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NOTICE OF FUNDS AVAILABILITY AND RELEASE OF REQUEST FOR APPLICATIONS

TO: All Counties, Counties Acting Jointly across the state, and City Mental Health/Behavioral Health Departments
FROM: Toby Ewing, Ph.D., Executive Director
Mental Health Services Oversight and Accountability Commission
SUBJECT: AVAILABILITY OF FUNDING FOR HIRING TRIAGE PERSONNEL: THE INVESTMENT IN MENTAL HEALTH WELLNESS ACT

The Mental Health Services Oversight and Accountability Commission (Commission) is soliciting Applications for Investment in Mental Health Wellness Act of 2013 triage grant dollars aimed at crisis triage services for children, age 21 and under. The grant cycle will run for three fiscal years.

No less than \$29.6 million is available through this Request for Application (RFA). Additional funding may become available and include unencumbered and unspent funds from the first round of triage grants.

California counties, any counties acting jointly across the state, and city mental health/behavioral health departments are eligible to compete for the triage grants. Pursuant to Welfare and Institutions Code §5848.5(h), the commission may, at its discretion, also give consideration to private nonprofit corporations and public agencies in an area or region of the state if a county, or counties acting jointly, affirmatively supports this designation and collaboration in lieu of a county government directly receiving grant funds.

The Commission will rate and rank Applications competitively and will only award the grants to Applicants whose Applications reach the minimum threshold score and demonstrate a cost effective program budget. Applicants should read this RFA carefully to ensure Applications contain the required elements. Funds awarded may be used to augment existing programs, but are prohibited from being used to supplant existing financial and resource commitments of the grantee.

The due date to submit the mandatory Letters of Intent to Apply is February 28, 2018 by 5:00 PM

The due date for eligible Applications to be submitted is 4:00 p.m., April 6, 2018. A copy of the RFA is available on the Commission website at <http://www.MHSOAC.ca.gov>.

A separate RFA will be released that includes funds for children aged four to 18, with an emphasis on children aged four to 12, for providing services to children on school grounds and to strengthen school-county partnerships.



Mental Health Services
Oversight and Accountability Commission

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

Request for Applications

Mental Health Triage Personnel
Children

Grant Term: June 30, 2018 - June 30, 2021

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

APPLICATION DEADLINE:

4:00P.M.

April 6, 2018

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I. Background

Senate Bill (SB) 82, (Committee on Budget and Fiscal Review, Chapter 34, statutes of 2013), enacted the Investment in Mental Health Wellness Act (Act). Through a competitive grant process, the Act afforded California the opportunity to use Mental Health Services Act (MHSA) funds to expand crisis services for individuals who were experiencing a mental health crisis. In February 2014, the Commission funded and administered contracts to implement Triage Grant services for 24 counties. These counties received a total of \$32 million per year over the course of the grants. Among these 24 counties, only three counties utilized the funds for crisis services specific to the needs of children and youth.

Children's advocates expressed concern that the perception among providers and counties was that Triage funds were specifically authorized to serve adults, even though the authorizing legislation is silent on that issue. As a result of those concerns and the underrepresentation of children and youth in the first round of Triage grant programs, the Legislature modified the authorizing statute to clarify that Triage funds can be used to provide services that are specific to serving children and youth in schools and other settings. Senate Bill 833 (Committee on Budget and Fiscal Review, Chapter 414, statutes of 2016) amended the Investment in Mental Health Wellness Act to specifically authorize the triage grants to provide a complete continuum of crisis intervention services and supports for children aged 21 and under who are experiencing a mental health crisis and their families and caregivers.

II. Purpose and Goals

The grant funding supports hiring mental health triage personnel to provide a range of crisis-related triage services to children aged 21 and under in need of assistance, or their parent, guardian, or caregiver.

Through the Act, it is the intent of the Legislature to strengthen and expand the county mental health services system by augmenting existing county crisis services and creating linkages to new services through additional funding for triage personnel. The personnel funded through this Act will increase California's capacity for client assistance and provide intensive case management, training, and crisis intervention for consumers, including unserved and underserved populations.

The Commission will fund crisis intervention programs that provide services for those who are in need of a mental health crisis intervention. The intended population for this grant is anyone aged 21 years and under who is experiencing a mental health crisis and his or her parent, guardian, or caregiver.

III. Triage Personnel

Triage personnel may be the first mental health contact a person requiring crisis intervention has with a mental health provider. It is understood that there will be varied needs among the

individuals seen by triage personnel. These personnel will provide a wide range of linkages and services, which may include Medi-Cal reimbursable targeted case management. It is intended that the majority of individuals seen will not require hospitalization or incarceration but can be stabilized and linked to appropriate levels of care.

Triage personnel funded through this grant should be skilled at engaging individuals aged 21 and under who are in crisis, in a stabilizing, therapeutic, recovery-focused manner. As specified in the Act, the Commission shall take into account the use of peer support, including those with lived experience such as consumers and parent partners or caregivers, when selecting grant recipients and determining the amount of grant awards. Having lived experience with mental illness either as an individual or family member may be seen as an added qualification for delivering effective services.

Triage personnel may provide services anywhere in the community. Many triage positions will be mobile which will enable personnel to respond to a crisis situation on site. Ideally, triage personnel will be located at various points of access best suited to providing immediate crisis interventions.

These points of access may include, but are not limited to:

- Hospitals;
- Emergency rooms;
- Schools;
- Foster agencies;
- Community health clinics such as a Federally Qualified Health Clinic (FQHC);
- Juvenile detention centers;
- Shelters;
- Crisis intervention and wellness centers;
- Law enforcement departments;
- Group homes;
- Community centers;
- Other community locations where triage personnel can engage individuals in need of crisis services.

While some triage personnel may be located at a crisis intervention or crisis residential program, the intent is not that the triage personnel "staff" these programs. Instead, the triage personnel may be available at these programs to:

- Provide immediate support and triage services such as through assessments, evaluations, and referrals to appropriate levels of care as well as crisis or safety planning;
- Focus on providing services and supports that result in individuals being referred to wellness, resiliency, and recovery-oriented treatment settings that are appropriate to their needs while still being the least restrictive available;
- Monitoring a child's progress and providing placement assistance and service plan development

Reductions in unnecessary hospitalizations and incarceration are contingent on the availability of programs that serve as alternatives to hospitalization and/or jail. These alternatives may include crisis intervention and crisis residential programs. Triage personnel available through the grants are intended to provide immediate, recovery-focused crisis interventions that divert individuals

from unnecessary hospitalizations to more appropriate levels of care. Therefore, they are an essential component for mental health and community crisis intervention systems.

To meet these objectives, collaboration between the Applicant and community partners is a requirement and may include, but is not limited to:

- Partner counties, schools, first responders, hospitals, local social networks, FQHC, mental health and substance use non-profits, juvenile court/detention centers, and shelters.

These partners should assist with developing and delivering the proposed triage crisis intervention services.

IV. Grant Application and Funding

APPLICATION INFORMATION

To meet the objectives of the Act, it is necessary for Applicants to design crisis intervention services and supports specifically to meet those objectives. Some counties may already have established crisis intervention services and yet are still challenged by the demand for those services. Other counties may be challenged by distance and geography. What works in one county may not work in others. To understand what does work over time, the Commission is seeking specific information that will allow for meaningful analysis of the application.

This RFA seeks information necessary to understand the following:

- a. How the county intends to implement and operationalize mental health triage personnel and/or its crisis intervention system;
- b. A county's ability to administer an effective service program;
- c. The degree to which local agencies and service providers will support and collaborate with the triage personnel effort.

The information requested of counties is integral to understanding the multiple factors that produce or impact effective services in various counties and will enable the Commission to better understand the statewide story of the mental health crisis intervention system of care.

A. Eligibility Criteria

Applicants are limited to:

1. Counties;
2. City mental health/behavioral health departments;
3. Any counties and/or city mental health/behavioral health departments acting jointly across the state.

Pursuant to Welfare and Institutions Code §5848.5(h), the commission may, at its discretion, also give consideration to private nonprofit corporations and public agencies in an area or region of the state if a county, or counties acting jointly, affirmatively supports this designation and collaboration in lieu of a county government directly receiving grant funds.

B. Funding

No less than \$29.6 million is made available to fund this RFA. Additional funding may become available and include unencumbered and unspent funds from the first round of triage grants.

Installments will be issued quarterly to fund the mental health triage personnel grants statewide. It is anticipated that the overall funding for triage personnel will include counties seeking appropriate federal Medi-Cal and/or local reimbursement for services when applicable. Unspent funds at the end of each program year shall be returned to the MHSOAC within 30 days.

C. Grant Cycle

Grants will be approved for a three-year grant cycle, with funds allocated in quarterly installments.

