

Grant Application Coversheet

Mental Health Triage Personnel

Name of County or City Submitting Application: Sacramento County

Identify all counties that are partners in Grant Application. (Please include of collaborative agreements among counties immediately following the Application Coversheet.)

1. N/A
2. _____
3. _____
4. _____
5. _____

Total Funding Requested Per Year: \$ 1,309,729

County or City Contact for Grant Information

Name Jane Ann LeBlanc

Title MHSA Program Manager

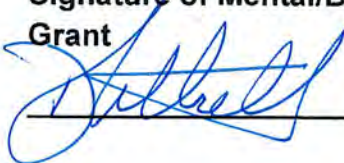
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CERTIFICATION

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 MHSAAC's Request for Application for mental health triage personnel.

Signature of Mental/Behavioral Health Director or designee for County Submitting Grant



Date 1/2/13

PROGRAM NARRATIVE

Sacramento County is one of eighteen counties located in California's Central Region. The 2012 United States Census Bureau estimates the population of Sacramento County to be approximately 1.45 million. As such, Sacramento is considered a large county, especially in comparison with the populations of surrounding counties. Sacramento is one of the most diverse communities in California with a large number of ethnic, linguistic and cultural groups. Spanish, Russian, Vietnamese, Hmong, and Cantonese are recognized as primary languages spoken by many Sacramento County residents. Over the years, Sacramento County has ranked in the top three counties in California for newly arriving refugees. In 2012, 336,514 adult and child Medi-Cal eligible beneficiaries resided in Sacramento. Of those, 21,165 unduplicated individuals received services through the Mental Health Plan. Because of the size of Sacramento County and the significant unmet need within the county, the decision was made to focus this proposal specifically on Sacramento County as opposed to joining with other counties.

Since 2005, the Sacramento County Division of Behavioral Health Services (DBHS) has implemented all of the Mental Health Services Act (MHSA) components. Throughout the MHSA community planning processes, the need for a stronger crisis response continuum was a recurring theme. The community consistently expressed support for an increase in a variety of crisis response services and a desire to see them implemented. The Community Services and Supports (CSS) Workplans and the Prevention and Early Intervention (PEI) Suicide Prevention Project address the provision of crisis services in varying degrees across the continuum of care. The Workforce, Education and Training (WET) component established a Crisis Responder Training Workgroup that developed and implemented a mental health education module for law enforcement officers. The Innovation Component planning process began with a focus on crisis and resulted in a response to reduce psychiatric hospitalization through a variety of mental health respite programs.

The economic downturn and recession severely impacted funding and resources in all human assistance and social services. Sacramento County experienced an erosion of available community-based mental health services at all levels. Crisis response services were predominantly affected with the closure of Sacramento County's Crisis Stabilization Unit (CSU) and the loss of 50 psychiatric health facility beds at the Mental Health Treatment Center in 2009. The CSU provided voluntary and involuntary emergency mental health assessment and treatment 24/7 for all Sacramento County residents. Diminishing community-based crisis response resources severely impacted the community, placing new financial and service delivery burdens on system partners, specifically the medical system of care and law enforcement. Individuals in crisis and in need of mental health treatment began seeking help at local emergency departments in record numbers. Emergency Departments (ED) reported being unable to manage the influx of individuals in psychiatric crisis. Additionally, law enforcement officers were spending large amounts of time waiting in emergency departments with individuals who presented as a danger to self or others, taking officers away from other vital community responsibilities. Many community members were unable to access crisis services or immediate assistance and were unnecessarily hospitalized or incarcerated, utilizing more expensive hospital-based care or criminal justice system resources.

The community of Sacramento has done due diligence in strategically preparing for crisis response. This grant opportunity, paired with the California Health Facilities Finance Authority (CHFFA) opportunity, will help to address remaining gaps in the continuum.

Current Crisis Response System and Needs

- **Current array of crisis response services for psychiatric emergencies and description of programs that offer alternatives to hospitalization including the number of beds available for crisis stabilization and crisis residential programs**

In Sacramento County, a rich array of county operated and community based organizations deliver outpatient mental health services across the county. Crisis response and crisis intervention services are an important component of the DBHS continuum of available mental health resources. All clients linked to Sacramento County mental health services receive and are encouraged to complete an **“Important Information in a Crisis” wallet sized card** that lists information about their mental health and medical provider, drug allergies, prescribed medications, emergency support contact. Clients are instructed to keep this card with them at all times so that in the case they are in crisis, they can access direction for obtaining crisis response services and/or client information can be made available to a support person or first responder.

