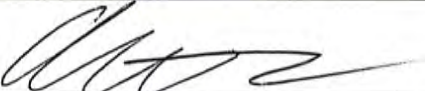


ATTACHMENT 1: APPLICATION COVER SHEET

**Investment in Mental Health Wellness Act of 2013
Round 2 Triage Grant Application Cover Sheet**

Provide the name of the county or city submitting the Application in the table below.

Name of Individual or Lead County and/or City Mental Health/Behavioral Health Department	Director or Designee Name and Title	
Santa Barbara County Department of Behavioral Wellness	Alice Gleghorn, Ph.D – Director	
Director or Designee Signature		Date
		3/26/18

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

If this is a joint effort, list all additional participants to the application. If additional space is needed, insert a page behind the cover sheet with the requested respective information.

Additional Counties and/or City Mental Health/Behavioral Health Departments	Director or Designee Signature	Date Signed
1.		
2.		
3.		
4.		

County or City Lead Triage Grant Coordinator Contact Information:

Name:	John Winckler, LMFT
Title:	Crisis Services Manager
Email:	jwinckler@co.santa-barbara.ca.us
Phone Number:	805 708-8336

ATTACHMENT 2: INTENT TO APPLY

Mental Health Services Oversight and Accountability Commission
 1325 J Street, Suite 1700
 Sacramento, CA 95814
 Phone: (916) 445-8696
 E-mail address: Kristal.Antonicelli@mhsaac.ca.gov

We: (select one)


- Intend to submit a bid and have no questions with the solicitation requirements.
- Intend to submit a bid, but have one or more question(s) with the requirements. Use ATTACHMENT 15, Questions Template, to submit your questions by the due date specified in Table VI-2, Key Action Dates.

The individual to whom all information regarding this solicitation shall be transmitted is:

Name:	Lindsay Walter		
Address:	429 San Antonio Drive		
City, State and ZIP Code:	Santa Barbara CA 93110		
Telephone:	805- 773990 ⁶⁸¹ - 5236	FAX:	805-681-5262
E-Mail:	lwalter@co.santa-barbara.ca.us		

List all counties, and/or city mental health/behavioral health departments covered under this Intent to Bid. If this is a joint effort, the lead county shall be listed first and sign the Intent to Bid. (Add lines as needed)

1. Santa Barbara
- 2.
- 3.
- 4.


 Name (Signature) _____ Date 2-14-18
Lindsay Walter - Deputy Director
 Name and Title (Print) _____ County Santa Barbara
of Admin and Operations
lwalter@co.santa-barbara.ca.us _____
 Email Telephone 805-681-5236

If more space is needed, or if this is a joint application, make a copy of this page and insert behind this one

ATTACHMENT 3: PROGRAM NARRATIVE

Current Mental Health System

Current Mental Health System	
Program Description:	<p>Provide a description for each of the following:</p> <p>All current programs in the county or collaborative funded by the Investment in Mental Health and Wellness Act;</p>
Program Name:	County/City Mental/Behavioral Health Department: Santa Barbara County Department of Behavioral Wellness
	Program Name: Crisis Triage Teams
	Program Description: Based in Santa Maria, Lompoc and Santa Barbara, crisis triage teams assist adults experiencing behavioral health crises who do not meet the criteria for involuntary hospitalization. Services include short-term interventions to promote wellness and recovery and helping individuals gain access to effective outpatient and crisis services. Clients experience an array of supports designed to prevent future crises.
	Program Name: Crisis Stabilization Unit
	Program Description: A 23-hour bed unit providing a safe, nurturing, short-term, voluntary emergency treatment option for adult individuals experiencing a behavioral health emergency. It is designed to offer adults an alternative to hospitalization. The program accommodates up to eight people daily for stays of up to 23 hours. Located on the county campus in Santa Barbara, the facility offers a semi-private intake and assessment space, a casual open common room with lounge chairs or day beds, wireless phone access, music headsets, laundry facilities, showers, secure storage and staff offices.
	Program Name: Crisis Residential House
	Program Description: The Crisis Residential House in Santa Barbara offers a voluntary, non - institutional, homelike setting for behavioral adult health clients. Residents receive up to 30 days of respite, peer support and linkages to ongoing services and resources. The County contracts with a recovery-oriented organization experienced in operating residential programs for individuals with behavioral health needs.
	Program Name: Mobile Crisis West County Team
	Program Description: The Mobile Crisis West County Team serves adults experiencing a psychiatric crisis or mental health emergency and substantially enriches treatment options, providing clients appropriate alternatives to hospitalization whenever possible. Staffing include a Peer Recovery Specialist, Mental Health Practitioner and Psychiatric Nurse.

	All current programs in the county or collaborative funded by the Investment in Mental Health and Wellness Act (continued)
	Program Name: Santa Maria Crisis Residential Treatment (CRT)
	Program Description: Expected to open by December 2018, the CRT will offer adults experiencing serious behavioral health crises residential treatment for up to 30 days. Treatment, peer support and linkage to community resources are aimed at managing and reducing behavioral health symptoms, placing clients in stable housing and supporting long-term community integration, recovery and wellness.

V. B.1.b.	Provide a description for each of the following: All current MHSA PEI programs in the county;
	County/City Mental/Behavioral Health Department: Santa Barbara County Department of Behavioral Wellness
	Program Name: SAFTY (Safe Alternatives for Treating Youth) Mobile Crisis Response
	Program Description: consolidates crisis stabilization, intake, mobile crisis response and access to service for mental health and alcohol and drug emergencies for children and youth. Works closely with CARES mobile crisis (funded by CSS).
	Program Name: Access and Assessment Specialized Clinic Team
	Program Description: Three regional teams specialize in access and assessment, with special attention to cultural considerations, such as unique presentations of crises among minorities and the importance of accessing family and community supports. The regional teams are based in Lompoc, Santa Maria and Santa Barbara. They are guided by recovery and resiliency concepts and will improve access to services by operating in the field throughout the county.
	Program Name: Early Childhood Mental Health Services
	Program Description: Provides in-home support, health and development screening, parent education and skills training, infant parent psychotherapy, advocacy, resources and referrals, postpartum support groups and father outreach. Implements problem-solving and capacity-building interventions within a collaborative relationship between a professional consultant with mental health expertise and family resource staff, preschool teachers, families and programs.
	Program Name: Prevention/Early Intervention Services for Children and TAY
	Program Description: mental health assessment, screening and treatment, home visits, school collaboration, family interventions, respite, multi-agency linkages, child abuse prevention education. A school-based program offers prevention and early intervention mental health services to students in Carpinteria public schools experiencing emotional and/or behavioral difficulties. In addition, specialized teams in Santa Barbara and Santa Maria offer evidenced-based interventions for adolescents and young adults, including family psychoeducation, education and employment support, family-aided assertive community treatment, and medication, if needed.

	Program Name: Support to Culturally Underserved Communities
	Program Description: Community health educators from culturally underserved communities offer educational workshops, discussion groups and support groups to address individual and family member mental and wellness topics. Provides culturally appropriate training sessions for community leaders and service providers. Culturally and linguistically appropriate case management to ensure linkages to services. Cultural wellness practices are integrated into outreach, consultation and early intervention activities.

V. B.1.c.	Provide a description for each of the following: All current MHSA funded INN programs in the county;
	County/City Mental/Behavioral Health Department: Santa Barbara County Department of Behavioral Wellness
	Program Name: Culturally Adapted and Recovery Focused Models of Care
	Program Description: This project makes adaptations at the administrative, service delivery, and clinical level to reflect and respond to the cultural dimensions of diverse populations. Culturally adapted care is culturally competent care incorporated into the planning and implementation process.
	Program Name: RISE (Resiliency Interventions for Sexual Exploitation)
	Program Description: This program serves young women who have been victims of sexual trafficking. Teams of service providers work with victims and collaborate with partner agencies to ensure successful outcomes.

V. B.1.d.	Provide a description for each of the following: All current FSP programs within the county
	County/City Mental/Behavioral Health Department: Santa Barbara County Department of Behavioral Wellness
	Program Name: Justice Alliance FSP
	Program Description: Countywide forensic team serves people with mental illness in the justice system. A licensed mental health professional in each region of the County provides linkage to mental health services for individuals with serious mental illness who have had interactions with the legal system including the courts, probation, public defender, and district attorney. Services are provided in the jail, at court, in the community, at acute care facilities, and/or at regular service delivery sites. Treatment and services are wellness- and recovery-oriented.
	Program Name: Assertive Community Treatment (ACT)
	Program Description: Evidence-based approach helps people with severe mental illness who have co-occurring life issues, including alcohol and drug use. Deploys multidisciplinary teams responsible for providing services, including housing assistance; supported employment and education; vocational skills enhancement; medication support; counseling; peer support and social skills development. ACT teams operate in Santa Maria, Santa Barbara and Lompoc.

	Program Name: Supported Housing FSP
	Program Description: Provides intensive, multidisciplinary services to adults and older adults who require a higher level of care than offered by mental health clinics, but less than that provided by ACT programs. Supported housing programs operate in Santa Maria and Santa Barbara.
	Program Name: SPIRIT FSP
	Program Description: Provides a family-centered, strength-based, highly individualized service to help children and their families meet unmet needs both within and outside of formal human services systems while children remain in their neighborhoods and homes whenever possible. Two staff operate at each of the three regional children’s service sites. Staff have been enhanced by adding parent partners who reflect the culture and language of those being served. SPIRIT staff ensure that care is available 24/7 to families to keep youth and families stable and safe.

V. B.1.e.	Provide a description for each of the following:
	All temporary and permanent affordable housing available to the homeless population aged 21 years and under either contracted and/or provided by the county
	County/City Mental/Behavioral Health Department: Santa Barbara County Department of Behavioral Wellness
	Program Name: Crisis Beds
	Program Description: Unlocked residential facilities for individuals 18 and older that offer crisis stabilization, crisis residential and emergency shelter beds. This includes a Crisis Stabilization Unit in Santa Barbara and Crisis Residential facilities in Santa Barbara and Santa Maria. The Department of Behavioral Wellness also maintains contracts for emergency shelter with PATH Salvation Army and Good Samaritan.
	Current linkage services available for the homeless population: Behavioral health specialists and case workers assist people experiencing behavioral health crises in finding an array of services, including crisis and long-term housing. In addition, through a contract with Good Samaritan, we provide a clinician to work with the homeless population at the shelter. The clinician provides assessments and linkages for clients who need mental health services.
	Options for temporary and permanent affordable housing: Emergency shelters provide temporary, short-term housing. Crisis residential facilities offer up to 30 days of housing.
	Number of beds utilized outside of standard services borders: 0
	Program Name: Residential Programs
	Program Description: This pertains to the state licensure category for facilities serving adults 18-59. This licensure category includes a broad range of facilities differing in service level intensities. Includes out-of-county placements with Crestwood, Sierra Vista Rehabilitation Center and Sylmar Health and Rehabilitation Center. Santa Barbara County facilities include Crescend, Alameda house and others.
Current linkage services available for the homeless population: Case workers and mental health specialists link individuals 18-59 to appropriate services and resources, including placement in long-term residential programs both in-county and out-of-county.	

	Options for temporary and permanent affordable housing: Individuals placed in these settings tend to experience long-term housing.
	Number of beds utilized outside of standard services borders: 0
	Program Name: Supported Living
	Program Description: Permanent housing with on-site support and independent living units whose residents, 18 and older, are linked to treatment services. Examples include Pescadero Lofts, Homebase on G (Lompoc), Rancho Hermosa (Santa Maria), El Carrillo Apartments (Santa Barbara) and Garden Street Apartments in Santa Barbara.
	Current linkage services available for the homeless population: Supported living facilities house people with behavioral health challenges at risk of homelessness. Case workers and behavioral health specialists link homeless individuals to these facilities when vacancies become available and the clients are considered appropriate for these settings.
	Options for temporary and permanent affordable housing: These facilities offer permanent housing.
	Number of beds utilized outside of standard services borders: 0

V. B.1.f.	Provide a description for each of the following:
	Current programs that offer alternatives to hospitalization, including beds available for crisis intervention and crisis residential programs. This includes relevant private and public services
	County/City Mental/Behavioral Health Department: Santa Barbara County Department of Behavioral Wellness
	Program Name: MHSa Housing
	Program Description: Provides funding for capital costs and operating subsidies to develop permanent supportive housing for persons 18 and older with serious mental illness who are homeless, or at risk of homelessness. Supports 10 units in the Garden Street Apartments in Santa Barbara, eight units in Homebase on G Street in Lompoc and 12 units in Rancho Hermosa in Santa Maria and Pescadero Lofts in Isla Vista, 12 units. The Residences at Depot Street, 35 units in Santa Maria, is under construction.
	Number of available beds for crisis intervention and crisis residential programs: These are long-term residences for clients at risk of homelessness.
	Description of relevant private and public services: Residents receive behavioral health services from the Santa Barbara County Department of Behavioral Wellness.
	Program Name: CARES Mobile Crisis Team
	Program Description: Funded by MHSa-CSS, a mobile crisis team available 24/7 provides adult clients in crisis appropriate alternatives to hospitalization. Mobile crisis response teams collaborate with law enforcement crisis calls to reduce incarceration or involuntary care. The goal is to increase access to care by extending comprehensive services to underserved individuals.
Number of available beds for crisis intervention and crisis residential programs: CARES mobile crisis does not have its own beds; it links homeless people with behavioral health crises to appropriate shelters and community resources.	