Contract award and subsequent funding will be based on the county's compliance with the RFA requirements as submitted through their Application, which will be incorporated into the contract. Compliance includes, but is not limited to, reporting requirements (Section V. E.), scope, schedule, and cost of the program funded by the grant.

Check-in meetings with grantees will allow the county to provide a status of where the program is compared to the reporting requirements, schedule, cost, and scope. The check-in meetings will be scheduled ahead of time and can take place by phone, email, or teleconference. The meetings may occur on a monthly or as needed basis, depending on the needs of the grantee and the contract manager. The intent is to help the grantee be successful, based on its Application. The Commission may withhold funds from a grantee that fails to meet the reporting requirements, falls behind schedule, has unexpended funds, or modifies the scope of the program. If a grantee finds itself in this position, the grantee shall immediately contact the Commission and provide a mitigation plan to address the contractual program deficiency. The Commission may withhold funds until an agreed upon mitigation plan is presented and accepted by the Commission.

D. Grant Apportionment

The Commission will apportion the funds based on population. Funding Caps for each designation are listed in Section D. 1 below.

County and City Behavioral Health Department population designations are defined for the purposes of the RFA as follows:

- Small (200,000 or less)
- Medium (more than 200,000 – 750,000)
- Large (more than 750,000)

Collaborative applications between two or more counties and/or City Behavioral Health Departments will be apportioned based on their combined populations.

A list of all eligible county mental health departments and their corresponding population designation is provided below.

The Commission will use the data at http://www.dof.ca.gov/Forecasting/Demographics/Estimates/E-1/documents/E-1_2017_InternetVersion.xls to determine the population designation. Below is the data for each county.

Small Designation
($\leq 200,000$)

County	Population
Alpine County	1,151
Amador County	38,382
Berkeley City	121,238
Calaveras County	45,168
Colusa County	22,043
Del Norte County	27,124
El Dorado County	185,062
Glenn County	28,731
Humboldt County	136,953
Imperial County	188,334
Inyo County	18,619
Kings County	149,537
Lake County	64,945
Lassen County	30,918
Madera County	156,492
Mariposa County	18,148
Mendocino County	89,134
Modoc County	9,580
Mono County	13,713
Napa County	142,408
Nevada County	98,828
Plumas County	19,819
San Benito County	56,854
Shasta County	178,605
Sierra County	3,207
Siskiyou County	44,688
Sutter County	96,956
Tehama County	63,995
Trinity County	13,628
Tuolumne County	54,707
Yuba County	74,577

Medium Designation
($> 200,000 - 750,000$)

County	Population
Butte County	226,404
Marin County	263,604
Merced County	274,665
Monterey County	442,365
Placer County	382,837
San Luis Obispo County	280,101
San Joaquin County	746,868
Santa Barbara County	450,663
Santa Cruz County	276,603
Solano County	436,023
Sonoma County	505,120
Stanislaus County	548,057
Tulare County	471,842
Yolo County	218,896

Large Designation
($> 750,000$)

County	Population
Alameda County	1,645,359
Contra Costa County	1,139,513
Fresno County	995,975
Kern County	895,112
Los Angeles County	10,241,278
Orange County	3,194,024
Riverside County	2,384,783
Sacramento County	1,514,770
San Bernardino County	2,160,256
San Diego County	3,316,192
San Francisco County	874,228
San Mateo County	770,203
Santa Clara County	1,938,180
Ventura County	857,386

1. Funding Caps

Table A1 shows the total grant funding available (all years) to each county designation.

A1 – Total Funding Caps	
County Designation	Funds
Small	\$1,552,000
Medium	\$4,137,000
Large	\$23,911,000
TOTAL	\$29,600,000

Funding apportioned for each county designation will be awarded to the highest scoring application first, and if funds are still available after that award, funds will be awarded to the next highest scoring application, until all funds have been awarded, or there are no more responsive Applicants in the county designation. Not all qualified applications will be funded due to the designation cap. The last award in a funding designation may be partially funded due to the designation cap.

E. Allowable Costs

Grant funds must be used as proposed in the grant Application approved by the Commission as follows:

1. Allowable costs include triage personnel and administration;
 - a. The amount budgeted for administration shall not exceed 15% of the total budget. This includes any administrative costs associated with contracted personnel and operating costs.
 - b. Supports for Triage Personnel hired through this grant will be included in direct costs.
2. Grant funds may be used to supplement existing programs but may not be used to supplant existing financial and resource commitments of the grantee;
3. Grant funds cannot be transferred to any other program account for specific purposes other than the stated purpose of this grant.

This grant is not intended to sustain programs previously funded by the Investment in Mental Health Wellness Act.

V. Information Required in the Grant Application

Attachments are provided, at the end of the RFA, for Applicants to respond to all RFA requirements. These attachments are mandatory and must be included in the RFA application.

All requirements are considered mandatory in that they all require a response. Responding “Not Applicable” is an acceptable response if the requirement does not apply to your proposed

program. Failure to properly respond to any mandatory requirement may be grounds for disqualification.

A. Application Cover Sheet

The **Application Cover Sheet** (ATTACHMENT 1) must include all of the information requested. **Counties Participating Jointly:** Clearly identify all counties participating in the collaborative Application on the Application Cover Sheet. The Application Cover Sheet must be signed by each represented county Behavioral Health Director or designee.

The **Application Cover Sheet** must include the following:

- Name of the lead county or behavioral health department submitting the Application and applicable contact information;
- If applicable, name of all counties or mental health departments that are partnered in the Application with applicable county Behavioral Health Director or designee signatures (original and in blue ink);
- Contact information for Triage Grant Coordinator(s) in charge of the grant Application.

B. Program Narrative

The **Program Narrative** must demonstrate the Applicant's ability to meet all specified qualifications, requirements, and standards set forth in this RFA.

The Complete RFA application shall be written in the order defined herein. Templates (referred to as ATTACHMENTS) are created to match the response with the requirements. The Program Narrative (and all other sections) shall follow the listed order of the prompts under each heading.

1. Current Mental Health System

This **Current Mental Health System** (ATTACHMENT 3) section must include a description of the services for persons age 21 and under. If this is a multi-county Application, the description must be included for each county and be itemized by county.

- a. All programs in the county or collaborative previously funded by the Investment in Mental Health Wellness Act;
- b. All current MHSA funded Prevention and Early Intervention (PEI) programs in the county;
- c. All current MHSA funded Innovation (INN) programs in the county;
- d. All current Full Services Partnership (FSP) programs within the county;
- e. All temporary and permanent affordable housing available to the homeless population aged 21 years and under either contracted and/or provided by the county.
- f. Current programs that offer alternatives to hospitalization, including beds available for crisis intervention and crisis residential programs. This includes relevant private and public service;
 - a. Also include any alternatives that fall outside the county or collaborative lines
- g. If the county has received CHFFA grant funds for crisis services, include how much the CHFFA grant was for, program description, personnel description, and the current status of the grant;

- h. Any law enforcement and school based programs provided and/or contracted by the county mental health department that is not MHSA funded.

2. Needs Assessment

The Needs Assessment (ATTACHMENT 4) shall be based on the information detailed in the above Current Crisis Response System section and performed in conjunction with the involvement of a community planning process. If this is a multi-county Application, the county needs shall be described in each county and must be itemized by county.

The Needs Assessment Process and Findings should have been conducted between 2013, the year the Commission released the first round of triage grants and the present.

a. Needs Assessment Process

Describe the Needs Assessment process, including:

- i. The entities that were involved in the planning process;
- ii. Planning should include outreach to groups reflective of the local threshold languages and unserved and underserved populations.
 - a. List local threshold languages; who was contacted and who was involved.
- iii. The Community groups that were involved;
- iv. For each Community group identified, provide a contact person, to verify participation in the process;
- v. The number of participants involved;
- vi. State the date(s) the counties met with the community groups regarding the needs assessment;
- vii. State the objective of the needs assessment;
- viii. Describe the process in which the needs assessment was conducted;
- ix. Is there a copy of the final assessment? If so, include it with your application.

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 populations;
- 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 they will address it;
- iii. Describe the need for mental health crisis triage personnel;
- iv. Other, include any additional information that would provide support of the needs assessment.

3. Proposed Triage Grant Program(s)

Describe the proposed triage grant program(s) (ATTACHMENT 5). If this is a multi-county Application, the programs must be itemized by county.

