February 25, 2014

Jana L. Rickerson, LCSW
San Francisco Mental Health
101 Grove St., Rm. 318
San Francisco, California 94102

Dear Ms. Rickerson,

The Mental Health Services Oversight and Accountability Commission (MHSOAC) is pleased to inform you that your county's application for the Investment in Mental Health Wellness Act of 2013, Mental Health Triage Grant Program has been selected for funding. Upon approval of a final work plan and budget, the grant agreement will be forwarded to you for signature.

An MHSOAC analyst will be contacting you the week of March 3, 2014, to finalize the work plan and budget documents. Work may not be performed on this grant until the grant agreement has been signed by MHSOAC and grantee.

We congratulate you on your success in this process, and look forward to working with your county on this important mental health triage effort. If you have any questions, please contact Kevin Hoffman, Deputy Executive Director at 916-445-8740.

Sincerely,

ANDREA JACKSON
Executive Director
Mental Health Services Oversight & Accountability Commission

March 21, 2014

TO: **San Francisco Community Behavioral Health Services**
Attn: Jana Rickerson
101 Grove Street, Rm. 318
San Francisco, CA 94102

SUBJECT: **Contract No: 13MHSOAC-TG002**
Term: March 24, 2014 through June 30, 2017
Amount: $14,365,009.00

Please print and have signed two originals of the above contract. Once signed, please return both originally signed contracts to:

Mental Health Services Oversight and Accountability Commission
Attention: Gina Van Nes
1325 J Street, Suite 1700
Sacramento, CA 95814

You will receive a fully executed copy upon completion.

Please contact me if you have any questions or concerns at (916) 445-8798 or you may email me at Gina.VanNes@MHSOAC.CA.GOV.

Thank you

FRANCISCO COMMUNITY BEHAVIORAL HEALTH SERVICES
CALIFORNIA MENTAL HEALTH SERVICES TRIAGE PERSONNEL GRANTS
COMMUNITY TRIAGE RESPONSE INITIATIVE

A. PROGRAM NARRATIVE

1. CURRENT CRISIS RESPONSE SYSTEM AND NEEDS

a) Current Psychiatric Crisis Response System: Through a strong historical commitment to meeting the health and wellness needs of its residents, the City and County of San Francisco has developed an impressive system of behavioral health services to address local psychiatric and mental health service and support needs. The County's **Community Behavioral Health Services (CBHS)** program oversees a broad range of mental health programs that include the **20-bed Psychiatric Emergency Services (PES)** facility for adults at San Francisco General Hospital; the **14-bed Dore Urgent Care Center** for adults in psychiatric crisis who do not require hospitalization; a 24-hour Suicide Prevention Hotline; and a 24-hour Access Line providing referrals to psychiatric and mental health services and resources. Through CBHS' **Children, Youth, and Families System of Care**, the County oversees a **trauma-informed system** in which all behavioral health work is influenced by a foundational understanding of trauma from birth to death, with all staff and providers having a shared knowledge and terminology in regard to trauma and its impacts. The Children, Youth, and Families System of Care also extensively incorporates peers and providers in planning and service implementation, in part through its **Children, Youth, and Families Advisory Group,** and builds local service collaboration and integration through regular providers meetings.

The San Francisco **Comprehensive Crisis Services (CCCS)** agency provides a further vital link in the local chain of care by providing integrated, acute mental health and crisis response services. CCCS is comprised of **three** separate teams, including: **a)** a **Mobile Crisis Treatment Team** providing behavioral crisis triage six day a week incorporating in-the-field crisis assessments and interventions and short-term crisis case-management for individuals age 18 years or older; **b)** a **Child Crisis Team** providing mobile 5150 assessments, crisis intervention, crisis case management services up to 30 days, and hospital discharge planning and medication support services for youth under the age of 18; and **c)** a **Crisis Response Team** providing mobile response to homicides, critical shootings, stabbings, and suicides and offering clinical support, therapy and crisis case management services to individuals, families, and community members affected by community violence and critical incidents.

b) Need for Mental Health Triage Personnel:

i. Where Triage Staff are Needed to Fill Gaps: Despite its impressive array of psychiatric and mental health services, significant gaps exist in the San Francisco mental health crisis response system. These gaps are focused in **three** key areas:

- **Gap # 1:** While the County current has in place a 20-bed Psychiatric Emergency Services unit at San Francisco General Hospital to assess and stabilize adult crisis

populations, there are currently **no** triage personnel and **no** stabilization facilities or beds available to address the needs of **young people 17 and younger** who are experiencing a mental health emergency. Currently, young people in crisis are generally taken to hospital emergency rooms, venues that are highly inappropriate to address youth mental health needs, where youth are often admitted as inpatients because there is simply no other place for them to go. These youth are often accompanied by law enforcement officers who must sit with the child for hours before the officers are released, taking time away from their primary task of patrolling the streets and responding to crime. This situation also frequently separates the child from family and support network members who could assist in the situation. When psychiatric hospitalization is required, young people must be transported out of the county to receive these services, an expensive proposition for youth whose hospital stays could have been averted through better crisis intervention. Meanwhile, young people who are admitted to the hospital due to psychiatric emergencies are often forced to stay for many days beyond what is necessary because there simply are no beds or facilities available to help them make the step-down transition from the hospital to the community.