	<p>Description of relevant private and public services: Mobile crisis staff members attempt to place homeless individuals with behavioral health crises to department and community housing resources.</p>
	<p>Program Name: Crisis Residential Treatment</p>
	<p>Program Description: Facilities in Santa Barbara and Santa Maria offer a voluntary, non - institutional setting for behavioral health clients. Residents receive up to 30 days of respite, peer support and linkages to ongoing services and resources. In Santa Barbara and Santa Maria, the County contracts with a recovery-oriented organization experienced in operating residential programs for individuals with behavioral health needs. Residents must be 18 years or older.</p>
	<p>Number of beds for crisis intervention and crisis residential programs: 20.</p>
	<p>Description of relevant private and public services: Provides respite, peer support, therapy and linkages to community resources.</p>
	<p>Program Name: SAFTY Mobile Crisis Response</p>
	<p>Program Description: Please see listing under “PEI” in this attachment.</p>
	<p>Program Name: Homeless Services Specialty Clinic Teams</p>
	<p>Program Description: Homeless services teams in all regions of Santa Barbara County provide outreach and linkage to community resources.</p>
	<p>Number of beds for crisis intervention and crisis residential programs: Links clients to shelters and other available community residential opportunities.</p>
	<p>Description of relevant private and public services: Each client receives an appropriate array of services from the Department of Community Wellness, other county departments and community providers.</p>
	<p>Program Name: Crisis Stabilization Unit</p>
	<p>Program Description: Please see listing under Investment in Mental Health and Wellness Act programs on the first page of this attachment.</p>
	<p>Program Name: Crisis Triage Teams</p>
	<p>Program Description: Based in Santa Maria, Lompoc and Santa Barbara, crisis triage teams assist adults experiencing behavioral health crises who do not meet the criteria for involuntary hospitalization. Services include short-term interventions to promote wellness and recovery and helping individuals gain access to effective outpatient and crisis services. Clients experience an array of supports designed to prevent future crises.</p>
	<p>Number of beds for crisis intervention and crisis residential programs: Triage staff members link clients to shelters and other available community residential opportunities.</p>
	<p>Description of relevant private and public services: Each client receives an appropriate array of services from the Department of Community Wellness, other county departments and community providers.</p>
V. B.1.g.	<p style="text-align: center;">Provide a description for each of the following:</p> <p>If the county has received CHFFA grant funds for crisis services, include how much the CHFFA grant was for, program descriptions, personnel descriptions, and the current status.</p>
	<p>County/City Mental/Behavioral Health Department: Santa Barbara County Department of Behavioral Wellness</p>
	<p>Program Name: Crisis Triage Teams</p>

Grant Amount: In January 2014 the Department of Behavioral Wellness was awarded \$8.3 million.
Program Description: Three field-based teams, one in each region of the county, assist adults experiencing behavioral health crises gain access to effective outpatient and crisis services.
Personnel Descriptions: 23.5 FTE positions, including mental health professionals, consumer and family peers, case workers and psychiatrists serve individuals in the least restrictive manner possible.
Current Status: Nine FTE staff have been retained and funded by the Department of Behavioral Wellness through 6/30/18.
Program Name: Mobile Crisis West
Grant Amount: In April 2014 the Santa Barbara County Department of Behavioral Wellness received a grant of \$2.6 million to support a crisis residential house in Santa Barbara and a new mobile crisis team based in Lompoc. Mobile Crisis West received \$663,525 per year through January 2019. We also received \$48,436 in FY 15-16 for the purchase of two vehicles.
Program Description: Conducts field-based mobile crisis response in West County to provide crisis stabilization, support, links to community resources and crisis care in the least restrictive manner possible to Santa Barbara adults in need of these services.
Personnel Descriptions: The dedicated mobile crisis team includes a peer recovery specialist, behavioral health specialist and psychiatric nurse.
Current Status: Mobile crisis West is funded at \$663,525 per year through January 2019.
Program Name: Crisis Residential Treatment South
Grant Amount: \$206,263
Program Description: Offers adults experiencing serious behavioral health crises residential treatment for up to 30 days. Treatment, peer support, respite and linkage to community resources are aimed at managing and reducing behavioral health symptoms, placing clients in stable housing and supporting long-term community integration, recovery and wellness.
Personnel Descriptions: Staffing is a combination of a licensed mental health Program Director and peer recovery assistants as determined by the successful bidder, Anka Behavioral Health, Inc.
Current Status: This program is supported by MHSA funding.
Program Name: Crisis Stabilization Unit
Grant Amount: \$499,644
Program Description: A 23-hour bed unit providing a safe, nurturing, short-term, voluntary emergency treatment option for individuals 18 years and older experiencing a behavioral health emergency. It is designed to offer adults an alternative to hospitalization. The program accommodates up to eight people daily for stays of up to 23 hours. Located on the county campus in Santa Barbara, the facility offers a semi-private intake and assessment space, a casual open common room with lounge chairs or day beds, wireless phone access, music headsets, laundry facilities, showers, secure storage and staff offices.
Personnel Descriptions: The CSU was initially staffed with 20.65 FTE positions.
Recovery Assistant 5 FTE Practitioner II 1.5 FTE Psychiatrist II 1.3 FTE Department Business Specialist I .10 FTE Psychiatric Nurse 1 10 FTE Team Supervisor-Nurse 1 FTE Office Professional II 1.5 FTE Staff Physician.25 FTE
Current Status: The CSU is funded with realignment, MHSA and Medi-Cal funding. The FY

V. B.1.h.	17-18 adopted salary model calls for 19.05 FTE positions.
	Provide a description for each of the following:
	Any law enforcement and school based programs provided and/or contracted by the county mental health department that is not MHSA funded
	County/City Mental/Behavioral Health Department: Santa Barbara County Department of Behavioral Wellness.
	Program Name: Juvenile Justice Mental Health Program
Program Description: Serves youth in the Santa Barbara County Juvenile Probation institutions, including Juvenile Hall, the Los Prietos Boys Camp and the Los Prietos Academy. JJMHS staff members also conduct evaluations for the juvenile court and provide outpatient psychotherapy for Probation youth.	

ATTACHMENT 4: PROGRAM NARRATIVE
Needs Assessment

Needs Assessment	
V. B.2.a.	Needs Assessment Process
	Describe the Needs Assessment process, including
	<p>i. <u>The entities that were involved in the planning process:</u></p> <ul style="list-style-type: none"> • Cottage Hospital • Marian Medical Center • Santa Barbara County Probation Department • Santa Barbara County Sheriff's Department • County of Santa Barbara Emergency Medical Services • Vista Del Mar Behavioral Healthcare Hospital • Santa Barbara County Department of Social Services • American Indian Health & Services • Santa Barbara County Public Health Department • Santa Barbara County Department of Behavioral Wellness • SELPA
	<p>ii. <u>List local threshold languages; who was contacted and who was involved:</u></p> <p>Spanish is the threshold language in Santa Barbara County.</p> <p>Consumers, family members, providers, county partner agencies and others were invited to stakeholder meetings focused on the behavioral health and crisis services needs of children. A diverse mailing list of more than 600 individuals was used. At each stakeholder meeting, simultaneous interpretation (English to Spanish) was available for monolingual Spanish speakers.</p>
	<p>iii. <u>The Community groups that were involved:</u></p> <ul style="list-style-type: none"> • Casa Pacifica • CALM (Child Abuse Listening Mediation) • Youth and Family Services (YMCA) • DSS/KIDS/CAPC (Social Services, Kids Network, Children's Abuse Prevention Council) • CAC (Community Action Commission) • NAMI • FSA (Family Services Agency) • Hospital Association of Southern California • Families ACT • Santa Barbara County Education Office (SBCEO) • Santa Barbara County Sheriff's Department
<p>iv. <u>For each Community group identified, please provide a contact person, to verify participation in the process (community group, name, email, phone number):</u></p> <ul style="list-style-type: none"> • George Kaufmann, NAMI, 805-565-4960, g.kaufmann@cox.net • Deborah Holmes, CALM 805-965-2376 x121, dholmes@calm4kids.org • Tom Sodergren, Casa Pacifica, 805-570-5240, tsodergren@casapacific.org 	

If more space is needed, or if this is a joint application, make a copy of this page and insert behind this one

	<ul style="list-style-type: none"> • Valerie Kissell, Youth and Family Services (YMCA), 805-569-1103, Valerie.Kissell@ciymca.org • Florence Bednersh, Santa Barbara SBCEO, 805-964-4711 x4480, flogo@sbceo.org • Barbara Finch, Kids Network/Child Abuse Prevention Council, 805-681-4678, b.finch@sbcsocialserv.org • Nancy Ranck, Family Services Agency, 805-965-1001, nranck@fsacares.org • Polly Huffer, Casa Pacifica, 805-560-1050, phuffer@casapacificac.org • David D. Scott, Community Action Agency, 805-260-4670, dscott@cacsb.com • Eddie Hsueh, Santa Barbara County Sheriff's Office, 805-686-5000 ehp0384@sbsheriff.org • Auda Strickland 805-679-1717, Hospital Association of Southern California, astrickland@hasc.org • Alice Gleghorn, Santa Barbara County Department of Behavioral Wellness- agleghorn@co.santa-barbara.ca.us • Debbie McCoy, Families ACT, 805-455-9334- deborah.d.mccoy2@gmail.com
v.	<p><u>The number of participants involved:</u> 73</p>
vi.	<p><u>State the date(s) the counties met with the community groups regarding the needs assessment:</u></p> <ul style="list-style-type: none"> • Mental Health Services Act (MHSA) Three-Year Plan Update, April 27, 2017 • Crisis Action Team, February 8, 2018 • CSOC, February 22, 2018 • Crisis Action Team, March 8, 2018
vii.	<p><u>State the objective of the needs assessment:</u> The objective for the needs assessment was to identify gaps and possible solutions in the children's behavioral health crisis services system.</p>
viii.	<p><u>Describe the process in which the needs assessment was conducted:</u> The Crisis Action Team and the Children's System of Care team invited concerned stakeholders to several meetings. Individuals invited included consumers, family members and representatives of Santa Barbara County and City agencies and community providers. The Department presented the MHSA grant and the interest in applying. The need for strong community collaboration was emphasized. Attendees reviewed the needs and services gaps in the community. The forums encouraged an open and wide-ranging dialogue, and the ideas generated were documented. The MHSA Plan Update meeting in April 2017 also offered a forum for stakeholder feedback on the children's system of care.</p>
ix.	<p><u>Is there a copy of the final assessment? If so, please include with your application:</u> No.</p>

If more space is needed, or if this is a joint application, make a copy of this page and insert behind this one

Needs Assessment

V. B.2.b.

Needs Assessment Findings

Describe the Needs Assessment Findings, including

i. Identification, in detail, of the gaps in the current crisis intervention and crisis stabilization services for the intended population:

Highlights of needs and opinions offered in three community forums included:

- There is a gap in responsive psychiatric services for youth in crisis; expand treatment interventions to children/adolescents in crisis to begin stabilization sooner. Need expanded crisis and sub-acute crisis response teams/staffing. No appropriate resources available leading to children spending hours in emergency rooms awaiting placement. Emergency departments need staffing to assist children/families when the child is on an involuntary hold.
- Parent/guardian peer support is unavailable when it is needed to engage families in treatment; support to parents during a crisis, and support while the child is in placement.
- Too many children are sent out of county, leading to disconnected discharge planning and the disruption of continuity of care.
- Need a facility that can provide more pre-crisis services and supports for youth when boarding youth in hospital emergency departments. Need a crisis stabilization unit for youth, a place for youth and families to de-escalate when there is a level of risk that may not necessitate psychiatric involuntary holds; respite programs are needed for children/families in crisis. Crisis stabilization Unit for youth within our county or a STRTP (Short-Term Residential Treatment program) for youth in crisis could prevent psychiatric hospitalizations.

ii. For each gap identified, include the recommendation to address the gap. Include a statement on whether or not the county approved the recommendation and if they are currently addressing the gap, or will address it in the future. If in the future, when will they address it:

There is a gap in responsive psychiatric services for youth in crisis; expand treatment interventions to children/adolescents in crisis to begin stabilization sooner. Need expanded crisis and sub-acute crisis response teams/staffing. No appropriate resources available leading to children spending hours in emergency rooms awaiting placement. Emergency departments need staffing to assist children/families when the child is on an involuntary hold.

This is the primary focus of this proposal. New Children’s Crisis Triage Teams will assist children and youth placed on involuntary holds awaiting LPS placements in hospital emergency departments and their family members. Crisis de-escalation and the prevention of avoidable hospitalizations will be emphasized. For children placed in psychiatric hospitals, Crisis Triage Team members will follow-up to ensure effective community re-integration for children and youth upon discharge. Parents, caregivers and family members will receive short-term support from a parent partner, including systems navigation and linkages to services and supports.

Parent/guardian peer support is unavailable when it is needed to engage families in treatment; support to parents during a crisis, and support while the child is in placement.

A parent partner assigned to each Children's Triage Team will support parents, guardians and caregivers when children are brought to Emergency Departments. They will also provide short-term follow-up assistance when children and youth are either able to return home without LPS placement or discharged from psychiatric hospitals. In addition, as time permits, parent partners will assist families with children experiencing sub-acute crises before hospitalization is required.

Too many children are sent out of county, leading to disconnected discharge planning and the disruption of continuity of care.

The proposed Children's Crisis Triage Teams will seek to de-escalate crises and reduce the number of children hospitalized for psychiatric crises.

