

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 - June 30, 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 grant cycle that covers four fiscal years, with funds allocated annually for Year 1 (5 months), Year 2 (12 months), Year 3 (12 months), and Year 4 (12 months) 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, evaluation, direct costs, indirect costs, and county administration. The amount budgeted for direct costs, indirect costs and county 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, direct costs, indirect costs, county administration and revenues. (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. **Budget Worksheet (Attachment B)** The Budget Worksheet must be prepared according to the Budget Worksheet Instructions found in Attachment B.1.
3. **Reporting and Evaluation** Describe how the county will collect and report process and encounter based information and how the county will collect, report and analyze local evaluation findings on whether system and individual outcomes have been attained.

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.