

Investment in Mental Health Wellness Act 2013

Triage Personnel Grant Awards

Mental Health Services Oversight and Accountability
Commission

January 23, 2014

Background

- ▶ On May 16th, 2013, Pres Pro Tem Darrell Steinberg released his call for state action which resulted in Senate Bill 82, the Investment in Mental Health Wellness Act of 2013
- ▶ Senate Bill 82 authorized the California Health Facilities Financing Authority (CHFFA), and the Mental Health Services Oversight and Accountability Commission (MHSOAC), to administer two competitive selection processes for capital capacity and program expansion to increase capacity for mobile crisis support, crisis intervention, crisis stabilization, crisis residential, and specified triage personnel.

Background (contd.)

- ▶ CHFFA is responsible for adding at least 25 mobile crisis support teams and at least 2,000 crisis stabilization and crisis residential beds.
- ▶ The MHSOAC is responsible for adding mental health triage personnel statewide through a competitive grant process.
- ▶ \$32 million in MHSOAC funds is available annually for mental health triage personnel grants.
- ▶ Applicants for triage personnel grants were limited to counties, counties acting jointly and 2 city entities

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Background (contd.)

- ▶ The Commission gathered a group of Subject Matter Experts (SME) to advise Commission staff on the realities of providing recovery-focused, crisis response services. These experts met twice with Commission staff in August and September 2013 to review grant criteria and offer comments and suggestions.

The group included persons representing: counties, community-based non-profit providers, hospitals, law enforcement, peer-run service organizations, shelters, education, racial, ethnic and cultural community providers, youth and veterans.

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Background (contd.)

- ▶ The SME group provided an invaluable contribution to the development of a vision for mental health triage personnel focused on improved life outcomes for the persons served and improved system outcomes for mental health and its community partners.
- ▶ On September 26, 2013, the Commission approved the criteria for a Request for Application (RFA) for mental health triage personnel.

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Background (contd.)

- ▶ The Commission also approved dividing the \$32million available annually between the five established regions identified by the California Mental Health Directors Association (CMHDA) as follows:

Southern	\$10,848,000
Los Angeles	9,152,000
Central	4,576,000
Bay Area	6,208,000
Superior	<u>1,216,000</u>
Total	\$32,000,000

- ▶ Counties competed within their regions for grant funding.

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Background (contd.)

- ▶ The Commission issued the mental health triage personnel RFA on October 1, 2013.
- ▶ Counties were given until January 3, 2014 to submit grant applications.
- ▶ Consistent with approved RFA criteria, counties were asked to provide the following:

Program Narrative

1. Description of their current crisis response system and how they would use triage personnel to fill system gaps
2. Collaboration efforts
3. Description of how the county would operationalize triage services

Budget Request

Description of Required Reporting and Evaluation Processes

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Review and Scoring Grant Applications

- ▶ By January 3, 2014, the Commission had received 47 triage grant applications.
- ▶ Each grant application was screened to ensure it met all technical and administrative requirements such as page limits, font size and narrative requirements.
- ▶ 9 Commission staff were assigned to 3 review teams.
- ▶ Grant applications were organized by region – Southern, Los Angeles, Central, Bay Area and Superior.

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Review and Scoring Grant Applications (contd.)

- Each team reviewed applications within a specific region as follows:
 1. Southern plus Los Angeles
 2. Central
 3. Superior

Note: Bay Area applications were split between the Southern and Superior teams.
- This assignment process resulted in each grant application being reviewed and scored by three individual staff members.

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Review and Scoring Grant Applications (contd.)

- Review teams numerically scored each component of the grant applications consistent with requirements in the RFA, and the Reviewer Guide and Score Sheet. (These materials can be found in meeting handouts.)
- 1,000 points were possible – only applications receiving 800 points or more were considered for grant funding.
- Reviewers utilized the Application Reviewer Guide, to score information in the application as warranting either a very low, low, medium, high or very high score. (This document is available in meeting handouts.)

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Review and Scoring Grant Applications (contd.)

- Reviewers judged components of the application on the basis of completeness, responsiveness, and clarity of presentation. Reviewers considered whether program descriptions and other information provided in the application:
 - Were fully developed and comprehensive;
 - Had weaknesses, defects or deficiencies;
 - Were lacking information, lacking depth or lacking significant facts and/or details;
 - Demonstrated that the applicant understood the objectives of the Mental Health Wellness Act; and
 - Illustrated the applicant's ability to deliver services that promote the objectives identified in the Mental Health Wellness Act.

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Review and Scoring Grant Applications (contd.)

Specific objectives (cited in Senate Bill 82) to be addressed in grant applications include:

- Improving the client experience, achieving recovery and wellness, and reducing costs;
- Adding triage personnel at various points of access, such as at designated community-based service points, homeless shelters, jails and clinics;
- Reducing unnecessary hospitalizations and inpatient days; and
- Reducing recidivism and mitigating unnecessary expenditures of law enforcement.

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Review and Scoring Grant Applications (contd.)

- Team members individually reviewed and scored each application assigned.
- Teams met and calculated the average of their scores for each application.
- Based on the average score for each application they were ranked in order from highest to lowest within their region.

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Review and Scoring Grant Applications (contd.)