- a. 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;
 - ii. The need the proposed program aims to address. The need must be traced back to each gap identified in the needs assessment. For those gaps that are not addressed in the proposed program, provide an explanation as to why that need was not addressed in the application;
 - 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;
 - iv. The number of triage personnel needed for the proposed program;
 - v. The target population of the proposed programs;
 - For example: children/youth at risk of homelessness, children/youth in the juvenile justice system, foster children/youth, college freshmen, etc.
 - vi. If triage funds will be used to augment existing programs, such as PEI, FSP, INN, a CHFFA grant, etc., clearly identify what is being augmented;
 - Include how each existing program will benefit from the triage funds, and how those triage funds will be leveraged;
 - vii. 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;
 - viii. How the program will demonstrate cultural competence as outlined in the National CLAS Standards;
- b. State whether the county intends to use contract providers, county staff, or both. Specify which triage personnel will be contracted and which will be county staff;
- c. List the activities to be performed by each mental health triage personnel to be hired through this grant. These may include, but are not limited to:
 - i. Communication, coordination, and referrals;
 - ii. Monitoring service delivery to ensure that an individual accesses and receives care;
 - iii. Monitoring an individual's progress;
 - iv. Providing placement service assistance and service plan development;
- d. Describe specifically where and how triage personnel will be deployed. Indicate the hours triage personnel will be available and any primary and secondary locations;
- e. Describe how individuals will access triage services. Clearly state the access points for the triage program. Provide addresses where available;
- f. Describe the program's ability and expectation for obtaining federal Medi-Cal reimbursement, when applicable;
- g. Describe any training that will be provided to triage personnel for Medi-Cal billing and billing codes;
- h. Describe the family supportive training that will be provided to parents, guardians, and/or caregivers of children in crisis;
- i. 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/parent partners. 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;

- j. Describe specific supports for collaborative partners including any crisis intervention training;
- k. Describe the crisis assessment tools that will be used. If new tools will be developed, describe the steps taken to develop them.
- l. Identify if this program will be implemented in a “Rural Community” which is defined as a county with more than 80% of its land mass defined as rural or frontier.
- m. Identify if the county submitted an application during the last Triage Grant RFA in 2013, and did not receive any grant funding.

C. Program Implementation Plan

The purpose of the **Program Implementation Plan** is to illustrate the critical steps needed to start the proposed programs and to identify any challenges associated with implementation.

Both a Program Implementation Plan and a timeline is required to be submitted. The information in both documents must be consistent with each other. Each is described below.

1. Program Implementation Plan Narrative

In the **Program Implementation Plan Narrative** (ATTACHMENT 6), describe how the county will implement each of the proposed program that was described in the Program Narrative. The following information 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;
- b. Retention strategy for triage staff;
- c. Triage staff training plan;
- d. Describe how triage personnel will be used. Each position should be described individually, including individuals with lived experience (peer providers/parent partners);
- e. List of community partner collaborators;
- f. Collaborative partner training plan;
- g. Do you have a Memorandum of Understanding or Service Contract in place with each of your collaborative partners?
 - i. If yes, include with the application.
 - ii. If no, state the expected date to have the collaborative relationship formalized, such as through a formal agreement. Describe the tasks that need to be completed to finalize the formal relationship.
- h. Care coordination plan with ongoing mental health providers;
- i. How the county will access protected health information (PHI);
 - i. If the proposed program is based out of a hospital emergency department (ED), include the steps to be taken to obtain access to Electronic Health Records (EHR) and to protect the records;
 - ii. If the proposed program is based on a collaboration with a law enforcement department, include the steps to be taken to obtain access to their data and protect the data;

- 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 be taken to protect the data;
- 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;
- 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.
- k. If the proposed triage program 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.

1.1 Program Implementation Plan Timeline

Provide a **Program Implementation Plan Timeline** (ATTACHMENT 7) for the requirements detailed in the Program Implementation Plan Narrative (ATTACHMENT 6). The Timeline should agree with the Narrative and contain activities and milestones to ensure success of the Program Implementation Plan.

2. Collaboration

Collaboration (ATTACHMENT 8) is an integral and necessary component to a successful triage grant program. A successful collaborative partnership mitigates implementation delays and addresses services gaps.

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, school, etc., a **Letter of Intent to Collaborate** must be included for each proposed collaboration. Each letter must:

- a. List the name of the program(s) participating from the collaboration;
- b. Be signed by a representative of each collaborating partner;
- c. Provide the expected timeframe when the collaboration partnership will be formalized;
- d. Provide a copy of supporting documentation if a collaborative plan is already in place, such as a Memorandum of Understanding or service contract;
- e. Grantees must provide the supporting documentation once a plan is in place.

Collaborative partners may include but are not limited to:

- Local and/or regional partner counties;
- Law enforcement department/Juvenile detention center
- Hospital Emergency Departments;
- Federally Qualified Health Center (FQHC) or other community partners;
- First responders such as fire fighters and paramedics;

- Mental health and substance use non-profits;
- Foster agencies;
- Shelters;
- Providers of services to racial, ethnic, and cultural groups;
- Local social networks.

3. Impact Sustainability Plan

The purpose of requiring Applicants to write an **Impact Sustainability Plan** (ATTACHMENT 9) is to ensure that any system improvements created by the triage grants 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. A plan to ensure the continuation of positive program impacts on the system of care after the triage grant cycle ends.
 - i. This should include the strategy and key milestones to maintain any increase in access, linkages, and diversions to appropriate levels of care that resulted from the triage program.
- b. A plan to maintain collaborative partnerships after the grant cycle ends.
 - i. This should include a plan for continued access to program data derived from collaborative partnerships.

4. Program Communications Plan

a. External Communications

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** (ATTACHMENT 10) shall:

- i. Describe the communications efforts to be undertaken by the Applicant and community partners;
- ii. Outline any outreach and engagement strategy for reaching individuals who may need services.

b. County Triage Webpage

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.

Information on the webpage shall include:

- i. The title of each triage grant program;
- ii. A short description of each triage grant program;

- iii. Direct contact information for each triage grant program, including phone number, email, and access point location addresses. If available, include walk-in assistance information;

Each county awarded a grant must identify a dedicated **Triage Coordinator** by the beginning of the grant cycle. If these contacts change, the Commission must be notified and the information updated with new contact information within ten business days.

c. Communication between Triage Personnel and/or Collaborative Partners

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.

By submitting an application, the Applicant agrees to the statement above.

- i Describe the communications plan between collaborative partners.

D. Budget Requirements

Applicants must provide budget information, as indicated, on the Budget Worksheet provided. Budget detail is required for personnel costs and administration.

1. Budget Worksheet

The **Budget Worksheet** (ATTACHMENT 11) must be prepared according to the **Budget Worksheet Instructions** (ATTACHMENT 11-1). The total cost on the Budget Worksheet must equal the amount of the Grant being requested.

2. Budget Narrative

The **Budget Narrative** (ATTACHMENT 12) must be prepared in conjunction with the Budget Worksheet (ATTACHMENT 11).

- a. Hire Triage Staff
 - i. For each "Hire Triage Staff" listed on the Budget Worksheet, explain how the salaries were determined and provide support for the stated salary. For example, state the classification and provide the published salary range for the employee in the stated classification;
 - ii. 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;
- b. Personal Services Benefits

- i. Explain what is included in the cost and how were the costs determined. Provide support for the costs. For example, provide published guidance from Human Resources(or some other entity) stating percentage of salary or actual dollars used for employee benefits, including medical, retirement, taxes, etc.;
- c. Hire Triage Contractors
 - i. 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;
 - ii. 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.

E. Statewide Evaluation

The Commission intends to focus on evaluating three main goals related to the grant:

1) Increase client wellness; 2) decrease unnecessary hospitalizations and the costs associated with them; and 3) mitigate unnecessary expenditures of law enforcement.

Grantees shall employ staff through the grant for triage data gathering and to submit relevant data to the Evaluation Contractor. Participation in the statewide evaluation is mandatory.

- a. Submission of an application indicates acceptance and compliance with this requirement.

Evaluation activities are intended to provide counties and the Commission with data related to program impact and the client experience, and to demonstrate program effectiveness throughout the grant cycle. Aggregate data collected also will be used to evaluate utilization costs. The Commission anticipates that the statewide evaluation will yield best practices for crisis intervention in addition to any cost savings associated with the grant.

Grantees will be required to collect relevant individual-level data including but not limited to encounter data. Grantees will also be required to grant the Evaluation Contractor access to all relevant individual-level data collected and maintained by the county. Grantees will be required to ensure that county collaborative partners grant the Evaluation Contractor access to all relevant individual-level data. Unfettered access to relevant individual-level data is integral to gaining a full understanding of the statewide impact of the triage grants.

- a. By submitting an application, the Applicant agrees to fully cooperate with the Evaluation Contractor and to ensure its collaborative partners cooperate, should the Applicant become a grantee. If a grant is awarded, cooperation with the data collection activities is mandatory.

F. Reporting

Grantees will be required to provide information to the Commission on a quarterly basis within 30 days after the end of each reporting period. The Commission may modify the reporting date to better fit in with a Grantees normal month-end financial cycle.

