MHSOAC
Mental Health Services
Oversight & Accountability Commission

# SB 82 Triage Grant
# Information Gathering Meeting

## Purpose and Goals

The Mental Health Services Oversight and Accountability Commission (Commission) is seeking input from counties and stakeholders on various options that are being considered for the next Senate Bill (SB) 82 Triage Grant Request for Applications (RFA). The Commission will solicit this input at an information-gathering meeting in Berkeley on June 29, 2017.

This meeting will focus on the options outlined in this brief. The purpose of this meeting is to discuss the pros and cons of the options in a neutral and inclusive environment with prospective applicants and community partners, such as hospitals, schools, and law enforcement personnel. The information gathered will help shape the Commission's approach when finalizing the RFA.

## Background

Senate Bill (SB) 82 enacted the Investment in Mental Health Wellness Act in 2013 (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, regardless of age. 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.

During the first round of the Triage Grants, the Commission worked with counties, law enforcement, and hospitals to garner information about the successes and challenges of the Triage Grant programs. The Commission held quarterly meetings with County Triage Coordinators, which provided a platform for currently-funded Triage counties to discuss ongoing programmatic barriers as well as a mechanism for sharing ideas across counties.

In January 2017, the Commission held an informational Triage meeting with law enforcement focused on their perspective of what was working and not working for the Triage programs they collaborated with. In February 2017, the Commission held a forum on Triage with stakeholders and other interested parties. The meeting was centered on collaborative relationships with California hospitals and provided a platform

for the California Hospital Association to discuss successes and challenges of the Triage programs they collaborated with.

As part of these meetings, the Commission learned a great deal about what worked for counties and gained an understanding of certain thematic challenges associated with the grants. Below is a summation of the key takeaways from these meetings regarding implementation and collaboration.

### Implementation

Implementation is challenging and caused service delays across the state. Of the 24 counties that received Triage Grants, county delays in beginning to serve clients ranged from seven days to 88 weeks, with half of the participating counties taking more than 30 weeks to serve their first client in crisis. This delay reflects the time span between the contract execution date and the estimated program start date according to the Evaluation of Program Effectiveness reports submitted by the counties.

### Collaboration

Collaboration between counties and community partners is essential to a successful program. The first round of grants was hindered initially by a lack of working relationships between agencies and community organizations. Successful partnerships require ongoing maintenance. Establishing a point of contact with a community partner who will champion a Triage program may mitigate implementation delays. Law enforcement departments, hospitals, schools, etc., each have unique cultures and subcultures. A champion within the community partner can act as a cultural broker to smooth communications between organizations.

Issues relating to collaborative relationships with community partners were brought up several times during the quarterly meeting with County Triage Coordinators. In addition, the importance and effectiveness of these relationships was reiterated during the meeting with law enforcement and at the Forum on Triage. Flexibility and open-mindedness on the part of the applicant, including a willingness to both teach and be taught, is necessary for a cohesive collaborative relationship.

## Topics for Discussion

The intent of the SB 82 Triage Grant Information Gathering Meeting on June 29, 2017, is to receive input on three areas:

- Evaluation,
- Services for Children and Youth, and
- Apportionment Formula.

Input requested may include but is not limited to the options herein. While participants are welcome to raise other issues, the formal discussion agenda will be limited to these three topics.

## Evaluation

The highest priority in the initial round of Triage Grant awards was to implement services as quickly as possible. One consequence of this prioritization was that the RFA left to the applicants to specify how their projects would be evaluated rather than specifying that the State would develop a unified evaluation approach. The first Triage RFA was released with a requirement that grantees would evaluate their own programs. Of the $128 million dollars in MHSA funds made available to the 24 counties that received a grant, those counties allocated $5,590,911, or 4.36%, to evaluation as budget line items.

Counties were encouraged to use an evaluation template provided by the Commission for their Evaluation of Program Effectiveness reports. While not required, the template included prompts for a Program Overview, Evaluation Questions and Methods, Results and Discussion, Limitations, and Recommendations and Next Steps.

The evaluations received from the counties represented diverse approaches. The measures, data collection methods, and frequency of outcomes, etc., proved too diverse for the Commission to aggregate and translate into a statewide story of transformational change as it relates to mental health crisis response.