DBHS’ outpatient mental health service provider network, county operated clinics and other General System Development MHA-funded programs, across both child and adult systems of care, respond to a crisis event as it occurs in the clinic setting. In addition, providers are able to go out into the community, and respond to crisis as needed. If the provider is unable to de-escalate the situation, they will call 9-1-1 and request law enforcement to respond. After business hours, at a minimum, each contracted mental health organization and county operated clinic has a phone message on their agency line that directs individuals in crisis to call 9-1-1 or access the closest ED.

MHA Full Service Partnership (FSP) programs have 24/7 crisis response capability and provide an after-hours response to enrolled FSP clients. The FSP client knows that they may call when they are having a crisis. This 24/7 on-call capability provides support services, crisis response and intervention, as needed. If at any time the FSP staff are unable to meet the needs of an individual in crisis, they will call 9-1-1 and request law enforcement support to respond to the crisis situation. Currently, DBHS has seven (7) FSPs, each serving a specific target population including homeless youth, adults and families; youth and transition age youth (TAY) involved in the juvenile justice system; Asian and Pacific Islander (API) youth, adults and families; as well as adults; older adults.

The Children’s System of Care has several kinds of intensive outpatient programs: **Wraparound, Flexible Integrative Treatment (FIT) Services and Therapeutic Behavioral Health Services (TBS)**. Each of these programs offers an intensive level of outpatient support and have 24/7 capability to provide crisis response and intervention. Individuals/families in these programs know to call their provider when they are in crisis. If at any time the clinical staff are unable to meet the needs of the person in crisis, they will call 9-1-1 and request law enforcement support to respond to the crisis situation.

The County’s MHA PEI Suicide Prevention Project includes a range of services that provide crisis response and support. The **Suicide Prevention Crisis Line** is a 24/7 nationally accredited telephone crisis line that utilizes professional and trained volunteer staff to answer calls and provide a suicide prevention response in multiple languages to callers of all ages who are at risk of suicide. A **Consumer Operated Warm Line** offers a phone line, staffed by consumers and family members from diverse cultures, that operates Monday through Friday, 9am to 5pm. Warm Line staff provide phone support, as well as information and referral. The program also offers walk-in support groups and Wellness Recovery Action Plan (WRAP) groups to anyone 18 years and older. The **Community Support Team (CST)** is a flexible response team staffed by professionals and persons with lived experience that serve children, youth and adults in the community who are experiencing a crisis. The Team will respond to individuals over the phone or meet them at different locations in the community to provide recovery-focused crisis intervention, planning, information and linkages to needed

services. Many of the referrals that come to the CST are from Sacramento County's Centralized Access Team. When Access receives a call from an individual not yet linked to the Mental Health service system, CST is able to respond quickly and support individuals and families while providing the necessary linkage to appropriate services. In addition to the Consumer Operated Warm Line, the Supporting Community Connections (SCC) Suicide Prevention Programs are tailored to address the specific needs of eight cultural, racial and ethnic communities. These programs work in community settings and provide support services to reduce isolation and decrease the risk of suicide.

Sacramento County's Intake Stabilization Unit (ISU) is co-located at the Mental Health Treatment Center and provides crisis stabilization and intensive services in a safe environment to children, youth and adults experiencing a psychiatric crisis. Services may not exceed 23 hours. This certified crisis stabilization unit was opened in 2012 but has limited services and capacity as compared to the original CSU which closed in 2009. The ISU responds to calls on a 24/7 basis from hospital ED staff and law enforcement. The ISU is able to serve children and youth daily between 10am and 7pm for crisis stabilization services. Children and youth are referred from a variety of sources including local emergency departments, parents and guardians, local school districts, and child protective services. The ISU is able to serve adults 24/7 for crisis stabilization services. The majority of adult psychiatric referrals come from local emergency departments, other psychiatric facilities, and the County Jail.

