *(Add lines as needed)*

Name of Educational Entity	Director or Designee	Date Signed
1.	Name:	
	Signature:	
2.	Name:	
	Signature:	

Applicant/Lead Grant Coordinator Contact Information:

Name:	
Title:	
Email:	
Phone Number:	

Applying for Multiple Grants:

Complete as applicable	
Are you applying for a grant in another category? (Yes / 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>The County of Santa Barbara Department of Behavioral Wellness (BWell) has a long success rate of being able to implement programs through grant funding and identifying funding sources for long-term sustainability. By braiding resources including federal, state and local funds, grants, Medi-Cal billing, and our Mental Health Services Act (MHSA) funding, we are able to shift resources into priority categories. Even with current revisions to MHSA, Medi-Cal billable services, and other state mandates, we are confident in our ability to identify resources to sustain our MHSSA program, known as Mental Wellness Education & Linkages (MWEL). BWell understands the importance of and is committed to long term success of MWEL. The addition of a QIS Coordinator who will be focused on identifying resources, while also keeping track of the rapidly changing funding landscape, will ensure our successful pursuit to secure funding for the program beyond the grant period.</p>
11.C.2.	<p>Explain your current sustainability efforts for the MHSSA program funded the MHSSA grant.</p> <p>BWell is eligible to bill Medi-Cal for clinical assessments to determine appropriate levels of care and identification of supports under the category of Episodic Pediatric Screening Diagnostic Treatment (EPSDT). Additionally, direct services provided to students engaged with BWell and MWEL programming are also Medi-Cal billable, further creating a sustainable funding source for this portion of the program. An additional source of continued funding will be the development of a contract with the Santa Barbara County Child Welfare Services to provide additional resources for Commercial Sexual Exploitation of Children (CSEC) identified youth.</p> <p>BWell had originally considered allocating Mental Health Services Act (MHSA) Prevention and Early Intervention funding to support MWEL after the grant funding was depleted. However, with the passing of the Behavioral Health Transformational Act, BWell will need time to understand the impact of these changes on our department budget.</p> <p>SBCEO currently contracts with Santa Barbara County's Managed Care Plan, CenCal, for Community Health Worker Medi-Cal reimbursement. Community Health Workers have proven to be a critical resource for preventive, promotive, and referral services in communities that have been historically marginalized and disconnected from the health care system. SBCEO is also exploring the possibility of being able to bill Medi-Cal and private insurance MWEL Navigators.</p>