- **Gap # 2:** While the city is fortunate to have three crisis response teams in place through Comprehensive Child Crisis Services to respond to youth and family psychiatric emergencies, these teams and their existing staffs are entirely inadequate to address the emergency mental health needs of a city as large and complex as San Francisco, particularly within the city's low-income, ethnic minority neighborhoods such as Bayview / Hunter's Point and the Tenderloin, in which incidents of trauma and community violence are frequent. Additionally, there are no crisis teams and triage staff in place who are able to respond to mental health emergencies within youth venues such as schools and youth centers, and no teams to pro-actively address potential mental health issues among youth and adults through community education and outreach before they become crises that require police intervention or hospitalization.
- **Gap # 3:** San Francisco does not currently have in place a system to address the needs of adults and youth who are experiencing mental health crises or emergencies but who are **not** actively contemplating suicide. The city's 24-hour Access Helpline provides referrals to health and mental health resources for community members and professionals, but does not provide triage peer or counseling support to persons experiencing mental health issues. At the opposite end of the spectrum, the city's Suicide Prevention Hotline is available on a 24/7 basis but does not provide support to persons who are not suicidal, and imposes a set call time limit on individuals who call the line frequently. In many cases, individuals in crisis feign being suicidal simply to have an understanding ear to talk them through their emergency or to provide support to family members and friends. The lack of a 24-hour help line staffed by trained triage personnel to provide mental health assessment, referrals, and open-ended support and peer-based counseling means that the county is unable to avert many mental health emergencies before they require emergency intervention or hospitalization.

ii. Number of Triage Personnel Required by Position: To effectively respond to local mental health emergencies and significantly avert youth and adult psychiatric hospitalizations and other high-cost services in the city, funding to support a total of

62.15 FTE's of new crisis triage personnel is requested by the City and County of San Francisco. This includes the following personnel by type of position:

Name / Type of Triage Position	Basic Responsibilities	Total FTE Required
▪ Crisis Triage Managers and Supervisors	Provides highly specialized triage services while managing and supporting triage counseling staff	**7.00**
▪ Crisis Triage Specialists	Provides complex triage evaluation and support to diverse populations and family groups experiencing a crisis	**4.00**
▪ Crisis Triage Counselors	Through a demographically diverse range of individuals, many of them peers and caregivers with lived experience, provides basic triage support services, including assessment, referral, youth and family, and supportive intervention	**38.60**
▪ Nurse Triage Specialists	Provides intensive nursing-based triage services to youth and their families in crisis	**1.75**
▪ Clinician Triage Specialist	Provides triage-based mental health counseling services to youth and families in crisis	**2.80**
▪ Youth and Adult Peer Triage Specialists	Provides an indispensable level of peer and caregiver engagement, direct understanding, empathy, and triage support in emergency and crisis situations	**8.00**
Total		**62.15**

iii. <u>Ethnic and Cultural Groups Targeted:</u> The vast majority of youth and adults to be served through the triage expansion project will be persons of color. For young people served through the project's proposed **youth stabilization center** (see Program Operations section below), at least **75%** of clients will be youth and family members of color. In the case of the project's **rapid crisis response teams,** an estimated **95%** of persons served will be persons of color, including a population that is approximately **70%** African American, **20%** Latino, and **5%** Asian / Pacific Islander. The proposed citywide **mental health triage warmline** will serve a population in which at least **70%** of those utilizing warmline services will be persons of color. The program will also serve a high percentage of lesbian, gay, lesbian, bisexual, and transgender (LGBT) persons, especially among youth. Young LGBT are frequent targets of school and community violence and are at elevated risk for depression and suicide.

iv. <u>Number of Persons to be Served Through the Grant:</u> Over the four-year project period, proposed triage services will serve an estimated total of at least **23,800** youth and adults experiencing a mental health emergency or psychiatric crisis, based on the following projections:

Proposed Project Component	Estimated Unduplicated Annual Service Populations				Four-Year Totals
	Year 1	Year 2	Year 3	Year 4	
▪ Youth Crisis Stabilization Center	200	275	325	400	1,200
▪ Citywide Crisis Triage Teams	500	600	700	800	2,600
▪ Mental Health Triage Warmline	1,125	4,500	6,500	7,875	20,000
▪ **Annual Totals**	1,825	5,375	7,525	9,075	23,800

2. COLLABORATION

Fostering and continually expanding organizational collaborations and public/private partnerships is both a hallmark and organizing principle of the San Francisco behavioral health care system, and has led to the development of many nationally recognized models for addressing the needs of complex urban populations. **All** direct services proposed in the present application will be carried out through subcontracted community-based organizations that understand the needs of their communities and populations and are capable of acting rapidly and effectively to implement critical programs and initiatives. The project features collaborations with a broad range of partner and constituent groups, including the following:

- **Law Enforcement:** The initiative will closely collaborate with the San Francisco Police Department to provide training and orientation on the program's expanded triage services and referral options and to develop ways to track impacts on law enforcement offer time utilization (see letter in attachments).
- **Hospitals:** All local emergency rooms and hospitals will be made aware of the new triage initiative through outreach and orientations and will be available for on-site intervention and support by the new project crisis teams.
- **Local Social Networks:** Indigenous community-based organizations contracted to oversee the new community crisis triage teams will create street-based linkages to social networks in which mental health issues are prevalent.
- **Mental Health and Substance Abuse Non-Profits:** All direct project services will be provided through contracted behavioral health agencies, and CBHS will continually expand integration and collaboration with public and private mental health and substance abuse providers throughout the region (see letters in attachments).
- **Providers of Service to Ethnic Minority and Low-Income Populations:** As noted above, CBHS will provide all direct services through subcontracts to community-based agencies that have extensive experience and history in effectively serving San Francisco's culturally and economically diverse neighborhoods. Additionally, crisis team services will be contracted to neighborhood-based agencies who have developed trust

with their community and who employ staff who reflect the diversity of the populations they serve.

