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**NOTICE OF FUNDS AVAILABILITY
AND
RELEASE OF REQUEST FOR APPLICATIONS**

TO: All Counties, Counties Acting Jointly and City Mental Health/Behavioral Health Departments

FROM: Sherri Gauger, Executive Director
Mental Health Services Oversight and Accountability Commission

SUBJECT: AVAILABILITY OF FUNDING FOR HIRING TRIAGE PERSONNEL: THE INVESTMENT IN MENTAL HEALTH WELLNESS ACT OF 2013

The Mental Health Services Oversight and Accountability Commission (MHSOAC) is pleased to announce the availability of \$32 million in Mental Health Services Act (MHSA) funding to support grants for hiring at least 600 mental health triage personnel statewide. The funding is the result of Senate Bill 82, the Investment in Mental Health Wellness Act of 2013, passed in the most recent legislative session and enacted as Chapter 34.

The intent of the grants is to expand the number of mental health personnel available to provide crisis support services that include crisis triage, targeted case management and linkage to services for individuals with mental health illness who require a crisis intervention. It is expected that triage personnel will be located at various points of access throughout the community, such as hospital emergency rooms, jails, homeless shelters and clinics. Increasing access to crisis stabilization services provides an opportunity to reduce costs associated with expensive inpatient and emergency room care, and to better meet the needs of individuals with mental health conditions in the least restrictive manner possible.

California counties, counties acting jointly or city mental health departments are eligible to compete for triage personnel grants. The grants will be apportioned based on the California Mental Health Directors Association's (CMHDA) regional designation, which breaks the state up into five regions, and the Department of Health Care Services MHSA Distribution Formula. Counties will compete within their own regions for grant funds.

The due date for eligible applications to be submitted is 5:00 p.m., January 3, 2014. A copy of the Request for Applications (RFA) is available on the MHSOAC website at <http://www.MHSOAC.ca.gov/>. Questions related to the application process may be directed to Norma Pate, Chief, Administrative Services at: Norma.Pate@MHSOAC.ca.gov.

Additional information, selection criteria and the MHSOAC's Triage Personnel Grant Overview and Background statement can also be found on the MHSOAC website noted above. Questions not related to the application process may be sent to MHSOAC@mhsoc.ca.gov.

**INVESTMENT IN MENTAL HEALTH
WELLNESS ACT OF 2013**

Request for Applications

Guidelines for Submitting

Grant Proposals for Mental Health Triage Personnel

Grant Term: January 1, 2014 - December 31, 2017

**Mental Health Services Oversight and Accountability Commission
1300 17th Street, Suite 1000
Sacramento, CA 95811**

**APPLICATION DEADLINE:
5:00 P.M.
Friday, January 3, 2014**

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Introduction

As a result of Senate Bill (SB) 82, known as the Investment in Mental Health Wellness Act of 2013, (See Appendix 1), California has an opportunity to use Mental Health Services Act (MHSA) dollars to expand crisis services statewide that are expected to lead to improved life outcomes for the persons served and improved system outcomes for mental health and its community partners. Among the objectives cited in the Mental Health Wellness Act of 2013 is to “expand access to early intervention and treatment services to improve the client experience, achieve recovery and wellness, and reduce costs.” This objective is consistent with the vision and focus for services identified in the MHSA. Improving the client experience, with a focus on recovery and resiliency, in a way that will reduce costs, is the very essence of the MHSA.

Currently not all counties have an array of crisis services specifically intended to divert persons to less restrictive, recovery focused, levels of care. This leaves individuals with little choice but to access an emergency room for assistance which may result in an unnecessary hospitalization. Additionally, this often results in law enforcement personnel needing to stay with persons in an emergency room waiting area until a less intensive and less restrictive level of care can be found. One finding identified in SB 82 is that 70 percent of people taken to emergency rooms for psychiatric evaluation can be stabilized and transferred to a less intensive level of care.

The MHSOAC is responsible for establishing a competitive grant process that supports local mental health departments hiring at least 600 mental health triage personnel statewide and requires the Commission to report to the fiscal and policy committees of the Legislature by March 1, 2014.

Background

With MHSA funding, the Mental Health Wellness Act of 2013 is intended to increase California’s capacity for client assistance and services in crisis intervention including the availability of crisis triage personnel, crisis stabilization, crisis residential treatment, rehabilitative mental health services, and mobile crisis support teams. Under the terms of the Mental Health Wellness Act of 2013 there will be two competitive grant opportunities. One grant process will be administered by the California Health Facilities Financing Authority (CHFFA) to fund mobile crisis support teams and crisis stabilization and crisis residential programs. The other grant process, administered by the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission), provides funding for counties, counties acting jointly and city mental health departments, to hire at least 600 triage personnel statewide to provide intensive case management, which may include Medi-Cal reimbursable targeted case management, and linkage to services for individuals with mental illness or emotional disorders who require crisis interventions. Increasing access to effective outpatient and crisis services provides an opportunity to reduce costs associated with expensive inpatient and emergency room care and to better meet the needs of individuals experiencing a mental health crisis in the least restrictive manner possible.

SB 82 Triage Personnel Objectives

Because the term “triage” is generally associated with providing emergency medical care, it seems necessary to explain “triage” as it relates to mental health crisis services and the triage personnel funded through SB 82.

Triage personnel may be the first mental health contact experienced by someone requiring a mental health crisis intervention. At other times, mental health workers that are part of mobile crisis teams will be the first mental health contact for someone in crisis and triage personnel will be the second contact. Triage workers should be focused on providing services and supports that result in individuals being referred to the least restrictive, wellness, resiliency and recovery oriented treatment setting that is appropriate to their needs. It is understood that there will be a wide range of needs among the persons seen by triage workers and those workers would provide a wide range of linkages and services, which may include Medi-Cal reimbursable targeted case management. While some individuals may need hospitalization, others may need a brief, therapeutic intervention where triage staff are available to listen and provide support. It is hoped that the majority of individuals seen will not require hospitalization but can be stabilized and linked to less urgent levels of care.

Triage personnel may provide services anywhere in the community and ideally will be located at various points of access best suited to providing immediate crisis interventions. While some triage personnel may be located at a crisis stabilization or crisis residential program, the intent is not that the triage personnel “staff” these programs. Instead, the triage personnel may be available at these programs to provide immediate support, and triage services that include assessment and evaluation, and referral to an appropriate level of care. Other triage staff may be located in other crisis locations, for example hospital emergency rooms, homeless shelters and/or jails. Increasing the flexibility of how counties may utilize this resource, triage personnel may provide services face-to-face, by telephone, or by tele-health.

Among the specific objectives cited in this legislation are:

1. Improving the client experience, achieving recovery and wellness, and reducing costs

The level of engagement between a person experiencing a mental health crisis and persons providing crisis intervention triage services are considered critical to the life outcomes for the individual being served and system outcomes for mental health and its community partners.

Triage personnel funded through these grants should be skilled at engaging persons in crisis in a stabilizing, therapeutic, recovery focused manner. Per SB 82, the Commission shall take into account the use of peer support when selecting grant recipients and determining the amount of grant awards. Having lived experience

with mental illness either as an individual or family member, may be seen as an added qualification for delivering effective service.