The following reports are required to be submitted:

1. Triage Hiring Report

Triage Hiring Report (ATTACHMENT 14) shall include the following:

- List each type of triage personnel hired by the county and/or hired by a contractor (e.g., peers, social workers, nurses, clinicians, mental health workers, etc.). Identify which staff are county staff and which are contract staff.
- List of triage personnel at triage service locations/points of access (e.g., hospital emergency rooms, psychiatric hospitals, crisis intervention programs, homeless shelters, jails, clinics, and other community-based service points).
 - Access point addresses must be identified. If an address is not possible, clearly identify the area in which the access point will be (e.g., the name of a local park).
- An Excel workbook is attached to the RFA and should be used when submitting this report. File name is ATTACHMENT 14 – Hiring Information Report.xlsx

2. Statewide Evaluation Data

As noted in Section E, the Commission will hire a Statewide Evaluation Contractor. Grantees will be required to provide data based on the specifications and timelines defined by and agreed to by the Statewide Evaluation Contractor and the Commission.

3. Expenditure Information

Grantees will be required to report all Grant expenditure information in the Annual Fiscal Report within 30 days of the end of the program year. Annually, Grantees showing unexpended grant funds will be required to remit those unexpended grant funds back to the Commission

VI. Bidding Instructions

A. Applicant Admonishment

This procurement will follow an approach designed to increase the likelihood that Applicants have a full understanding of the Commission's requirements before attempting to develop their Applications.

It is the Applicant's responsibility to:

1. Carefully read the entire solicitation.
2. Ask appropriate questions in a timely manner, if clarification is necessary.
3. Submit all required responses by the required dates and times.

4. Make sure that all procedures and requirements of the solicitation are accurately followed and appropriately addressed.
5. Carefully re-read the entire solicitation before submitting an Application.

B. Communications and Contacts

The Commission will use the Commission website to communicate with prospective Applicants. Information and ongoing communications for this solicitation will be posted on the Commission website: www.MHSOAC.ca.gov.

Only questions submitted in writing and answered in writing by the Procurement Official shall be binding and official. Written questions must be submitted by email to the Procurement Official identified in section VI.C, Procurement Official, using ATTACHMENT 15, **Questions Template**. All written questions submitted by the deadline specified in section VI.G, Key Action Dates, will be responded to at the same time with all questions and answers posted to Commission website in the form of a question and answer set.

Oral communications by Commission concerning this solicitation shall not be binding on the Commission and shall in no way excuse the Applicant of any obligations set forth in this solicitation.

C. Procurement Official

The Procurement Official is the Commission's designated authorized representative regarding this procurement.

Applicants are directed to communicate, submit questions, deliver bids, and submit all correspondence regarding this procurement to the Procurement Official at the address below in Table VI-1: Procurement Official.

Table IV-1: Procurement Official

Hand Delivered Application, USPS, FedEx, UPS, etc.
Mental Health Services Oversight and Accountability Commission Attn: Kristal Antonicelli, Procurement Official 1325 J Street, Suite 1700 Sacramento, CA 95814

Kristal Antonicelli, Procurement Official
 Phone: (916) 445-8724 Email: Kristal.Antonicelli@mhsoc.ca.gov

D. Questions Regarding the Solicitation Document

Questions concerning this RFA, the procurement process, or programmatic issues must be submitted in writing by email to the Procurement Official listed in section IV.C. Questions must be received by the scheduled date specified in section VI.G, Key Action Dates, in order to ensure a response. Question and answer sets will be provided to all Applicants without

identifying the submitters. At the sole discretion of the Commission, questions may be paraphrased by the Commission for clarity.

E. Intent to Apply

Applicants that want to participate in the solicitation shall submit a completed **Intent to Apply** (ATTACHMENT 2), by the date specified in section VI.G, Key Action Dates. This document shall be emailed to the Procurement Official identified in section VI.C. Only those Applicants who submitted an Intent to Apply will be eligible to apply for a Triage Grant. Correspondence to an Applicant regarding this solicitation will only be given to the Applicant's designated contact person.

It shall be the Applicant's responsibility to immediately notify the Procurement Official identified in section VI.C, in writing, regarding any revision to the contact person information. The Commission shall not be responsible for bid correspondence not received by the Applicant, if the Applicant fails to notify the Commission, in writing, about any change pertaining to the designated contact person.

F. Bidder's Conference

A Bidders' conference will be held, during which Applicants will be afforded the opportunity to meet with Commission personnel and discuss the content of the solicitation and the procurement process. Applicants are encouraged to attend the Bidders' conference. The time, date, and place of such conference are specified in section VI.G, Key Action Dates. Written questions, as noted in Section VI. B., received prior to the cutoff date for submission, may be answered at the conference without divulging the source of the query.

If questions are asked at or before the conference, Applicants will be asked to submit the question(s) in writing to the Procurement Official. Answers to these questions will be published in a question and answer set. Oral responses shall not be binding on the Commission.

G. Key Action Dates

Table VI-2, **Key Action Dates** provides the key action dates and times by which actions must be taken or completed. If the Commission finds it necessary to change these dates or times, it will be accomplished via an addendum to this solicitation with the exception of dates listed after the Last day to submit Final Application, which may be changed without an addendum. All times listed are for Pacific Time.

Table VI-2: Key Action Dates

Key Action Dates		
Item	Action	Date and Time
1.	Release of RFA. Posted on Commission Website (www.mhsoac.ca.gov)	February 12, 2018
2.	Bidders Conference: 10:00 A.M. to 12:00 P.M. Call in number 866-817-6550 Participant Code 3190377	February 21, 2018
3.	Last day to submit ATTACHMENT 2, Intent to Apply	February 28, 2018, by 5:00 PM
4.	Last day to submit written questions using ATTACHMENT 15, Questions Template	February 28, 2018, by 5:00 PM
5.	Commission's response to submitted Applicant questions	March 7, 2018
6.	Last day to submit Final Application ¹	April 6, 2018, by 4:00 PM
7.	Evaluation Period begins ²	April 6, 2018
8.	Notification of Intent to Award (Commission Meeting)	May 24, 2018
9.	Last day to submit Intent to Appeal ³	June 8, 2018
10.	Contract Award	June 2018
¹ All dates after submission of Final Application are approximate and may be adjusted as conditions indicate without addendum to this solicitation. ² Actual dates to be determined when the number of Applicants is known. ³ See section 2.6, Appeals.		

H. Solicitation Document

This solicitation document includes, in addition to an explanation of the Commission's requirements which must be met, instructions which prescribe the format and content of bids to be submitted and the model of the Contract to be executed between the Commission and the successful Applicant.

If an Applicant discovers any ambiguity, conflict, discrepancy, omission, or other error in this solicitation document, the Applicant shall immediately notify the Procurement Official identified in section VI.C, of such error in writing and request clarification or modification of the document.

If the solicitation document contains an error known to the Applicant, or an error that reasonably should have been known, the Applicant shall bid at its own risk. If the Applicant fails to notify the Commission of the error prior to the date fixed for submission of bids, and is awarded the Contract, the Applicant shall not be entitled to additional compensation or time by reason of the error or its later correction.

I. Confidentiality

Applicant material becomes public only after the notice of Intent to Award is released. If material marked “confidential,” “proprietary,” or “trade secret” is requested pursuant to the California Public Records Act, Government Code Section 6250 et seq., the Commission will make an independent assessment whether it is exempt from disclosure. If the Commission disagrees with the Applicant, the Commission will notify the Applicant and give them a reasonable opportunity to justify their position or obtain a court order protecting the material from disclosure.

The Applicant should be aware that marking a document “confidential” or “proprietary” in a Bid may exclude it from consideration for award and will not keep that document from being released after notice of award as part of the public record, unless a court has ordered the Commission not to release the document.

Any disclosure of confidential information by the Applicant is a basis for rejecting the Applicant’s bid and ruling the Applicant ineligible to further participate. Any disclosure of confidential information by a Commission employee is a basis for disciplinary action, including dismissal from State employment, as provided by Government Code Section 19570 et seq.

J. Addenda

The Commission may modify the solicitation prior to Contract award by issuance of an addendum to all Applicants who are participating in the bidding process at the time the addendum is issued. Addenda will be numbered consecutively.

Applicants are allowed five (5) business days to submit written questions related solely to the changes made in the addendum.

K. Applicant’s Cost

Costs for developing the Application are the responsibility entirely of the Applicant and shall not be chargeable to the Commission.

L. Signature of Bid

A cover letter (which shall be considered an integral part of the Application) and any bid form requiring signature, must be signed by an individual who is authorized to bind the bidding entity contractually. The signature block must indicate the title or position that the individual holds in the entity. An unsigned Application may be rejected.