Need a facility that can provide more pre-crisis services and supports for youth when boarding youth in hospital emergency departments. Need a crisis stabilization unit for youth, a place for youth and families to de-escalate when there is a level of risk that may not necessitate psychiatric involuntary holds; respite programs are needed for children/families in crisis. Crisis stabilization Unit for youth within our county or a STRTP (Short-Term Residential Treatment program) for youth in crisis could prevent psychiatric hospitalizations.

With limited resources, the Department has determined that the best next step to meet the needs of children and youth experiencing behavioral health crises is to strengthen hospital emergency department resources by deploying Children's Crisis Triage Teams throughout the county. The proposed Children's Crisis Triage Teams will provide services that do not currently exist for children and youth in Emergency Departments of hospitals. A children's CSU or crisis respite house could be revisited as resources permit.

There are currently no adolescent LPS beds in Santa Barbara County and neighboring Ventura county; the lack of local in-patient psychiatric beds for youth causes long boarding times in hospital emergency departments and long transports.

The loss of the only nearby adolescent psychiatric hospital, Vista del Mar in Ventura County, due to the Thomas Fire in December 2017 was a huge setback for the Santa Barbara County children's system of care. The proposed Crisis Triage Teams will attempt to reduce out-of-county youth hospitalizations by providing support and crisis de-escalation in hospital emergency departments countywide, as well as preventive services and linkages for children at-risk of psychiatric hospitalization.

iii.

Describe the need for mental health crisis triage personnel:

There is widespread agreement among child welfare agencies, service providers, parents, caregivers, guardians, hospital personnel and behavioral health professionals that more services are needed for children and youth brought to hospital emergency departments on involuntary holds. By providing support and follow-up assistance for children and youth in EDs and their families, reducing unnecessary hospitalizations, and engaging pre-crisis youth with preventive services and linkages, the proposed Children's Crisis Triage Teams will mark a significant advancement in the Santa Barbara County children's system of behavioral healthcare.

	iv.	<u>Other, include any additional information that would provide support of the needs assessment:</u> None.
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ATTACHMENT 5: PROGRAM NARRATIVE

Proposed Triage Grant Program

Proposed Triage Grant Program(s)

V. B.3.a.

Describe the proposed triage grant program(s). If this is a multi-county Application, the programs must be itemized by county.

Provide a description for each of the following

Describe the proposed triage program(s) to be funded by the triage grant. This description shall include the following for each proposed triage program:

i. The name of the proposed triage program: Children's Crisis Triage Teams

ii. The need the proposed program aims to fill and traced back to each gap identified in the needs assessment. For those gaps that are not addressed in the proposed program, provide explanation as to why that need was not addressed in the application:

The need for Children's Crisis Triage Teams:

For many years, California and Santa Barbara County have experienced a shortage of child psychiatric beds. To make matters worse for the children and adolescents of Santa Barbara County facing behavioral health crises, in December 2017 the Thomas Fire, the largest in California history, burned about 281,900 acres, destroying 1063 structures, and damaging another 280 buildings. Among those structures were two buildings at Aurora Vista del Mar, an acute psychiatric hospital located in Ventura County. Vista Del Mar was one of the largest private psychiatric hospitals in the region. Its closure resulted in the loss of 100% of the adolescent beds on the Central Coast. As a result, children and youth in crises on involuntary holds tend to experience very long waits in hospital emergency departments while awaiting out-of-county LPS placement.

In recent years the Santa Barbara County behavioral health crisis services system has built its capacity to serve adults in crisis, but the children's system of care has not kept pace with the need. SAFTY, Santa Barbara County's children's mobile crisis service, has only six staff to serve youth countywide. This lack of staffing severely limits engagement with children in emergency departments or interventions with children experiencing sub-acute crises.

Stakeholder meetings with the Children's System of Care Action Team and the Crisis Action Team identified a number of service gaps. Among the most important gaps identified is the lack of engagement with children and youth in hospital emergency departments (EDs) who experience long waits for LPS placements. Hospitals do not have the resources to adequately care for these youth, nor do they have staff members trained to provide mental health treatment to these youth.

Adding triage personnel for children at a critical point of access, local EDs, is essential to improving the client's experience and ensuring timely access to services. Having a triage clinician available also reduces unnecessary hospitalizations and inpatient days because the clinician can begin to provide treatment within the ED and rescind a hold when the youth no longer meets criteria for hospitalization. This will also reduce the likelihood of increased trauma due to prolonged exposure to the chaotic and traumatic ED environment.

Providing a triage clinician within the ED to provide ongoing assessment and treatment, collaboration with other health providers and a parent partner to provide family support may lead to numerous 5585 applications to be rescinded, allowing youth to return home without the need for psychiatric hospitalizations. Follow-up in the community would be coordinated with the SAFTY mobile crisis team and the outpatient behavioral health clinics. For youth requiring hospitalization, a triage clinician will coordinate bed finding, as well as services for youth discharged from hospitals who are returning to their communities.

In addition, children's crisis triage team members will be available to respond in the community when children have been identified as at risk for a mental health crisis, but before they meet the level of acuity necessary for intervention by the SAFTY mobile crisis team. Referrals may come from law enforcement, schools, public health, probation, etc. In particular, proactive outreach to difficult-to-engage populations, like children experiencing homelessness and Mixteco-speaking children, will also be conducted. The aim of these proactive services will be to provide brief, intensive interventions to reduce the risk of mental health crises and hospitalizations and to link children and youth to ongoing behavioral health services.

Service Gaps not Addressed in this Proposal

In regard to gaps in the children's crisis system of care, two shortcomings were stressed in stakeholder discussions. First, many stakeholders understandably seek availability of child/adolescent psychiatric hospital beds in Santa Barbara County. Given limited financial and staffing resources, it is not feasible for the Department of Behavioral Wellness to undertake building a new psychiatric facility for children

A second popular stakeholder concern is the lack of a Crisis Stabilization Unit/Crisis Respite Facility for children and youth. This idea is worth revisiting. However, the Department of Behavioral Wellness feels that the most strategic and cost-effective next step is to increase our capacity to support children facing LPS placements in hospital emergency departments, de-escalate crises, avoid preventable hospitalizations, provide support to parents and caregivers, provide follow-up assistance, and increase engagement with youth at risk for psychiatric hospitalization.

iii List the goals and intended outcomes of the proposed triage programs, how they will be measured and the timeframe for accomplishing the goals and outcomes:

Goal 1: To increase early access to services for youth and families experiencing behavioral health crises that present at the local ED's or are identified as at-risk for behavioral health crises in the community.

- *Objective:* To provide assessments to 240 clients presenting at a hospital ED annually in program years 1, 2, and 3.
- *Objective:* To provide assessments to 250 clients annually in the community identified as at-risk for mental health crises.
- *Objective:* On surveys conducted at the end of each program year, at least 80% of clients/families will report an overall satisfaction with Department of Behavioral Services of 8 or higher on a 10 point scale with 1 representing the worst possible care and 10 representing the best possible care.

Goal 2: To provide on-going re-assessment of youth in the ED on 5585 holds

		<ul style="list-style-type: none"> Objective: Clinicians will provide re- assessments of 80% of the youth presenting at the ED in program years 1, 2, and 3 <p>Goal 3: To reduce the number of youth presenting at the ED's in a psychiatric emergency that require a psychiatric hospitalization .</p> <ul style="list-style-type: none"> <i>Objective:</i> Crisis triage teams will provide on-site treatment to reduce the number of unnecessary hospitalizations by 20% during the first program year and an additional 10% in year 2 and 10% in year 3. <p>Goal 4: Improved Care coordination between client and local care providers</p> <ul style="list-style-type: none"> <i>Objective:</i> Triage staff will coordinate services between client and SAFTY for in-home follow-up and linkage services so that clients receive a service within 24 hours of discharge 85% of the time. <i>Objective:</i> Triage staff will coordinate and schedule first appoint at the clinic for client within 7 days of discharge 95% of the time.
	iv	<p>The number of triage personnel needed for the proposed program:</p> <p>Nine total personnel are needed for this proposed program</p> <ul style="list-style-type: none"> 3 Mental Health Practitioners 1 (1 per hospital/region - Marian, Lompoc, Cottage) 3 Mental Health Practitioners 2 (1 per hospital/region – Marian, Lompoc, Cottage) 3 Recovery Assistant (Parent Partner) (1 per hospital/region (Marian, Lompoc, Cottage)
	v	<p>The target population of the proposed programs:</p> <ul style="list-style-type: none"> Youth up to the age of 21 years of age experiencing a mental health crisis who present at one of the three local hospitals to be assessed for a medical clearance upon having a 5585 application written and Youth up to the age of 21 years of age who are identified as being at-risk for a mental health crisis by stakeholder groups (school, law enforcement, public health, etc.) .
	vi	<p>If triage funds will be used to augment existing PEI programs, FSPs, INN programs, a CHFFA grant, etc., clearly identify what is being augmented:</p> <ul style="list-style-type: none"> Include how each existing program will benefit from the triage funds, and how those triage funds will be leveraged. <p>N/A</p>
	vii	<p>An estimate of how many individuals in crisis will be served in each year of the grant; and an explanation on how the estimate was determined:</p> <p>It is estimated that staff will provide services to 240 clients annually for in-hospital mental health services:</p> <ul style="list-style-type: none"> 60 Lompoc Valley Medical Center (Central/West County) 100 Cottage Hospital (South County) 80 Marian Medical Center (North County)

	<p>The estimates were based on a review of last year's numbers of youth presenting to the EDs with a 10% increase in our projections due to poor data control at some of the EDs.</p> <p>An additional estimated 250 children and youth at risk for behavioral crises will be served in these regions annually:</p> <ul style="list-style-type: none"> • 80 North County • 50 Central/West County • 120 South County <p>These estimates are based on input from SAFTY Mobile Crisis and Adult Crisis Triage staff members and stakeholders in the children's system of care, as well as estimates of homeless youth in Santa Barbara County.</p>
viii	<p>How the program will demonstrate cultural competence as outlined in the National CLAS Standards:</p> <p>With its Cultural and Linguistic Competency Policy, the Department formally established recognition of the importance of culturally-adapted care. It is the policy of the Department to provide culturally- and linguistically-adapted supports, services and treatments that respond effectively to the diverse needs of all individuals. The Department recognizes that providing high-quality, conscientious, and equitable care requires cultural and linguistic adaptations that reflect the individual's race, ethnic and national heritage; primary or preferred language; age; physical or mental status, including mobility and developmental disabilities; spirituality or religious affiliation; veteran status; and gender identity and sexual orientation.</p> <p>The Department's commitment to providing culturally competent services is embedded through a wide range of policies and procedures, including telephone access, human resources training and recruitment, bilingual stipend, cultural competence training, interpreter services, and translation of critical communications, signage and treatment and service information into Spanish. Awareness and education on these policies and procedures occurs at hire, in staff meetings and through various communication methods, including notices from the Department's Ethnic Services and Diversity Manager and the monthly Director's Report.</p> <p>The Department of Behavioral Wellness is committed to involving consumers and family members (including individuals who reflect the diverse populations in Santa Barbara County) in developing, implementing, and monitoring of the Department's programs and services. The Department ensures participation of consumers and family members who reflect cultural diversity on panels, committees, and in stakeholder groups, whose work impacts current and future programs and services.</p> <p>The MHSA planning process and two stakeholder groups established during the initiation of a department systems change process in 2014, the Children's System of Care Action Team and the Crisis Action Team, draw diverse community stakeholders, including consumers, family members, providers and others, and are particularly relevant in providing continuous feedback on the proposed Children's Crisis Triage Team. In addition, monthly meetings of the Behavioral Wellness Commission (formerly Mental Health Commission) also offer opportunities to update the community on program developments and to receive feedback.</p>

V.B.3.b.	<p>State whether the county intends to use contract providers, county staff, or both. Specify which triage personnel are contracted and which are county staff:</p> <p>We propose that the Children’s Crisis Triage Teams be staffed with county personnel.</p>
V. B.3.c.	<p>List the activities to be performed by each mental health triage personnel to be hired through this grant:</p> <p>Mental Health Practitioners – provide crisis intervention, rapid assessment and re-assessment using culturally sensitive, strengths-based wellness and recovery models to youth in ED’s. Coordinate placement services, provide targeted case management, and determine client needs, appropriate referrals and linkage of services for client upon discharge from hospital.</p> <p>Recovery Assistant (Parent Partner) – provide support, education, outreach, engagement and follow-up services to parents and families of clients from a lived experience perspective. Provide community resource information and linkage for families.</p>
V. B.3.d.	<p>Describe specifically where and how triage personnel will be deployed. Indicate the hours triage personnel will be available and any primary and secondary locations:</p> <p>Triage personnel will work out of the same offices as our current adult crisis and triage teams and will be available to respond to a youth “pre-crisis” within the community 11-8 pm Monday-Friday and 11-5 pm Saturday and Sunday. They may be accessed by calling the Santa Barbara County Access Line (discussed in Attachment 10, the Communications Plan).</p> <p>When a child is taken to one of the local hospitals, SAFTY or hospital staff will notify the team that a child is in the ED, and a children’s crisis triage team will immediately be deployed to the three regional hospital Emergency Departments (Cottage Hospital, South County; Lompoc Valley Medical Center, West/Central County; and Marian Medical Center, North County). When triage staff encounter a Santa Barbara County Department of Behavioral Wellness client, they will communicate with the client’s clinic/treatment team so that treating staff are aware of the crisis event. Individuals who are not clients and who are not admitted to a psychiatric inpatient unit will be referred to SAFTY Children’s Mobile Crisis Team for continued in-home support and linkages to county mental health or other appropriate assistance.</p>
V. B.3.e.	<p>Describe how individuals will access triage services. Clearly state the access points for the triage program. Provide addresses where available:</p> <p>Parents/family and police may enter their local hospital emergency departments seeking emergency mental health treatment for youth. When SAFTY, our children’s mobile crisis team, writes a 5585 hold on a youth in crisis encountered in the community, the youth is transported to one of the three local hospitals for medical clearance and boarding while a bed is being located. It is at this point that these youth and their families would begin receiving treatment from children’s crisis triage team clinicians in an effort to ameliorate the crisis. At the same time, a parent partner on the crisis triage team would offer parents/caregivers education and support.</p> <p>The emergency departments are:</p> <ul style="list-style-type: none"> • Lompoc Valley Hospital, 1515 E. Ocean Ave. Lompoc, CA 93436 • Marian Regional Medical Center, 1400 E. Church St. Santa Maria, CA 93454 • Santa Barbara Cottage Hospital, 400 W. Pueblo Street Santa Barbara, CA 93105