2. Adding triage personnel at various points of access, such as at designated community-based service points, homeless shelters, and clinics

The availability of triage personnel at various points of access designated throughout the community throughout the day is essential to both improving the client experience and improving timely access to services. Frequently persons experiencing a psychiatric emergency are brought to hospital emergency rooms or homeless shelters because they are the only service settings available after normal business hours. Typically mental health staff are not available in these settings resulting in significant delays before an individual can be seen, assessed and referred for mental health treatment services. How triage staff will be deployed within a county should address gaps in these points of access.

3. Reducing unnecessary hospitalizations and inpatient days

Reductions in unnecessary hospitalizations are dependent on the availability of programs that serve as alternatives to hospitalization, such as crisis stabilization and crisis residential programs. As mentioned, one resource to expand these services will be available through the grants administered by CHFFA. Because the triage personnel available through the MHSOAC grants are intended to provide immediate, recovery-focused crisis interventions that divert persons from unnecessary hospitalizations to less restrictive treatment settings, they are an essential component for mental health and community crisis response systems.

4. Reducing recidivism and mitigating unnecessary expenditures of law enforcement

Reducing recidivism results in:

- preventing the need for additional crisis interventions
- reducing the number of hospitalizations experienced by individuals
- preventing the need for ongoing engagement with law enforcement

Mitigating unnecessary expenditures of law enforcement results in:

- reducing the time law enforcement spends in hospital emergency rooms with someone needing a mental health crisis intervention
- reducing the number of encounters between law enforcement and persons in mental health crisis that result in arrests and jail time

To meet both of these objectives requires collaboration with and participation from partner counties, law enforcement, hospitals, local social networks, mental health and substance use non-profits, foundations and providers of service to various racial, ethnic and cultural groups and low-to-moderate income persons, in developing and delivering services in a community-based, mental health crisis response system.

Information Requested In Grant Proposals

To meet the objectives of SB 82 requires that counties design crisis intervention services and supports specifically to meet those objectives. Some counties may already have fairly sophisticated crisis response services and yet are challenged by the demand for services. Other counties may be challenged by distance and geography. What works in one county may not work in others. To understand what does work over time, the Commission is seeking in this Request for Application (RFA) specific types of information that will allow for meaningful analysis.

In deciding what information counties should provide in their grant proposals, the RFA seeks basic information necessary to understand how the county intends to implement, operationalize and determine the effectiveness of mental health triage personnel and/or their crisis response system. The RFA also seeks to understand a county's ability to administer an effective service program and the degree to which local agencies and service providers will support and collaborate with the triage personnel effort. The information requested of counties is integral to understanding the multiple factors that produce or impact effective services in various counties.

In conclusion, as described, creating an effective, mental health crisis response system requires:

- collaboration, planning, and participation from multiple community partners
- having the right resources at the right time (personnel and programs) to address the various issues that present when someone experiences a mental health crisis
- having the ability to be creative in the development of a crisis response system that is effective for the local community

The Commission looks forward to reviewing local proposals that will further the goals of the Mental Health Wellness Act of 2013. It is expected that appropriate recovery and resiliency focused crisis services, as envisioned in SB 82, will provide one more transformational element that furthers the goals of the MHSA and the entire public mental health system.

I. Purpose for Request for Applications (RFA)

This RFA solicits applications from counties, counties acting jointly and city mental health departments for grant funding that supports hiring mental health triage

personnel to provide a range of triage services to persons with mental illness requiring crisis intervention. As indicated in the Mental Health Wellness Act of 2013 triage personnel may provide targeted case management services face to face, by telephone, or by tele-health.

II. Grant Information

A. Eligibility Criteria

Applicants are limited to counties, counties acting jointly, or city mental health departments.

If counties are acting jointly, the applicant county must identify in its application all counties included in the collaborative proposal and show evidence that a collaborative agreement with those counties is in place for the grant request.

B. Funding

\$32 million in MHSA funds will be made available annually to fund mental health triage personnel grants statewide. It is anticipated that the overall funding for triage personnel will include counties seeking appropriate federal Medicaid reimbursement for services when applicable. No matching funds are required from counties.

C. Grant Cycle

Grants will be approved for a three-year grant cycle, with funds allocated annually for Year 1, Year 2 and Year 3 contingent on:

1. grantees submitting required "Process Information" (See Reporting and Evaluation Requirements)
2. grantees submitting required "Encounter Based Information" (See Reporting and Evaluation Requirements)
3. grantees submitting required "Grantee Evaluation of Program Effectiveness" (See Reporting and Evaluation Requirements)
4. grantees tracking and reporting their annual grant fund expenditures in their Annual MHSA Revenue and Expenditure Report. Grantees showing unexpended Grant Funds may have equivalent funding withheld from the following year's grant allocation.

D. Grant Apportionment

The Triage Grants will be apportioned based on the California Mental Health Directors Association regional designation, which breaks the state up into five regions which include urban, suburban and rural counties. The apportionment process will also utilize the Department of Health Care Services Mental Health Services Act Formula Distribution. Total funding available will be split between the five CMHDA regions with counties competing within their region for grant funds. (See Triage Personnel Apportionment Summary, Appendix 2.)

E. Allowable Costs

Grant funds must be used as proposed in the grant application approved by the MHSOAC as follows:

1. Allowable costs include triage personnel, administration and evaluation costs. The amount budgeted for administration should not exceed 15% of the total budget. (See Budget Requirements, Section III B.)
2. Grant funds may be used to supplement existing programs but may not be used to supplant existing funds for mental health triage personnel available for crisis services.
3. Grant funds cannot be transferred to any other program account for specific purposes other than the stated purpose of this grant.

III. Information Required in Grant Proposal

A. Program Narrative

The program narrative shall not exceed ten pages.

The narrative must demonstrate the applicant's ability to meet all qualifications, requirements, and standards set forth in this RFA including:

1. Current Crisis Response System and Needs

- a. Provide a description of your county's current array of crisis response services for psychiatric emergencies. Include a description of all programs that offer alternatives to hospitalization including beds available for crisis stabilization and crisis residential programs. If this is a multi-county application the description should include services and programs in all counties.
- b. Describe the need for mental health crisis triage personnel in the applicant county and other counties acting jointly. This description must include:

- i. Where triage staff are needed to fill gaps and link persons to appropriate services;
- ii. The numbers of triage personnel required by type of position (i.e., clinical, peer, supervisory);
- iii. The racial, ethnic and cultural groups targeted for service in the county; and,
- iv. An estimate of how many persons in crisis will be served in each year of the grant.

2. Collaboration

A description of local efforts to coordinate and collaborate with partner counties, law enforcement, hospitals, local social networks, mental health and substance use non-profits, foundations and providers of services to racial, ethnic and cultural groups including low-to-moderate income people, in both developing the grant response and in service activity. Letters of Support from partners are welcome to document collaboration but are not required. Letters of support will not count towards the 10 page narrative limit.