M. False or Misleading Statements

Applications which contain false or misleading statements may be rejected. If, in the opinion of the Commission, such information was intended to mislead the Commission in its evaluation of the bid, and the attribute, condition, or capability is a requirement of this solicitation document, it will be basis for rejection of the Application.

N. Disposition of Applications

All materials submitted in response to this solicitation will become the property of the State of California and will be returned only at the Commission's option and at the Applicant's expense. At a minimum, the master copy of the Application shall be retained for official files and will become a public record after the Notification of Intent to Award is posted. However, materials the Commission considers as confidential information will be returned upon request of the Applicant.

O. Appeals

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

1. The appeal letter from the Applicant must be received by the Commission within ten working days (excluding the first day and including the last day) of the posting of the Notice of Intent to Award. Late appeals will not be considered.
2. The appeal letter must describe the factors that support the appealing Applicant's claim that the appealing Applicant would have been awarded the contract had the MHSOAC correctly applied the prescribed evaluation rating standards in the RFA or if the MHSOAC had followed the evaluation and scoring methods in the RFA. The appeal must identify specific information in the Application that the Applicant believes was overlooked or misinterpreted. The appeal letter may not provide any additional information that was not included in the original Application. The appeal letter may not appeal the evaluation and scoring of a competing Application.
3. The only acceptable delivery method for an appeal letter is by a postal service (United States Post Office, Federal Express, etc.).
 - a. The appeal letter cannot be hand delivered by the Applicant, faxed, or sent by electronic mail.
4. The same person authorized to sign the Application must sign the appeals letter.
5. Appeal letters received without an original signature will not be considered.

Include the following label information and deliver your appeal letter, in a sealed envelope:

Proposer Name
Street Address
City, State, Zip Code

APPEAL LETTER: Triage RFA Grant Award
Kristal Antonicelli, Triage Unit
Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700, Sacramento, California 95814

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

If an appeal letter is filed, the contract shall not be awarded until the MHSOAC has reviewed and resolved the appeal.

The Executive Director of the Commission will render a decision in writing to the appeal and the decision will be considered final. The written decision will be sent to the appealing Applicant via a postal service.

VII. Application Assembly and Submission Instructions

A. Number of Copies

Applicants must submit the following:

- One (1) original Application marked “MASTER”;
- Four (4) paper copies of the Application;
- One (1) USB electronic copy of the Application.

All documents contained in the MASTER Application package must have original signatures and must be signed by an authorized person. All additional Application sets may contain photocopies of the MASTER package. The MASTER Application package, all required copies, and the electronic copy of the Application must be submitted together by the due date. If the MASTER, required copies, and electronic copy are not submitted together by the due date the Application will be considered non-compliant and will be disqualified.

B. Required Format for an Application

Application shall be submitted in the following way:

- The MASTER Application and copies each submitted in three-ring binders with tabs between each section;

Applications must comply with all RFA requirements. Before submitting a response to this RFA, Applicants should review the Application, correct all errors, and confirm compliance with the RFA requirements. Not complying with all of the RFA requirements is cause for an Application to be rejected.

C. Assembling the Application

The Application shall be submitted in the specified order of the ATTACHMENTS as stated in the RFA. Grant Application reviewers are not obligated to search for Application content if it is out of order. The listed order is provided below:

- 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 Plan 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)

D. Packaging and Labeling

Applications must be received by April 3, 2018, by no later than 4:00 p.m. Pacific Standard Time (PST). Applications must be in a sealed package and must be delivered in person, by a postal service (United States Post Office, Federal Express, etc.), or by overnight delivery. Faxed and emailed Applications will not be accepted. It is not sufficient to postmark Applications by this date or to leave the Applications at the Commission Office without a Commission staff member confirming delivery. This office is open 8:00 a.m. to 5:00 p.m., Monday-Friday except for state holidays.

Mail or deliver Applications to:

Mental Health Services Oversight and Accountability Commission
Attn: Kristal Antonicelli, Health Program Specialist, Triage Unit
1325 J Street, Suite 1700
Sacramento, CA 95814

Submission of an Application constitutes acceptance of all requirements, consent to a release of information and waiver of the Applicant's right to privacy with regard to information provided in response to this RFA. Ideas and format contained in the Application will become the property of the Commission.

The Commission is not responsible for the Application's public or private mail carrier's performance. Late Applications will not be accepted for any reason.

It is expected that the submitted Applications will be grammatically correct and free of errors.

VIII. Reviewing and Scoring Applications

Applications will be separated for each designated population (small, medium, and large), and evaluated separately.

Applications will be reviewed and scored based on the Applicant's response to each requirement. Points will be awarded to responses meeting the requirement. In order to be considered for a grant award, the Applicant must achieve a score of 60% of total available points.

Evaluation will be conducted in the following areas:

- 1) Mandatory Requirements
- 2) Scored Requirements
- 3) Budget Worksheet (Cost)

Each of these areas are described below.

A. MANDATORY REQUIREMENTS

All requirements are considered mandatory, in that they all require a response. Responding “Not Applicable” (N/A) is appropriate if true. Not responding to all of the requirements, or providing false information are grounds for disqualification.

For clarification, the submission of an Intent to Apply is a mandatory requirement and will be evaluated as Pass/Fail.

Requirements V.B.1. (ATTACHMENT 3) are not scored and will be evaluated solely as Pass/Fail.

B. SCORED REQUIREMENTS

Requirements V.B.2. through V.D.2. (ATTACHMENT 4 through ATTACHEMENT 12) will be scored. Total points available for each section is listed on Table IXI-1. Point allocation per requirement is listed on Table X-2.

Scores will be applied based on the completeness of the response, which includes the quantity of listed items asked for in the requirements. The more complete the response, the more points will be awarded up to the total point designated for each requirement. See scoring criteria application on Table XI-3.

Table IX-1 Points Available

No.	Requirement	Points Available
1	RESPONSE TO ALL MANDATORY REQUIREMENTS	Pass/Fail
2	SCORED REQUIREMENTS	
	V.B.2. - Needs Assessment	200
	V.B.3. - Proposed Triage Grant Program	500
	V.C.1. - Program Implementation Narrative	350
	V.C.1.1. - Program Implementation Plan Timeline	850
	V.C.2. – Collaboration	250
	V.C.3. - Impact Sustainability Plan	250
	V.C.4. - Program Communications Plan	100
	V.D.2. - Budget Narrative	250
	TOTAL SCORED REQUIREMENTS	2,750
3	COST – BUDGET WORKSHEET	1,000
4	TOTAL EVALUATION POINTS	3,750

Table X-2 Points available per requirement

<u>V.B PROGRAM NARRATIVE</u>		
V.B.1. Current Mental Health System		
V. B.1.a.	Provide a description for each of the following: All current programs in the county or collaborative funded by the Investment in Mental Health Wellness Act;	Pass/Fail
V. B.1.b.	Provide a description for each of the following: All current MHSA PEI programs in the county	Pass/Fail
V. B 1.c.	Provide a description for each of the following: All current MHSA funded INN programs in the county	Pass/Fail
V. B.1.d.	Provide a description for each of the following: All current FSP programs within the county	Pass/Fail
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	Pass/Fail

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. Include any alternatives that fall outside the county or collaborative lines	Pass/Fail
	a. Include any alternatives that fall outside the county or collaborative lines	Pass/Fail
V. B.1.g.	Provide a description for each of the following: 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	Pass/Fail
V. B.1.h.	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	Pass/Fail
V. B.2. Needs Assessment		
V. B.2.a.	Needs Assessment Process	100
V. B.2.b.	Needs Assessment Findings	100
V. B.3. Proposed Triage Grant Program(s)		
V. B.3.a.	Describe the proposed triage grant program(s) to be funded by the triage grant. <ul style="list-style-type: none"> - The name of the proposed triage program - 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 - 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 - The number of triage personnel needed for the proposed program - The target population of the proposed programs - If triage funds will be used to augment existing PEI programs, FSPs, INN programs, a CHFFA grant, etc., clearly identify what is being augmented: <ul style="list-style-type: none"> o Include how each program will benefit from the triage funds, and how those triage funds will be leveraged - 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 - How the program will demonstrate cultural competence as outlined in the National CLAS Standards 	175
V. B.3.b.	State whether the county intends to use contract providers, county staff, or both. Specify which triage personnel are contracted and which are county staff	10
V. B.3.c.	List the activities to be performed by mental health triage personnel, including targeted case management	25
V. B.3.d.	Describe specifically where and how triage personnel will be deployed. Indicate the hours triage personnel will be available and	5