3. PROGRAM OPERATIONS

a) Activities to be Performed by Mental Health Triage Personnel:

Through the Community Triage Response Initiative, the San Francisco Department of Public Health will utilize a qualified and diverse group of State-funded triage personnel to implement **three** project activities that respond to critical gaps in our existing system of mental health crisis response:

- **Activity # 1. New Youth Mental Health Crisis Stabilization Center:** San Francisco Community Behavioral Health Services will contract with **Edgewood Center for Children and Families** - a large and highly respected local behavioral health agency - to create and staff a **new Youth Psychiatric Crisis Stabilization Center**, using an existing building on the agency's service campus that will be adapted for this purpose. The center will be home to a multi-disciplinary staff made up of **18.15 FTE** who will provide comprehensive, 24-hour assessments, referrals, and stabilization services for affected youth in crisis and their families through a one-stop service approach. The new center will also incorporate **two new dedicated crisis stabilization beds** for young people, financed by the San Francisco Department of Public Health and additional reimbursements. The overall goal of the center will be to create a new service hub to sensitively and effectively address youth mental health needs while averting psychiatric hospitalizations, juvenile justice admissions, and other high-cost programs. Center-based triage staff will perform intakes and assessments on youth from throughout the city, providing referrals, counseling, and on-site family support services and admitting children as needed to stabilize their condition to avoid hospitalization and juvenile justice admissions. The center will also serve as a transitional center for young people who have been hospitalized for mental health emergencies to hasten hospital discharges. The center will provide extensive follow-up services to ensure long-term stability and to assess the qualitative impacts of project services.
- **Activity # 2. Four New Crisis Triage Teams:** San Francisco Comprehensive Child Crisis Services will collaborate with one or more culturally and linguistically competent, community-based organizations to form and deploy **four new crisis triage response teams** composed of **5.5 FTE** triage staff each (**22.0 FTE** total) to respond to psychiatric emergencies and to work with communities to address and divert psychiatric crises before they can have major impacts on residents impacted. Each team will be comprised of a half-time Triage Manager; a full-time Triage Supervisor; two full-time Triage Counselors; and a full-time Adult and full-time Youth Peer Triage Counselor. While all team members will be cross-trained and will utilize flexible scheduling to maximize impact, **two** of the teams will primarily focus on responding to community violence and trauma episodes while the remaining **two** teams will address youth and child emergencies through venue-based outreach and support at schools, youth centers, and other locations. The triage teams will provide a new layer of 24/7 response to psychiatric emergencies while providing an immediate community response and long-term presence following incidents of community violence. Teams will respond to calls

from law enforcement officials, emergency rooms, and other sources and will rapidly appear to assess the situation in order to relieve police officers of the individuals in crisis and/or avert hospitalizations. The teams will also anticipate and pro-actively address community mental health emergencies to reduce the utilization of high-cost systems and will provide ongoing follow-up to ensure linkage to needed resources. Team activities will be fully integrated with existing CCSS program to ensure a new layer of support that dramatically improves citywide outcome in regard to high-cost care aversion. Team activities will also be closely coordinated with the full range of community-based violence, mental health, and psychosocial providers in the city to ensure non-duplication of services and to maximize available resources and expertise.

- **Activity # 3. New Mental Health Triage Warmline:** San Francisco Community Behavioral Health Services will contract with the **Mental Health Association of San Francisco** to create and staff a new **Mental Health Triage Warmline** open to all local residents. The warmline will operate on a 24 hour, 7 days per week basis, and will be staffed by **22.0 FTE** triage professionals, supported by motivated volunteers who make up an increasing proportion of call center responders over the four-year grant period. With services provided in English, Spanish, and a range of Asian and other languages, the warmline will fill a critical gap between the basic referral services of the city's 24-hour Access Helpline and the services of the San Francisco Suicide Prevention Hotline, which address only individuals who are in imminent danger of taking their own lives. The Mental Health Triage Warmline will provide mental health information, assessments, and referrals to any and all community members while offering a critical new level of peer counseling and support for those experiencing a mental health crisis or in danger of experiencing such a crisis. Callers will be able to talk to warmline staff for as long as they like as often as they like, with the goal of ensuring appropriate support linkages and averting future mental health emergencies and hospitalizations. **The warmline will also offer a range of alternative calling and communication methods, including Skype and other webcam systems to allow face-to-face communication along with text, chat, and e-mail chat and follow-up options.** Where consent is provided, warmline staff will provide tailored follow-up services to ensure that critical referral linkages have been made and to monitor the health and circumstances of warmline callers. The table below specifies the distribution of triage staff by specific program element.