The Triage Grants resulted in more than 70,000 instances of Californians utilizing crisis intervention and/or crisis stabilization services provided through the Act. The Act is silent on how to best evaluate the Triage Grant programs; however the objectives of the Act are expressly stated. These objectives include:

- Improving the client experience;
- Reducing costs;
- Expanding the continuum of services to address crisis intervention;
- Expanding crisis stabilization and crisis residential treatment needs;
- Adding personnel to provide crisis intervention services for individuals with mental health disorders;
- Reducing unnecessary hospitalizations; and
- Reducing recidivism and mitigate unnecessary expenditures of local law enforcement.

While some counties were able to evaluate some of these intended objectives within their own service area, the Commission found it difficult to credibly assess the statewide impact of the services rendered based on the diverse data collected by the counties.

Without the ability to assess impacts using a common set of measures, the Commission is unable to make recommendations for future funding cycles or assess any fiscal impact the grant may have had on the State, such as cost savings through diversion and/or early crisis intervention.

Recognizing this need for a more standardized and comprehensive evaluation of Triage services, the Commission has been collaborating with counties to collectively identify a core set of outcomes and procedures for assessing and documenting these outcomes. On September 28, 2016, Director of Research and Evaluation Fred Molitor facilitated a conference call with county Triage evaluators on this topic.

Evaluators were encouraged to reach consensus on a list of outcomes that would allow each county to contribute data to address at least one of the selected outcomes. Fifteen of the 24 counties with Triage programs participated in the call. Information gathered during this call was used to create a follow up questionnaire, which was sent to the 24 Triage counties on October 16, 2016. The questionnaire was intended to gather information that would provide the Commission with insight on the data collected on the different outcomes of the first RFA. It would also help the Commission ensure that data collected was valuable for assessing the potential impact of future Triage projects at the county and statewide levels.

Twenty counties provided answers to the questionnaire. Commission staff collected additional views and comments in follow-up conversations with coordinators and evaluators at the October 2016 quarterly County Triage Coordinators meeting. At that meeting, county coordinators agreed that collecting and reporting de-identified client-level data for a statewide evaluation of Triage services was feasible and desirable.

At this Information Gathering Meeting, the Commission will provide the opportunity to again discuss the pros and cons of this approach, along with assessing counties' willingness to participate in a formal cost-benefit sub-study conducted by a third-party Evaluation Contractor, should it be included as an expectation in a new RFA.

## Evaluation Consideration

> Allocate a portion of the newest round of Triage Grant funds for a statewide evaluation which may include a third party Evaluation Contractor to conduct a statewide cost-benefit analysis and in-depth case studies to discover best practices. Grantees would still be required to collect data, so county evaluation personnel would still need to be included in project efforts.
>
> A deeper evaluation of program outcomes would assist counties in their efforts to sustain these programs in the future and could shape a statewide response to mental health crisis intervention for years to come.

The Commission will be requesting input on this possibility. Specifically, the Commission will be asking:

- *What would be the challenges to submitting de-identified, client-level data into a centralized reporting system?*
- *Is there perceived value in providing Triage staff with hand-held devices to record client demographics and the dates and outcomes of key events during and as a result of service delivery?*
- *Are counties willing to participate in a sub-study to assess the cost-benefit of services provided?*

## Services for Children and Youth

The first round of Triage Grants was intended to increase California's capacity to provide Triage services to individuals requiring mental health crisis intervention through increasing the number of crisis Triage personnel throughout California. This included services for children and/or youth (hereinafter referred to as "youth"). In receiving feedback from counties and stakeholders during the course of the grants, the Commission became aware of some confusion around this fact, which resulted in very few youth-centric programs.

Fifty applications for Triage Grant funds were received by the Commission upon the release of the first RFA. Six of these proposed programs were specific to youth and only three met or exceeded the minimum threshold score for funding. The Grantees with youth-centric programs received just over 15% of the total Triage funds available.

In an effort to alleviate any confusion around the eligibility of Triage Grant applications containing programs specific to youth and to bolster the availability of these programs, the Commission is exploring possible solutions for the next RFA.

### Services for Children and Youth Consideration

Allocate a percentage of funding for programs dedicated to mental health crisis intervention services geared toward youth. This approach would bolster access to crisis intervention services for youth and their families. Because schools are a major access point for children to receive mental health services in their county, this option may increase collaboration between schools and county behavioral health departments.

### Services for Children and Youth Consideration

Incentivize applications that present a comprehensive approach in their crisis intervention system of care. An applicant can receive incentive points if the

application demonstrates a holistic approach to crisis intervention as it relates to services across the lifespan. This would include robust programs intended for youth, adults, and older adults.