3. Program Operations

How will the county operationalize triage services? Provide a description of each of the following:

- a. Activities to be performed by mental health triage personnel including targeted case management activities which may include but are not limited to:
 - i. Communication, coordination, and referral. For example; *how will triage workers know what services/resources are available at any given time, can triage workers directly refer someone to services, what is the chain of command for final decisions regarding referrals to service?*
 - ii. Monitoring service delivery to ensure the individual accesses and receives services. For example; *how will the triage worker know that someone successfully accessed services?*
 - iii. Monitoring an individual's progress. For example; *will triage personnel follow the progress of individuals served?*
 - iv. Providing placement services assistance and service plan development

- v. Describe other activities that triage personnel will perform.
- b. Describe how triage personnel will be deployed. Please indicate what hours triage personnel will be available. Will triage personnel primarily be field- based or will some staff be mobile and able to travel as needed? Please describe.
- c. Describe the program's ability and expectations for obtaining federal Medi-cal reimbursement when applicable.
- d. Based on the description of triage personnel activities provided above, please describe, by type of position, how triage personnel, including persons with lived experience (Peer Providers), will be used.
- e. Describe whether the program will include specific supports for all triage staff, including peer providers, for mentoring, training, continuing education and strategies to prevent burn-out.
- f. State whether the county intends to use contract providers, county staff, or both.
- g. State whether the county has plans to expand current crisis stabilization resources. If yes, describe.

B. Budget Requirements

Applicants must provide budget information as indicated on the Budget Worksheet provided. Budget detail is required for personnel costs, evaluation and administration. (See Attachment B, Budget Worksheet and Attachment B.1, Budget Worksheet Instructions.)

C. Reporting and Evaluation

Grantees will be expected to report on the following process and encounter based information as well as their local program evaluation. Provide a description of how the county will provide the following information.

The Reporting and Evaluation narrative shall not exceed five pages

1. Process Information

In the application provide a description of how the county will collect and report information the following:

- a. Number of triage personnel hired by county and/or hired by contractor.
- b. Number for each type of triage personnel hired by county and/or hired by contractor (e.g., peers, social workers, nurses, clinicians, mental health

workers, etc.) Please identify which staff are county staff and which are contract staff.

- c. Triage service locations/points of access (e.g., hospital emergency rooms, psychiatric hospitals, crisis stabilization programs, homeless shelters, jails, clinics, other community-based service points).

Grantees will be required to provide the information in a, b, and c above at 6 and 12 months following the grant award.

If at 12 months all proposed staff are not hired, additional updates will be requested every 6 months until all staff are hired.

2. **Encounter Based Information**

Provide a description of how the county will collect and report information on the following:

- a. Total unduplicated persons served.
- b. Total number of service contacts.
- c. Basic demographic information for each individual client should include information on age, race, ethnicity, gender. If available the county may provide information on language spoken, cultural heritage, LGBTQ, and military status.
- d. Description of specific services that each client was referred to by triage personnel.
- e. At the time the triage service was provided, was the person served enrolled in any mental health service? If yes, what service?

Grantees will be required to provide the information above at 12 months following grant award and every 6 months afterward through the grant cycle.

3. **Grantee Evaluation of Program Effectiveness**

Grantees are required to conduct their own evaluation of the effectiveness of increased triage personnel and/or the effectiveness of their improved crisis response system. Provide a description of how the county will collect, analyze and report information on the following:

- a. State the goals and objectives for increased triage personnel and/or the improved crisis response system.

- b. Identify the system indicators, measures, and outcomes that will be tracked to document the effectiveness of services.
- c. Evaluation analysis and findings about whether specific system and individual outcomes have been attained.

Grantees will be required at 24 months and 36 months after the grant award to provide an evaluation on whether the goals, objectives and outcomes identified have been attained.

IV. Application Process and Instructions

A. Timetable

DATE	ACTIVITY
October 3, 2013	RFA posted on the MHSOAC Web site.
October 18, 2013	Questions must be directed to Norma Pate, Chief, Administrative Services at: Norma.pate@mhsoc.ca.gov , no later than 5:00 P.M. on October 18, 2013.
October 25, 2013	Prospective applicant call in teleconference. 10:00 A.M. to 12:00 P.M. Call in number 866-817-6550 Participant Code 3190377
January 3, 2014	Application due to MHSOAC by 5:00 p.m. (Original application with signature of the Mental Health Director or designee in blue ink and four copies.) No faxed or e-mailed copies accepted.
January 23, 2014	Notice of Intent to Award Funds posted in the lobby of the MHSOAC, 1300 17 th Street Suite 1000, Sacramento, CA 95811. The list will also be posted on the MHSOAC Web page at http://www.MHSOAC.ca.gov
January 30, 2014	Appeal the proposed grant awards must be received by 5:00 p.m.
February 7, 2014	Grant period begins.
Note: All dates after the application deadline are approximate and may be adjusted as program conditions indicate without an addendum to this RFA.	

B. Intent to Submit an Application

An Intent to Submit an Application is **not** required.

C. Application Technical Requirements

1. An original application and four copies must be mailed or delivered so that it is received by 5:00 p.m., on or before January 3, 2014. Faxed or e-mailed applications will not be accepted. Late submissions of the grant application will not be accepted. Mail or deliver applications to:

Norma Pate, Chief, Administrative Services
1300 17th Street, Suite 1000
Sacramento, CA 95811

2. The original Application Cover Sheet (Attachment A) shall include:
 - Name of county submitting application
 - If applicable name of all counties that are partners in grant application
 - Total funding requested per year
 - Contact information for Grant Application
 - County certification
 - An original signature in blue ink for the mental/behavioral health director or designee from county submitting grant application
- . Applicants must mail or deliver the **original and four copies** to the address listed above.
3. The MHSOAC staff will not notify applicants of application omissions, and will not accept faxed or e-mailed additions to submitted application(s).
4. The application narrative must be in 12-point Arial font, single-spaced, single sided, normal character spacing. The MHSOAC will screen applications to ensure compliance with these requirements. The use of smaller font sizes will result in disqualification.
5. Applications must be submitted on standard white, 8½- by 11-inch paper. The Program Narrative section shall not exceed **ten pages** and the Reporting and Evaluation narrative shall not exceed **five pages**. When the narrative section exceeds ten pages, the pages that exceed the limits will not be reviewed.
6. Applications must be three-hole punched and put together with a single binder ring in the upper left corner. Do not include section separators or blank pages.
7. Submission of an application constitutes consent to a release of information and waiver of the applicant's right to privacy with regard to information

provided in response to this RFA. Ideas and format contained in the application will become the property of the MHSOAC.

8. The MHSOAC is not responsible for the applicant's public or private mail carrier's or courier's performance. Late applications will not be accepted.

D. Assembling the Application

The various application elements should be assembled in the order listed below. Grant application reviewers are not obligated to search for application content if it is out of order. Each of the following items must be submitted for the application to be considered complete.

1. Application Cover Sheet (Attachment A) the cover sheet must include all of the information requested including a signature from the mental health director or designee for the county submitting the grant application. **Counties Participating Jointly:** Please identify all counties participating in the collaborative proposal on the Application Cover Sheet and provide documentation that there is a collaborative agreement among the counties participating. (This documentation should be included immediately behind the Application Cover Sheet).

2. Program Narrative The narrative must demonstrate the county, counties acting jointly or city mental health department's ability to meet all qualifications, requirements, and standards set forth in this RFA. The program narrative shall not exceed ten pages.