In addition to outpatient services, Sacramento County offers services for more acute levels of need. The 12-bed **Crisis Residential** program for adults provides alternatives to hospitalization by addressing crisis to prevent psychiatric hospitalization. Individuals at the Crisis Residential program are encouraged to develop a WRAP that helps them define specific and achievable goals, skills and strategies to resolve crisis, and skill and strategies that can be used when they are back in the community. This program is also used as a "step down" from an inpatient treatment setting where an individual is able to obtain supportive services to improve their level of functioning. The program, located in a Sacramento neighborhood, offers a home-like setting for individuals. The average length of stay is three (3) weeks. Crisis residential services are eligible for Medi-Cal reimbursement.

Through the **MHSA Innovation Project**, several new respite programs have been funded and are, or soon will be, implemented. These respite programs are designed to address crisis through alternatives to psychiatric hospitalization and include: residential and peer-directed respite services to adults in a home-like setting for up to five (5) days; short-term respite and crisis intervention services for homeless women and children; trauma-informed respite services to TAY and adolescent youth experiencing a mental health crisis; and a 23-hour mental health crisis respite center able to serve adults 18 years and older who are experiencing a mental health crisis, but are not an immediate danger to self or others.

Need for crisis triage personnel in Sacramento County

While Sacramento County has crisis response services in place, the need for additional services remains. Siting triage navigators at various access points as described below will help to address gaps and better meet the needs of individuals experiencing a mental health crisis in the least restrictive manner possible. In addition, triage navigators may help to reduce unnecessary psychiatric hospitalizations and incarcerations and the associated costs to those systems.

• Where triage staff is needed to fill gaps and link persons to appropriate services

Sacramento County's Main Jail (MJ) was built in 1989 to house 1,200 inmates; however, over the years, double-bunking has increased capacity to 2,400 inmates with approximately 50,000 bookings per year. Since 1978, Jail Psychiatric Services (JPS) has provided mental health services to the general inmate population at both the MJ and Rio Cosumnes Correctional Center (RCCC) through a contractual agreement between the University of California, Davis, Department of Psychiatry and

Sacramento County. JPS operates both an outpatient clinic and an 18-bed inpatient psychiatric unit in the MJ. The primary goals of the JPS outpatient mental health services program include suicide prevention and treatment of the mentally ill. The inmate population at RCCC is much more stable and does not require as much mental health, crisis response and navigation services as the MJ. At the MJ, however, approximately 17% of inmates utilize JPS for on-going services with approximately 15% taking psychotropic medications. Many of the inmates are individuals living with a severe mental illness who cycle in and out of the MJ. Approximately 30% of MJ inmates released into the community have had at least one contact with JPS.

Anecdotally, both JPS and MJ staff report a majority of released inmates are not linked to community mental health services and are without a support system, placing released inmates needing mental health treatment at increased risk for re-incarceration and/or potential psychiatric hospitalization. Many inmates would benefit from the kind of help a Triage Navigator could provide; specifically, help to identify needed community-based services at the time of release, providing appropriate linkages and a warm handoff to another service provider with the hope to reduce unnecessary criminal justice system recidivism and associated costs.

In Sacramento County, there is a cluster of **homeless support services** in a location just outside the downtown corridor. According to the 2013 Sacramento Homeless Count Report, there are over 2,500 homeless adults in Sacramento and approximately 677 of these adults have a severe mental illness. These individuals operate in survival mode and are often in a state of crisis.

Loaves & Fishes provides an array of services for homeless individuals that includes advocacy, jail visitation, wash house, facilitated activities, noon-time meals, daytime shelter for women and children, overnight shelter for homeless women living with a mental illness, and breakfast served at Friendship Park (within walking distance from Loaves & Fishes). In 2012, they served 191,610 hot lunches, 291,200 cups of coffee and 288,875 pastries at Friendship Park and provided showers for 40,841 homeless individuals.

Genesis, the Loaves & Fishes Mental Health Program, provides free counseling services for homeless individuals and individuals living in low-income housing. Since opening in July 2001, Genesis has served nearly 12,000 individuals (duplicated count) and at least 75% of those individuals receive medication support, primarily through Guest House, a DBHS MHSA-funded program. Approximately 50% of their clients have been incarcerated at some point. The program has two (2) paid staff and seven (7) volunteers, all of whom have master level degrees. Genesis is unable to provide any outreach services and states that triage and system navigation services would greatly enhance their effectiveness.