11.C.3.	<p>Describe any non-monetary sustainability efforts that have been considered.</p> <p>BWell is committed to providing ongoing collaboration and partnership with community-based organizations and school districts. BWell staff often participate in multi-disciplinary meetings serving county youth, and school-based and community behavioral health services beyond what is funded through MWEL.</p>
11.C.4.	<p>Explain if the efforts have been successful or not.</p> <p>Since implementing the MWEL program, BWell has developed a strong partnership with the Santa Barbara County Education Office (SBCEO), school districts, and community partners countywide. The collaborative has made a positive impact on our children and youth in school districts across the county and entities are committed to identifying and securing resources necessary to support the long-term success of MWEL.</p>
11.C.5.	<p>What are the lessons learned from that experience.</p> <p>As with any new partnership, forming the trusting relationship between BWell and SBCEO has taken time and patience as we learned each other's commonalities and differences, especially in understanding the bureaucratic challenges inherent in each organization. Since implementing the MWEL program three years ago, we have learned how to navigate challenges and celebrate successes together. The MWEL partnership has had a positive impact on the students throughout the county and both BWell and SBCEO are committed to continuing the program well beyond grant funding.</p>
11.C.6.	<p>How will those lessons learned be addressed with this grant.</p> <p>The current largest challenge for the partnership is having capacity to identify and secure consistent long-term funding streams, including understanding changes to Medi-Cal billable services and MHSA funding. The inclusion of a QIS Coordinator as part of the MWEL team will greatly increase our ability to understand the complexity and intersection of the rapidly changing funding sources while also being able to identify potential funding sources for all partners, thereby supporting long-term sustainability.</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 QIS coordinator will collaborate with the MWEL Program Manager to identify and secure additional funding sources, including changes to Medi-Cal covered services, and additional grant funding opportunities. They will also partner with BWELL Quality Care Management, Grants, Fiscal, department leadership, Contracts, Research & Evaluation, and clinical staff to understand braiding of services that could potentially support MWEL services. The QIS Coordinator will conduct school and community evaluations to assist in identifying gaps within the school system of care. They will also compile data to assist with data driven decision making and develop MHSOAC required reports. The QIS Coordinator will also assist school districts with the implementation of Medi-Cal billing for school-based services.</p> <p>The QIS Coordinator will be secured through a contracted provider for the first two years of funding. During the third year, funding will support the MWEL Program Manager who will continue sustainability efforts while also preparing for the transition to new funding.</p>
11.D.2.	<p>If hiring staff, describe the plan and steps needed to hire staff.</p> <p>If BWELL is awarded this category we will start the contract and recruitment process immediately through our MHSSA Program Manager and necessary teams (HR, Contracts, Fiscal) to expedite the process. Once we have identified a contracted provider, we will develop a contract for this position between BWELL and the contracted provider for two years. During the third year of this grant, we will fund the MHSSA Program Manager for further sustainability of ongoing work for the MHSSA programming.</p>
11.D.2.a.	<p>Include the Duty Statement for this position.</p> <p>Quality Improvement and Sustainability Coordinator duties include:</p> <ul style="list-style-type: none"> • Conducting Research and Assessment to identify all potential funding sources • Assessment of the identified funding sources to determine the most appropriate funding source. • Research new grant opportunities and coordinate application with BWell's Housing & Grants Program Manager. • Identify private insurance funding sources and collaborate with BWell's Quality Care Management, Fiscal, and Contracts branches to determine pathways for billing services.

	<ul style="list-style-type: none"> • Evaluate and establish Medi-Cal billing within BWELL system of care and potentially contracted Managed Care plans for school-based mental health services. • Assist with mapping youth services within the Santa Barbara County School districts and the community to identify services provided that may be eligible for Medi-Cal and/or private insurance coverage. • Develop and submit required MHSOAC required reports. • Participate in MHSOAC and other trainings that support sustainability learning opportunities. • Other grant related duties as needed.
11.D.3.	<p>If hiring a contractor, describe the plan and steps needed to hire a contractor.</p> <p>The MWEL Program Manager will collaborate with our Contracts branch to initiate the Request for Proposals (RFP) process. The Scope of Work/Duty Statement will be used as the foundation for developing the RFP, which will be released using our online portal, RFP360. Applications will be received and reviewed by an evaluation committee and an award will be extended. The process will take approximately three months to complete upon award of this grant.</p> <p>Concurrent with the RFP process, the MWEL Program Manager will further collaborate with Contracts to develop and secure an executed agreement between the chosen provider and BWell. The process could take as little as a few weeks since the contract amount may fall under the threshold triggering Board of Supervisors approval. If approval is required, the contract may take up to three months to complete.</p>
11.D.3.a.	<p>Include the SOW for the contractor including required contractor qualifications and experience.</p> <p>The Duty Statement outlined in 11.D.2.a. will serve as the foundation for the Scope of Work to be included in the provider's contract.</p> <p>Qualifications for the QIS Coordinator will include a Master's Degree in social work, clinical psychology, licensed mental health professional (LMFT, LCSW) and/or Psychologist/Doctoral; or a Ph.D, Psy D. with experience sustaining programs and working with local school districts.</p> <p>Experience necessary includes conducting research and evaluation of quality assurance of programs, sustaining programs, knowledge of a variety of funding sources including</p>