3. Budget Worksheet (Attachment B) The Budget Worksheet must be prepared according to the Budget Worksheet Instructions found in Attachment B.1.

E. Reasons for Disqualification from the Reading and Scoring Process

The applicant is provided with an Application Disqualification Checklist (Appendix 3) that can be used to ensure that none of the following reasons for disqualification apply to the submitted application. The following are also included on the Disqualification Checklist:

- The original application and four copies not received in the MHSOAC by 5:00 p.m., on January 3, 2014.
- The Application Cover Sheet (Attachment A) is not complete
- The mental health director or designee signature is not original and is not in blue ink.
- The application is not complete.
- The application was submitted via e-mail or fax.
- The application is not on 8½- by 11-inch white paper.
- The application is not single-sided.

- The application narrative is not in 12-point Arial font, single-spaced, with normal character spacing.

VI. Reviewing and Scoring Applications

Each application will be screened by the MHSOAC to ensure it meets all technical requirements as listed in Section IV C. Reviewers will review and score each application for effectiveness in meeting the requirements contained in the RFA and for alignment with the Reviewer Guide and Score Sheet (Appendix 4).

Reviewers will numerically score all applications based on the information provided in grant applications. Reviewers will judge components of the application on the basis of completeness, responsiveness, and clarity of presentation. For more detailed description see Score Sheet and Application Reviewer Guide Appendices 4 and 4.1

The scores from each reviewer will be added together and the average of the scores will be calculated. The average score of the reviewers will be the final score assigned to the application. Once the scoring process is complete, the MHSOAC will rank applications by final score. There are 1000 possible points. Applicants must obtain the minimum scoring requirement of 800 points to be considered for funding. The MHSOAC will base funding decisions on the score and available funding.

The MHSOAC will meet and award the grants and then the notice of Intent is posted in the MHSOAC's lobby, located at 1300 17th Street, Suite 1000, Sacramento, CA 95811. The Notice of Intent to Award Funds will also be posted on the MHSOAC Web page located at <http://www.mhsoac.ca.gov>.

VII. Appeals Process

Appeals Process

Although not required by law, the MHSOAC will have an appeals process for the granting of the grants under this RFA. The provisions for the process are as follows:

1. The appeal letter from the applicant must be received by the MHSOAC within five working days of the posting of the Notice of Intent to Award. Late appeals will not be considered.
2. The same person authorized to sign the application must sign the appeals letter. Appeal letters received without an original signature will not be considered.
3. The Appeal letter must describe the factors that support the appealing applicant's claim that the appealing applicant would have received a grant under this RFA had the MHSOAC correctly applied the scoring standard described in this RFA.

Information provided in the appeal letter that was not included in the original application will not be considered.

4. The only acceptable delivery methods of the appeal letter are by mail or hand delivery to:

Norma Pate, Chief, Administrative Services

Address the envelopes and send all appeal correspondence to:

MHSOAC
1300 17th Street, Suite 1000
Sacramento, CA 95811

The MHSOAC Executive Director will make a final decision within 5 working days of the last day to file an appeal. The decision shall be the final administrative action afforded the applicant.

SENATE BILL 82, INVESTMENT IN MENTAL HEALTH WELLNESS ACT OF 2013**CHAPTER 34**

An act to amend Section 5892 of, and to add Part 3.8 (commencing with Section 5848.5) to Division 5 of, the Welfare and Institutions Code, relating to mental health, and making an appropriation therefor, to take effect immediately, bill related to the budget.

[Approved by Governor June 27, 2013. Filed with Secretary of State June 27, 2013.]

LEGISLATIVE COUNSEL'S DIGEST

SB 82, Committee on Budget and Fiscal Review. Investment in Mental Health Wellness Act of 2013.

The people of the State of California do enact as follows:

SECTION 1.

Part 3.8 (commencing with Section 5848.5) is added to Division 5 of the *Welfare and Institutions Code*, to read:

PART 3.8. COMMUNITY-BASED SERVICES**5848.5.**

(a) The Legislature finds and declares all of the following:

(1) California has realigned public community mental health services to counties and it is imperative that sufficient community-based resources be available to meet the mental health needs of eligible individuals.

(2) Increasing access to effective outpatient and crisis stabilization services provides an opportunity to reduce costs associated with expensive inpatient and emergency room care and to better meet the needs of individuals with mental health disorders in the least restrictive manner possible.

(3) Almost one-fifth of people with mental health disorders visit a hospital emergency room at least once per year. If an adequate array of crisis services is not available, it leaves an individual with little choice but to access an emergency room for assistance and, potentially, an unnecessary inpatient hospitalization.

(4) Recent reports have called attention to a continuing problem of inappropriate and unnecessary utilization of hospital emergency rooms in California due to limited community-based services for individuals in psychological distress and acute psychiatric crisis. Hospitals report that 70 percent of people taken to emergency rooms for psychiatric evacuation can be stabilized and transferred to a less intensive level of crisis care. Law enforcement personnel report that their personnel need to stay with people in the emergency room waiting area until a placement is found, and that less intensive levels of care tend not to be available.

(5) Comprehensive public and private partnerships at both local and regional levels, including across physical health services, mental health, substance use disorder, law enforcement, social services, and related supports, are necessary to develop and maintain high quality, patient-

centered, and cost-effective care for individuals with mental health disorders that facilitates their recovery and leads towards wellness.

(6) The recovery of individuals with mental health disorders is important for all levels of government, business, and the local community.

(b) This section shall be known, and may be cited, as the Investment in Mental Health Wellness Act of 2013. The objectives of this section are to do all of the following:

(1) Expand access to early intervention and treatment services to improve the client experience, achieve recovery and wellness, and reduce costs.

(2) Expand the continuum of services to address crisis intervention, crisis stabilization, and crisis residential treatment needs that are wellness, resiliency, and recovery oriented.

(3) Add at least 25 mobile crisis support teams and at least 2,000 crisis stabilization and crisis residential treatment beds to bolster capacity at the local level to improve access to mental health crisis services and address unmet mental health care needs.

(4) Add at least 600 triage personnel to provide intensive case management and linkage to services for individuals with mental health care disorders at various points of access, such as at designated community-based service points, homeless shelters, and clinics.

(5) Reduce unnecessary hospitalizations and inpatient days by appropriately utilizing community-based services and improving access to timely assistance.

(6) Reduce recidivism and mitigate unnecessary expenditures of local law enforcement.

(7) Provide local communities with increased financial resources to leverage additional public and private funding sources to achieve improved networks of care for individuals with mental health disorders.

(c) Through appropriations provided in the annual Budget Act for this purpose, it is the intent of the Legislature to authorize the California Health Facilities Financing Authority, hereafter referred to as the authority, and the Mental Health Services Oversight and Accountability Commission, hereafter referred to as the commission, to administer competitive selection processes as provided in this section for capital capacity and program expansion to increase capacity for mobile crisis support, crisis intervention, crisis stabilization services, crisis residential treatment, and specified personnel resources.

(d) Funds appropriated by the Legislature to the authority for the purposes of this section shall be made available to selected counties, or counties acting jointly. The authority may, at its discretion, also give consideration to private nonprofit corporations and public agencies in an area or region of the state if a county, or counties acting jointly, affirmatively supports this designation and collaboration in lieu of a county government directly receiving grant funds.