Guest House, operated by El Hogar Community Services, Inc. and DBHS MHSA-funded, is an access point for homeless individuals who need mental health treatment and housing. Services include triage, comprehensive mental health assessments and evaluations, medications and medication support services, benefits acquisition, and linkages to housing. There is high demand for these services and often many individuals have to wait to be seen. Guest House staff report they are unable to provide an adequate amount of outreach and engagement and, as a result, many individuals will forget their appointment dates/times. The Triage Navigator sited at Loaves & Fishes can walk to Guest House to assist as needed. Additionally, because there is not a centralized intake program for the Housing and Urban Development (HUD) programs, Guest House staff report it is extremely challenging to stay current in tracking HUD program openings to assist clients with housing options. It is anticipated that the Triage Navigator could be a tremendous asset in addressing this critical tracking need.

Downtown Sacramento Partnership (DSP), a private, non-profit organization, oversees safety and maintenance in Sacramento's central business district. Through their Navigator Homeless Outreach program, navigators connect homeless individuals to local community services, facilitate access to care and identify solutions to improve living conditions. In the 12 months, the navigators served 381 homeless individuals, 72% (or 273) of those individuals are living with a mental illness. They were also able to place 73 downtown homeless individuals in stable living environments. DSP reports a strong need for Triage Navigators, especially to assist homeless individuals living with a mental illness, knowing that ongoing outreach, engagement and support are vital crisis prevention and intervention strategies for this population.

The **ISU**, co-located at the Mental Health Treatment Center and certified by California State Department of Health Care Services, provides crisis stabilization services to children, youth and adults who are experiencing a psychiatric crisis. Services may not exceed a 23-hour time period. Local emergency departments provide a majority of the adult referrals. Children and youth are referred from a variety of sources including local emergency departments, parents and guardians, local school districts, and child protective services. In fiscal year 2012-2013, the ISU provided 2081 crisis stabilization services to 1,609 (unduplicated) children, transition age youth, adults and older adults and 165 crisis intervention services to 153 children and youth. About 70% of the individuals that came in for crisis services were already linked to community mental health services, while approximately 72% were referred for psychiatric hospitalization. Triage and Peer Navigators sited at the ISU can improve the overall client experience by engaging and supporting the individual and assisting with linkages to appropriate aftercare/follow-up mental health services.

Local hospital Emergency Departments including Dignity Health, Kaiser Permanente, Sutter Health, and University of California Davis Medical Center (UCDMC) have all participated in the development of this proposal. At a July 2009 Sacramento County Board of Supervisors meeting, the Hospital Council of Northern and Central California reported that in June and July 2009, at seven (7) local Emergency Departments (ED), 716 patients required 27,209 hours of psychiatric treatment normally dedicated to physical medicine ED visits. All hospital partners anecdotally report that the number of incidents where patients use the emergency department for a mental health crisis or because mental health treatment was unavailable has dramatically increased. With increased demands, patients remain in the emergency departments for extended periods of time resulting in delays in receiving mental health treatment. For the period November 2012 to October 2013, UCDMC reported an average of 200 mental health ED visits per month with an average of 144 of those visits due to 5150 holds. Additionally, the average length of stay for a patient brought in under a 5150 hold was 28 hours as compared to a non-hold visit averaging six (6) hours. Triage and Peer Navigators sited at the EDs will provide mental health services in the least restrictive manner possible that will result in decreased ED visit times and reduced associated costs.

As described above, there is a critical need for triage and system navigation services to address gaps throughout the County. Siting Triage Navigators at the MJ and at the Loaves & Fishes campus and having a pool of Triage and Peer Navigators sited at the ISU and local EDs will provide critical recovery-focused crisis intervention, support, brief case management and system navigation services throughout different access points in the community.

• ***Numbers of Triage Navigators required by type of position (i.e., clinical, peer, supervisory)***

A total of 21 Triage Navigator positions are needed to operationalize triage services:

1. One (1) Coordinator/supervisor will have oversight of the entire team.
2. Three (3) Team Leads will provide consultation to all team members. They will also provide triage, recovery-focused crisis intervention, support and system navigation services.