	any primary and secondary locations	
V. B.3.e.	Describe how intended clients will access triage services. Clearly state the access points for the triage program. Provide addresses where available	25
V. B.3.f.	Describe the program's ability and expectation for obtaining federal Medi-Cal reimbursement, when applicable	5
V. B.3.g.	Describe any training that will be provided to triage personnel for Medi-Cal billing and billing codes	5
V. B.3.h.	Describe the family supportive training that will be provided to parents, guardians, and/or caregivers of children in crisis:	50
V. B.3.i.	Describe the specific 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 is taking to ensure peer certification can happen in a timely manner	25
V. B.3.j.	Describe specific supports for collaborative partners including any crisis intervention training	10
V. B.3.k.	Describe the crisis assessment tools that will be used. If new tools will be developed, describe the steps taken to develop them	15
V.B.3.l.	Identify if this program will be implemented in a "Rural Community" as defined as, counties with more than 80% of their land mass defined as a rural or frontier.	75
V.B.3.m.	Identify if your county submitted an application during the last Triage Grant RFA in 2013, and did not receive any grant funding.	75
<u>V. C. PROGRAM IMPLEMENTATION PLAN</u>		
V. C.1. Program Implementation Narrative		
	Recruitment strategy for each triage staff position. Clearly identify if the staff will be an employee or contracted staff.	
a.	Also include expected hiring date for each staff:	50
b.	Retention strategy for triage staff	30
c.	Triage staff training plan	30
d.	Describe how triage personnel will be used. Each position should be described individually, including individuals with lived experience (peer providers)	30
e.	List of community partner collaborators	10
f.	Collaborative partner training plan	15
g.	Do you have a Memorandum of Understanding or Service Contract in place with you collaborative partners?	50
h.	Care coordination plan with ongoing mental health providers	15

i.	How the county will address protected health information (PHI)	45
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	50
k.	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	25
V.C.1.1.	Program Implementation Plan Timeline	
a.i.	Recruitment strategy for each triage staff	250
a.ii.	List all employee classifications individually, with est. hiring dates	75
a.ii.	Identify which employee will be Peers. Points will be awarded based on the ratio of Peer staff to total staff proposed	125
a.iii.	List all contractor positions/classifications individually, with est. hiring dates	75
a.iii.	Identify which contract positions will be Peers. Points will be awarded based on the ratio of Peer contractors to total contractors proposed	125
b.	Retention Strategy for triage staff	100
c.	Triage staff training plan	100
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, a Letter of Intent to Collaborate (Attach Letter) must be included for each proposed collaboration. (Up to 50 points available for each Collaboration or Intent to Collaborate)	250
V. C.3.	Plan for Sustainability	
a.	The plan to ensure the continuation of the proposed program after the triage grant cycle ends	150
b.	The plan to maintain collaborative partnerships on an operational and funding level after the grant cycle ends	100

V. C.4.	Program Communications Plan	
a.	External Communications	50
b.	County Triage Webpage	50
<u>V. D. BUDGET REQUIREMENTS</u>		
D.1.	Budget Worksheet	1000
D.2.	Budget Narrative	
a.	Hire Triage Staff	100
b.	Personal Services Benefits	50
c.	Hire Triage Contractors	100

Table XI-3 Scoring Criteria Application

SCORING CRITERIA APPLICATION			
Response does not address the requirement	Response is partially complete (less than 50%)	Response is partially complete (50% or more)	Response is fully complete
0% of available points	25% of available points	50% of available points	100% of available points

C. COST (BUDGET WORKSHEET)

Points for cost will be based on cost per designated population (Section IV.D.). The lowest cost per designated population will be awarded the highest number of points. For each application whose cost per designated population is higher than the lowest cost per designated population proposal, the points will be awarded based on the ratio of the lowest cost per designated population and the Applicants cost per designated population

Example:

Applicant A bid a total of \$1,000,000. Population A designated population is 10,000. Applicant B bid a total of \$150,000. Applicant B designated population is 1,000.

Applicant A has bid a cost per designated population of \$100 (\$1,000,000 / 10,000). Applicant B has bid a cost per designated population of \$150 (\$150,000 / 1,000).

Applicant A would be considered to have the lowest cost per designated population and be awarded full points. ($\$100 / \$100 \times \text{Total Points Available}$). Applicant B would be awarded points based on the ratio of the lowest cost per designated population compared to their cost per population ($\$100 / \$150 \times \text{Total Points Available}$). If 100 points were available for cost evaluation, Applicant A would receive 100 points and Applicant B would receive a score of 66.67.

D. GRANT AWARD DETERMINATION

Applications will be ranked, based on score, according to county designation (Small, Medium, or Large). In total, there will be 3 rankings as follows:

- 1) Small County designation
- 2) Medium County designation
- 3) Large County designation

Note - Applications that have achieved 60% or more of the total Scored Requirements points available will be eligible for a grant

Funding apportioned for each county designation will be awarded to the highest scoring application first, and if funds are still available after award, and then proceed to the next highest scoring application, until all funds have been awarded, or that there are no more responsive Applicants in the county designation.

If there are more responsive Applicants than funding available, funds will be disbursed fully with the last Applicant potentially to be either partially funded or not funded at all, depending upon the balance remaining in the apportioned funds. If there are more funds available than responsive Applicants, for a specific county designation, the excess funds will be apportioned to the other two county designations, in an equal amount and awarded to responsive Applicants. If there are more funds available than responsive Applicants, in two county designations, the excess funds will be fully apportioned to the remaining county designation to fund responsive Applicants.

If additional funds become available in the future, the funds will be apportioned based on the methodology used in this RFA and awarded based on the previously determined rankings to the next Applicant(s) that did not receive any or all of the their requested funding, until all funds are distributed to responsive Applicants.

The Notice of Intent to Award Funds will be posted on the Commission Web page located at <http://www.mhsoac.ca.gov>.

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	
Director or Designee Signature		Date

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.		

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

County or City Lead Triage Grant Coordinator Contact Information:

Name:	
Title:	
Email:	
Phone Number:	

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

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@mhsoac.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:			
Address:			
City, State and ZIP Code:			
Telephone:		FAX:	
E-Mail:			

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.
- 2.
- 3.
- 4.

Name (Signature)	Date
Name and Title (Print)	County
Email	Telephone

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

V. B.1.a.

Provide a description for each of the following:

All current programs in the county or collaborative funded by the Investment in Mental Health and Wellness Act;

County/City Mental/Behavioral Health Department:

Program Name:

Program Description:

Program Name:

Program Description:

Program Name:

Program Description:

Program Name:

Program Description:

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

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:

Program Name:

Program Description:

Program Name:

Program Description:

Program Name:

Program Description:

Program Name:

Program Description:

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

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:

Program Name:

Program Description:

Program Name:

Program Description:

Program Name:

Program Description:

Program Name:

Program Description:

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

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:

Program Name:

Program Description:

Program Name:

Program Description:

Program Name:

Program Description:

Program Name:

Program Description:

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

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:

Program Name:

Program Description:

Current linkage services available for the homeless population:

Options for temporary and permanent affordable housing:

Number of beds utilized outside of standard services borders:

Program Name:

Program Description:

Current linkage services available for the homeless population:

Options for temporary and permanent affordable housing:

Number of beds utilized outside of standard services borders:

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

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:

Program Name:

Program Description:

Number of available beds for crisis intervention and crisis residential programs:

Description of relevant private and public services:

Program Name:

Program Description:

Number of available beds for crisis intervention and crisis residential programs:

Description of relevant private and public services:

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

V. B.1.g.

Provide a description for each of the following:

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.

County/City Mental/Behavioral Health Department:

Program Name:

Grant Amount:

Program Description:

Personnel Descriptions:

Current Status:

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

V. B.1.h.

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:

Program Name:

Program Description:

Program Name:

Program Description:

Program Name:

Program Description:

Program Name:

Program Description:

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

ATTACHMENT 4: PROGRAM NARRATIVE
Needs Assessment

Needs Assessment

V. B.2.a.	Needs Assessment Process	
	Describe the Needs Assessment process, including	
	i.	The entities that were involved in the planning process:
	ii	List local threshold languages; who was contacted and who was involved:
	iii.	The Community groups that were involved:
	iv.	For each Community group identified, please provide a contact person, to verify participation in the process (community group, name, email, phone number):
	v.	The number of participants involved:
	vi.	State the date(s) the counties met with the community groups regarding the needs assessment:
	vii.	State the objective of the needs assessment:
	viii.	Describe the process in which the needs assessment was conducted:
ix.	Is there a copy of the final assessment? If so, please include with your application:	

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: |
| 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: |
| iii. | Describe the need for mental health crisis triage personnel: |
| iv. | Other, include any additional information that would provide support of the needs assessment: |