Proposed Project Component	Names / Types of Triage Position	Total Triage Staff FTE
▪ **Youth Crisis Stabilization Center**	▪ Crisis Triage Manager - 1.0 FTE ▪ Clinician Triage Specialist - 2.8 FTE ▪ Nurse Triage Specialist - 1.75 ▪ Crisis Triage Counselors - 12.6 FTE	**18.15**
▪ **Citywide Crisis Triage Teams**	▪ Crisis Triage Managers - 2.0 FTE ▪ Crisis Triage Supervisors - 4.0 FTE ▪ Crisis Triage Counselors - 8.0 FTE ▪ Adult Peer Triage Counselors - 4.0 FTE ▪ Youth Peer Triage Counselors - 4.0 FTE	**22.00**

▪ **Mental Health Triage Warmline**	▪ Crisis Triage Managers - 4.0 FTE ▪ Crisis Triage Counselors - 18.0 FTE	**22.00**

i. Communication, Coordination, and Referral: The three project components will utilize a broad range of channels and systems for receiving and promoting service referrals. Because CCCS currently operates a limited number of crisis teams, the agency is already positioned to receive requests for crisis services from throughout the County, including from police, hospitals, community service agencies, schools, clinics, and directly from neighborhood members. Community Behavioral Health Services will also utilize its existing referral network which incorporates virtually all public and private providers in the region in order to extensively publicize the proposed expanded services. A particular emphasis will be placed on outreaching to and orienting local hospital emergency rooms, behavioral health providers, and the San Francisco Police Department to promote the use of triage services as an alternative to PES and emergency room options. Callers to the County's 24-hour Access Line will also be informed of and referred to new proposed triage services, while appropriate callers to the Suicide Prevention hotline will be referred to the new warmline program.

To coordinate service delivery across the program, a **full-time Project Coordinator** based at the County and funded through administrative funds will oversee and direct the grant program and convene at least monthly meetings of a **project management team** consisting of key representatives from each of the project's subcontract sites as well as representatives of key County agencies and local consumers. The project's **half-time County-based Evaluation Coordinator**, supported through project evaluation funds, will also participate on the team (see Section 3 below). Among other tasks, the management team will oversee an effort to publicize and link the program to existing emergency services while monitoring programmatic outcomes in areas such as psychiatric hospitalizations, use of other high-cost services, and increased coordination.

ii. Monitoring Service Delivery: All subcontracted providers will be required to develop systems for ensuring that individuals, families, and agencies who request services receive those services in a timely, professional, and culturally competent manner. These systems will be directly incorporated into the **evaluation plan** described in Section 3 below, with data fed into a real-time, web-based data platform which both the Project Coordinator and Evaluation Coordinator will be able to access at any time. Client feedback and grievance systems will also be established to give clients the opportunity to safely bring systemic gaps and issues directly to the attention of County-based project management staff.

iii. Monitoring an Individual's Progress: All subcontracted agencies will develop and implement a **client follow-up plan** as part of their subcontract requirements, in which they describe specific procedures for following up with individuals, families, communities, and agencies to ensure that key linkages have been made and to provide follow up support as needed to prevent future hospitalizations and high-cost service utilization. In many cases, follow-up services will be based on pre-arranged intervals stipulated in **individual service plans.** Crisis teams, for example, will revisit communities or venues affected by violence or by crisis incidents at pre-established intervals, providing support as needed while monitoring the need for future services and working to prevent future incidents. Staff of the youth crisis stabilization center will

routinely recontact youth and families who have been admitted to the facility to track progress, provide additional referrals, and offer support as needed. Warmline staff will ask callers in crisis whether they wish to be re-contacted by staff and if so, when and in what format (e.g., phone, text, Skype, e-mail, etc.) The program will also develop a **mobile app** which allows clients to respond to follow-up inquiries via their smart phones or the internet. All of these activities will be tracked as part of regular project data reporting.

iv. Providing Placement Services and Service Plan Development: Each of the triage program subcontractors will establish a clear system for providing placement services and developing and monitoring service plans based on the specific level of triage care they provide. The proposed youth stabilization center is expected to require the most intensive level of client support services, with clinical staff comprehensively assessing youth needs to avert hospitalizations while developing detailed individual service plans in collaboration with the young person and her or his family, including placement support and client advocacy to ensure access to essential resources. At the opposite end of the spectrum, client warmline staff will ensure direct linkage to emergency services where needed to prevent suicide, harm, or violence, but will develop individual service plans only for adult and youth clients with the most clearly identifiable levels of present or future crisis risk. All placement and service plan activities will be closely monitored by the County-based Project and Evaluation Coordinators.

v. Other Triage Personnel Activities: State-funded triage staff involved in the crisis team and crisis warmline programs will engage in additional activities to avert and prevent psychiatric crises and hospitalizations in San Francisco. Crisis teams who are not responding to direct emergencies, for example, will conduct outreach and orientation on mental health issues and services within public and private health and behavioral health agencies, schools and school health programs, and psychosocial and neighborhood organizations, in part to generate greater mental health awareness and a culture of pro-activity in regard to crisis response and support. Warmline staff will provide informal counseling to individuals facing mental health issues who are not necessarily in crisis mode, giving them an outlet to talk through emotional issues and life situations as a way to avert future crisis situations and connect individuals to supportive care and services.

b) How Triage Personnel Will be Deployed: The proposed initiative is designed to have the maximum impact on psychiatric crises in San Francisco by providing an integrated, multi-dimensional triage response approach that reaches all parts of the city with a maximum of flexibility and responsiveness. All three core services provided through the Community Triage Response Initiative will be offered on a **24-hour-per-day / 7-day-per-week basis** to ensure that triage personnel are available whenever needed to provide family-based response to emergencies and to avert unnecessary hospitalizations and high-cost service utilization. The programs will also be linked and integrated into the city's highly developed network of health, behavioral health, law enforcement, and social service resources to maximize awareness of the triage program and to ensure an effective and continually expanding stream of referrals into the program from individuals, communities, and providers.