3. Seven (7) Triage Navigators will provide triage, recovery-focused crisis intervention, support and system navigation services.
4. Seven (7) Peer Navigators, who have lived experience, will provide recovery-focused crisis intervention, peer support and system navigation services.
5. On-Call staff to provide vacation and sick leave coverage: One (1) Team Lead, One (1) Triage Navigator and one (1) Peer Navigator.

• ***Indicate the racial, ethnic and cultural groups targeted for service in the county***

Several racial, ethnic and cultural groups are overrepresented in many service sectors. According to the 2013 Sacramento Homeless Count Report, of the 2,538 homeless adult individuals surveyed, 132 (16.8%) are African American, 37 (4.7%) are Hispanic/Latino/Mexican, and 34 (4.3%) are Native American or Alaskan Native, while 677 (27%) report that they live with a mental illness. A Public Policy Institute of California report indicates that African American men are dramatically more likely to be incarcerated than other ethnic and cultural groups. At the County's Mental Health Treatment Center, African American male adults, Native American and Alaskan Native female adults, and African American female children recidivate at a higher rate than other racial and ethnic groups.

Given that Navigators will be sited at the Main Jail, Loaves & Fishes campus, ISU, and local EDs, it will be important to provide culturally responsive and effective triage crisis, support, and system navigation services to the racial, ethnic and cultural groups mentioned above.

The County is committed to hiring well-trained and culturally competent staff that includes bilingual and bicultural individuals and persons with shared lived experience and expects the same of contracted providers. It is a critical practice in the delivery of culturally competent and linguistically proficient services that are relevant and effective for the individuals being served.

• ***Number of persons in crisis to be served in each year of the grant***

Based on trends and limited data available, approximately 7,500 individuals in crisis will be served annually.

Collaboration: Local efforts to coordinate and collaborate with local partners in both developing the grant response and in service activity

DBHS has a strong partnership with Sacramento Police Department (SPD) and Sacramento County Sheriff Department (SCSD). DBHS is also partnering with both SPD and SCSD in the development and submission of a proposal for the CHFFA Mobile Crisis Support Teams grant opportunity. For the purpose of this grant proposal, SCSD and DBHS are partnering specifically to site Triage Navigators at the Main Jail 24/7. SCSD will provide space, safety training and consultation to the Triage Navigators.

Over the last five (5) years, DBHS has worked collaboratively with the Community Mental Health Collaborative (aka Hospital Council) to find collective solutions to respond to the influx of individuals with a mental health crisis presenting at hospital emergency departments. Furthermore, Dignity Health, Kaiser Permanente, Sutter Health, and UCDCMC have been in partnership with DBHS related to providing behavioral health services to the community. These hospital partners support siting Triage and Peer Navigators in their EDs for the purpose of providing mental health triage and system navigation services to patients who need these services.

Over the past two (2) years, DBHS has worked jointly with Sierra Health Foundation to implement a MHSA funded Respite Partnership Collaborative (RPC) Innovation project. The RPC project has provided grant dollars to fund respite programs for individuals experiencing a mental health crisis as a way to reduce psychiatric hospitalizations.

In Sacramento, homeless services are provided through a network of community based agencies. DBHS participates in Sacramento Steps Forward Collaborative and has informed them about this grant opportunity. DBHS is partnering with both Loaves & Fishes and Guest House, to site a Triage Navigator at the Loaves & Fishes campus to work with the homeless population they serve. Both organizations have space on-site from which the Triage Navigator can work. Guest House staff will coordinate and collaborate with the Triage Navigator.

Downtown Sacramento Partnership is another strong partner supporting this proposal. Their Navigator Homeless Outreach program staff will coordinate and collaborate with the mental health Triage Navigators, specifically the Triage Navigator sited at the Loaves & Fishes campus.

Presentations have been made about the Investment in Mental Health Wellness grant opportunities/ DBHS' Triage Navigator concept to the following groups and organizations: DBHS Adult Mental Health Provider Meeting, DBHS Children's Mental Health Provider Meeting, DBHS/Sacramento County Office of Education Collaborative, DBHS Children's Stakeholders Committee, Sacramento County Mental Health Board, Sacramento County Cultural Competence Committee, Sacramento County Quality Improvement Committee, Sacramento County Drug and Alcohol Advisory Board, Emergency Services Task Force, Sacramento County MHSA Steering Committee, and the Innovation Project Respite Partnership Collaborative. The participants and organizations represented in these various meetings are supportive of increasing crisis response services in Sacramento County.