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

ATTACHMENT 5: PROGRAM NARRATIVE

Proposed Triage Grant Program

Proposed Triage Grant Program(s)	
V. B.3.a.	<p style="text-align: center;">Describe the proposed triage grant program(s). If this is a multi-county Application, the programs must be itemized by county.</p> <p style="text-align: center;">Provide a description for each of the following</p>
	<p>Describe the proposed triage program(s) to be funded by the triage grant. This description shall include the following for each proposed triage program:</p>
i.	The name of the proposed triage program:
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:
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:
iv	The number of triage personnel needed for the proposed program:
v	The target population of the proposed programs:
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.
vii	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:

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

	viii	How the program will demonstrate cultural competence as outlined in the National CLAS Standards:
V.B.3.b.		State whether the county intends to use contract providers, county staff, or both. Specify which triage personnel are contracted are which are county staff:
V. B.3.c.		List the activities to be performed by each mental health triage personnel to be hired through this grant:
V. B.3.d.		Describe specifically where and how triage personnel will be deployed. Indicate the hours triage personnel will be available and any primary and secondary locations:
V. B.3.e.		Describe how individuals will access triage services. Clearly state the access points for the triage program. Provide addresses where available:
V. B.3.f.		Describe the program's ability and expectation for obtaining federal Medi-Cal reimbursement, when applicable:
V. B.3.g.		Describe any training that will be provided to triage personnel for Medi-Cal billing and billing codes:

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

V. B.3.h.	Describe the family supportive training that will be provided to parents, guardians, and/or caregivers of children in crisis:
V. B.3.i.	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:
V. B.3.j.	Describe specific supports for collaborative partners including any crisis intervention training:
V. B.3.k.	Describe the crisis assessment tools that will be used. If new tools will be developed, describe the steps taken to develop them:
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 type="checkbox"/> 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

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

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

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:
	b. Retention strategy for triage staff:
c. Triage staff training plan:	
d. Describe how triage personnel will be used. Each position should be described individually, including individuals with lived experience (peer providers/parent partners):	

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

	e.	List of community partner collaborators:
	f.	Collaborative partner training plan:
	g.	<p>Do you have a Memorandum of Understanding or Service Contract in place with you collaborative partners?</p> <ul style="list-style-type: none"> i. If yes, include with the application 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.
	h.	Care coordination plan with ongoing mental health providers:

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

	i.	How the county will address protected health information (PHI):
		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:
		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:
		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:
		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:
	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:

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

	i.	State each risk, challenge, or barrier and describe how each will be addressed to minimize the impact on program success:	
		1	Risk:
			How risk will be addressed:
		2	Risk:
			How risk will be addressed:
		3	Risk:
			How risk will be addressed:
	4	Risk:	
		How risk will be addressed:	
	5	Risk:	
		How risk will be addressed:	
	k.	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	

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

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:	Beg Date:	End Date:
		1	Activity/Milestone:		
		2	Activity/Milestone:		
		3	Activity/Milestone:		
		4	Activity/Milestone:		
		5	Activity/Milestone:		
		6	Activity/Milestone:		
		2	Strategy:	Beg Date:	End Date:
		1	Activity/Milestone:		
		2	Activity/Milestone:		

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

		3	Activity/Milestone:		
		4	Activity/Milestone:		
		5	Activity/Milestone:		
		6	Activity/Milestone:		
	3	Strategy:		Beg. Date	End Date
		1	Activity/Milestone:		
		2	Activity/Milestone:		
		3	Activity/Milestone:		
		4	Activity/Milestone:		
		5	Activity/Milestone:		
		6	Activity/Milestone:		
	4	Strategy:		Beg. Date	End Date
		1	Activity/Milestone:		
2		Activity/Milestone:			
3		Activity/Milestone:			
4		Activity/Milestone:			

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

		5	Activity/Milestone:			
		6	Activity/Milestone:			
		5	Strategy:	Beg. Date	End Date	
		1	Activity/Milestone:			
		2	Activity/Milestone:			
		3	Activity/Milestone:			
		4	Activity/Milestone:			
		5	Activity/Milestone:			
		6	Activity/Milestone:			
	ii.	List all employee classifications individually. Include estimated hiring dates			Est. Hire Date	Peer (Yes/No)
		1	Employee classification:			
		2	Employee classification:			
		3	Employee classification:			
		4	Employee classification:			
	5	Employee classification:				
	6	Employee classification:				
	7	Employee classification:				

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

	8	Employee classification:			
	9	Employee classification:			
	10	Employee classification:			
	11	Employee classification:			
	12	Employee classification:			
	13	Employee classification:			
	14	Employee classification:			
	15	Employee classification:			
	iii.	List all Contractor positions/classifications individually. Include estimated hiring dates		Est. Hire Date	Peer (Yes/No)
	1	Contractor position/classification:			
	2	Contractor position/classification:			
	3	Contractor position/classification:			
	4	Contractor position/classification:			
	5	Contractor position/classification:			
	6	Contractor position/classification:			
7	Contractor position/classification:				
8	Contractor position/classification:				
9	Contractor position/classification:				

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

		10	Contractor position/classification:			
		11	Contractor position/classification:			
		12	Contractor position/classification:			
		13	Contractor position/classification:			
		14	Contractor position/classification:			
		15	Contractor position/classification:			
	b.	Retention strategy for triage staff				
		i.	List specific strategies, activities and milestones			
			1	Strategy:	Beg. Date	End Date
			1	Activity/Milestone:		
			2	Activity/Milestone:		
			3	Activity/Milestone:		
			4	Activity/Milestone:		
			5	Activity/Milestone:		
			6	Activity/Milestone:		
		2	Strategy:	Beg. Date	End Date	
		1	Activity/Milestone:			
		2	Activity/Milestone:			

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

		3	Activity/Milestone:			
		4	Activity/Milestone:			
		5	Activity/Milestone:			
		6	Activity/Milestone:			
	3	Strategy:			Beg. Date	End Date
		1	Activity/Milestone:			
		2	Activity/Milestone:			
		3	Activity/Milestone:			
		4	Activity/Milestone:			
		5	Activity/Milestone:			
		6	Activity/Milestone:			
	4	Strategy:			Beg. Date	End Date
		1	Activity/Milestone:			
		2	Activity/Milestone:			
		3	Activity/Milestone:			
		4	Activity/Milestone:			

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

			5	Activity/Milestone:				
			6	Activity/Milestone:				
			5	Strategy:	Beg. Date	End Date		
			1	Activity/Milestone:				
			2	Activity/Milestone:				
			3	Activity/Milestone:				
			4	Activity/Milestone:				
			5	Activity/Milestone:				
			6	Activity/Milestone:				
			c. Training Plan Strategy					
			i. List specific strategies, activities and milestones					
			1	Strategy:	Beg. Date	End Date		
			1	Activity/Milestone:				
			2	Activity/Milestone:				
3	Activity/Milestone:							
4	Activity/Milestone:							
5	Activity/Milestone:							

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

		6	Activity/Milestone:			
	2	Strategy:		Beg. Date	End Date	
		1	Activity/Milestone:			
		2	Activity/Milestone:			
		3	Activity/Milestone:			
		4	Activity/Milestone:			
		5	Activity/Milestone:			
		6	Activity/Milestone:			
		3	Strategy:		Beg. Date	End Date
			1	Activity/Milestone:		
			2	Activity/Milestone:		
			3	Activity/Milestone:		
			4	Activity/Milestone:		
			5	Activity/Milestone:		
			6	Activity/Milestone:		
		4	Strategy:		Beg. Date	End Date

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

		1	Activity/Milestone:			
		2	Activity/Milestone:			
		3	Activity/Milestone:			
		4	Activity/Milestone:			
		5	Activity/Milestone:			
		6	Activity/Milestone:			
	5	Strategy:			Beg. Date	End Date
		1	Activity/Milestone:			
		2	Activity/Milestone:			
		3	Activity/Milestone:			
		4	Activity/Milestone:			
		5	Activity/Milestone:			
		6	Activity/Milestone:			

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

ATTACHMENT 8: PROGRAM IMPLEMENTATION PLAN

Collaboration

Program Implementation Plan

V. C.2.	Collaboration
	<p>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.</p> <p style="text-align: center;"><u>Complete this section for each collaboration effort.</u></p>
	<p>Is the Letter of Intent to Collaborate attached?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
a.	Describe the program(s) benefiting from the collaboration
b.	List who signed as a representative of each collaborating partner:
c.	What is the expected timeframe when the collaboration partnership will be formalized):
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?
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?