(1) Grant awards made by the authority shall be used to expand local resources for the development, capital, equipment acquisition, and applicable program startup or expansion costs to increase capacity for client assistance and services in the following areas:

(A) Crisis intervention, as authorized by Sections 14021.4, 14680, and 14684.

(B) Crisis stabilization, as authorized by Sections 14021.4, 14680, and 14684.

(C) Crisis residential treatment, as authorized by Sections 14021.4, 14680, and 14684.

(D) Rehabilitative mental health services, as authorized by Sections 14021.4, 14680, and 14684.

(E) Mobile crisis support teams, including personnel and equipment, such as the purchase of vehicles.

(2) The authority shall develop selection criteria to expand local resources, including those described in paragraph (1), and processes for awarding grants after consulting with representatives and interested stakeholders from the mental health community, including, but not limited to, county mental health directors, service providers, consumer organizations, and other appropriate interests, such as health care providers and law enforcement, as determined by the authority. The authority shall ensure that grants result in cost-effective expansion of the number of community-based crisis resources in regions and communities selected for funding.

The authority shall also take into account at least the following criteria and factors when selecting recipients of grants and determining the amount of grant awards:

(A) Description of need, including, at a minimum, a comprehensive description of the project, community need, population to be served, linkage with other public systems of health and mental health care, linkage with local law enforcement, social services, and related assistance, as applicable, and a description of the request for funding.

(B) Ability to serve the target population, which includes individuals eligible for Medi-Cal and individuals eligible for county health and mental health services.

(C) Geographic areas or regions of the state to be eligible for grant awards, which may include rural, suburban, and urban areas, and may include use of the five regional designations utilized by the California Mental Health Directors Association.

(D) Level of community engagement and commitment to project completion.

(E) Financial support that, in addition to a grant that may be awarded by the authority, will be sufficient to complete and operate the project for which the grant from the authority is awarded.

(F) Ability to provide additional funding support to the project, including public or private funding, federal tax credits and grants, foundation support, and other collaborative efforts.

(G) Memorandum of understanding among project partners, if applicable.

(H) Information regarding the legal status of the collaborating partners, if applicable.

(I) Ability to measure key outcomes, including improved access to services, health and mental health outcomes, and cost benefit of the project.

(3) The authority shall determine maximum grants awards, which shall take into consideration the number of projects awarded to the grantee, as described in paragraph (1), and shall reflect reasonable costs for the project and geographic region. The authority may allocate a grant in increments contingent upon the phases of a project.

(4) Funds awarded by the authority pursuant to this section may be used to supplement, but not to supplant, existing financial and resource commitments of the grantee or any other member of a collaborative effort that has been awarded a grant.

(5) All projects that are awarded grants by the authority shall be completed within a reasonable period of time, to be determined by the authority. Funds shall not be released by the authority until the applicant demonstrates project readiness to the authority's satisfaction. If the authority determines that a grant recipient has failed to complete the project under the terms specified in awarding the grant, the authority may require remedies, including the return of all or a portion of the grant.

(6) A grantee that receives a grant from the authority under this section shall commit to using that capital capacity and program expansion project, such as the mobile crisis team, crisis stabilization unit, or crisis residential treatment program, for the duration of the expected life of the project.

(7) The authority may consult with a technical assistance entity, as described in paragraph (5) of subdivision (a) of Section 4061 of the Welfare and Institutions Code, for the purposes of implementing this section.

(8) The authority may adopt emergency regulations relating to the grants for the capital capacity and program expansion projects described in this section, including emergency regulations that define eligible costs and determine minimum and maximum grant amounts.

(9) The authority shall provide reports to the fiscal and policy committees of the Legislature on or before May 1, 2014, and on or before May 1, 2015, on the progress of implementation, that includes, but are not limited to, the following:

(A) A description of each project awarded funding.

(B) The amount of each grant issued.

(C) A description of other sources of funding for each project.

(D) The total amount of grants issued.

(E) A description of project operation and implementation, including who is being served.

(10) A recipient of a grant provided pursuant to paragraph (1) shall adhere to all applicable laws relating to scope of practice, licensure, certification, staffing, and building codes.

(e) Funds appropriated by the Legislature to the commission for the purposes of this section shall be allocated for triage personnel to provide intensive case management and linkage to services for individuals with mental health disorders at various points of access. These funds shall be made available to selected counties, counties acting jointly, or city mental health departments, as determined by the commission through a selection process. It is the intent of the Legislature for these funds to be allocated in an efficient manner to encourage early intervention and receipt of needed services for individuals with mental health disorders, and to assist in navigating the local service sector to improve efficiencies and the delivery of services.

(1) Triage personnel may provide targeted case management services face to face, by telephone, or by telehealth with the individual in need of assistance or his or her significant support person, and may be provided anywhere in the community. These service activities may include, but are not limited to, the following:

- (A) Communication, coordination, and referral.
- (B) Monitoring service delivery to ensure the individual accesses and receives services.
- (C) Monitoring the individual's progress.
- (D) Providing placement service assistance and service plan development.

(2) The commission shall take into account at least the following criteria and factors when selecting recipients and determining the amount of grant awards for triage personnel as follows:

- (A) Description of need, including potential gaps in local service connections.
- (B) Description of funding request, including personnel and use of peer support.
- (C) Description of how triage personnel will be used to facilitate linkage and access to services, including objectives and anticipated outcomes.
- (D) Ability to obtain federal Medicaid reimbursement, when applicable.
- (E) Ability to administer an effective service program and the degree to which local agencies and service providers will support and collaborate with the triage personnel effort.

(F) Geographic areas or regions of the state to be eligible for grant awards, which shall include rural, suburban, and urban areas, and may include use of the five regional designations utilized by the California Mental Health Directors Association.

(3) The commission shall determine maximum grant awards, and shall take into consideration the level of need, population to be served, and related criteria, as described in paragraph (2), and shall reflect reasonable costs.

(4) Funds awarded by the commission for purposes of this section may be used to supplement, but not supplant, existing financial and resource commitments of the county, counties acting jointly, or city mental health department that received the grant.

(5) Notwithstanding any other law, a county, counties acting jointly, or city mental health department that receives an award of funds for the purpose of supporting triage personnel pursuant to this subdivision is not required to provide a matching contribution of local funds.

(6) Notwithstanding any other law, the commission, without taking any further regulatory action, may implement, interpret, or make specific this section by means of informational letters, bulletins, or similar instructions.

(7) The commission shall provide a status report to the fiscal and policy committees of the Legislature on the progress of implementation no later than March 1, 2014.

SEC. 2.

Section 5892 of the *Welfare and Institutions Code* is amended to read:

5892.

(a) In order to promote efficient implementation of this act, the county shall use funds distributed from the Mental Health Services Fund as follows:

(1) In 2005-06, 2006-07, and in 2007-08 10 percent shall be placed in a trust fund to be expended for education and training programs pursuant to Part 3.1.

(2) In 2005-06, 2006-07 and in 2007-08 10 percent for capital facilities and technological needs distributed to counties in accordance with a formula developed in consultation with the California Mental Health Directors Association to implement plans developed pursuant to Section 5847.

