

## Triage Grant Bidders Conference – October 25, 2013 County Questions and Answers

### **Introduction:**

These are the questions and answers from the Bidder's Conference Call held for the Mental Health Triage Personnel grants funded by the Mental Health Service Act. Some of the questions and answers were questions that were directly sent to the MHSOAC.

### **Noted Corrections to RFA:**

1. Page 8 of the RFA, Section E. 1. – Allowable Costs – should read “the amount budgeted for direct, indirect and administration should not exceed 15% of the total budget.”
2. Page 14 of the RFA, Section D. – Assembling the Application – “Evaluation” should be added as Number 4.

**Q:** Is it 15 pages overall?

**A:** Yes, ten pages for the program narrative and five pages for the evaluation/reporting.

**Q:** There is an instruction that describes the use of Arial 12 point font. Can we use smaller fonts in tables?

**A:** Other font sizes are allowed in tables, graphs, and footnotes.

**Q:** Please clarify the terms of the grant period.

**A:** The grant will provide funding for 3 years and 5 months with funding first awarded in February 2014.

**Q:** The grant term goes by calendar year, and the Annual Revenue and Expenditure Report (ARER) is a fiscal year report. How will you reconcile mid-year reports?

**A:** We ask for the budget information in fiscal years. The ARER will only include the five months worth of information for fiscal year 2013-2014. The budget schedule is:

- February through June 2014
- July 2014 through June 2015
- July 2015 through June 2016
- July 2016 through June 2017

**Q:** Is it a strength to the proposal if you apply with more than one county?

**A:** Extra points are not awarded for applying with another county. The statute allows for counties to apply together, which may aid smaller counties or a region of counties. Collaborations do not gain points and larger counties would not be penalized for not collaborating with another county.

**Q:** Are you taking into account differences between rural and urban counties for service delivery? For example, San Joaquin may benefit from having triage workers in multiple medical situations, but in rural counties there are a lack of infrastructure where you can put triage workers, so it limits what you can do.

**A:** Regional differences are being taken into account in that the RFA asks applicants to describe what currently exists in the county. One county's needs might be quite different from another county. Points are given for a clear explanation and justification for an applicant's needs and how it proposes to meet those needs.

**Q:** Being a small county and not having the same problems as neighboring counties with greater issues, we are concerned about the competition in the region. Will this be counted against us?

**A:** Each applicant has an equal opportunity to explain its needs and how the proposal will meet those needs.

**Q:** Is there a clear definition of crisis triage?

**A:** Welfare and Institutions Code Section 5848.5(e) lists the services triage personnel could provide.

**Q:** Are there any specific requirements for children program versus an adult program

**A:** No

**Q:** Children crises play out different than for adults. Can an immediate crisis response be considered episodic vs. any day occurrence?

**A:** Please include program plans in your narrative and specify service expectations.

**Q:** If we have an approved program through this, will it be allowed to transition to MHSA funding after the three year grant period?

**A:** These grants are being funded with MHSA dollars and counties would be allowed to fund these or additional positions within its MHSA plan so long as the MHSA requirements are met.

**Q:** We were concerned about supplantation, so we didn't want to have this be something we want to implement long term, but then if the money ran out, could we then move it over as part of one of our other MHSA funding.

**A:** These grants are being funded with MHSA dollars and counties would be allowed to fund these or additional positions within its MHSA plan so long as the MHSA requirements are met.

**Q:** It will be a challenge for us as a small county to get qualified staff to hire new people into this new program. Would it be acceptable to reassign current staff out to these triage facilities and then backfill the old positions?

**A:** If an applicant is not proposing to use triage funding to replace a function that already exists, this is acceptable as long as the positions are backfilled and not eliminated.

**Q:** Will there be a modified grant process after the three years?

**A:** That will be decided before the end of the three-year funding cycle.

**Q:** If not all of the counties apply in the first round and a larger proportion is awarded to one of the counties, how does this impact future rounds?

**A:** This will be decided before the end of the three-year funding cycle.

**Q:** In regards to sustainability, could counties come in the second time asking for more money?

**A:** This will be decided before the end of the three-year funding cycle.

**Q:** Is it better to apply for a larger portion in the competitive process or limit our request to what has been approved?

**A:** Applicants should bid for the number of triage personnel they can use. If the total number of requests from a region exceeds the goal number of personnel or goal amount available for that region, the MHSOAC will determine a process for allocation based on proposals, the scores on those proposals, and available resources.

**Q:** Is there any guidance to the maximum amount allocated to the region? Is there any amount that the request should be?

**A:** No, there is no maximum amount to the region. Applicants should bid for the number of triage personnel they can use.

**Q:** Is it possible that you will not award all of the funds designated to a region if the points aren't there?

**A:** Yes, this is a possibility.

**Q:** How should we estimate the appropriate amount to ask for? Right now, Orange County gets approximately eight percent of the statewide MHSA money, and the need is always going to be greater than what we ask for. Is it appropriate to use the MHSA county allocation formula as a guide?

**A:** The MHSOAC used the MHSA distribution formula to create funding and personnel targets for each region. Applicants should bid for the number of triage personnel they can use.

**Q:** Is there a preferred or optimal amount to bid for? Can we submit two five-page budgets for our optimal and minimal amount?

**A:** Please provide only one version.

**Q:** In LA county region, you included Tri-City. We could either do a joint application or a separate one, is that correct?