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

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

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	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
----	---	---

Strategy:

Key Milestones	Dates

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

	b.	The plan to maintain collaborative partnerships after the grant cycle ends
	i.	Include a plan for continued access to program data derived from collaborative partnerships:

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

ATTACHMENT 10: PROGRAM IMPLEMENTATION PLAN

Program Communications Plan

Program Implementation Plan	
V. C.4.	Program Communications Plan
a.	<p>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>
i.	Describe the communications efforts to be undertaken by the Applicant and community partners:
ii.	Outline any outreach and engagement strategy for reaching individuals who may need services:
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>
	Information on the webpage shall include:
i.	The title of each triage program:
ii.	A short description of each triage program:

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

		<p>iii. 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>c</p>	<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>
		<p>i. Describe the communications plan between collaborative partners:</p>

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

ATTACHMENT 11: BUDGET WORKSHEET

The Budget Worksheet (ATTACHMENT 11) must be prepared according to the Budget Worksheet Instructions found in ATTACHMENT 11-1. The total cost on the Budget Worksheet must equal the amount of the Grant being requested

Complete Budget Worksheet Excel workbook and attach to the Application. File name is ATTACHMENT 11 – Budget Worksheet

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

ATTACHMENT 11-1: BUDGET WORKSHEET INSTRUCTIONS

Budget Worksheet Instructions

Information provided in the **Budget Worksheet** should reflect the county's plans to implement the triage personnel grant. The staff to be hired shall be itemized and be comprised of personnel related to providing the services in the proposed program, including staff devoted to data collection, county evaluation, and administrative staff. Costs include personnel and administration. The information entered into the Budget Worksheet should correspond with the information provided in the **Budget Narrative**.

The county should provide its best estimate in terms of types of staff being sought for triage grant positions and anticipated expenditures.

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

A. PERSONNEL EXPENDITURES

1. Hire Triage Staff (Employees)
 - a. List each staff position /classification proposed to be hired for this program
2. Hiring Month
 - a. List the hiring month in which each staff will be hired. For instance, entering a "1" means that the staff will be hired within the first 30 days of the contract execution. Entering a "2" means that the position will be hired within 31-60 days of contract execution. Enter a number between 1 and 36, which represent the number of months of funding available for the grant.
3. FY 1
 - a. Enter the cost (salary) of the staff for the first fiscal year (i.e. months 1-12 from the contract execution date)
4. FY 2
 - a. Enter the cost (salary) of the staff for the second fiscal year (i.e. months 13 -24 from the contract execution date)
5. FY 3
 - a. Enter the cost (salary) of the staff for the second fiscal year (i.e. months 25-36 from the contract execution date)
6. Total of All FYs
 - a. Summation of all fiscal years for each line items on the Cost Worksheet
7. Personal Services Salaries
 - a. Summation, by fiscal year, of personal service salaries for staff hired
8. Personal Services Benefits
 - a. Enter the total amount for personal services/employee benefits for all the positions listed above.

9. Total Personal Services

- a. Summation, by fiscal year, of Personal Services Salaries and Personal Services Benefits.

10. Hire Triage Contractors

- a. List each role/classification that will be hired as a contractor for this program

11. FY 1

- a. Enter the cost for each role/classification listed for the first fiscal year (i.e. months 1-12 from the contract execution date)

12. FY 2

- a. Enter the cost for each role/classification listed for the first fiscal year (i.e. months 13-24 from the contract execution date)

13. FY 3

- a. Enter the cost for each role/classification listed for the first fiscal year (i.e. months 25-36 from the contract execution date)

14. Total Contracted Services

- a. Summation, by fiscal year, of Contracted role/classifications cost

15. Total Personal/Contracted Services

- a. Summation, by fiscal year, of Total Personal Services and Total Contracted Services

16. Administration (includes indirect costs, overhead)

- a. Include costs for Administration of the program, not to exceed 15% of the total program cost. This includes any Administration Cost incurred by collaborators, contractors, or anyone else. The total amount of all Administration Cost may not exceed 15% of the total program cost
- b. The 15% maximum Administration Cost is calculated as follows: multiply line 15 (Total Personal/Contracted Services) by 17.647%. Total Personal/Contracted Services shall not include any Administration Costs. All Administration Costs shall be entered onto this line item.

17. Total Proposed Program Costs

- a. List each staff position /classification proposed to be hired for this program

18. Reimbursements, Offsets, Other Funding Sources

- a. List each separate sources of fund that will be used to offset the cost of the program.
- b. This may include, but is not limited to, county budget funds, private contributions, Medi-Cal reimbursements.

19. Total Reimbursements, Offsets, Other Funding Sources

- a. Summation, by fiscal year, of each all reimbursements, offsets, and other funding sources

20. Total Grant Fund Requested

- a. Summation, by fiscal year, of Total Proposed Program Costs less Total Reimbursement, Offsets, Other Funding Sources.

See Cost Worksheet Example on the next page.

BUDGET WORKSHEET

(1) Hire Triage Staff (list individual role/classification)	(2) Hiring Month	(3) FY 1	(4) FY 2	(5) FY 3	(6) Total All FYs
Social Worker 1	1	50,000	50,000	50,000	150,000
Social Worker 2	4	37,500	50,000	50,000	137,500
Psychiatric Social Worker 1	6	25,000	50,000	50,000	125,000
Psychiatric Social Worker 2					
Community Worker 1					
Community Worker 2					
Community Worker 3					
Community Worker 4					
Community Worker 5					
Mental Health Clinical Supervisor 1					
Mental Health Clinical Supervisor 2					
Subtotal - (7) Personal Services Salaries		112,500	150,000	150,000	412,500
Add: (8) Personal Services Benefits		45,000	60,000	60,000	165,000
(9) Total Personal Services		157,500	210,000	210,000	577,500
(10) Hire Triage Contractors (If applicable, list individual role/classification)		(11) FY1	(12) FY2	(13) FY3	
Peer Provider 1	1	10,000	10,000	10,000	30,000
Peer Provider 2	4	7,500	10,000	10,000	27,500
Peer Provider 3	7	5,000	10,000	10,000	25,000
Peer Provider 4	10	2,500	10,000	10,000	22,500
Clinicians 1					
Clinicians 2					
Clinicians 3					
Clinicians 4					
(14) Total Contracted Services		25,000	40,000	40,000	105,000
(15) Total Personal/Contracted Services		182,500	250,000	250,000	682,500
(16) Administration (includes indirect costs, overhead)		32,206	44,118	44,118	120,442
(17) Total Proposed Program Costs		214,706	294,118	294,118	802,942

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

(18) Reimbursements, Offsets, Other Funding Sources				
County Budget Funds	50,000	50,000	50,000	150,000
Medi-Cal Reimbursements	25,000	25,000	25,000	75,000
Private Matching Funds	10,000	10,000	10,000	30,000
	<hr/>			
(19) Total Reimbursements, Offsets, Other Funding Sources	85,000	85,000	85,000	255,000
	<hr/>			
(20) Total Grant Funding Requested	299,706	379,118	379,118	1,057,942
	<hr/>			

Assumptions for this Example:

- a) Social Worker salary is \$50,000 per year. Therefore hired for 9 months = \$37,500, and hired for 4 months = \$25,000
- b) Peer Provider Contract is for \$10,000 per year. Therefore, hired for 9 months = \$7500, hired for 6 months = \$5000, and hired for 3 months = \$2500
- c) Benefits are 40% of the salary
- d) Administration cost is 15% of the total program cost

Example

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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. 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
	ii. 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
	b. Personal Services Benefits
	i. 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.:
	c. Hire Triage Contractors
i. 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:	

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

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

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)

ATTACHMENT 14: TRIAGE HIRING REPORT

Triage Hiring Report and Instructions

The Hiring Information Report is a separate file included in the RFA.

Refer to file ATTACHMENT 14 – Hiring Information Report for the Excel workbook and instructions

An example of the file is included here with the RFA

MHSOAC
Mental Health Triage Personnel

ATTACHMENT 14 - Triage Hiring Report

ATTACHMENT 14 TRIAGE HIRING REPORT

(1) County/Applicant: _____

(2) Quarter-end Reporting Period: _____

(3) Hire Triage Staff (list individual role/classification) (add rows as needed)	(4) Date Hired	(5) Date Vacated	(6) Date Re-Hired	(7) Service Location / Access Point where staff is assigned	(8) Address/Detail Location Description

(9) Hire Triage Contractors (If applicable, list individual role/classification) (Add rows as needed)	(4) Date Hired	(5) Date Vacated	(6) Date Re-Hired	(7) Service Location / Access Point where staff is assigned	(8) Address/Detail Location Description

**ATTACHMENT 14
TRIAGE HIRING REPORT**

(1) County/Applicant: _____

(2) Quarter-end Reporting Period: _____

(10) Comments

Signature _____

Date _____

Name and Title (Print) _____

ATTACHMENT 15: QUESTIONS TEMPLATE

Use this template for submitting questions in relation to this procurement. Add rows as needed. Follow Key Action Dates (Table VI-2) and submit to the procurement official identified in Section VI. C.

Mental Health Triage Personnel Request for Applications		
	RFA Section Reference	Question
1		
2		
3		
4		
5		
6		
7		
8		