(3) Twenty percent of funds distributed to the counties pursuant to subdivision (c) of Section 5891 shall be used for prevention and early intervention programs in accordance with Part 3.6 (commencing with Section 5840) of this division.

(4) The expenditure for prevention and early intervention may be increased in any county in which the department determines that the increase will decrease the need and cost for additional services to severely mentally ill persons in that county by an amount at least commensurate with the proposed increase.

(5) The balance of funds shall be distributed to county mental health programs for services to persons with severe mental illnesses pursuant to Part 4 (commencing with Section 5850), for the children's system of care and Part 3 (commencing with Section 5800), for the adult and older adult system of care.

(6) Five percent of the total funding for each county mental health program for Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) of this division, shall be utilized for innovative programs in accordance with Sections 5830, 5847, and 5848.

(b) In any year after 2007-08, programs for services pursuant to Part 3 (commencing with Section 5800), and Part 4 (commencing with Section 5850) of this division may include funds for technological needs and capital facilities, human resource needs, and a prudent reserve to ensure services do not have to be significantly reduced in years in which revenues are below the average of previous years. The total allocation for purposes authorized by this subdivision shall not exceed 20 percent of the average amount of funds allocated to that county for the previous five years pursuant to this section.

(c) The allocations pursuant to subdivisions (a) and (b) shall include funding for annual planning costs pursuant to Section 5848. The total of these costs shall not exceed 5 percent of the total of annual revenues received for the fund. The planning costs shall include funds for county mental health programs to pay for the costs of consumers, family members, and other stakeholders to participate in the planning process and for the planning and implementation required for private provider contracts to be significantly expanded to provide additional services pursuant to Part 3 (commencing with Section 5800), and Part 4 (commencing with Section 5850) of this division.

(d) Prior to making the allocations pursuant to subdivisions (a), (b), and (c), funds shall be reserved for the costs for the State Department of Health Care Services, the California Mental Health Planning Council, the Office of Statewide Health Planning and Development, the Mental Health Services Oversight and Accountability Commission, the State Department of Public Health, and any other state agency to implement all duties pursuant to the programs set forth in this section. These costs shall not exceed 5 percent of the total of annual revenues received for the fund. The administrative costs shall include funds to assist consumers and family members to ensure the appropriate state and county agencies give full consideration to concerns about quality, structure of service delivery, or access to services. The amounts allocated for administration shall include amounts sufficient to ensure adequate research and evaluation regarding the effectiveness of services being provided and achievement of the outcome measures set forth in Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) of this division. The amount of funds available for the purposes of this subdivision in any fiscal year shall be subject to appropriation in the annual Budget Act.

(e) In 2004-05 funds shall be allocated as follows:

(1) Forty-five percent for education and training pursuant to Part 3.1 (commencing with Section 5820) of this division.

(2) Forty-five percent for capital facilities and technology needs in the manner specified by paragraph (2) of subdivision (a).

(3) Five percent for local planning in the manner specified in subdivision (c).

(4) Five percent for state implementation in the manner specified in subdivision (d).

(f) Each county shall place all funds received from the State Mental Health Services Fund in a local Mental Health Services Fund. The Local Mental Health Services Fund balance shall be invested consistent with other county funds and the interest earned on the investments shall be transferred into the fund. The earnings on investment of these funds shall be available for distribution from the fund in future years.

(g) All expenditures for county mental health programs shall be consistent with a currently approved plan or update pursuant to Section 5847.

(h) Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which have not been spent for their authorized purpose within three years shall revert to the state to be deposited into the fund and available for other counties in future years, provided however, that funds for capital facilities, technological needs, or education and training may be retained for up to 10 years before reverting to the fund.

(i) If there are still additional revenues available in the fund after the Mental Health Services Oversight and Accountability Commission has determined there are prudent reserves and no unmet needs for any of the programs funded pursuant to this section, including all purposes of the Prevention and Early Intervention Program, the commission shall develop a plan for expenditures of these revenues to further the purposes of this act and the Legislature may appropriate these funds for any purpose consistent with the commission's adopted plan which furthers the purposes of this act.

(j) For the 2011-12 fiscal year, General Fund revenues will be insufficient to fully fund many existing mental health programs, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), Medi-Cal Specialty Mental Health Managed Care, and mental health services provided for special education pupils. In order to adequately fund those programs for the 2011-12 fiscal year and avoid deeper reductions in programs that serve individuals with severe mental illness and the most vulnerable, medically needy citizens of the state, prior to distribution of funds under paragraphs (1) to (6), inclusive, of subdivision (a), effective July 1, 2011, moneys shall be allocated from the Mental Health Services Fund to the counties as follows:

(1) Commencing July 1, 2011, one hundred eighty-three million six hundred thousand dollars (\$183,600,000) of the funds available as of July 1, 2011, in the Mental Health Services Fund, shall be allocated in a manner consistent with subdivision (c) of Section 5778 and based on a formula determined by the state in consultation with the California Mental Health Directors Association to meet the fiscal year 2011-12 General Fund obligation for Medi-Cal Specialty Mental Health Managed Care.

(2) Upon completion of the allocation in paragraph (1), the Controller shall distribute to counties ninety-eight million five hundred eighty-six thousand dollars (\$98,586,000) from the Mental Health Services Fund for mental health services for special education pupils based on a formula determined by the state in consultation with the California Mental Health Directors Association.

(3) Upon completion of the allocation in paragraph (2), the Controller shall distribute to counties 50 percent of their 2011-12 Mental Health Services Act component allocations consistent with Sections 5847 and 5891, not to exceed four hundred eighty-eight million dollars (\$488,000,000). This allocation shall commence beginning August 1, 2011.

(4) Upon completion of the allocation in paragraph (3), and as revenues are deposited into the Mental Health Services Fund, the Controller shall distribute five hundred seventy-nine million dollars (\$579,000,000) from the Mental Health Services Fund to counties to meet the General Fund obligation for EPSDT for fiscal year 2011-12. These revenues shall be distributed to counties on a quarterly basis and based on a formula determined by the state in consultation with the California Mental Health Directors Association. These funds shall not be subject to reconciliation or cost settlement.

(5) The Controller shall distribute to counties the remaining 2011-12 Mental Health Services Act component allocations consistent with Sections 5847 and 5891, beginning no later than April 30, 2012. These remaining allocations shall be made on a monthly basis.

(6) The total one-time allocation from the Mental Health Services Fund for EPSDT, Medi-Cal Specialty Mental Health Managed Care, and mental health services provided to special education pupils as referenced shall not exceed eight hundred sixty-two million dollars (\$862,000,000).

Any revenues deposited in the Mental Health Services Fund in fiscal year 2011-12 that exceed this obligation shall be distributed to counties for remaining fiscal year 2011-12 Mental Health Services Act component allocations, consistent with Sections 5847 and 5891.

(k) Subdivision (j) shall not be subject to repayment.

(l) Subdivision (j) shall become inoperative on July 1, 2012.

SEC. 3.

For the purpose of the Investment in Mental Health Wellness Act of 2013, the amount of five hundred thousand dollars (\$500,000) is hereby appropriated from the General Fund to the California Health Facilities Financing Authority to implement grant programs to support the development, capital, equipment acquisition, and applicable program startup or expansion costs to increase capacity for client assistance and services for individuals with mental health disorders. The authority may administratively establish positions for this purpose. These funds shall be available for encumbrance and expenditure until June 30, 2016.