	<p>Through direct emails and coverage in local print and broadcast media, stakeholders will be made aware of the new Children’s Crisis Triage program. Responses in the field could may include the child’s home, school, Public Health offices and homeless encampments. Currently, Behavioral Wellness Department adult Crisis Triage Teams conduct outreach and engagement with adults identified by law enforcement as being in need of emergent mental health services. The Children’s Crisis Triage personnel will mirror this activity for children.</p>
V. B.3.f.	<p>Describe the program’s ability and expectation for obtaining federal Medi-Cal reimbursement, when applicable:</p> <p>The proposed staff will possess the required qualifications to provide Medi-Cal reimbursement for services rendered. Each client will be assessed for Medi-Cal enrollment or eligibility. The triage clinician can facilitate the opening of cases and will be able to capture a greater amount of Medi-Cal reimbursements than could be provided for non-crisis eligible services, such as case management and assessment. Based on current Department of Behavioral Wellness youth crisis demographics, it is anticipated that 76% of patients will be Medi-Cal eligible. The Department of Behavioral Wellness maintains the capability to assess Medi-Cal eligibility and effectively bill for services through the use of Clinicians Gateway EHRs. New Medi-Cal billing codes for outreach/engagement will also increase ability to be reimbursed for triage services. With updated documentation standards this year, there is capacity to bill for pre-crisis services that do not require an assessment or treatment plan be in place right away. This will allow for the capture of much of the outreach services.</p>
V. B.3.g.	<p>Describe any training that will be provided to triage personnel for Medi-Cal billing and billing codes:</p> <p>Training will be provided by the Department’s Quality Care Management upon hire and annually on documentation requirements for assessments, treatment plans, progress notes, and service billing codes. Additional training is offered through the Relias portal.</p>
V. B.3.h.	<p>Describe the family supportive training that will be provided to parents, guardians, and/or caregivers of children in crisis:</p> <ul style="list-style-type: none"> • <u>STEP</u>: (Systematic Training for Effective Parenting) a multicomponent parenting education curriculum. The three STEP programs help parents learn effective ways to relate to their children from birth through adolescence. • <u>The Triple P</u> – (Positive Parenting Program) is one of the most effective evidence-based parenting programs in the world, backed up by more than 35 years of ongoing research. Triple P gives parents simple and practical strategies to help them build strong, healthy relationships confidently manage their children’s behavior and prevent problems developing. Triple P is currently used in more than 25 countries and has been shown to work across cultures, socio-economic groups and in many different kinds of family structures • A training will be developed based on <u>Helping Kids in Crisis: Managing Psychiatric Emergencies in Children and Adolescents</u>, edited by Fadi Haddad, M.D., and Ruth Gerson, M.D., a guide for parents and practitioners.
V. B.3.i.	<p>Describe the supports included for all triage personnel for mentoring, training, continuing education, up to date resource availability, and strategies to prevent burn-out. Specifically, describe the trainings that will be offered to peer providers. If certification is required prior to utilizing peers, describe peer certification requirements and what steps the Applicant will take to ensure peer certification can happen in a timely manner:</p>

	<p>Peer staff, who are family partners, will be trained in the NAMI Family to Family curriculum and in Group Facilitation Skills. Family-to-Family is a free, 12-session educational program for family, significant others and friends of people living with mental illness. It is taught by NAMI-trained family members who have been there (lived experience), and includes presentations, discussions and interactive exercises. It is an evidence-based program and research has shown that the program significantly improves the coping and problem-solving abilities of the people closest to an individual living with a behavioral health condition.</p> <p>All staff members employed through the Department of Behavioral Wellness – peer and non-peer, are eligible for continuing education, with training support provided through Relias – an online training portal with extensive mental health Continuing Education Unit (CEU) courses, such as suicide prevention, crisis intervention, ethics, case management, and assessment/treatment planning.</p> <p>Staff supervision is supportive in nature and is designed to facilitate staff members working together as a team to solve problems. Weekly supportive team meetings help unify staff members and flesh out solutions to any challenges that staff members may be facing. County employees are also eligible to use the free, confidential service, Life Matters Employee Assistance Program, which offers assistance with ownership, discounts, childcare and a host of issues, including depression, family or job concerns, legal matters & financial questions, alcohol or drug abuse questions or problems, emotional or stress related issues, adult and elder care needs, parenting and child care concerns and more.</p>
V. B.3.j.	<p>Describe specific supports for collaborative partners including any crisis intervention training:</p> <p>The Crisis Services Manager and Patients' Rights Advocate provide monthly 5150/5585 training for Department of Behavioral Wellness staff members and contracted providers. The Crisis Services Manager and regional Crisis Team Supervisors regularly meet with partner agencies (law enforcement, hospitals, Public Health) to train them on the crisis system and the 5150/5585 process.</p>
V. B.3.k.	<p>Describe the crisis assessment tools that will be used. If new tools will be developed, describe the steps taken to develop them:</p> <p>In 2016 Jon Berlin, MD, co-founder of JSA Health, trained the entire Department of Behavioral Wellness crisis staff and incorporated his tools into the Behavioral Wellness assessment tool. The department is updating these tool to include a re-assessment template to guide the re-assessment process, crisis stabilization and de-escalation.</p>
V. B.3.l.	<p>Identify if the program will be implemented in a "Rural Community" defined as, counties with more than 80% of their land mass defined as rural or frontier:</p> <p>County Name:</p> <p>Rural Community:</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>

V.B.3.m.

Identify if your county submitted an application during the last Triage Grant RFA 2013, and did not receive any grant funding

Submitted a 2013 Triage Grant application:

Yes

No

Received funding from the 2013 Triage Grant application:

Yes

No

ATTACHMENT 6: PROGRAM IMPLEMENTATION PLAN

Program Implementation Narrative

Program Implementation Plan

V. C.1.

Program Implementation Narrative

In the Program Implementation Plan Narrative, describe how the county will implement each of the proposed programs that was described in the Program Narrative.

The following is required

- a. Recruitment strategy for each triage staff position. Clearly identify if the staff will be an employee or contracted staff. Also include expected hiring date for each staff:
- Mental Health Practitioner – All practitioners will be county employees. Recruitment will involve the current county Human Resources recruitment process. The Crisis Services Manager will work with HR recruiter to develop a job bulletin description and supplemental questionnaire tailored to practitioners with experience working with youth with behavioral health challenges, especially youth in crisis. Candidates will be selected based on years of experience working with children and youth, comfort level working in crisis situations, experience working closely with partner agencies, including hospitals, law enforcement, and schools, ability to work non-traditional hours and the willingness to work in non-office settings. Candidates for our North and West/Central regions will be required to be bilingual in English and Spanish (the threshold language of Santa Barbara County).
 - Recovery Assistant (Parent Partner) – also county staff. Parent Partners in our north and west/central regions will be required to speak Spanish, the threshold language for Santa Barbara County. In west/central and north county, the percentage of Latinos in the overall population ranges from 50% to more than 80%. For the north county, parent partners who speak Mixteco will be preferred. There a large indigenous Mixteco-speaking population in north county.

We anticipate hiring all Practitioners and Parent Partners within the first three months of the grant (September 31st 2018).

- b. a. Retention strategy for triage staff: All Children's Crisis Triage staff will be hired with competitive salaries and benefits packages. Flexible schedules including use of 9/80 or 4/10 scheduling will fit the program need and provide further incentive for staff. All triage staff will receive yearly training in safety practices to ensure they continually develop the needed skills to address complex situations in clinic and field settings. Communication with team members is essential as a primary way to prevent burnout. Daily team meetings will discuss the interventions of the day and plan activities and case management. Following triage interventions, team members will engage in immediate debriefing with the designated supervisor.

Clinical supervision will be made available to all crisis staff for ongoing skills development, to address transference concerns and discuss how they are personally affected. Staff will be encouraged to take regular breaks and use vacation time. Self-care will be an ongoing training subject, and all peer staff will develop self-care plans. Supervisory staff will be trained through the county's Employee University to effectively develop, improve, evaluate and recognize employee performance and provide feedback and encouragement as needed.

	c.	<p>Triage staff training plan:</p> <p>All newly hired Children’s Crisis Triage staff will undergo the county’s onboarding and training process including Medi-Cal documentation training, assessments and treatment plans, 5150/5585 training, use of EHR, cultural competency, systems navigation, Code of Conduct, HIPAA and risk assessment. Parent partners will also complete trainings in NAMI’s Family to Family curriculum and Active Listening.</p> <p>In addition, all children’s crisis triage staff will be fully oriented to their assigned regional hospitals. Since we currently have Mobile Crisis, Adult Triage and SAFTY staff in the EDs on a daily basis, relationships are already established which will speed the integration of the Children’s Crisis Triage staff. Triage staff will also be introduced to the locations and staff of stakeholders through attendance at staff meetings and Department of Behavioral Wellness Crisis Action Team meetings.</p>
	d.	<p>Describe how triage personnel will be used. Each position should be described individually, including individuals with lived experience (peer providers/parent partners):</p> <p>Triage teams will serve in two principal ways:</p> <ol style="list-style-type: none"> 1.) Triage staff will be embedded in the three regional hospital EDs to provide mental health interventions for children experiencing behavioral health crises. Some children will arrive at the ED already on a 5585 hold, and some will present at the ED in crisis but not on a hold. Hospital staff will identify these individuals and refer them to the triage staff to begin treatment aimed at resolving the crisis and returning the child to their home or providing mental health treatment until the child may be placed in an LPS facility. 2.) When not busy in the EDs, the Triage staff will respond in the field and attempt to engage youth who have been identified as at-risk for a mental health crisis by community stakeholders including schools, Probation, law enforcement and Public Health. These youth are typically not engaged by the SAFTY children’s mobile crisis team. Through collaboration with stakeholders, efforts will be made to concentrate on identifying individuals in difficult-to-reach populations, including children experiencing homelessness and the Mixteco-speaking population in North County. <p>Staff duties include:</p> <ul style="list-style-type: none"> • Mental Health Practitioners – provide crisis intervention, rapid assessment and re-assessment using culturally sensitive strengths based wellness and recovery models to youth in EDs. Coordinate placement services, provide targeted case management and determine client needs. Make appropriate referrals and linkage to services for clients upon discharge from the hospital. Conduct screenings/assessments in the field of at-risk youth and provide appropriate crisis intervention, referrals and linkage of services. • Recovery Assistant (Parent Partner) – offer support, education, outreach and engagement services to parents and families of clients from a lived experience perspective. Provide community resource information and linkage for families.
	e.	<p>List of community partner collaborators:</p> <ul style="list-style-type: none"> • Lompoc Valley Medical Center

		<ul style="list-style-type: none"> • Marian Regional Medical Center • Santa Barbara Cottage Hospital • Santa Barbara County Education Office • Santa Barbara County Probation Department • Santa Barbara County Sheriff's Department • Santa Barbara County Public Health Department • Santa Barbara Social Services Department • Santa Maria Police Department • Lompoc Police Department • Solvang Police Department • Isla Vista Foot Patrol • Santa Barbara Police Department • Santa Maria-Bonita School District • Lompoc Valley Unified School District • Santa Ynez Valley Unified and High School District • Goleta School District • Santa Barbara Unified School District • Montecito Union School District • Carpinteria School District • Santa Barbara County Department of Public Health • NAMI • Kids Network • Families ACT
	f.	<p>Collaborative partner training plan:</p> <p>Collaborative partners will receive training and orientation on the specific functions of the children's crisis triage program as well as the broader crisis system of care and countywide behavioral health system, including available substance abuse services for children under 21. Regional trainings will be conducted in each hospital to orient hospital staff to the new program and how to best use it.</p>
	g.	<p>Do you have a Memorandum of Understanding or Service Contract in place with your collaborative partners? No.</p> <p style="margin-left: 40px;">i. If yes, include with the application</p> <p style="margin-left: 40px;">ii. If no, state the expected date to have the collaborative relationship formalized, through such an agreement. Describe the tasks that need to be completed to finalize the formal relationship.</p> <p>Upon the award of the grant, we would develop MOUs with the local EDs. We expect to complete these MOUs within the first 90 days of award. As evident from the attached letters of collaboration from the three regional hospitals and other community partners, a broad spectrum of community agencies view the proposed children's crisis teams quite favorably. Hospitals are eager to work with the Department of Behavioral Wellness to assist children in crisis in EDs.</p>
	h.	<p>Care coordination plan with ongoing mental health providers:</p> <p>The Santa Barbara County Department of Behavioral Wellness already maintains an existing relationship with all children's providers in the County. Relationships, lines of</p>