The Commission will be requesting input on these possibilities. Specifically, the Commission will be asking:

- *What would encourage the incorporation of crisis Triage programs for children and youth?*
- *How can we incorporate services for children and youth that increases collaboration between a behavioral health department and local school districts?*
- *How are crisis Triage programs for youth different from those aimed at adults?*

## Apportionment Formula

The Investment in Mental Health Wellness Act does not specify how the Triage Grant funds should be apportioned other than to state that the Commission shall determine maximum grant awards and may include use of the five regional designations utilized by the California Behavioral Health Directors Association (CBHDA).

For the first round of Triage Grants, the Commission apportioned the funds using the CBHDA regional designation and the Department of Health Care Services MHSA Distribution Formula. Counties competed within their own regions for grant funds. The five regions were the Bay Area, Central, Southern, Superior, and Los Angeles.

The Bay Area region consists of thirteen counties. Five of the counties were granted Triage funds for a total of $22,499,726. The formula used in the first round of grants awarded San Francisco $14,365,009, or 63.8% of the Bay Area Triage Grant funds. Competition was between counties with very small, small, medium, and large populations.

The Central region consists of 19 counties. Nine of these counties received Triage Grant funds for a total of $17,589,871. While the funds were distributed more evenly than in the Bay Area, competition was mainly between small and large counties.

The Southern region consists of ten counties. Five of the counties were granted Triage funds for a total of $41,752,405. Competition was mostly between large counties, but also included some medium and small counties.

The Superior region consists of 16 counties. Four of the counties were granted Triage funds for a total of $4,235,205. Competition was mostly between very small counties, but also included small and medium counties.

Los Angeles is designated as a very large county and received $31,177,000. While the county did not directly compete with another county, the minimum threshold score requirement still had to be met in order to be funded.

During the quarterly County Triage Coordinator meetings held by the Commission, some counties expressed a desire for competition between counties based on population rather than by region. They argued that a very small county should not compete for funds with a large one. For example, Alpine, a very small county, is in the Central region of California and has a population of just over 1,100 individuals. The apportionment formula from the first round of grants would have them competing within the region with large counties such as Sacramento and Fresno, each with populations of well over 900,000 individuals. These sentiments also were echoed at the Forum on Triage. In response to these concerns, the Commission is exploring solutions and alternative apportionment possibilities for the next RFA.

For the sake of this section, individual counties may be categorized by population as follows:

Very Small (≤ 100,000)
Small (> 100,000 – 200,000)
Medium (> 200,000 – 750,000)
Large (> 750,000 – 4,000,000)
Very Large (> 4,000,000)

## Apportionment Consideration

Apportion the funds based on county populations with competition between each county designation. The apportionment would distribute the total available annual funding among the county size designations, with funding caps clearly defined. This would ensure that a county size category is neither forgotten nor necessarily favored. This would mitigate the issue of one county taking the majority of the funding available in a region and ensures that like-sized counties only compete with each other rather than disproportionate competition.

## Apportionment Consideration

Apportion the funds based on county populations with the total annual funding caps described above, but to reserve shares of funding within each size designation for specified intended outcomes, such as Reducing Hospitalization, Reducing Incarceration, or Lowering School Failure. Funding caps for each specified outcome would be clearly defined. This would encourage counties to address more than one intended outcome and may incentivize collaborations

between applicants so their combined programs receive a higher percentage of the available funds.

### Apportionment Consideration

Apportion the funds based on a prioritization of counties that have not yet received a Triage Grant. This would ensure that new counties that meet or exceed the minimum threshold score would be funded first. This approach has the advantage of encouraging that the benefits of SB 82 grant funding reaches as many counties as possible, while emphasizing that the grants are intended to help establish crisis intervention programs.

### Apportionment Consideration

The last option the Commission is considering is to give currently funded counties the option of redirecting their unspent Triage funds from the first round of awards in lieu of applying for a new grant. The use of unspent funds by currently funded programs will lead to more available funds for Applicants in the newest funding cycle. This may allow the funding of several more passable Applications. Because of the lower dollar amount available to the programs that choose this option, there may be an incentive to find and use alternative sources of funding to sustain the program.

The Commission will be requesting input on these possibilities. Specifically, the Commission will be asking:

- *What are the benefits of each option?*
- *Which idea will provide the necessary funds for a successful Triage program?*
- *How would these funding options lead to sustainable programs?*

## Next Steps

After input has been received at the meeting in Berkeley, the Commission may incorporate some of the garnered information into the RFA, which is expected to be released in August 2017. Funding is expected to begin in early 2018.