SEC. 4.

This act is a bill providing for appropriations related to the Budget Bill within the meaning of subdivision (e) of Section 12 of Article IV of the California Constitution, has been identified as related to the budget in the Budget Bill, and shall take effect immediately.

SEC. 5.

The Legislature finds and declares that this act clarifies procedures and terms of the Mental Health Services Act within the meaning of Section 18 of the Mental Health Services Act.

TRIAGE PERSONNEL APPORTIONMENT SUMMARY
COUNTY DEMOGRAPHIC TABLE WITH POPULATION AND
DHCS DISTRIBUTION BY DHCS MHSA FORMULA

CMHDA REGION/ CITY	POP	DHCS 13/14 MHSA DISTRIBUTION FORMULA	TARGET GOAL OF 600 STAFF BASED ON DISTRIBUTION FORMULA	TARGET AMOUNT OF MHSA FUNDS AVAILABLE BASED ON DISTRIBUTION FORMULA
BAY AREA				
	8,072,451	19.4%	116	\$6,208,000
CENTRAL				
	5,692,195	14.3%	86	\$4,576,000
SOUTHERN				
	13,356,803	33.9%	203	\$10,848,000
LA				
	9,739,359	28.6%	172	\$9,152,000
SUPERIOR				
	1,105,663	3.8%	23	\$1,216,000
TOTAL	37,966,471	100.0%	600	\$32,000,000

Application Disqualification Checklist

Applicants should use this checklist to ensure that the application will not be disqualified for any of the following reasons. **A single NO can result in disqualification.**

- Yes No An original application and four copies received in the MHSOAC by 5:00 p.m., on January 3, 2014.
- Yes No Mental Health Director's or designee's signature is original and in blue ink.
- Yes No The applicant is a county, counties acting jointly or a city mental health department.
- Yes No The application is complete.
- Yes No The application was submitted by mail or delivered in hard-copy.
- Yes No The application is on 8½- by 11-inch white paper.
- Yes No The application is single-sided.
- Yes No The application narrative is in 12-point Arial font, single-spaced, normal character spacing.

SCORE SHEET

Reviewers will numerically score all applications based on the information provided in grant applications. Reviewers will judge components of the application on the basis of completeness, responsiveness, and clarity of presentation. To determine whether a specific component should receive a score that is very low, low, medium, high or very high, (See Application Reviewer Guide, Appendix 4.1) reviewers will consider whether program descriptions and other information provided in the application:

- are fully developed and comprehensive
- have weaknesses, defects or deficiencies
- are lacking information, lacking depth or lacking significant facts and/or details
- demonstrate that the applicant understands the objectives of the Mental Health Wellness Act
- illustrate the applicant’s ability to deliver services that promote the objectives identified in the Mental Health Wellness Act

TOPICS TO BE ADDRESSED IN TRIAGE PERSONNEL GRANT APPLICATIONS	POSSIBLE POINTS	TOTAL POINTS
PROGRAM NARRATIVE	600	
<i>Current Crisis Response System and Needs</i>		
Does the narrative provide a description of the county’s current array of crisis response services for psychiatric emergencies? Does this description include all programs that offer alternatives to hospitalization including the number of beds available for crisis stabilization and crisis residential programs? (If this is a multi-county application the description should include services and programs in all counties.)	100	
<i>Does the narrative describe the need for crisis triage personnel in the applicant county and other counties acting jointly?</i>		
To what extent does the narrative describe where triage staff are needed to fill gaps and link persons to appropriate services?	40	

Does the narrative indicate the numbers of triage personnel required by type of position (i.e., clinical, peer, supervisory)?	40	
Does the narrative indicate the racial, ethnic and cultural groups targeted for service in the county	35	
Does the narrative provide an estimate of how many persons in crisis will be served in each year of the grant?	30	
Collaboration		
Does the narrative provide a description of local efforts to coordinate and collaborate with local partners in both developing the grant response and in service activity. Does the description include the following partners:: <ul style="list-style-type: none"> • partner counties, • law enforcement, • hospitals, • local social networks, • mental health and substance use non-profits, • foundations and providers of services to racial, ethnic and cultural groups including low-to-moderate income people 	70	
Did the county provide letters of support from non-mental health partners?	15	
Program Operations		
Does the narrative describe how the county will operationalize triage services? <ul style="list-style-type: none"> • Does the narrative describe the activities mental health triage staff will perform? • Does the description address communication, coordination and referral? (How will triage workers know what services/resources are available at any given time, will triage workers be able to directly refer someone to services, and what is the chain of command for final decisions regarding referrals to service?) • Does the narrative describe how the county will monitor service delivery to ensure the individual accesses and receives services? (How will the triage worker know that someone 	100	

<p>successfully accessed services?</p> <ul style="list-style-type: none"> • Does the narrative describe how the county will monitor an individual’s progress? (Will triage personnel follow the progress of individuals served?) • Does the narrative describe how the county will provide placement services, assistance and service plan development? • Does the narrative describe other activities that triage personnel will perform? 		
<p>Does the narrative indicate how triage personnel will be deployed? Does the narrative indicate what hours triage personnel will be available?</p>	40	
<p>Does the narrative describe if triage personnel will primarily be field-based or will some staff be mobile and able to travel as needed?</p>	30	
<p>Does the narrative describe the program’s ability and expectations for obtaining federal Medi-cal reimbursement when applicable?</p>	5	
<p>Does the narrative provide a description of how triage personnel will be used by type of position, including persons with lived experience (Peer Providers)</p>	50	
<p>Does the narrative describe whether the program will include specific supports for all triage staff, including peer providers, for mentoring, training, continuing education and strategies to prevent burn-out?</p>	25	
<p>Does the narrative describe if the applicant intends to use contract providers, county staff, or both?</p>	5	
<p>Does the narrative describe if the county has plans to expand current crisis stabilization resources?</p>	15	
<p>BUDGET REQUIREMENTS</p>	100	
<p><i>The applicant has provided budget information as indicated on the Budget Worksheet provided. Budget detail is required for personnel costs, evaluation and administration.</i></p>		

<ul style="list-style-type: none"> • Has the county identified all costs including: <ul style="list-style-type: none"> ○ triage personnel, ○ evaluation ○ administration costs • The amount budgeted for administration should not exceed 10% of the total budget? 	100	
REPORTING AND EVALUATION	300	
<i>Process Information, required of all grantees 6 months and 12 months following grant award.</i>		
<p>Has the applicant provided a description of the format and/or process that they will use to collect and report Process Information which includes:</p> <ul style="list-style-type: none"> • Number of triage personnel hired by county and/or hired by contractor. • Number for each type of triage personnel hired by county and/or hired by contractor (e.g., peers, social workers, nurses, clinicians, mental health workers, etc.). • Identification of staff as being either county staff or contract staff. • Identification/description of triage service locations/points of access (e.g., hospital emergency rooms, psychiatric hospitals, crisis stabilization programs, homeless shelters, jails, clinics, other community-based service points). 	50	
<i>Encounter based Information, required of all grantees 12 months following grant award and every 6 months afterward through the grant cycle.</i>		