	billing reimbursement for mental health services and youth school-based services; and knowledge of Santa Barbara County school districts
11.D.3.b.	<p>How long would it take to complete the hiring process?</p> <p>BWell will not need to hire staff since we will be contracting with a provider for the QIS position and the MWEL Program Manager is a current staff member.</p>
11.D.4.	<p>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.</p> <p>BWell was planning to utilize MHSA Prevention and Early Intervention (PEI) program funding, but with the passing of the Behavioral Health Transformation Act, we are unsure how that will impact our PEI budget. With funding changes still not fully defined, we are unable to determine an exact amount of funding that needs to be committed to support this program. BWell will continue to explore funding options to support long term continuation of all MWEL components.</p>
11.D.5.	<p>Is this amount from an existing or recurring funding source that can be committed for this service?</p> <p>Program funding will most likely be from existing and on-going sources, including MHSA and Medi-Cal.</p>
11.D.5.a.	<p>Describe the source of funds.</p> <p>Funding sources will include MHSA/BHSA, EPSDT and other Medi-Cal billing, private insurance, and potential future grant opportunities.</p>
11.D.5.b.	<p>Identify the amount committed from these sources of funds?</p> <p>With existing funding sources in flux, we are unable to identify a specific amount of funding at this time. However, BWell can commit to using Medi-Cal funding received for services provided by MWEL staff to sustain the program. Additionally, the QIS Coordinator will focus on evaluation and mapping of services provided to school districts that are not currently being billed, yet could qualify as eligible activities.</p>
11.D.6.	<p>Is this amount from a new, future, or potentially future funding source in which cannot be fully committed to this service at this time?</p> <p>In addition to MHSA/BHSA and Medi-Cal funding, the QIS Coordinator will be responsible for identifying and securing new funding, including federal, state, and local grants.</p>

	Additionally, they will collaborate with our Fiscal branch and our MHSA Manager to determine braided funding opportunities between new and existing resources.
11.D.6.a.	Describe the proposed source of funds. Funding sources may include federal, state, local and private grant opportunities, and additional behavioral health funding including Medi-Cal reform.
11.D.6.b.	Identify the amount proposed from these sources of funds. BWell is committed to continuing the MWEL program beyond the grant period and we propose to identify enough funding to sustain the MWEL Program Manager and clinical staff.

ATTACHMENT 3-5 – Budget Worksheet

11.E.1.	Proposed Budget				
	Description	Year 1	Year 2	Year 3	Total
	Hire Staff				
	MHSSA Project Leader (0.70 FTE)			\$131,000	\$131,000
	Other Personnel Services Cost				
	Hire Contractors				
	Consultant TBD	\$130,000	\$130,000		\$260,000
	Other Costs				
	Indirect Cost @ 15%	\$19,500	\$19,500	\$19,650	\$58,650
	Total	\$149,500	\$149,500	\$150,650	\$449,650
	Provide a description of the proposed expenditure for each line listed in the Proposed Budget.				
	Hire Staff In Year 3, funding will sustain a 0.70 FTE MHSSA Project Leader. Costs consist of salaries and benefits.				
	Other Personnel Services Cost 				
	Hire Contractors Consultant to provide long-term sustainability evaluation. Costs consist of salaries and benefits, and other direct costs.				
	Other Costs Indirect Cost is a calculated rate of 15% of the direct Contractor and Salaries & Benefits categories.				

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)

County of Santa Barbara

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

County of Santa Barbara

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

429 N. San Antonio Rd

CITY, STATE, ZIP CODE Santa Barbara, CA 93110**E-MAIL ADDRESS** ap@sbcbswell.org**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.

- 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.

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

_____ - _____ - _____

OR**Federal Employer Identification Number (FEIN)**

95-6002833

_____ - _____ - _____

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**
Tor Hargens**TITLE**
Cost Analyst II**E-MAIL ADDRESS**
thargens@sbcbswell.org**SIGNATURE***Tor Hargens***DATE**
6/20/24**TELEPHONE** (include area code)
(805) 681-4781**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

RFA-MHSSA-004			
Solicitation Number		Bidder ID/Vendor ID (optional)	
County of Santa Barbara Department of Behavioral Wellness		(805) 681 - 5220	
Business Name		Business Telephone Number	
315 Camino Del Remedio		Santa Barbara	CA 93110
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

6/25/24

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.

GENAI DISCLOSURE & FACTSHEET

STD 1000 (NEW 01/2024)

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)
X	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