While the program's Youth Crisis Stabilization Center and Mental Health Triage Warmline will serve citywide populations from fixed sites, the four crisis triage response

team will feature specialized, targeted outreach to neighborhoods and communities that are disproportionately impacted by trauma and violence and/or that face significant gaps in psychiatric emergency response or preparedness. At least **one** of the crisis teams, for example, will be specifically focused on the **Bayview-Hunters Point** neighborhood of San Francisco, an area in the southeastern corner of the city in which nearly **90%** of residents are persons of color and in which problems of poverty and violence are endemic. The County will contract with a neighborhood-based provider who has a strong familiarity with this community and who can employ local residents who embody the ethnic and cultural diversity of the region. While responding to emergencies as they occur, the team will also participate in outreach and awareness-building activities that integrate them into the community and help them anticipate mental health emergencies before they become crises. Similarly, **two** of the crisis teams will be specifically focused on **youth venues** such as schools, school health programs, and after school centers, providing emergency response and pro-active outreach and education to help these sites develop greater awareness and sensitivity while building more effective mental health response infrastructures and programs.

c) Expectations for Obtaining Medi-Cal Assistance: The City and County of San Francisco has an exceptional infrastructure in place for maximizing billing through Medi-Cal and other systems, and will implement the proposed programs with the express goal of expanding reimbursement for billable services throughout each year of the initiative. The majority of billable services through the program will come through the youth and child crisis stabilization services that will be provided through the crisis stabilization center at Edgewood, which will include clinical triage staff. As a licensed agencies and certified Medi-Cal provider, Edgewood will bill for many program services through the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, the child health component of Medicaid. Some of the services provided through the rapid crisis response teams will also be billable, although these will make up a much smaller percentage of services, while the mental health warmline will have virtually no outside billing capacity. All agencies will continually report on project billing activities and income, with the Project Coordinator working with sites to maximize outside income through creative expansion of billing options, including expanding and emerging options through the Affordable Care Act (ACA).

d) How Triage Personnel Will be Used: The Community Triage Response Initiative incorporates a diverse array of triage professionals whose complementary skills and responsibilities are designed to have the greatest impact on mental health crisis while bringing about maximum reductions in psychiatric hospitalizations, emergency room utilizations, juvenile justice bookings, and other avoidable high-risk services. As indicated in the table on page 3 above, this includes **Crisis Triage Managers and Supervisors** who provide a high level of specialized triage services along with staff oversight and support within the youth crisis stabilization center and crisis response team programs; **Crisis Triage Specialists** who have extensive mental health triage experience and who can serve as mentors within the mental health warmline program; and **Nurse and Mental Health Clinician Triage Specialists** who provide direct nursing and mental health-based triage support within the complex and intensive environment of the youth crisis stabilization center.

The initiative incorporates a special commitment to the centrality of **peer-based staff** in ensuring the highest possible levels of empathy, responsiveness, and communication with individuals and families in crisis. Peer staff will make up a significant majority of the program's core group of **38.6** new Basic **Triage Crisis Counselors,** defined as individuals who share a common background and set of experiences as well as many of the same demographic characteristics of the crisis populations they serve. Additionally, each of the four new proposed rapid crisis response teams will include one **full-time Adult Peer Triage Counselor** and **one full-time Youth Peer Triage Counselor**. These trained individuals will share not only demographic characteristics of their service populations, but will have themselves experienced psychiatric and mental health crises, and will provide support on an **equal level** with the patients and families they assist. **Peer volunteers** will also make up a critical and continually expanding proportion of the program's warmline staff, contributing to the program's ability to avert psychiatric crises by providing an empathetic understanding of the needs of the clients they assist.

e) Supporting Triage Staff: As experienced community-based providers, all contractors understand the unique pressures and strain that go along with mental health crisis work, and will utilize established systems for ensuring training, mentoring, continuing education, and support to avoid burnout for new proposed triage staff. The Project Coordinator will work with the three sites to ensure that strong internal systems for ongoing staff support and training are in place, and will build staff support requirements into project contracts. The Coordinator may also host **annual or semi-annual cross-site meetings** at which all triage staff have the opportunity to come together to share experiences and service strategies while developing and reinforcing networks for mutual support and ongoing education.

f) Use of County vs. Contracted Providers: As noted above, **all** direct triage services will be provided through contracts to experienced and reputable community-based mental health organizations. This arrangement will result in significantly lower salary and fringe costs than are possible through the San Francisco civil service system, while allowing for greater speed and flexibility in hiring. The County will directly employ only **two** project staff, one a full-time Project Coordinator paid for with administrative funds and the other a half-time Evaluation Coordinator paid with project evaluation funds.

g) Future Expansion of Crisis Stabilization Resources: The ongoing mental health crisis in San Francisco - related in part to the city's high level of homelessness - coupled with a growing awareness of mental health needs and expanding mental health resources makes it highly likely that the crisis stabilization resources will expand in the future. San Francisco has a strong track record of providing long-term support for programs that have shown success in increasing care quality while reducing systemic costs which may result in many of the proposed project triage staff being picked up after the grant period concludes. The crisis warmline program in particular has the potential to reduce costs over the long-term by progressively recruiting and training a growing team of volunteers who can replace many funded staff hired at the outset of the program.