**A:** Los Angeles is a stand alone. Tri-City is in the Southern region for the purposes of this MHSOAC grant.

**Q:** We will go through our stakeholder process but we don't see anywhere in the RFA that there is narrative required in the bid describing the stakeholder process like that required for other component plans and annual updates.

**A:** This grant proposal does not have to specifically follow a typical MHSA stakeholder process. Typically, a MHSA stakeholder process is used in planning to identify the types of services needed within a county. There is consensus that these services are needed throughout the state. There may be debate about where triage personnel might be placed, so working with stakeholders and community partners is likely to result in a thorough, thoughtful proposal.

**Q:** In regards to the personnel, how much weight or added points will be given to hiring individuals who do have lived experience?

**A:** There are a maximum of 50 points available for describing how triage staff will be used by type of position, including persons with lived experience

**Q:** On page 10, it talks about providing budget detail for personnel. Where would we put that we claim 10 percent for administration costs?

**A:** After much discussion the admin cap has been raised to 15% and now includes direct and indirect costs. Admin, direct and indirect costs shall not exceed 15% of the project budget. We have revised the budget sheet and budget instructions to include direct and indirect costs.

**Q:** Please clarify the 10 percent limit for administrative costs.

**A:** After much discussion the admin cap has been raised to 15% and now includes direct and indirect costs. Admin, direct and indirect costs shall not exceed 15% of the project budget.

**Q:** Is there any allowance for operating or program expenses for the triage personnel since they will be out in the field— cellular phones, lap tops, work stations, etc.?

**A:** After much discussion the admin cap has been raised to 15% and now includes direct and indirect costs. Admin, direct and indirect costs shall not exceed 15% of the project budget.

**Q:** Where can we include details on operating costs other than the administrative 10 percent?

**A:** After much discussion the admin cap has been raised to 15% and now includes direct and indirect costs. Admin, direct and indirect costs shall not exceed 15% of the project budget. We have revised the budget sheet and budget instructions to include direct and indirect costs.

**Q:** The training costs would be part of the admin, and the evaluation has a separate budget role, is this correct? Will you consider reasonableness?

**A:** After much discussion the admin cap has been raised to 15% and now includes direct and indirect costs. Admin, direct and indirect costs shall not exceed 15% of the project budget.

**Q:** Can we request a higher figure for positions depending on the funds available? Is it correct that we are not limited to \$53,000 and trying to find a match based on Medi-cal reimbursement.

**A:** Applicants are not limited to \$53,000. Applicants may consider a variety of types of

employees that may function as triage personnel to meet local needs. This may result in varying amounts for salary and wages.

**Q:** If we apply for less number of staff than the average amount expected in the region, and the same amount of money, will we lose points?

**A:** Please describe the need and how the staffing request meets the need. Reasonableness of staff requests will be based on the entirety of the proposal and budget.

**Q:** Is there any guidance for counties that might want to contract out for triage personnel?

**A:** Please distinguish the estimated cost of contracting out in the personnel costs on the Budget Worksheet and in the narrative.

**Q:** Where should letters of support be included in the application?

**A:** Letters of support may be attached to the narrative. Letters of support are not part of the 10 page limit for the narrative.

**Q:** Does the inclusion of letters of support impact points?

**A:** Letters of support may be given up to 15 points.

**Q:** The evaluation reporting section is not included in the instructions for assembling the application on page 14.

**A:** There are four parts to the application: cover sheet, program narrative, budget worksheet, and the evaluation. The description of evaluation reporting is separate from the program narrative and is included as number four in the Assembling Application list.

**Q:** The language in the RFA talks about intensive case management, meaning local wrap around services, also known as Full Service Partnerships. From a small county perspective with limited resources available for evaluation, it would be useful for us to be able to include any case management services to the population in the DCR. Could we make use of the DCR to gather this data so that we have a system and templates already in place to produce meaningful evaluation results? Could we call this a crisis triage full service partnership? Should we report as an MHSA update if we get funded, or in our three-year plan?

**A:** While triage personnel may provide intensive case management, triage services are not an FSP. Some individuals seen by triage personnel will be one time, but some counties might have the triage personnel follow up with the progress of that person, seeing that they are connected to services. Regarding data, the RFA asks counties to describe how they would report the information for evaluation. It is acceptable to utilize useful, applicable data from DCR. Evaluation data should be sent directly to the MHSOAC separate from an MHSA update or three-year plan

**Q:** Some people that may utilize triage personnel may be already enrolled in FSP. Could these triage personnel also be a part of an FSP program? We share FTE's.

**A:** The expectation is that triage workers are at the point of intervention. It may make sense in some situations based on a county's need to that the crisis worker is part of another FSP team or program.

**Q:** Could we potentially coordinate to have the triage personnel work with the crisis units of the CHFFA project?

**A:** The intent is not that these triage workers staff these crisis units, but applicants could want to utilize some of these triage staff in coordination with these crisis unit programs. Please explain the local needs and how the proposal will meet these needs.

**Q:** Based on the revenue and expenditure report, would there be a mechanism for us to submit additional funding from our original award if you reduce the equivalent funding withheld from unspent funds?

**A:** This question is unclear.

**Q:** If there are unspent dollars that were part of our allocation in our grant award, do those roll over to the following year if we can come up with an estimate and use that for one time costs?

**A:** Funding could be rolled forward for triage personnel, but not for one-time costs.

**Q:** Since this is carrying over into FY 17-18, could the unspent funds be used to cover more ongoing operating costs for counties?

**A:** Funding could be rolled forward for triage personnel, but not for operating or administrative costs.