The following non-mental health DBHS partners have submitted letters of support (see attached): Sacramento County Sheriff's Department, Loaves & Fishes, Dignity Health, Kaiser Permanente, Sutter Health, UCDMC, Downtown Sacramento Partnership, Sacramento Police Department, and Sierra Health Foundation.

Program Operations

Through a competitive selection process, DBHS will select a community based agency to provide Triage Navigator services under the direction of the County. The successful applicant will hire and train a Team of 21 staff from diverse racial, ethnic and cultural backgrounds with varying skills, clinical expertise and/or lived experience. A Team Coordinator/Supervisor, serving as principal lead to the Navigator Team, will provide program oversight and supervision. There will be three licensed clinicians, serving as Team Leads that will provide Triage Navigator services, as well as provide consultation in off hours and extended coverage for the 24/7 shifts. The Coordinator/Supervisor and Team Leads will each be 5150 county designees. Although their base of operation will be at the ISU, they will float to the various sites to provide consultation and triage navigation services where needed.

In addition to the ISU, Triage Navigator staff will be stationed at the Main Jail and the Loaves & Fishes homeless services campus. Triage and Peer Navigators will be part of a pool that will be deployed to hospital EDs as needed. Each ED will provide a workstation for Triage and Peer Navigators when working at their location. Upon notification of available resources from this grant, details about implementation will be worked out with hospital partners.

- **Activities**

All Triage and Peer Navigator staff will be trained and expected to provide strength-based services with a wellness and recovery focus. Each Triage Navigator will provide immediate support to the person in need beginning with a basic assessment. Services will include: recovery-focused crisis intervention, brief therapeutic interventions and case management services (which could include

monitoring progress and coordination of placement services), service plan development and discharge planning. Peer Navigators will also provide recovery-focused crisis interventions, peer support, case management services (which could include monitoring progress and coordination of placement services), service plan development and discharge planning. Triage and Peer Navigators will work individually with each individual to connect them to services and supports that can best meet their specific needs.

If it is determined that the immediate level of need for the individual is acute, a more appropriate response will be utilized. Triage and Peer Navigators will call their Supervisor or Team Lead to consult for guidance. If a 5150 is appropriate, the Supervisor or Team Lead can make that determination and the appropriate arrangements will be made. DBHS hopes to be successful in receiving a CHFFA grant to implement Mobile Crisis Support Teams that would be part of this assessment.

- ***Communication, Coordination, Referral***

Protocols will be developed so that each Triage and Peer Navigator will maintain a daily contact log, listing all of the individuals that were seen or who called for services. Individuals that have been seen and then linked to services will receive follow-up by phone or face-to-face by the Triage Navigator for a minimum of two weeks. While in the field providing services, each Triage and Peer Navigator will have access to Avatar, Sacramento County's electronic health record (EHR), to determine whether or not the individual is linked to the County Mental Health Plan. If linked, Triage and Peer Navigators will work collaboratively with the existing mental health provider to provide input into the service plan. If individuals are not linked, navigators will refer and assist with linkage to appropriate services. All activities provided to/for each individual will be detailed on an Activity Form that will be submitted to the supervisor on a weekly basis and reviewed as part of weekly supervision.

Weekly staff meetings will occur in person or via teleconferencing. Teleconferencing is being proposed as a way to bridge shift differences. Team Leads will receive updated community referral information from the CST, Main Jail/JPS, ISU, Loaves & Fishes, Guest House and DSP. This information will be shared at weekly staff meetings. The Supervisor and Team Leads will provide weekly one-on-one site visits with each staff to monitor site specific challenges and review and consult on caseloads. Once the program is implemented, monthly meetings between all partners will be established to share broader community resource information, as well as share information about leads for new services and supports. These meetings will be used to review the coordination of service activities of all the partner navigators.

Each member of the Navigator Team will be equipped with secure/confidential mobile electronic devices to communicate and coordinate with one another and with partners related to urgent situations, shift changes or adjustments, and resource information.

As with all DBHS contracts, a County Program Coordinator will be assigned to provide oversight, technical assistance and coordination with larger mental health network of services.

