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. Ethnic and Cultural Groups Targeted: 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. Number of Persons to be Served Through the Grant: 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. <u>Communication, Coordination, and Referral:</u> 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. <u>Monitoring Service Delivery:</u> 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. <u>Monitoring an Individual's Progress:</u> 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) <u>Expectations for Obtaining Medi-Cal Assistance:</u> 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) <u>How Triage Personnel Will be Used:</u> 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) **<u>Supporting Triage Staff:</u>** 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) **<u>Use of County vs. Contracted Providers:</u>** 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) **<u>Future Expansion of Crisis Stabilization Resources:</u>** 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.

C. REPORTING AND EVALUATION

1. <u>PROCESS INFORMATION</u>: A **half-time Evaluation Coordinator** based at the San Francisco Department of Public Health Office of Quality Management - a position to be supported through project research and evaluation funds - will have responsibility for overseeing and coordinating the collection of project-related data in collaboration with the project's three subcontracted service sites. Using a **Project Evaluation Plan** developed during the initial project quarter and revised throughout the grant period, the Coordinator will work with each site to ensure that high-quality and consistent data collection standards and systems are in place to measure both the process and outcome of the proposed Community Triage Response Initiative, while facilitating data collection planning and coordination between the three subcontract agencies. The Evaluation Coordinator will also ensure appropriate staff training and technical assistance in regard to reporting and evaluation, and will be responsible for collecting and analyzing data and for preparing and submitting data and narrative reports to the California Mental Health Services Oversight and Accountability Commission as required. The Evaluation Coordinator will serve as a key member of the project's ongoing management team, and will work in close collaboration with the full-time, County-based Project Coordinator.

The Evaluation Coordinator's responsibilities will include, at minimum, collecting and reporting the following process-related data indicators **at 6 and 12 months following grant award**:

c) <u>Number of Triage Personnel Hired by County and Contractors</u>: The Evaluation Coordinator will track and report the number of triage personnel hired through each of the project's three subcontracts, and will continually monitor the number of active triage personnel in place at each agency by FTE at any given point in time. This includes being aware of the names, qualifications, responsibilities, salary levels, language ability and cultural background, and weekly assigned hours of all State-funded triage workers in place throughout the program. As noted in the project narrative, **all** triage staff to be hired through the program will be hired through subcontracts to community-based organizations. The project's only County-funded staff will be a full-time Project Coordinator funded through project administration funds and a half-time Evaluation Coordinator supported by project research and evaluation funds.

d) <u>Number for Each Type of Personnel to be Hired by the County and Contractors:</u> The Evaluation Coordinator will track and report the specific categories of triage professionals hired across the program, including, at minimum, information on the types of triage workers hired; specific triage worker responsibilities; professional training and experiential levels of triage personnel; ethnic, age, language, and gender characteristics of triage personnel; and the percentage of triage personnel who quality as peers.

e) <u>Triage Service Locations / Points of Access:</u> The Evaluation Coordinator will collaborate with each subcontract site to track and report the specific locations at which

each triage worker or triage worker team is providing services, including identifying specific service sites, neighborhoods, and venues at which service is being provided. The Coordinator will also collect and report data on the specific agencies and County departments with which each agency is collaborating and interacting on crisis issues, including collecting information on where each project client referral originates; where specific services are delivered; what referrals and linkages to outside agencies and programs are being made by triage staff; and how systemic interactions and integration are being quantitatively enhanced through the program. Specific access and triage service locations at which crisis services will be provided and tracked include hospital emergency rooms, psychiatric hospitals, crisis stabilization programs, homeless shelters, jails, clinics, and other community-based service points.

2. ENCOUNTER BASED INFORMATION: The project's half time Evaluation Coordinator will be a highly trained professional with extensive experience in data collection and reporting, research and evaluation metrics, and multi-site data management and coordination. The Coordinator will be supported by a small pool of research and evaluation funds to support basic costs as well as County-based information technology (IT) specialists who have expertise in data and evaluation software, IT system capacity-building, and cross-site data collection, reporting, and management. In concert with project sites, the Evaluation Coordinator will conduct a **preliminary, short-term assessment** of data collection and reporting capacity at each agency **within 30 days** of the finalization of each project subcontract. The Coordinator will then develop a **data capacity report and strategy** outlining specific data collection needs and capacity issues at each agency while proposing a strategy to unify data reporting across the project using a common software system and password-protected data reporting channels that link each site to a web-based data platform allowing for real-time data collection and analysis. This strategy will become part of the overall Project Evaluation Plan. The Coordinator will track and revise the strategy throughout the initial project year to ensure a comprehensive, reliable, and user-friendly system that supports the collection of a wide range of quantitative and qualitative indicators to assess the impact and effectiveness of the program (see Section 3 below).