Annual Fiscal Report Instructions

Information provided in the Annual Fiscal Report shall reflect the grantee's triage personnel staff hired, date hired, total hours worked, and expenditures for personnel, evaluation and administration.

The information listed below shall be included in the grantee's Annual Fiscal Report.

A. EXPENDITURES

1. Personnel Expenditures

- **Identify each type of staff position hired.** (Example: Such as clinical social worker, peer service provider, mental health worker, supervisor, etc.) [Line "A," Number 1: "Personnel Expenditures"]
- **Identify the date hired for each type of staff position.** [Column titled: "Date Hired"]
- **Identify the total number of hours worked by April of each fiscal year for each staff position.** [Column titled: "Total Hours Worked
- **Identify the number of county staff and contract staff hired for each type of position in full time equivalents (FTEs).** For instance, if you hired 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 expenditures for staff salaries in total, for each type of staff position 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"]

2. Total Personnel Expenditures

- **Add total personnel expenditures for county staff and contract staff from above.** [Line titled: "Total Personnel Expenditures"]

3. Evaluation Expenditures

- **Identify grant expenditures associated with collecting and reporting "process," "encounter based" and "local" evaluation information required by this grant.** [Line titled: "Evaluation Expenditures"]

4. **Direct**

- **Identify direct costs associated with this grant.** (The total of Direct Costs, Indirect Costs and County Administration shall not exceed 15%.) [Line titled: "Direct Costs"]

5. **Indirect**

- **Identify indirect costs associated with this grant.** (The total of Direct Costs, Indirect Costs and County Administration shall not exceed 15%.) [Line titled: "Indirect Costs"]

6. **County Administration Expenditures**

- **Identify grant costs for county administration.** (The total of Direct Costs, Indirect Costs and County Administration shall not exceed 15%.) [Line titled: "County Administration Costs"]

7. **Subtotal**

- **Add Personnel (line 2), Evaluation (line 3), Direct (line 4), Indirect (line 5) and County Administration (line 6) Expenditures.** [Line titled: "Subtotal"]

B. ACTUAL REVENUES

1. **Medi-Cal**

- **Identify revenue received from Medi-Cal (FFP only).** [Line titled: "Medi-Cal FFP only"]

2. **Other Revenue**

- **Identify any other revenue received.** [Line titled: "Other Revenue"]

3. **Total Revenue**

- **Identify Total revenue received.** [Line titled: "Total Revenue"]

C. GRANT FUNDING

1. **Total Grant/ Awarded**

- **Identify total grant funding awarded.** [Line titled: "Total Awarded"]

2. Total Spent

- **Identify total grant funding spent.** Subtract line 7, Section A from line 1, Section C, to get Total Grant Funding Spent. [Line titled: "Total Spent"]

3. Total Unspent

- **Identify total unspent grant funds.** Subtract line 2, Section C from line 1 Section C, to get Total Grant Funding Unspent. [Line titled: Total Unspent"]

Attachment A.3

Mental Health Triage Personnel Grant
Annual Fiscal Report

Fiscal Year: _____

County: _____ **Date:** _____

	Date Hired	Total Hours Worked	County Staff FTEs	County Staff	Contract Staff FTEs	Contract Staff
A. Expenditures						
1. Personnel Expenditures (Staff Title)						
a. _____				$		$
b. _____				$		$
c. _____				$		$
d. _____				$		$
e. _____				$		$
f. _____				$		$
g. _____				$		$
h. _____				$		$
i. _____				$		$
Total FTEs and Salaries				$		$
Total Employee Benefits				$		$
2. Total Personnel Expenditures						$
3. Evaluation						$
4. Direct						$
5. Indirect						$
6. County Administration Expenditures						$
7. Subtotal (Personnel, Evaluation, Admin)						$
B. Received Revenues						
1. Medi-Cal (FFP Only)						$
2. Other Revenue						$
3. Total Revenue						$
C. Grant Funding						
1. Total Awarded						$
2. Total Spent						$
3. Total Unspent						$

X _____ _____

Signature of Mental Health/Behavioral Health Director or Designee Date

Mental Health Wellness Act of 2013 **Attachment B.1**
Grant Award Claim Form

To: Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814
Attn: Accounting Office

Fiscal Year 2013-14 ☐
Fiscal Year 2014-15 ☐
Fiscal Year 2015-16 ☐
Fiscal Year 2016-17 ☐

From: _____ **Grant No.** _____

Mailing Address: _____
_____
_____

Costs	A	B	C	D	
	Budget Amount	Beginning Balance	Adjustments	Current Expense	Ending Balance
Personnel					
Evaluation					
Direct					
Indirect					
Administration					