<p>The applicant has provided a description of the format and/or process they will use to collect and report Encounter Based Information which includes:</p> <ul style="list-style-type: none"> • Total unduplicated persons served. • Total number of service contacts. • Basic demographic information for each individual client including, age, race, ethnicity, and gender. If available the county may provide language spoken, cultural heritage, LGBTQ, and military status. • Description of specific services that each client was referred to by triage personnel. • At the time the triage service was provided, was the person served enrolled in any mental health service? If yes, what service? 	100	
<p><i>Local evaluation of program effectiveness required of all grantees 24 months and 36 months after the grant award.</i></p>		
<p>The applicant has provided a description of the format and/or process they will use to collect and report on program effectiveness. This should include:</p> <ul style="list-style-type: none"> • A description of the goals and objectives for increased triage personnel and/or the crisis response system. • A description of how data will be collected and reported on system indicators, measures and outcomes that will be tracked to provide an overall evaluation of program effectiveness. • A description of how evaluation findings will be analyzed to report on whether system and individual outcomes have been attained. 	150	
	POSSIBLE POINTS	TOTAL POINTS
TOTAL	1000	

Applicant must obtain the minimum scoring requirement of 800 points (80% of total) to be considered for funding.

TRIAGE PERSONNEL					
APPLICATION REVIEWER GUIDE					
	VERY LOW	LOW	MEDIUM	HIGH	VERY HIGH
THE NUMERICAL SCALES USED IN THE EVALUATION	OMMITTED FROM PROPOSAL OR COMPLETELY UNACCEPTABLE	MARGINAL QUALITY, SIGNIFICANT PROBLEMS OR OMISSIONS	ACCEPTABLE, AVERAGE SOME PROBLEM AREAS OR OMISSIONS	VERY GOOD QUALITY, DEFINITELY ABOVE AVERAGE, ONLY MINOR ISSUES OR OMISSION	EXCELLENT QUALITY, NO ISSUES OR OMISSIONS
1000 Total possible points	0-200	201-400	401-600	601-800	801-1000
800 80% of total possible points, minimum required for consideration	0-160	161-320	321-480	481-640	641-800
600 Program Narrative	0-100	101-200	201-300	301-400	401-500
300 Reporting and Evaluation	0-60	61-120	121-180	181-240	241-300
100 Budget	0-20	21-40	41-60	61-80	81-100

Grant Application Coversheet

Mental Health Triage Personnel

Name of County or City Submitting Application: _____

Identify all counties that are partners in Grant Application. (Please include of collaborative agreements among counties immediately following the Application Coversheet.)

1. _____
2. _____
3. _____
4. _____
5. _____

Total Funding Requested Per Year: _____

County or City Contact for Grant Information

Name _____

Title _____

E-mail _____

Phone Number _____

CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of community mental health services in and for the above listed county or city; that I have the authority to apply for this grant; and that this grant application is consistent with the terms and requirements of the MHSOAC's Request for Application for mental health triage personnel.

Signature of Mental/Behavioral Health Director or designee for County Submitting Grant

_____ Date _____

Mental Health Triage Personnel Grant Application
 Budget Worksheet

County: _____ Fiscal Year: _____
 Date: _____

	County Staff FTEs	County Staff	Contract Staff FTEs	Contract Staff
A. Expenditures				
1. Personnel Costs (List type of staff to be hired.)				
a. _____	_____	\$ _____	_____	\$ _____
b. _____	_____	\$ _____	_____	\$ _____
c. _____	_____	\$ _____	_____	\$ _____
d. _____	_____	\$ _____	_____	\$ _____
e. _____	_____	\$ _____	_____	\$ _____
f. _____	_____	\$ _____	_____	\$ _____
g. _____	_____	\$ _____	_____	\$ _____
h. _____	_____	\$ _____	_____	\$ _____
i. _____	_____	\$ _____	_____	\$ _____
Total FTEs and Salaries	_____	\$ _____	_____	\$ _____
Total Employee Benefits		\$ _____		\$ _____
Total Personnel Costs		\$ _____		\$ _____
2. Total Personnel Expenditures				\$ _____
3. Evaluation Costs				\$ _____
4. County Administration Costs				\$ _____
5. Subtotal (Personnel, Evaluation, Admin.)				\$ _____
B. Expected Revenues				
1. Medi-Cal (FFP only)				\$ _____
2. Other Revenue				\$ _____
3. Total Revenue				\$ _____
C. Total Grant Funding Requested				
				\$ _____

Budget Worksheet Instructions

Information provided in the Budget Worksheet should reflect the county's plans to implement the triage personnel grant including the type of staff to be hired, and the anticipated expenditures for personnel, evaluation and administration. For the Budget Worksheet the county should provide its best estimate in terms of types of staff being sought for triage grant positions and anticipated expenditures. Please provide three Budget Worksheets for each Fiscal Year in the three year grant cycle: FY 2014-15, FY 2015-16 and FY 2016-17.

The following instructions are in worksheet order, for each line item identified on the Budget Worksheet.

A. EXPENDITURES

1. Personnel Costs

- **Identify each type of staff position to be hired.** (Example: Such as clinical social worker, peer service provider, mental health worker, supervisor, etc.) [Line "A," Number 1: "Personnel Costs"]
- **Identify the number of county staff and contract staff to be hired for each type of position in full time equivalents (FTEs).** For instance, if you intend to hire one full-time mental health worker and one half-time mental health worker, the FTEs would reflect 1.5 for mental health workers. [Columns titled: "County Staff FTEs" and "Contract Staff FTEs"]
- **Identify grant costs for staff salaries in total, for each type of staff position to be hired.** [Columns titled: "County Staff" and "Contract Staff"]
- **Total the FTEs and Salaries for all county staff and all contract staff.** [Line titled: "Total FTEs and Salaries"]
- **Total for employee benefits for all county staff and all contract staff.** [Line titled: "Total Employee Benefits"]
- **Total Personnel Costs for all county staff and all contract staff.** Add the salaries and benefits. [Line titled: "Total Personnel Costs"]

2. Total Personnel Expenditures

- **Add county staff and contract staff totals from above.** [Line titled: "Total Personnel Expenditures"]

3. Evaluation Costs

- **Identify grant costs associated with collecting and reporting “process,” “encounter based” and “local” evaluation information required by this grant.** [Line titled: “Evaluation Costs”]

4. County Administration Costs

- **Identify grant costs for county administration.** The administration costs should not exceed 10% of program budget. [Line titled: “County Administration Costs”]

5. Subtotal

- **Add Personnel (line 2), Evaluation (line 3) and County Administration (line 4) Costs.** [Line titled: “Subtotal”]

B. EXPECTED REVENUE

1. **Identify expected revenue from Medi-Cal (FFP only).** [Line titled: “Medi-Cal FFP only”]
2. **Identify any other revenue expected.** [Line titled: “Other Revenue”]
3. **Identify Total revenue expected.** [Line titled: “Total Revenue”]

C. TOTAL GRANT FUNDING REQUESTED

1. **Identify total grant funding requested in application.** Subtract line 3 Section B from line 5 Section A to get Section C, Total Grant Funding Requested. [Line titled: “Total Grant Funding Requested”]