- ***Monitoring of Individual Progress***

It is anticipated that treatment services will be accessed through different parts of the mental health system. To ensure positive outcomes, before closing each case, the Triage or Peer Navigator will make a follow-up contact 90 days after the last contact, either face-to-face or by phone to determine progress. If the individual is still in need, the Triage or Peer Navigator will determine whether additional services should be put in place.

- **Placement Services and Service Plan Development**

This program will utilize a system navigation focus rather than a treatment focus. It is anticipated that treatment services will be accessed through different parts of the mental health system. If the individual is linked, the Triage or Peer Navigator will contact the agency or therapist that the individual is familiar with and coordinate with that entity to develop a service plan and triage the individual for services. If there is no history with an existing mental health provider, the Triage or Peer Navigator will work with Sacramento County's Centralized Access Team to connect the individual to a new provider. Triage and Peer Navigators will work with other service providers (i.e. shelter, food, medical, etc.) to assist in developing a service plan that best meets the needs of the individual.

- **Deployment, Field Based and Site Based**

Triage and Peer Navigators will be deployed in a variety of ways. Navigators will have a permanent base at the ISU, Main Jail, Loaves & Fishes campus, and local EDs. At the request of the Sheriff's Department, there will be 24/7 coverage at the Main Jail. Based on feedback from Loaves & Fishes, a Triage Navigator will be sited at the Loaves & Fishes campus from 6am to 3pm in order to generate opportunities to connect with homeless individuals receiving breakfast and noon time meals who may not be linked to services. This Triage Navigator will also have the ability to respond to individuals at Guest House and local shelters who need triage and system navigation services.

For hospital EDs, Triage and Peer Navigators will be part of a pool that will be deployed and/or based at hospital sites as needed. Additionally, Peer Navigators will be available to assist ISU clients with peer support and system navigation services. Available hours will vary across sites depending on need.

- **Use of Triage Personnel**

Triage Navigator positions that will be needed to operationalize triage services include the following:

1. One (1) Coordinator/Supervisor will have oversight of the entire team. The Coordinator/Supervisor will meet the qualifications of a Licensed Professional of the Healing Arts (LPHA), possessing a valid California License in one of the following categories: psychiatry, clinical psychology, clinical social worker, marriage and family therapist. The Coordinator/Supervisor will provide program direction, supervision and consultation to all team members. The Coordinator/Supervisor will also be 5150 certified.
2. Three (3) Team Leads will provide consultation to all team members. They will also provide triage, recovery-focused crisis intervention, support and system navigation services. The team leads will meet the qualifications of a LPHA, possessing a valid California License in one of the following categories: psychiatry, clinical psychology, clinical social worker, marriage and family therapist. The Team Leads will also be 5150 certified.
3. Seven (7) Triage Navigators will provide triage, recovery-focused crisis intervention, support and system navigation services. These team members may have lived experience and will meet the qualifications of a Mental Health Rehabilitation Specialist (MHRS), possessing one of the following requirements:
 - a. Master's Degree or PhD and two (2) years of direct care experience in a mental health setting
 - b. Bachelor's Degree and four (4) years of direct care experience in a mental health setting
 - c. Associate Arts Degree and six (6) years of direct care experience in a mental health setting
4. Seven (7) Peer Navigators will provide recovery-focused crisis intervention, peer support and system navigation services. These team members will have lived experience and two (2) years of experience in a mental health setting.
5. On-Call staff will meet the same minimum qualifications as required of permanent full-time staff in each position and provide vacation and sick leave coverage: One (1) Team Lead, one (1) Triage Navigator and one (1) Peer Navigator.

- ***Supports for all Triage Navigators and Peer Navigators***

Trainings, resources and supports will be offered to build and maintain skills for professional development. The following training will be made available to all members of the Team: California Brief Multicultural Competence Scale Training, Applied Suicide Intervention Skills Training (ASIST), Mental Health First Aid, and Wellness Recovery Action Plan (WRAP). In addition, the Sheriff's Department and partnering hospitals will extend all relevant educational and in-service trainings to the Team. 5150 Certification Training will be provided to the Coordinator/Supervisor and Team Leads.