Total Allowable Costs $_____

MHSOAC USE ONLY	FOR GRANTEE'S USE – Please use blue ink
I hereby certify that all services and required reports have been received pursuant to the contract/grant.	I CERTIFY that I am a duly appointed and acting officer of the herein named county: that the costs being claimed are in all respects true, correct, and in accordance with the grant provisions, and that the funds were expended or obligated during the project year.
X_____ Signature Program Coordinator DATE	X_____ Signature of Mental Health/Behavioral Health Director or designee DATE
_____ Name of Signatory _____ Phone	_____ Name of Signatory _____ Title
FOR MHSOAC ACCOUNTING USE ONLY	**GRANTEE'S CONTACT INFORMATION**
SFY:_____ **Grant Title:** MHSOAC Triage Grant **MHSA Grant Award:**_____ **PCA:** 30118 **INDEX:** 1300 **OBJECT CODE:** 701	_____ Contact Person (Print) _____ Phone

Exhibit A

Scope of Work

1. San Francisco Community Behavioral Health Services, hereafter referred to as Grantee, agrees to hire 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.
2. The project representatives during the term of this agreement will be:

Direct all Triage Grant inquiries to:

State Agency: Mental Health Services Oversight & Accountability Commission	**Contractor:** San Francisco Community Behavioral Health Services
Name: Jose Oseguera, Chief of Plan Review and Committee Operations	**Name:** Jana Rickerson, LCSW, Grants Administrator
Phone: (916) 445-8722	**Phone:** (415) 255-3940
Fax: (916) 445-4927	**Fax:**
Email: jose.oseguera@mhsoac.ca.gov	**Email:** Jana.Rickerson@sfdph.org

Direct all administrative inquiries to:

State Agency: Mental Health Services Oversight & Accountability Commission	**Contractor:** San Francisco Community Behavioral Health Services
Section/Unit: Administrative Services	**Section/Unit:** MHSOAC Triage Grant Program
Attention: Gina Van Nes	**Attention:** Jo Robinson, Director of CBHS 1380 Howard St., 5th floor
Address: 1325 J Street, Suite 1700 Sacramento, CA 95814	**Address:** ~~101 Grove Street, Rm. 318~~ San Francisco, CA ~~94102~~ 94103
Phone: (916) 445-8798	**Phone:** (415) 255-3440
Fax: (916) 445-4927	**Fax:** (415) 255-3567
Email: gina.vannes@mhsoac.ca.gov	**Email:** jo.robinson@sfdph.org

3. Detailed Scope of Work

A. Introduction

As a result of Senate Bill (SB) 82, known as the Investment in Mental Health Wellness Act of 2013, 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.

B. 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.

C. SB 82 Triage Personnel Objectives

Among the specific objectives cited in the Mental Health Wellness Act of 2013 are:

i. **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.

ii. **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.

iii. **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.

iv. **Reducing recidivism and mitigating unnecessary expenditures of law enforcement**

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.

D. Grantee Work Plan

Grantee shall implement the triage program as described in Grantee's Triage Grant Application which is attached to this Exhibit A as "Attachment A.1" and incorporated herein by reference.

E. Grant Cycle

Grants are 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).

If the Grantee does not submit the reports listed below by the reporting deadline the MHSOAC may withhold payments of the funds described in Exhibit B:

i. Process Information Report as described in Section "F. Reports"

ii. Encounter Based Information Report as described in Section "F. Reports"

iii. Evaluation of Program Effectiveness as described in Section "F. Reports"

iv. Annual Fiscal Report as described in Section "F. Reports". Grantee showing unexpended Grant Funds may have equivalent funding withheld from the following year's grant allocation.

F. Reporting and Evaluation

i. Process Information Report

Grantees shall submit a Process Information Report to the MHSOAC as follows:

a) No later than six months (September 30, 2014) following the date of the Triage Grant Award letter to Grantee from the MHSOAC; and

b) No later than twelve months (March 31, 2015) following the date of the Triage Grant Award letter to Grantee from the MHSOAC. If at 12 months all proposed triage personnel are not hired, additional updates will be requested every 6 months until all triage personnel are hired.

The Process Information Report shall include the following information:

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 personnel 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).

ii. Encounter Based Information Report

Grantee shall submit an Encounter Based Information Report to the MHSOAC as follows:

a) No later than twelve months (March 31, 2015) following the date of the Triage Grant Award letter to Grantee from the MHSOAC; and

b) Every six months thereafter as follows:

- 1st Report: Reporting period is from March 2014 through March 2015 Due on April 30, 2015

- 2nd Report: Reporting period is from April 2015-September 2015 Due on October 30, 2015

- 3rd Report: Reporting period is from October 2015-March 2016
  Due on April 30, 2016

- 4th Report: Reporting period is from April 2016-September 2016
  Due on October 31, 2016

- 5th Report: Reporting period is from October 2016-March 2017
  Due on April 30, 2017

The Encounter Based Information Report shall include the following information for the reporting period:

a) Total unduplicated persons served.

b) Total number of service contacts.

c) Basic demographic information for each individual client shall include information on age, race, ethnicity, gender. If available, the county shall 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?