- Teams compared funding available by region to total funding requested by counties with passing scores.
- Summary sheets for each region were developed indicating how many high scoring applications could be funded within available funding for that region.
- After fully funding counties with the highest scores in each region, there was surplus funding available that was insufficient to fully fund any county in that region.

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Recommendations for Funding Distribution

- ▶ Step 1 – Fully fund the highest scoring applications with available funds in each region.
 - This funds 21 counties.
- ▶ Step 2 – Combine surplus funding remaining in each region and fully fund the county with the next overall highest scoring application, that could not be funded due to the unavailability of funds in that county's region.
 - This funds 1 additional county.

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Summary of Grant Award Recommendations

Results of Review and Scoring Process

- 22 county mental health triage applications with the highest scores can be funded with available funds.
- 34 counties had proposals with scores 800 and above.
- There were several very good proposals that received passing scores but could not be funded due to limited funding available.

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Summary of Grant Award Recommendations

Description of Crisis Services To Be Funded

- Brief summaries of grant application proposals recommended for funding are provided in meeting handouts.
- As expected, grant proposals varied based on a county's existing crisis response system.
- Many counties with sophisticated crisis response systems identified the increased demand for services and the desire to expand specific crisis components including hours of operation.
- Other counties with limited crisis response services, sometimes challenged by distance and geography, were proposing to establish mental health crisis response services that had never existed before.

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Summary of Grant Award Recommendations

Staffing Requests

- A total of 479.4 Full Time Equivalent (FTEs) were requested in the 22 grant applications recommended for funding.
- Of the total FTEs requested:
 - 187.5 were for county staff positions
 - 282.9 were for contract positions
 - 184 were for Peer positions

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Summary of Grant Award Recommendations

- Types of triage positions requested included:
 - Clinical, licensed triage staff
 - Crisis triage counselors
 - Various types of peer positions (peer mentors, peer recovery specialists, peer counselors)
 - Triage case managers
 - Community workers
 - Social workers
 - Mental health workers
 - Nurses
 - Psychiatrists

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Summary of Grant Award Recommendations

How Triage Staff Will Be Used

- Many triage positions will be mobile and able to travel to respond to a crisis situation, some with law enforcement.
- Others will be located in hospitals, emergency rooms, jails, shelters, high schools, crisis stabilization and wellness centers and other community locations where they can engage with persons needing crisis services.

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Summary of Grant Award Recommendations

How Triage Staff Will Be Used (contd.)

- Many triage positions will provide intensive case management, some for 30 days, 60 days or 90 days. These services include intensive service linkage and follow up to ensure persons access services and may avoid further crisis interventions.
- Some triage staff will be working evening and weekend hours to expand crisis services to times when there is the highest need.

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Summary of Grant Award Recommendations

Reporting and Evaluation

- All programs will be collecting and reporting information to the MHSOAC about the number of unduplicated persons served, the type of services they receive, service referrals, whether persons served successfully accessed services, and whether persons served were enrolled in mental health service at the time of the crisis intervention. (Information to be provided 12 months following the grant award and every six months thereafter throughout the grant cycle.)
- All programs will document the effectiveness of their expanded crisis services. Programs will track individual and system outcomes such as repeated crisis interventions or hospitalization by individuals, reductions in hospitalization, and reduced time law enforcement spends on mental health crisis episodes as evidence of system improvements. (Information on program effectiveness to be provided 24 months and 36 months after grant award)

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Summary of Grant Award Recommendations

- In summary, MHSOAC staff are pleased to recommend that the Commission approve mental health triage personnel grants for 23 counties with funding approved for the complete grant cycle as follows:

FY 13-14 (5 months funding)
 FY 14-15 (12 months funding)
 FY 15-16 (12 months funding)
 FY 16-17 (12 months funding)

- Funding will be allocated annually for each fiscal year.

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Motions:

1. The MHSOAC awards Triage personnel grants to the following counties for the specified amounts listed, inclusive of FYs 13-14 through 16-17, and directs staff to post in the MHSOAC office lobby and on the MHSOAC website, before the close of business on January 23, 2014, the Notice of Intent to make the following awards.

➤ Ventura	\$7,573,673	Madera	1,380,596
➤ Riverside	8,616,543	Merced	3,003,068
➤ Santa Barbara	8,348,530	Sonoma	3,044,364
➤ Orange	10,250,000	Napa	1,323,633
➤ Los Angeles	31,177,000	San Francisco	14,365,128
➤ Yolo	1,728,233	Marin	1,100,057
➤ Calaveras	262,686	Alameda	2,666,830
➤ Tuolumne	478,512	Butte	1,075,070
➤ Sacramento	4,474,907	Lake	184,793
➤ Mariposa	699,428	Trinity	497,713
➤ Placer	2,509,346	Nevada	2,479,091

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Motions (contd.):

2. The MHSOAC authorizes the Executive Director to execute all necessary documents to distribute the grants awarded to the counties upon expiration of the protest period or consideration of protests whichever comes first.
3. After fully funding the 22 counties, if there are remaining funds insufficient to fully fund the county with the next overall highest application score, the Executive Director is authorized to offer these "partial" program funds to that county. If that county declines the partial program funds, the Executive Director is authorized to offer the funds to the county with the next highest scoring application until an eligible county accepts the funds.