	<p>communication and referral processes are in place to ensure a smooth transition from the Children’s Crisis Triage program to ongoing behavioral health providers.</p> <p>The Department of Behavioral Wellness currently co-chairs a Children’s System of Care collaborative that meets monthly to address barriers to treatment for children and brainstorm ways to improve. This collaborative has created strong working relationship with other stakeholders including school districts, SAFTY, Child Welfare Services, NAMI, Probation and community-based organizations (CBOs).</p> <p>The Department of Behavioral Wellness maintains existing contracts with Casa Pacifica (SAFTY) to provide follow-up aftercare services following a crisis situation involving a youth in Santa Barbara County. SAFTY provides aftercare service for up to 30 days. Due to an existing working relationship with SAFTY, a warm transfer of care from Children’s Crisis Triage program to SAFTY will be easy to establish.</p> <p>Inter-agency referral forms currently in use will be adopted by the Children’s Triage staff. These referral forms contain the necessary information for referring a client from one Behavioral Wellness program to another, as well as from Behavioral Wellness to a contract provider. In addition, an existing weekly Community Treatment and Supports meeting of Behavioral Wellness and community providers serves as a venue for discussion of referrals and ensures warm hand-offs to care providers.</p>
	<p>i. How the county will address protected health information (PHI):</p>
	<p>i. If the proposed program is based out of a hospital emergency department (ED), include the steps taken to obtain access to Electronic Health Records (EHR) and to protect the records:</p> <p>Children’s Triage grant personnel will spend a significant amount of time in the EDs. Triage staff will be provided County laptops to access County EHR to look up client information and to provide documentation. All laptops and access to all County EHRs contain appropriate HIPAA- compliant safeguards. Information about County clients will not be shared with ED staff unless the situation allows it (in a crisis), or when there is a release of information (ROI) in place. Children’s crisis triage staff will always work to ensure that ROIs are signed by the caregiver/client whenever possible to encourage open communication with ED staff and appropriate continuity of care.</p>
	<p>ii. If the proposed program is based on a collaboration with a law enforcement department, include the steps taken to obtain access to their data and protect the data:</p> <p>The Department of Behavioral Wellness currently collaborates with the Santa Barbara County Sheriff’s department. We receive data regarding law enforcement contacts involving individuals with behavioral health needs. We use the data to determine which individuals require outreach and engagement or, if already linked to the Department of Behavioral Wellness, increased intensity of services.</p>
	<p>iii. If the proposed program is in partnership with a school and/or school district, describe how data will be shared between partners and the steps to protect the data:</p> <p>N/A</p>
	<p>iv. If the proposed program is in partnership with juvenile detention center, describe how data will be shared between partners and the steps to be taken to protect the data:</p>

		N/A
j.	An assessment of any risks, challenges, or barriers to program implementation. Stating that there are no risks, challenges, or barriers is not an acceptable response and may be grounds for disqualification as it implies an assessment was not performed:	
i.	State each risk, challenge, or barrier and describe how each will be addressed to minimize the impact on program success:	
	1	<p>Risk: strained working relationships with partner agencies</p> <p>How risk will be addressed: As detailed in the Attachment 10, Communications Plan, communications are designed to prevent or ameliorate strained working relationships with partner agencies. Children’s crisis triage teams will work closely with hospital emergency department managers and personnel in each region of the county. We see highly collaborative and sustained communications as critical to helping achieve the goals of the program, ensuring continuous quality improvement, and keeping triage staff and partners on the same page. Daily communications will help ensure positive outcomes for clients and teamwork on the part family members, guardians, caregivers, emergency department personnel, crisis triage team members, staff from Public Health and Social Services and law enforcement professionals. In addition, monthly Crisis Action Team meetings will offer a forum for all interested partners to share information, identify challenges and discuss solutions.</p>
	2	<p>Risk: Difficulty hiring qualified parent partners with language capabilities.</p> <p>How risk will be addressed: We will work closely with our Ethnic Services & Diversity Manager, who is experienced in culturally appropriate outreach to the Oaxacan and Latino communities in central/west and north county. We will work closely with her to supplement recruitment efforts and get the word out to trusted institutions and community groups in Spanish- and Mixteco-speaking communities, including churches, advocacy groups and natural community settings. We will also collaborate with NAMI, which sponsors weekly Family Support Groups in English and Spanish, mentioned in the NAMI Intent to Collaborate letter included with this proposal.</p>
	3	<p>Risk: High demand for services with limited staffing</p> <p>How risk will be addressed: Collaboration among children’s crisis service providers will be critical. In particular, the Children’s Crisis Triage Teams and SAFTY Children’s Mobile Crisis Teams will work closely together to perform their respective roles in the most effective manner possible. SAFTY team members will assist children in crisis and their families and provide follow-up assistance to children who have experienced crises. Crisis Triage Team members will serve children in hospital EDs awaiting LPS placement, seek to reduce hospitalizations of these youth and provide field response to at risk children not experiencing symptoms sufficiently acute to warrant a SAFTY intervention and involuntary hold. Effective collaboration is likely to render the demand for services manageable.</p>
k.	<p>If the proposed triage program(s) includes a crisis intervention unit where Medi-Cal billing may take place, include steps to be taken to obtain certification, and, if needed, include the certification requirements</p> <p>N/A</p>	

ATTACHMENT 7: PROGRAM IMPLEMENTATION PLAN

Program Implementation Plan Timeline

Program Implementation Plan Timeline

V. C.1.1.	Program Implementation Plan Timeline			
	Provide a Program Implementation Timeline for the requirements detailed in the Program Implementation Plan Narrative. The Timeline should agree with the Narrative and contain activities and milestones to ensure success of the Program Implementation Plan			
	a. Recruitment strategy for triage staff			
	i. List specific strategies, activities and milestones			
	1	Strategy: Prepare for timely recruiting of qualified culturally competent staff that are eager and passionate about working in mental health field with children in crisis.	Beg Date: 5/1/18	End Date: 5/31/18
	1	Activity/Milestone: In anticipation of being awarded grant: Meet with HR to draft specific job descriptions for each position.	5/1/18	5/31/18
	2	Activity/Milestone: In anticipation of being awarded grant: Meet with HR recruiter to draft job bulletins and supplemental questionnaires for each position being hired so job can be posted as soon as possible following award of grant.	5/1/18	5/31/18
	3	Activity/Milestone: In anticipation of being awarded grant: Prepare all hiring paperwork (Request to Fill's) for new positions so they can be submitted to HR/Fiscal as soon as possible following award of grant.	5/1/18	5/31/18
	4	Activity/Milestone: In anticipation of being awarded grant: Prepare job opening announcements for websites including CAMFT, Linked-In and Craigslist.	5/1/18	5/31/18
	2	Strategy: Open recruitment for new Triage grant positions.	Beg Date: Contract award date	End Date: 2 days later

				1	Activity/Milestone: Post job bulletin on county hiring website and notify internal staff who may be interested in the position.	Contract award date	2 days later
				2	Activity/Milestone: Advertise job opening on appropriate websites (CAMFT, LinkedIn, Craigslist).	Contract award date	2 days later
				3	Activity/Milestone: Follow-up with HR on regular basis to track number of applications coming in and receive a hiring list as soon as there are sufficient applicants.	1 week following job posting	Ongoing until hiring list is established
				4	Activity/Milestone: Refresh job advertisements on webpages to reach the most applicants.	1 week following job posting	Ongoing until employee is hired
				3	Strategy: Begin hiring process for new Triage positions.	Beg. Date 7/31/18	End Date 8/20/18
				1	Activity/Milestone: Review applications and schedule interviews.	7/31/18	8/5/18
				2	Activity/Milestone: Conduct interviews.	8/6/18	8/10/18
				3	Activity/Milestone: Make job offers.	8/15/18	8/17/18
				4	Activity/Milestone: Officially hire candidates.	8/20/18	8/20/18
				5	Activity/Milestone: Begin county HR onboarding process with new employees.	8/21/18	8/24/18
				ii.	List all employee classifications individually. Include estimated hiring dates	Est. Hire Date	Peer (Yes/No)
				1	Employee classification: Mental Health Practitioner I	8/20/18	No
				4	Employee classification: Mental Health Practitioner II	8/20/18	No
				5	Employee classification: Recovery Assistant (Parent Partner)	8/20/18	Yes
				iii.	List all Contractor positions/classifications individually. Include estimated hiring dates N/A	Est. Hire Date	Peer (Yes/No)
b.	Retention strategy for triage staff						

		i.	List specific strategies, activities and milestones				
			1	Strategy: Provide initial supportive and welcoming environment for new Triage staff. Provide thorough onboarding and orientation.	Beg. Date 8/20/18	End Date 8/31/18	
				1	Activity/Milestone: Have staff workstations/phones ready to go by their first day of work.	Contract award date	8/20/18
				2	Activity/Milestone: Orient staff to County computer network, email, phone, timesheets and EHR.	8/20/18	8/25/18
				3	Activity/Milestone: Provide tour of hospital and introduce employees to essential hospital staff.	8/20/18	8/25/18
				4	Activity/Milestone: Provide tour of regional crisis clinics and outpatient clinics. Introduce employee to existing staff.	8/20/18	8/25/18
				5	Activity/Milestone: Provide tour of essential locations/facilities including shelters and recovery learning centers.	8/20/18	8/31/18
				6	Activity/Milestone: Introduce employee to local school Principals, Assistant Principals, Counselors and Resource Officers.	8/20/18	8/31/18
			2	Strategy: Develop ongoing clinical support structure	Beg. Date 8/20/18	End Date 8/31/18	
				1	Activity/Milestone: Schedule daily team case staffing's.	9/3/18	Ongoing
				2	Activity/Milestone: Schedule weekly clinical supervision times for all employees.	9/3/18	Ongoing
				3	Activity/Milestone: In first year of employment conduct quarterly Employee Performance Reviews to provide timely opportunity to address any work deficiencies and recognize positive job performance.	11/20/18	8/20/19
				4	Activity/Milestone: After initial 1 year probationary period, conduct annual Employee Performance Reviews.	8/20/19	Ongoing
			c.	Training Plan Strategy			
i.	List specific strategies, activities and milestones						
	1	Strategy: Provide thorough initial trainings to support staff in gaining understanding of job duties and functions.	Beg. Date 8/20/18	End Date 9/15/18			

			1	Activity/Milestone: Employee will attend mandatory trainings, including HIPAA, Code of Conduct, and Cultural Competency.	8/20/18	9/15/18			
			2	Activity/Milestone: Provide Medi-Cal documentation training, assessment and treatment plans and training on county EHR.	8/20/18	9/15/18			
			3	Activity/Milestone: Provide 5150/5585 training.	8/20/18	9/15/18			
			4	Activity/Milestone: Provide 12-week NAMI Family to Family training and Group Facilitation Skills training for parent partners.	8/31/18	12/15/18			
			2	Strategy: Provide ongoing trainings to support job skill development.	8/31/18	Ongoing			
			3	1	Activity/Milestone: Familiarize staff with online department training calendar.	8/31/18	Ongoing as new staff come on board		
				2	Activity/Milestone: Familiarize staff with Relias online training, which offers CEU courses in many behavioral health topics.	8/31/18	Ongoing as new staff come on board		
				Strategy: Strengthen preventive children's crisis initiatives through supportive parent/guardian/caregiver training.		8/31/18	Ongoing		
				1	Activity/Milestone: Offer first round of supportive training, such as Triple P, STEP. etc.	8/31/18	Ongoing		
			d.	Partner Collaboration Strategy					
				1	Strategy: Build the framework for effective and sustained ongoing collaborations with partners.	Grant award date	Ongoing		
				1	Activity/Milestone: Complete MOUs with three regional hospitals.	Grant award date	No more than 90 days after grant is awarded.		
				2	Form a children's crisis subcommittee of the Crisis Action Team.	Grant award date.	Within 30 days of grant award date;		
				3	Invite additional staff members from key partners not already participating in the Crisis Action Team to attend.	Grant award date.	Ongoing; partners will receive monthly meeting reminders.		

ATTACHMENT 8: PROGRAM IMPLEMENTATION PLAN

Collaboration

Program Implementation Plan

V. C.2.

Collaboration

If the proposed program is dependent upon a collaborative agreement between the Applicant county and a community entity, such as a law enforcement department, hospital, or school, an **MOU, Service Contract, or Letter of Intent to Collaborate** (Attach Letter) must be included for each proposed collaboration.

Complete this section for each collaboration effort.

Is the Letter of Intent to Collaborate attached?



Yes

No

a.

Describe the program(s) benefiting from the collaboration

We will collaborate with our three regional hospitals: Cottage (in South County), Lompoc Valley Medical Center (in West/Central County) and Marian Medical Center (in North County). All three hospitals have provided letters of collaboration. As youth experiencing behavioral health crises end up in the emergency departments, Emergency Department (ED) staff have neither the resources nor the training to adequately treat their behavioral health issues. The ED become a place where youth are boarded for hours and sometimes days while waiting for a psychiatric bed to be found. It is not uncommon for the youth to wait so long in the ED that at times their holds expire before they receive any mental health treatment. This clogs up the hospital's emergency departments and increases the trauma of youth and their families. To address this issue, each of the three hospitals have agreed to allow space for our triage staff to work in their EDs and to collaborate in the treatment and care of the youth while in the EDs.