iii. Evaluation of Program Effectiveness

Grantees shall submit an Evaluation of Program Effectiveness analyzing whether the goals, objectives and outcomes identified in the Grantee's Triage Grant Application have been attained to the MHSOAC as follows:

a) 1st Evaluation report of the program during the 24 months following the date of the Triage Grant Award letter to Grantee from the MHSOAC (March 2014 through March 2016)

- Due no later than June 30, 2016

b) 2nd Evaluation Report of the program during the 36 months following the date of the Triage Grant Award letter to Grantee from the MHSOAC (March 2014 through March 2017)

- Due no later than May 31, 2017

The Evaluation of Program Effectiveness report shall include the following information:

a) Grantee's goals and objectives for increased triage personnel and/or the improved crisis response system.

b) The system indicators, measures, and outcomes that Grantee used to track to document the effectiveness of services.

c) Evaluation analysis and findings about whether specific system and individual outcomes have been attained.

iv. Annual Fiscal Report

Grantee shall submit an Annual Fiscal Report to the MHSOAC by no later than April 30th of each fiscal year. The Annual Fiscal Report shall be certified by the mental health director and the county's auditor-controller as being true and correct. The Annual Fiscal Report form is "Attachment A.3" to this Exhibit A. The Annual Fiscal Report Instructions is "Attachment A.2" of this Exhibit A.

G. Allowable Costs

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

a) Allowable costs include triage personnel, evaluation, direct costs, indirect costs, and county administration. The sum of the direct costs, indirect costs and county administration per year shall not exceed 15 percent of the total budget.

b) 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.

c) Grant funds cannot be transferred to any other program account for specific purposes other than the stated purpose of this grant.

H. Amendments

This contract may be amended upon mutual consent of the parties. All amendments must be in writing and fully executed by authorized representatives of each party.

EXHIBIT B

BUDGET DETAIL AND PAYMENT PROVISIONS

1. INVOICING AND PAYMENT

A. The amount payable by the MHSOAC to the Grantee is specified in Section 5, Payment Schedule.

B. Grant Award Claim Forms (Attachment B.1) shall be submitted no later than July 1st each fiscal year.

2. INSTRUCTION TO THE GRANTEE

A. To expedite the processing of Grant Award Claim Forms submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for fund distribution, Grantee shall submit one original and two copies of all Grant Award Claim Forms to the MHSOAC Grant Manager at the following address:

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA, 95814

3. BUDGET CONTINGENCY CLAUSE

A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall no longer be in full force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to perform any provisions of this Agreement.

B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Grantee to reflect the reduced amount.

C. If this contract overlaps federal and State fiscal years, should funds not be appropriated by Congress or approved by the Legislature for the fiscal year(s) following that during which this grant was executed, the State may exercise its option to cancel this grant.

D. In addition, this grant is subject to any additional restrictions, limitations, or conditions enacted by Congress or the Legislature which may affect the provisions or terms of funding of this grant in any manner.

4. BUDGET DETAIL

The total amount of this Agreement shall not exceed $14,365,009.00. Payment shall be made in accordance with the payment schedule below

5. PAYMENT SCHEDULE

Grantee was approved for a grant cycle that covers four fiscal years, with funds allocated annually at the beginning of each fiscal year.

Fiscal Year (FY)	Grant Funding
FY 2013-14	$1,751,827.00
FY 2014-15	$4,204,394.00
FY 2015-16	$4,204,394.00
FY 2016-17	$4,204,394.00

STANDARD AGREEMENT
STD 213 (Rev 06/03)

AGREEMENT NUMBER	REGISTRATION NUMBER
13MHSOAC-TG002	

1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME
Mental Health Services Oversight and Accountability Commission (MHSOAC)

CONTRACTOR'S NAME
San Francisco Community Behavioral Health Services

2. The term of this Agreement is: March 24, 2014 through June 30, 2017

3. The maximum amount of this Agreement is: $ 14,365,009.00
Fourteen Million, Three Hundred Sixty-Five Thousand, and Nine Dollars and No Cents

4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.

Exhibit A – Scope of Work	6 pages
Attachment A.1 – Triage Grant Application	10 pages
Attachment A.2 – Annual Fiscal Report Instructions	3 pages
Attachment A.3 – Annual Fiscal Report Form	1 page
Exhibit B – Budget Detail and Payment Provisions	2 pages
Attachment B.1 – Grant Award Claim Form	1 page

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

CONTRACTOR'S NAME *(if other than an individual, state whether a corporation, partnership, etc.)*
San Francisco Community Behavioral Health Services

BY *(Authorized Signature)*

DATE SIGNED *(Do not type)* 3/21/14

PRINTED NAME AND TITLE OF PERSON SIGNING
~~**Jo Robinson, MFT, Director**~~ Barbara Garcia, Director of Health

ADDRESS
Community Behavioral Health Services, 101 Grove St., Rm. 318, San Francisco, California 94102

STATE OF CALIFORNIA

AGENCY NAME
Mental Health Services Oversight and Accountability Commission

BY *(Authorized Signature)*

DATE SIGNED *(Do not type)* 4/1/14

PRINTED NAME AND TITLE OF PERSON SIGNING
Andrea Jackson, Executive Director

ADDRESS
1325 J Street, Suite 1700, Sacramento, CA 95814

California Department of General Services Use Only

☒ Exempt per: Welfare and Institution Code 5897 (e)