Each project site will also be provided with an annual pool of funding to support costs to support project-specific data collection, reporting, and evaluation. The pool will support capacity building expenses as needed such as new hardware and software and installation or upgrades of protected, high-speed data transfer lines. The funding pool will also help support the costs of agency-based IT and/or data entry personnel needed to implement data systems or provide key data entry or quality management support. Funding to help support research and data activities may be shifted among the sites based on identified agency needs and gaps and on the level of grant reporting responsibilities at each agency.

In virtually all cases, project-funded triage staff will have responsibility for entering day-to-day project data as part of their regular job duties. The project will strive to create a framework in which triage staff enter both quantitative and qualitative data **no later than 48 business hours** following actual client contacts and activities. This data will continually be uploaded to the web-based platform which the Evaluation Coordinator will have the ability to access at any time. All data will be either be coded

with unique client identifiers or will lack identifying information of any kind in order to ensure compliance with HIPPA regulations. Data at each agency will be available on a password-protected basis only to authorized personnel.

While continuously collected, the following encounter-based client data will be reported to the State of California **at least 12 months following grant award and every 6 months afterward throughout the grant cycle:**

- **h)** **Total unduplicated persons and groups served** within each selected reporting period, and cumulatively for the entire project period;
- **i)** **Total number of service contacts,** including information on type, duration, and immediate outcome of each contact;
- **j)** **Basic demographic information on individuals and groups served**, including characteristics such as age, gender, ethnicity, language spoken, cultural heritage, sexual orientation (by consent), military status, location, housing status, income, and connection to other family or support group members served by the program;
- **k)** **Services to which clients have been referred**, including information on efforts to advocate for or directly link clients to specific essential programs or resources; and
- **l)** **Information on individual enrollment in mental health services**, including whether the person served was enrolled in any mental health or other relevant service such as domestic violence or substance abuse treatment at the time of service provision and if so, what specific services were being accessed.

3. GRANTEE EVALUATION OF PROGRAM EFFECTIVENESS: In addition to quantitative and process-related data collection and reporting, the Community Triage Response Initiative will place a strong emphasis on assessing the overall effectiveness and impact of the program, particularly in regard to the key program goals of reducing and averting psychiatric hospitalizations and reducing the utilization of other high-cost mental health resources and services. The program will also strive to implement an even more complex qualitative evaluation which assesses outcomes such as actual linkage to and utilization of critical services to which clients are referred; reductions in the utilization of crisis services through so-called “upstream” crisis intervention and prevention services; estimated cost savings realized through the program, including an analysis of the degree to which health-related reimbursement streams are able to support specific project services; and impacts of the program in regard to enhanced service coordination and integration, including improved resource sharing and improved citywide data collection and reporting.

a) Project Goals and Objectives: The overarching goal of the Community Triage Response Initiative is to provide high-quality, culturally competent, trauma-sensitive mental health crisis triage support services that improve the quality of mental health care and crisis response in San Francisco while significantly reducing costs associated with inpatient and emergency room care and other high-cost services. The initiative will track progress toward this goal through a linked series of at least **10** process and outcome objectives, as follows:

Process Objectives:

- **Objective # 1:** Between January 1, 2014 and December 31, 2017, to provide youth crisis assessment and stabilization services through a new Youth Stabilization Center at Edgewood Center for Children and Families which serves a minimum of **1,200** unduplicated young people age 17 and lower and their family members over the four-year project period, including a minimum of **200** youth and their family members during the initial project year.
- **Objective # 2:** Between January 1, 2014 and December 31, 2017, through the Youth Stabilization Center at Edgewood Center for Children and Families, to a provide a minimum of **1,500** total bed nights of psychiatric youth stabilization services over the four-year project period, including a minimum of **300** stabilization bed nights during the initial project year.
- **Objective # 3:** Between January 1, 2014 and December 31, 2017, to provide triage-based crisis intervention and support services through **four** new community-based crisis intervention teams that serve a minimum of **2,600** unduplicated adults and young people over the four-year project period, including a minimum of **500** adults and youth during the initial project year.
- **Objective # 4:** Between January 1, 2014 and December 31, 2017, through a new 24/7 Crisis Triage Warmline at the Mental Health Association of San Francisco, to respond to an estimated total of at least **80,000** calls over the four-year project period from an estimated **20,000** unduplicated individuals, including a minimum of **4,500** calls during the initial project year.
- **Objective # 5:** Between January 1, 2014 and December 31, 2017, to document an estimated client follow-up rate to unduplicated clients participating in program services of at least **40%** in the initial project year, rising to a **70%** follow-up rate by the end of the four-year project period.

Outcome Objectives:

- **Objective # 6:** Between January 1, 2014 and December 31, 2017, to attempt to reduce youth psychiatric hospitalizations and mental-health related emergency room admissions in San Francisco by at least 3**5%** over the four-year grant period, beginning with a reduction of at least 10**%** during the initial project year.
- **Objective # 7:** Between January 1, 2014 and December 31, 2017, to attempt to reduce psychiatric hospitalizations and mental-health related emergency room admissions for adult populations in San Francisco by at least **10%** over the four-year grant period, beginning with a reduction of at least 3**%** during the initial project year.
- **Objective # 8:** Between January 1, 2014 and December 31, 2017, to document significant self-reported decreases in utilization of emergency psychiatric service among a randomized sample of adult and youth warmline callers at risk for mental health crises who consent to participate in project follow-up surveys.
- **Objective # 8:** Between January 1, 2014 and December 31, 2017, to track significant expenditure reductions in one or more high-cost services utilized by persons experiencing mental health crisis in San Francisco using indicators and baseline data identified in the Project Evaluation Plan.

- **Objective # 9:** Between January 1, 2014 and December 31, 2017, to document annually increasing utilization of public reimbursement systems to support crisis utilization services, along with an increased annual proportion of volunteer support for warmline services beginning in project year three.
- **Objective # 10:** Between January 1, 2014 and December 31, 2017, to document enhanced citywide service coordination and integration resulting from the program based on targets identified in the Project Evaluation Plan, including improved resource sharing and improved citywide data collection and reporting.

b) How Indicators Will be Measured and Tracked As noted above, the Evaluation Coordinator will work with sites to develop and implement strategies for ensuring comprehensive, timely, and user-friendly data reporting and collection throughout the project period. This includes development of a comprehensive Project Evaluation Plan in the first quarter which incorporates a cross-site data capacity report and strategy; working in collaboration with subcontract sites and County-based IT personnel to build secure, web-based data collection and reporting capacity at each project venue; providing staff data training and TA on an ongoing basis; and continually collecting, analyzing, and reporting project data by required deadlines to the California Mental Health Services Oversight and Accountability Commission. As described in the project objectives, key indicators to be measured through the program include: a) number and type of triage personnel hired through the program; b) identification of triage service locations, points of access, and referral sources; c) total unduplicated persons by program service type; d) general demographic information for each individual project client; e) specific services received by each client; f) whether clients have previous or past mental health service involvement; g) extent to which client follow-up takes place; h) reductions in psychiatric hospitalizations and emergency room utilizations; i) reductions in other high-cost services related to psychiatric crisis response; j) maximized use of public benefits to support crisis response services; and k) increased integration and coordination of citywide psychiatric emergency systems.

c) Evaluation Analysis, Findings, and Reporting: Using a web-based platform, the Evaluation Coordinator will continually track the quality of data collection at each subcontract site, and will review, aggregate, and analyze project data on an ongoing basis. Data findings will be continually compared to initial and revised targets contained in the Evaluation Plan. Issues related to either the speed or quality of data entry at sites will be addressed immediately, both through staff training and through capacity-building support as needed. The Evaluation Coordinator will share and present data findings at each regular project management team meeting, collaboratively addressing data issues as they emerge and refining or modifying programmatic approaches as needed to improve programmatic outcomes and data quality. The Coordinator will prepare regular reports to the funding agency as required, including reports **at least every 6 months** throughout the project period.