The County Probation and Sheriff's Departments are also collaborating. Their personnel are often responsible for bringing youth to the hospital. They are also responsible for staying with the minor until the youth is sent to an out-of-county psychiatric hospital, which means hours or days, or until the hold is rescinded or expires. When much-needed law enforcement and probation officers stay with youth awaiting LPS placement, they cannot perform their regular duties. Also, members of law enforcement are often the first responders to youth in crisis, even though the youth do not always meet the level of acuity for the SAFTY team to assess for a 5585 hold.

Currently, law enforcement professionals have only two options: arrest the youth because they are escalating and their behaviors are causing significant issues for the family or the community or call SAFTY to provide a 5585 assessment. With the award of this grant, officers will be able to call children's crisis triage staff to meet youth in the community and address the issues before the mental health issue escalates to the point of arrest or a 5585 assessment.

The local chapter of National Alliance on Mental Illness (NAMI) has also agreed to collaborate in this project. NAMI will assist in the interviewing and training of the parent partners. They will also offer education, resources, support and classes to the families and caregivers of the youth that are seen in the EDs. As the local chapter of NAMI is focused on increasing outreach to families with adolescents, they see this as a collaborative opportunity to initiate outreach and reach a younger constituency.

	<p>The children’s crisis triage collaboration will also be beneficial to Child Welfare Services (CWS), a program of the Department of Social Services. Providing treatment in hospital emergency departments and rescinding involuntary holds when possible will reduce the number of CSW children placed far away from their own community. For those children awaiting placement in out-of-county hospitals, the children’s triage collaboration will provide parent partners and clinicians to work with the youth and family and greatly reduce the amount of time social workers and foster care resource families wait in the EDs.</p>
	<p>b. List who signed as a representative of each collaborating partner:</p> <p>David Ketelaar, MD Chief of Staff Marian Regional Medical Center</p> <p>Steven Fellows Executive Vice President & Chief Operating Officer Santa Barbara Cottage Hospital</p> <p>L. Wayne Mills Chief Financial Officer Lompoc Valley Medical Center</p> <p>Tanja Heitman Chief Probation Officer Santa Barbara County</p> <p>Daniel Nielson, Director Department of Social Services Santa Barbara County</p> <p>Bill Brown Sheriff-Coroner Santa Barbara County</p> <p>George Kaufmann President NAMI Southern Santa Barbara County</p>
	<p>c. What is the expected timeframe when the collaboration partnership will be formalized): Our adult crisis team has already established a working relationship with the regional hospitals. We would expect to easily expand and build on this current relationship, creating a formalized partnership of establishing triage staff within the ED’s as soon as staff are hired. Prior to staff hire, we would begin meeting with the hospital staff to develop in processes and protocols with ED staff. We would expect to begin such meetings upon award of grant.</p>
	<p>d. If a collaborative plan is already in place, such as a Memorandum of Understanding or service contract (Attach MOU or Service Contract), provide a copy of the supporting documentation. Is the supporting documentation provided?</p> <p>Upon award of grant we would develop MOUs with the local <u>EDs</u>. We would expect to have these MOUs completed within the first 90 days of award.</p>

	e.	Otherwise, provide the supporting documentation once a plan is in place. Do you agree to provide this documentation once a plan is in place? Yes
--	----	---

Attach copies of MOUs/Service Contracts and/or Letter(s) of Intent to Collaborate behind this section in your application

Attached Letters of Collaboration:

David Ketelaar, MD
Chief of Staff
Marian Regional Medical Center

Steven Fellows
Executive Vice President & Chief Operating Officer
Santa Barbara Cottage Hospital

L. Wayne Mills
Chief Financial Officer
Lompoc Valley Medical Center

Tanja Heitman
Chief Probation Officer
Santa Barbara County

Daniel Nielson, Director
Department of Social Services
Santa Barbara County

Bill Brown
Sheriff-Coroner
Santa Barbara County

George Kaufmann
President
NAMI Southern Santa Barbara County



Dignity Health
Marian Regional Medical Center

March 30th, 2018

Ole Behrendtsen, M.D.
Medical Director
Santa Barbara County Department of Behavioral Wellness

Re: Children's Crisis Triage Grant

Dear Dr. Behrendtsen,

As you know, we treat a significant number of pediatric and adolescent patients in our Emergency Department (ED) at Marian Regional Medical Center. Our annual ED census is close to 80,000 patients, with approximately 30,000 in the pediatric/adolescent age range. Of these 30,000 patients, behavioral health issues are a significant and growing reason for the ED visit. These patients require a large range of resources, and often have a length of stay in our emergency department best measured in days instead of hours. In my more than 20 years of work in the emergency department at Marian Regional, I have seen the issue of behavioral health in pediatric/adolescent patients worsen with time.

We are excited to hear your department is applying for a children's crisis triage grant that, if awarded, could significantly enhance Santa Barbara County's response services, allowing Marian Regional Medical Center to better care for these vulnerable patients. Please know that Marian Regional Medical Center is ready and willing to collaborate with you to enhance these services. We would appreciate being kept informed on this matter, and please let me know how we can be of further assistance.

Sincerely,

David Ketelaar, M.D.
Chief of Staff
Marian Regional Medical Center
Santa Maria, CA
Mobile 805-440-0837
Office 805-332-8103

Santa Maria Campus
1400 East Church Street
Santa Maria, CA 93454

Arroyo Grande Campus
345 South Halcyon Road
Arroyo Grande, CA 93420



Post Office Box 689
400 West Pueblo Street
Santa Barbara, CA 93102-0689
p: 805-682-7111
w: CottageHealth.org

March 29, 2018

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

RE: Mental Health Triage Personnel -Children

To Whom It May Concern:

Santa Barbara Cottage Hospital (SBCH) is pleased to collaborate with Santa Barbara County Department of Behavioral Wellness in their pursuit of increased staffing, in order to improve outcomes for individuals in the community facing a mental health crisis. This grant will add triage support staff to the SBCH Emergency Department (ED) whenever there is a youth experiencing a mental health crisis that requires intervention. This will greatly expand treatment and intervention capacity for youth with highly complex mental health needs. SBCH works with Behavioral Wellness on a daily basis to find appropriate treatment locations or to triage clients to service treatment settings that meet their needs. In our current experience, often there are not appropriate resources available and many consumers have to spend hours in the ED waiting for placement. Adding triage staff to the ED will help to ensure rapid deployment of treatment, assist with finding an appropriate bed for the youth, assure continued reassessment of their condition and allow for focused work with families, all with the expectations such intervention will likely reduce the number of youth who ultimately need psychiatric hospitalization, or at minimum, reduce the amount of time the youth stays in the ED.

This proposed program will serve to resolve a critical gap by having expert staff available to engage individuals before they come to the ED as well as upon arrival to the ED. The triage staff will also ensure effective handoff and care coordination back into the community for follow up that will help to reduce the need for inpatient treatment.

Santa Barbara Cottage Hospital looks forward to this opportunity to further its collaborative working relationship with Behavioral Wellness.

Sincerely,

A handwritten signature in blue ink, appearing to read 'S. Fellows', is written over the word 'Sincerely'.

Steven A. Fellows
Executive Vice President & Chief Operating Officer
Santa Barbara Cottage Hospital

March 29, 2018

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

Letter of Collaboration

Re: Mental Health Triage Personnel Children Grant

To Whom It May Concern,

Lompoc Valley Medical Center supports the County of Santa Barbara, application for the Mental Health Triage Personnel Children Grant and is happy to collaborate in the endeavor.

Lompoc Valley Medical Center's emergency room frequently has mental health patients who are brought in by law enforcement or the SAFTY teams, only to have them wait for hours or days while an available psychiatric bed is found. There are too few resources for individuals experiencing a mental health crisis and the addition of crisis triage teams placed within the emergency departments will improve their overall care, reduce the time a youth has to spend in the ED and help the overcrowding of the emergency room. The addition of the parent partner will benefit the worried and anxious families that don't understand what is happening to their child by providing comfort, education, resources and support. We look forward to the building of this collaborative working relationship that will better serve our community.

Sincerely,



L. Wayne Mills
Chief Financial Officer

TANJA HEITMAN
CHIEF PROBATION OFFICER

KIMBERLY SHEAN
DEPUTY CHIEF PROBATION OFFICER

DAMON FLETCHER, CPA
ADMINISTRATIVE DEPUTY DIRECTOR

COUNTY OF SANTA BARBARA PROBATION DEPARTMENT



Administration & Adult Services ~ 117 E. Carrillo Street ~ Santa Barbara, CA 93101
(805) 882-3700 ~ Admin FAX (805) 882-3651 ~ Adult FAX (805) 882-3701
WWW.COUNTYOF SB.ORG/PROBATION

Santa Barbara Juvenile Services
4500 Hollister Avenue
Santa Barbara, CA 93110
(805) 692-4840
FAX (805) 692-4841

Lompoc Adult & Juvenile
415 East Cypress Ave.
Lompoc, CA 93436
(805) 737-7800
FAX (805) 737-7811

Santa Maria Adult & Juvenile
2121 South Centerpointe Parkway
Santa Maria, CA 93455
(805) 739-8500
Admin FAX (805) 739-8579
Adult FAX (805) 739-8601
Juvenile FAX (805) 739-8570

March 29, 2018

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

RE: Mental Health Triage Personnel Grant

To Whom It May Concern:

The Probation Department is pleased to collaborate with Santa Barbara County Behavioral Wellness Department's Mental Health Wellness in their pursuit of the Crisis Triage Grant. The added Triage Support Services will aid in reducing law enforcement involvement and arrests, and offer help with treatment engagement and recovery. It is hoped that the expanded triage team will reduce hospitalizations and incarcerations of probation clients by providing services before symptoms escalate.

Reducing critical gaps in service delivery and ensuring effective assessment of and treatment for substance abuse, mental health disorders, and trauma exposure to our most vulnerable community members is a high priority for the Department. We look forward to having parent partners and triage clinicians in the emergency department (ED) and anticipate that it will reduce the length of time officers have to wait in the EDs because youth will be receiving immediate mental health assessment, treatment and release rather than just waiting for an open psychiatric bed. The added clinician will also improve communication and care coordination between our facility clinician and the ED which will ultimately better serve our youth.

Probation looks forward to any opportunity to collaborate, expand and enhance services for probation clients and the community overall.

Sincerely,

Tanja Heitman
Chief Probation Officer



County of Santa Barbara
DEPARTMENT OF SOCIAL SERVICES

234 Camino del Remedio, Santa Barbara CA 93110-1369 (805) 681-4401 Fax (805) 681-4403

Daniel Nielson
Director

March 29, 2018

Mental Health Services Oversight and Accountability Commission
1225 J St. Suite 1700
Sacramento, CA. 95814

RE: Mental Health Triage Personnel Grant

To Whom It May Concern:

The Social Services Department is pleased to collaborate with Santa Barbara County Department of Behavioral Wellness in their pursuit of the Crisis Triage Grant. The added Triage support Services will aid in reducing the amount of time children and families wait in emergency rooms, and offer support with engagement in treatment and recovery. It is expected that the triage team will aid in getting children into treatment sooner when most needed and will reduce hospitalizations for children under the supervision of Child Welfare Services. Additionally, it will reduce the number of children that end up out of county far away from their community, as they will instead be provided services before crisis events exacerbate.

The hope is that the increased staffing will help to reduce critical gaps in services to ensure that effective screenings and assessments with an emphasis on trauma are applied to effectively ensure our most vulnerable children are served when most necessary.

We look forward to seeing Parent Partners and triage practitioners embedded into hospital emergency rooms to help reduce the amount of time social workers, resource families, parents, and children have to wait since children and adolescents will receive immediate mental health assessment, treatment and release rather than just waiting for an open Psychiatric bed. The added practitioner will help to improve communication and coordinated care with Social services.

Social Services looks forward to the opportunity to collaborate with Santa Barbara County Department of Behavioral Wellness as they pursue this opportunity to expand and enhance services for children and adolescents served in our Child Welfare Services Program.

Should you have any questions, please contact Deputy Director Amy Krueger of Adult and Children Services at (805) 346-8351 or a.krueger@sbcsocialserv.org.

Sincerely,

Daniel Nielson, Director
Santa Barbara County Dept. of Social Services
234 Camino del Remedio
Santa Barbara, CA 93110
(805) 681-4401

Terrie Concellos, M.B.A., C.P.A.
Deputy Director
Administrative Services

Maria Gardner, M.A.
Deputy Director
Economic Assistance

Amy Krueger, M.S.
Deputy Director
Adult & Children Services

Office of the Sheriff



SANTA BARBARA COUNTY

HEADQUARTERS

P.O. Box 6427 • 4434 Calle Real • Santa Barbara, California 93160
Phone (805) 681-4100 • Fax (805) 681-4322
www.sbsheriff.org

BILL BROWN
Sheriff - Coroner

BERNARD MELEKIAN
Undersheriff

STATIONS

Buellton
140 W. Highway 246
Buellton, CA 93427
Phone (805) 686-8150

Carpinteria
5775 Carpinteria Avenue
Carpinteria, CA 93013
Phone (805) 684-4561

Isla Vista
6504 Trigo Road
Isla Vista, CA 93117
Phone (805) 681-4179

Lompoc
3500 Harris Grade Road
Lompoc, CA 93436
Phone (805) 737-7737

New Cuyama
70 Newsome Street
New Cuyama, CA 93254
Phone (661) 766-2310

Santa Maria
812-A W. Foster Road
Santa Maria, CA 93455
Phone (805) 934-6150

Solvang
1745 Mission Drive
Solvang, CA 93463
Phone (805) 686-5000

Sheriff - Coroner Office
66 S. San Antonio Road
Santa Barbara, CA 93110
Phone (805) 681-4145

Main Jail
4436 Calle Real
Santa Barbara, CA 93110
Phone (805) 681-4260

COURT SERVICES CIVIL OFFICES

Santa Barbara
1105 Santa Barbara Street
P.O. Box 690
Santa Barbara, CA 93102
Phone (805) 568-2900

Santa Maria
312 E. Cook Street, "O"
P.O. Box 5049
Santa Maria, CA 93456
Phone (805) 346-7430

April 5, 2018

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

RE: Letter of Collaboration for Behavioral Wellness grant proposal for Mental Health Kids Triage Personnel

Dear Commissioners:

As the Sheriff for the County of Santa Barbara, I am pleased to express my strong commitment in support of Behavioral Wellness for the Mental Health Kids Triage Personnel Grant. The ability to expand treatment and early intervention capacity for consumers facing mental health crisis by adding treatment support teams at our emergency departments in community hospitals is imperative as we currently struggle to meet the demand for these services.

The added triage support teams will reduce law enforcement involvement, including arrests, and reduce jail and probation hall overcrowding. The team's biggest impact will involve diverting those in need of mental health service away from a custody facility to treatment opportunities through early intervention, treatment and tracking of services. Triage teams will co-locate at emergency rooms and provide linkage and support to clients that law enforcement encounters in crisis in the field. A warm handoff from law enforcement to the mental health crisis response team and triage support for the families and children will enable response to an individuals' urgent need before situations escalate and require interventions such as arrests, jail or probation hall time, lengthy wait times in hospital emergency rooms, or psychiatric hospitalizations. As a result, the proactive partnership between the hospitals and triage teams will ensure individuals are provided the appropriate care as quickly as

possible while potentially reducing law enforcement oversight following a crisis response in the field.

The Sheriff's Office is as key stakeholder in reducing recidivism, and recognizes individuals suffering from mental health challenges are a significant impact to an overcrowded jail and strained countywide law enforcement services. As such, the Sheriff's Office supports Behavioral Wellness efforts to provide early intervention for those suffering from mental health crisis and their families. Working with our community to help our youth and their families with preventative and proactive treatment and supports is crucial.

Thank you for your consideration.

Sincerely,

A handwritten signature in blue ink, appearing to read "Bill Brown", with a stylized flourish at the end.

BILL BROWN
Sheriff – Coroner

April 3, 2018

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1780
Sacramento, CA 95814
RE: Mental Health Triage Personnel – Children

To whom it may concern:

NAMI Southern Santa Barbara County is in full support of Santa Barbara County Department of Behavioral Wellness's application for MHSOAC Children's Triage Grant funding. We believe this grant will help to fill a substantial gap in mental health services for youths and their families/caretakers in our county. NAMI looks forward to supporting and collaborating with our Behavioral Wellness Department on the implementation of this grant by utilization of existing NAMI programs and expertise in the areas of family education and support by utilizing our collective knowledge, understanding and experience with emergency hospital mental health services for young people and their families. We believe that our collaboration can both enhance the impact of this grant to improve services for the targeted population and strengthen our local NAMI expertise in educating and supporting families with youth who are experiencing mental health disorders.

The awarding of the MHSOAC Children's Triage grant will be critical to addressing our county's unmet need for acute youth mental health services, support systems and psychiatric treatments. The lack of inpatient beds for youth currently results in patients being sent to hospitals across the state, and in families and caregivers losing contact with their children at the very time that their presence and support is most critical. This situation also makes it difficult or impossible for families of these youth to connect with and be an integral part of the treatment team. The youth themselves often experience isolation due to the unfamiliar environment and lack of contact with friends and family. The net result of these out of county placements is extreme stress for the entire family. This grant will allow the Dept. of Behavioral Wellness to provide more effective crisis and acute mental health services for youth which can significantly reduce the need for inpatient out of county placements. Programs and services provided free of charge by NAMI or by NAMI in partnership with our local host agency, The Mental Wellness Center, to clients and families participating in Children's Crisis Triage services include:

1. Parent Partner recruitment/interviewing – NAMI has an extensive database of families of youth impacted by mental health conditions which can be used to enhance the pool of candidates. NAMI members with extensive experience and training in family support and psychoeducation will be available to serve on interview panels.
2. Parent Partner training – several existing NAMI programs will be available to the Department including Support Group Facilitation Skills Training and the NAMI Family to Family Course, the only psychoeducation program in SAMHSA's Registry of Evidence Based Practices.

3. Conference/meeting facilities – Through NAMI’s partner, the Mental Wellness Center, venues for support groups classes and other family support programs are available. Facilities include the latest audio visual capabilities.
4. Connectivity to other Community Resources – NAMI’s network of alliances and partnerships with other community based organizations will enrich Youth Crisis Triage services. Either directly or via the Mental Wellness Center, NAMI has collaborative relationships with Families Act, Santa Barbara Unified School District, Santa Barbara Cottage Hospital, Santa Barbara Neighborhood Clinics, Creshend Health, Pathpoint, Sanctuary Psychiatric Centers, New Beginnings Counselling Center, CA Dept. of Rehabilitation HICAP, CLUE as well as both city and county housing authorities.
5. Existing NAMI/MWC programs/services available to families and/or clients of Children’s Triage:

NAMI Family to Family – this 12 class course provides families of clients with knowledge, information and tools needed to help them understand mental health disorders, the challenges for the family which accompany them, and how to more effectively cope with those challenges while taking care of themselves. This class is taught by a cadre of NAMI trained and certified family member peers who themselves deal with these challenges.

Family Advocate – A trained family member peer who has personal family experience dealing with challenges of living with a family member with a mental health disorder, this person is available for one-on-one support for families impacted by mental health disorders. This individual also serves as a navigator and resource person to help families negotiate public and private mental health systems. Services are available in English and Spanish.

Support for Parents of Teens (SPOT) – Provided by Mental Wellness Center, SPOT provides information and support for parents and caregivers of adolescents and young adults (12-26) who are experiencing anxiety, depression substance abuse, or other mental health challenges. Parents can connect with other parents experiencing similar challenges and find information support and resources to help them cope.

Weekly Family Support Groups (English, Spanish language) – provide venue for sharing and getting support for families of individuals experiencing mental health disorders. Facilitated by trained family member peers.

Weekly Family Discussion Groups – Similar to Weekly Support Groups but each week address a different topic of interest to families of individuals living with mental health disorders.

Keeping Connected – For youth ages 14-18, this program offered by Mental Wellness Center helps youth better manage emotions, and reactions in a fun and safe environment.

Lunch and Learn – Mental Wellness Center features various mental health professionals providing information to families about mental health topics.

NAMI Monthly Speaker Meeting – Educational meeting featuring local experts presenting on various aspects of mental illness and mental health which are of interest to individuals experiencing mental health disorders and their families.

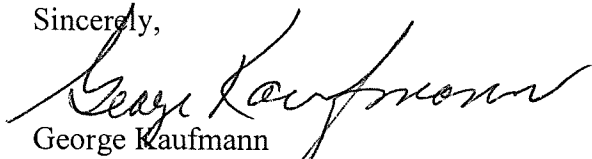
Depression and Bipolar Support Group – A peer run support group for people with mood disorders, this group provides comfort and direction in a confidential and supporting environment.

Hearing Voices – A peer run support group based on ethos of self-help, mutual respect, empathy.

Youth Wellness Connection – Mental Wellness Center run high school clubs which promote mental wellness by overcoming stigma, advocating awareness, silencing shame, embracing imperfection, reducing stress, inspiring laughter. These clubs focus on outreach education, and prevention around mental health issues.

In summary, Funding of MHSOAC Children’s Triage grant for Santa Barbara County will help address a huge unmet need for acute youth mental health services in a psychiatric emergency department setting, NAMI Southern Santa Barbara County and its community partners stand ready to help ensure the success of this initiative once funded.

Sincerely,



George Kaufmann
President, NAMI Southern Santa Barbara County



**Mental
Wellness
Center**

RECOVERY · EDUCATION · FAMILY SERVICES

NAMI Southern Santa Barbara County is hosted by and receives support from the
Mental Wellness Center
617 Garden Street Santa Barbara, CA 93101
(805)884-8440 NAMI@mentalwellnesscenter.org

ATTACHMENT 9: PROGRAM IMPLEMENTATION PLAN
Impact Sustainability Plan

Program Implementation Plan

V. C.3.

Impact Sustainability Plan												
The purpose of requiring Applicants to write an Impact Sustainability Plan is to ensure that a program is sustainable after the grant cycle ends. Applicants are required to include information on the steps they will take to help build their sustainability capacity. The Impact Sustainability Plan shall include the following												
a.	The plan to ensure the continuation of the positive program impacts on the system of care after the triage grant cycle ends											
i.	1	<p>Describe the strategy and key milestones with dates, to maintain any increase in access, linkages, and diversions to appropriate levels of care that resulted from the triage program</p> <p>Strategy: Triage staff will document to Medi-Cal at a rate of at least 60% client direct time to cover program costs. This strategy will allow the children’s crisis triage staff positions to continue to be funded in the departmental budget following the end of the grant cycle. Being able to maintain the triage positions in the department’s budget after the grant cycle ends will ensure the ongoing increase in access, linkages and diversions.</p> <p>Santa Barbara County was awarded the adult crisis triage grant in January 2014. We are able to sustain a portion of the adult triage program on an ongoing basis in FY 18-19 and beyond, in part, by working closely with the crisis triage staff to ensure they conduct timely assessments and treatment plans and document according to Medi-Cal standards.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Key Milestones</th> <th style="width: 20%;">Dates</th> </tr> </thead> <tbody> <tr> <td>New Children’s Triage staff will be fully trained in Medi-Cal documentation standards, behavioral healthcare resources in Santa Barbara County, use of the Department Training Calendar and online learning portal, Relias, within the first two weeks of employment.</td> <td align="center">8/31/18</td> </tr> <tr> <td>Children’s Triage staff will document Medi-Cal at a rate of at least 20% of their work time .</td> <td align="center">12/31/18</td> </tr> <tr> <td>Children’s Triage staff will document Medi-Cal services at a rate of at least 40% of their work time.</td> <td align="center">3/31/19</td> </tr> <tr> <td>Children’s Triage staff will document Medi-Cal at a rate of at least 60% of their work time.</td> <td align="center">6/31/19</td> </tr> </tbody> </table>	Key Milestones	Dates	New Children’s Triage staff will be fully trained in Medi-Cal documentation standards, behavioral healthcare resources in Santa Barbara County, use of the Department Training Calendar and online learning portal, Relias, within the first two weeks of employment.	8/31/18	Children’s Triage staff will document Medi-Cal at a rate of at least 20% of their work time .	12/31/18	Children’s Triage staff will document Medi-Cal services at a rate of at least 40% of their work time.	3/31/19	Children’s Triage staff will document Medi-Cal at a rate of at least 60% of their work time.	6/31/19
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Children’s Triage staff will document Medi-Cal at a rate of at least 60% of their work time.	6/31/19											

			<p>Children’s Triage staff will maintain a documentation rate of at least 60% on an ongoing basis.</p>	<p>Ongoing</p>
	b.	<p>The plan to maintain collaborative partnerships after the grant cycle ends</p>		
	i.	<p>Include a plan for continued access to program data derived from collaborative partnerships:</p> <p>Due to the nature of the children’s crisis triage program, collaborative partnerships are essential. Through the course of our adult triage program, we have developed strong working relationships with partner agencies, including law enforcement and hospitals. An established monthly Crisis Action Team meeting is attended by law enforcement agencies, hospitals, EMS (who oversees our local ambulance companies), SAFTY and NAMI. We regularly share data to identify gaps in service, service deficiencies and positive and negative trends. This regular information-sharing has helped tremendously in guiding the adult triage program and our entire crisis system of care and recovery.</p> <p>With the addition of the Children’s Crisis Triage program, we will integrate the data-sharing into our existing Crisis Action Team meeting, which will continue after the Childrens Triage grant cycle ends, just as Crisis Action Team meetings will continue after the Adult Triage grant ends this June.</p>		

ATTACHMENT 10: PROGRAM IMPLEMENTATION PLAN

Program Communications Plan

Program Implementation Plan	
V. C.4.	Program Communications Plan
	<p>a. External Communications</p> <p>It is the intent of the Act to increase access to crisis intervention services for all Californians. An important aspect of increasing access to crisis intervention services is to increase the public's awareness of those services. The Program Communications Plan shall:</p>
	<p>Describe the communications efforts to be undertaken by the Applicant and community partners:</p> <p>As in the past, upon notification of grant funding, the Santa Barbara County Department of Behavioral Wellness will send a news release to local print and broadcast media explaining the purpose of the grant and how it will benefit the community.</p> <p>Additional communications will be targeted to agencies and individuals concerned with children's behavioral health services. For more than four years, the Santa County Department of Behavioral Wellness has sponsored monthly Crisis Action Team meetings that provide a regular forum for stakeholder and partner feedback, information exchange, updates and problem-solving. Meeting notices are published in the monthly Behavioral Wellness Department Director's Report, which reaches all staff and more than 600 stakeholders, as well as Behavioral Wellness Department staff.</p> <p>We will form a children's crisis triage subcommittee of the Crisis Action Team to focus on the new program and to coordinate monthly discussions, including updates and community feedback. In addition, key partners, including hospital personnel, law enforcement, Social Services and Public Health Department staff, NAMI and school representatives not already participating in the Crisis Action Team will notified about the Children's Crisis Triage Program and be encouraged to attend Crisis Action Team meetings.</p> <p>The Santa Barbara County Behavioral Wellness Commission (formerly Mental Health Commission) offers an additional forum for Children's Crisis Triage program updates and community feedback. The Commission meets monthly, features briefings from Behavioral Wellness Department staff members and is open to the public.</p>
<p>ii. Outline any outreach and engagement strategy for reaching individuals who may need services:</p> <p>We will continue to urge individuals facing behavioral health crises, parents, friends and caregivers to call the Santa Barbara Access Line, 888-868-1649. Individuals are screened by behavioral health clinicians and matched to appropriate services. Given the array of crisis services based on client age, region and severity of behavioral health challenges, the Access Line is the most efficient way of matching individuals in crisis to the most appropriate services. Access Line information in English and Spanish is featured prominently on the home page of the Department of Behavioral</p>	

		<p>Wellness website. In addition, Access Line cards and information are distributed at health fairs and community meetings countywide.</p> <p>As for direct engagement with youth in crisis, staff members from the SAFTY (Safe Alternatives for Treating Youth), provide field response for children and teens in crisis and post-crisis follow-up care. However, with limited time, they are unable to proactively engage youth with emerging problems likely to lead to behavioral health crises. While the members of the Children’s Crisis Triage Teams will focus primarily on assisting hospitalized youth, team members will also proactively assist pre-crisis youth as time permits.</p> <p>Thus, Children’s Crisis Triage Teams will address two critical service gaps – the current lack of services for both hospitalized youth awaiting either LPS placements or crisis de-escalation and stabilization services and youth at risk for hospitalization. When a client needs follow-up in the community, the Children’s Crisis Triage team may conduct warm handoffs to the SAFTY Children’s Mobile Crisis Team, who can provide short-term follow-up and link the youth to outpatient or other appropriate services.</p>
	b.	<p>County Triage Webpage</p> <p>The Commission is requiring each county that receives grant funding to have a link on their home page that connects users to a County Triage Webpage. The link shall be named, “County Mental Health Triage Services”. Submission of a grant application indicates acceptance of this requirement.</p> <p>Information on the webpage shall include:</p>
	i.	<p>The title of each triage program:</p> <p>CARES Mobile Crisis</p> <p>Mobile Crisis Adult Triage Teams</p> <p>SAFTY Mobile Crisis Response for Children</p> <p>Children’s Crisis Triage Teams</p>

	ii.	<p>A short description of each triage program:</p> <p>CARES Mobile Crisis Teams are available 24/7 countywide provides clients in crisis appropriate alternatives to hospitalization. Mobile crisis response teams collaborate with law enforcement crisis calls to reduce incarceration or involuntary care. The teams increase access to care by extending comprehensive services to underserved individuals.</p> <p>Mobile Crisis Adult Triage Teams are based in Santa Maria, Lompoc and Santa Barbara. Crisis triage teams assist adults experiencing behavioral health crises who do not meet the criteria for involuntary hospitalization. Services include short-term interventions to promote wellness and recovery and helping individuals gain access to effective outpatient and crisis services. Clients experience an array of supports designed to prevent future crises.</p> <p>SAFTY Mobile Crisis Response for Children consolidates crisis stabilization, intake, mobile crisis response and access to service for children and youth experiencing mental health and alcohol and drug emergencies. Works closely with CARES mobile crisis.</p> <p>Children’s Crisis Triage Teams will work primarily at emergency departments of hospitals throughout the county to provide support, therapy, and linkages to services designed to improve outcomes for children awaiting involuntary placements. Teams will also engage in proactive outreach designed to assist youth with behavioral health challenges at risk for hospitalization to reduce the likelihood of hospitalization.</p>
	iii.	<p>Direct contact information for each triage grant program, including phone number, email, and access point location addresses. If available, include walk-in assistance information:</p> <p>To coordinate effective service delivery, requests for assistance for people experiencing behavioral health crises should directed to the Santa Barbara County Access Line, 1-888-868-1649. In addition, behavioral health crisis services are available on a walk-in basis as follows:</p> <p>Santa Barbara Adult Clinic Monday – Friday 8-5 4444 Calle Real Santa Barbara, CA 93110 (805) 681-5190</p> <p>Santa Barbara Children’s Clinic Monday – Friday 8-5 429 N. San Antonio Road Santa Barbara, CA 93110 (805) 884-1600</p> <p>Santa Maria Adult Clinic Monday – Friday 8-5 500 West Foster Road Santa Maria, CA 93455 (805) 934-6380</p>

		<p>Santa Maria Children’s Clinic Monday – Friday 8-5 500 West Foster Road Santa Maria, CA 93455 (805) 934-6385</p> <p>CARES Santa Barbara (adults) Monday – Friday 8-5 2034 De La Vina St. Santa Barbara, CA 93105 (805) 884-6850</p> <p>CARES Santa Maria (adults) Monday – Friday 8-5 212 West Carmen Lane Santa Maria, CA 93458 (805) 739-8700</p> <p>Lompoc Adult Clinic Monday – Friday 8-5 117 North B Street Lompoc, CA 93436 (805) 737-6690</p> <p>Lompoc Children’s Clinic Monday – Friday 8-5 401 East Ocean Avenue Lompoc, CA 93436 (805) 737-6600</p>
	c	<p>Communication between Triage Personnel and/or Collaborative Partners</p> <p>In addition to the external communications plan, the county must effectively communicate internally while still staying within the parameters set by the Health Insurance Portability and Accountability Act (HIPAA) and other federal and state privacy laws. The success of a county triage program is contingent upon ongoing communication between collaborative partners and county programs. Intra-county communication is key to breaking down the silos that exist within some county programs. Triage personnel must stay apprised of other triage programs as well as public and private non-county service options and resources.</p> <p>By submitting an application, the Applicant agrees to the statement above.</p>
	i.	<p>Describe the communications plan between collaborative partners:</p> <p>Children’s crisis triage teams will work closely with hospital emergency department managers and personnel in each region of the county. Santa Barbara Cottage Health Systems serves south county, Lompoc Valley Medical Center serves west/central county and Marian Medical Center serves north county. We see highly collaborative and sustained communications as critical to helping achieve the goals of the program, ensuring continuous quality improvement and keeping partners on the same page. Daily communications will help ensure positive outcomes for clients and teamwork on the part family members, guardians, caregivers, emergency department personnel, crisis triage team members, staff from Public Health and Social Services and law enforcement professionals.</p>

Upon arriving at the ED, triage staff will check in with hospital ED charge nurses or attending physicians to be notified of new patients who have arrived and updated on status of existing patients. In addition, charge nurses, ED physicians, hospital psychiatrists and social workers will have access to the children's crisis triage phone line that will be carried by triage staff on shift. At Cottage Hospital in Santa Barbara, we hold an 8:30 conference call every morning to discuss clients who are on holds or waiting to be evaluated for a hold.

Each hospital is run in a unique manner, but because we already have mobile crisis and adult crisis triage staff in the ED's on a daily basis, relationships and modes of communication are already established. Depending on the hospital, communication regarding the status of clients is maintained with ED charge nurses, psychiatrists and social workers.

Disposition of all mental health crisis evaluations and re-evaluations are communicated in person to the charge nurse and in writing through our hospital consult form that is completed by the Department of Behavioral Wellness clinician and left at the hospital for its records.

Of course, communication among crisis triage team members is essential as a primary way to prevent burnout. Daily team meetings will discuss the interventions of the day and plan activities and case management. Following triage interventions, team members will engage in immediate debriefing with the designated supervisor.

ATTACHMENT 11 BUDGET WORKSHEET

County/Applicant: County of Santa Barbara

(1) Hire Triage Staff (list individual role/classification) (add rows as needed)	(2) Hiring Month	(3) GY 1	(4) GY 2	(5) GY 3	(7) Total All GYs
Recovery Assistant	1	69,908	72,005	74,165	216,079
Recovery Assistant	1	69,908	72,005	74,165	216,079
Recovery Assistant	1	69,908	72,005	74,165	216,079
MH Practitioner I	1	92,058	94,820	97,664	284,542
MH Practitioner I	1	92,058	94,820	97,664	284,542
MH Practitioner I	1	92,058	94,820	97,664	284,542
MH Practitioner II	1	108,815	112,079	115,442	336,336
MH Practitioner II	1	108,815	112,079	115,442	336,336
MH Practitioner II	1	108,815	112,079	115,442	336,336
					-
					-
					-
Subtotal - (8) Personnel Services Salaries		812,343	836,713	861,815	2,510,871
Add: (9) Personnel Services Benefits		324,937	334,685	344,726	1,004,348
(10) Total Personnel Services		1,137,280	1,171,399	1,206,541	3,515,219

(11) Hire Triage Contractors (If applicable, list individual role/classification) (Add rows as needed)	(12) Hiring Month	(13) GY 1	(14) GY 2	(15) GY 3	(17) Total All GYs
(18) Total Contracted Services		-	-	-	-
(19) Total Personnel/Contracted Services		1,137,280	1,171,399	1,206,541	3,515,219
(20) Administration (includes indirect costs, overhead, total for all four years cannot exceed \$1,125,000)		170,592	175,710	180,981	527,283
(21) Total Proposed Program Costs		1,307,872	1,347,108	1,387,522	4,042,502

ATTACHMENT 11 BUDGET WORKSHEET

County/Applicant: County of Santa Barbara

(22) Reimbursements, Offsets, Other Funding Sources				
County Budget Funds				
Medi-Cal Reimbursements				
Private Matching Funds				
Other (list)				
(23) Total Reimbursements, Offsets, Other Funding Sources	-	-	-	-
(24) Total Grant Funding Requested	1,307,872	1,347,108	1,387,522	4,042,502

ATTACHMENT 12: BUDGET NARRATIVE

Budget Requirements

V.D.2.

Budget Narrative

The Budget Worksheet Narrative must be prepared in conjunction with the Budget Worksheet (ATTACHMENT 11).

a.		Hire Triage Staff
	i.	<p>For each "Hire Triage Staff" listed on the Budget Worksheet, explain how the salaries were determined and provide support for the state salary. For example, state the classification and provide the published salary range for employee in the stated classification.</p> <p>We used the "Salary Model" system to determine the amounts to budget by classification. We also add the cost of Worker's Comp and Unemployment Insurance at a rate of 5%.</p> <p>Recovery Assistant Salary - \$69,908 for FY 18-19 Mental Health Practitioner I - \$92,058 for FY 18-19 Mental Health Practitioner II - \$108,815 for FY 18-19</p>
	ii.	<p>Provide a statement for each classification listed on the Budget Worksheet as to the time base (Full Time Equivalent) of work proposed. State this as a percentage for each year funding is requested. For example, if the position is full time, then state that it is 100% for FY 1, FY 2, and FY 3. If the position is half-time, state that the position is 50% for FY 1, FY 2, and FY 3.</p> <p>All positions are budgeted at 100% FTE for all three years.</p>
b.		Personal Services Benefits
	i.	<p>Overall, explain what is included in the cost and how were the costs determined. Provide support for the costs. For example, provide published guidance from HR (or some other entity) stating percentage of salary or actual dollars used for employee benefits, including medical, retirement, taxes, etc.:</p> <p>Our Auditor-Controller has developed an application called the Salary Model which calculates all salary and benefits costs for countywide personnel budgeting purposes. The rate applies is 40% of salaries costs.</p>
c.		Hire Triage Contractors
	i.	<p>For each "Hire Triage Contractors" listed on the Budget Worksheet, explain how the costs were determined and provide support for the stated cost. For example, support could include an existing or new contract which states the classification, the cost, and time period in order to support the requested funds for each fiscal year:</p> <p>N/A</p>
	ii.	<p>Provide a statement for each classification listed on the Budget Worksheet as to the Full Time Equivalent of the proposed work. State this as a percentage for each year funding is requested. For example, if the position is full time, then state that it is 100% for FY 1, FY 2, and FY 3. If the position is half-time, state that the position is 50% for FY 1, FY 2, and FY 3: N/A</p>

ATTACHMENT 13: FINAL SUBMISSION CHECKLIST

Complete this checklist to confirm the items in your application. Place a check mark or "X" next to each item that you are submitting to MHSOAC. For your application to be complete, all required attachments along with this checklist shall be returned with your application package.

Check	DESCRIPTION
✓	Application Cover Sheet (ATTACHMENT 1)
✓	Intent to Apply (ATTACHMENT 2)
✓	Program Narrative – Current Mental Health System (ATTACHMENT 3)
✓	Program Narrative – Needs Assessment (ATTACHMENT 4)
✓	Program Narrative – Proposed Triage Grant Program (ATTACHMENT 5)
✓	Program Implementation Plan – Program Implementation Narrative (ATTACHMENT 6)
✓	Program Implementation Plan – Program Implementation Plan Timeline (ATTACHMENT 7)
✓	Program Implementation Plan - Collaboration (ATTACHMENT 8)
✓	Program Implementation Plan – Impact Sustainability Plan (ATTACHMENT 9)
✓	Program Implementation Plan – Program Communications Plan (ATTACHMENT 10)
✓	Budget Worksheet (ATTACHMENT 11)
✓	Budget Narrative (ATTACHMENT 12)
✓	Final Submission Checklist (ATTACHMENT 13)
✓	One (1) original Application marked "MASTER"; four (4) paper copies; and one (1) USB electronic copy (Save the Application, Budget Worksheet, and Timeline as separate files)