The successful Contractor will provide peer mentoring and coaching. Coordinator/Supervisor and Team Leads will provide on-going consultation and staff support so that Triage and Peer Navigators have the opportunity to discuss workload management, job-related stressors and work-life balance. Triage and Peer Navigators will develop an annual skills building and enhancement plan which will be reviewed as part of a regular employee appraisal. Peer Navigators will be encouraged to utilize wellness plans and other wellness and respite tools as a way to manage stress and mitigate burn-out.

- ***Use of contract providers, county staff, or both***

Through a competitive selection process, DBHS will select a community based organization to provide Triage Navigator services under the direction of the County. DBHS is also requesting a .25 FTE Human Services Program Planner to collect and analyze data for reporting and evaluation purposes. DBHS leveraged resources for this proposal include: (1) .5 FTE Mental Health Program Coordinator to provide oversight, technical support, contract development and monitoring; (2) County space for the Coordinator, Team Leads, and Navigators sited at the Stockton Boulevard ISU campus; (3) County sponsored trainings as related to the Triage Navigator services.

- ***Plan to expand current crisis stabilization resources***

Sacramento County DBHS' Intensive Stabilization Unit opened 2012 ago in response to the high need for crisis response and stabilization services. Additionally, DBHS implemented a MHSA PEI funded project: Community Support Team to provide support services to individuals throughout the county. If successful in the OAC Triage Personnel and CHFFA grant opportunities, DBHS will be able to enhance and expand the crisis response delivery system to include Triage and Peer Navigators, mobile crisis support teams and expand Crisis Residential program capacity.

- ***Ability and expectations for obtaining federal Medi-cal reimbursement***

Sacramento County worked with a consultant regarding the use of Medi-Cal Administrative Activities or Targeted Case Management to leverage additional funds for this project. If awarded, the County will evaluate during the first year to determine which reimbursement avenue to pursue to leverage additional funds to help sustain the program into the future.

Mental Health Triage Personnel Grant Application Budget Worksheet

County: SacramentoFiscal Year: 2013-14Date: 12/24/2013

	County Staff FTEs	County Staff	Contract Staff FTEs	Contract Staff
A. Expenditures				
1. Personnel Costs (List type of staff to be hired.)				
a. Supervisor/Coordinator			1.00	\$ 30,000
b. Licensed Professional Healing Arts			2.90	\$ 73,219
c. Mental Health Rehabilitation Specialist			6.90	\$ 136,781
d. Peer			7.00	\$ 88,813
e. On-Call			3.00	\$ 59,125
f.		\$		
g.		\$		
h.		\$		
i.		\$		
Total FTEs and Salaries	0.00	\$ -	20.80	\$ 387,938
Total Employee Benefits				\$ 82,203
Total Personnel Costs		\$ -		\$ 470,141
2. Total Personnel Expenditures				\$ 470,141
3. Evaluation Costs				\$ 14,330
4. Direct Costs				\$ 17,500
5. Indirect Costs				\$ 43,750
6. County Administration Costs				
7. Subtotal (Personnel, Evaluation, Admin.)				\$ 545,720
B. Expected Revenues				
1. Medi-Cal (FFP only)				
2. Other Revenue				
3. Total Revenue				\$ -
C. Total Grant Funding Requested				\$ 545,720

Mental Health Triage Personnel Grant Application Budget Worksheet

County: SacramentoFiscal Year: 2014-15Date: 12/24/2013

	County Staff FTEs	County Staff	Contract Staff FTEs	Contract Staff
A. Expenditures				
1. Personnel Costs (List type of staff to be hired.)				
a. Supervisor/Coordinator			1.00	\$ 72,000
b. Licensed Professional Healing Arts			2.90	\$ 175,725
c. Mental Health Rehabilitation Specialist			6.90	\$ 328,275
d. Peer			7.00	\$ 213,150
e. On-Call			3.00	\$ 141,900
f.		\$		
g.		\$		
h.		\$		
i.		\$		
Total FTEs and Salaries	0.00	\$ -	20.80	\$ 931,050
Total Employee Benefits				\$ 197,288
Total Personnel Costs		\$ -		\$ 1,128,338
2. Total Personnel Expenditures				\$ 1,128,338
3. Evaluation Costs				\$ 34,391
4. Direct Costs				\$ 42,000
5. Indirect Costs				\$ 105,000
6. County Administration Costs				
7. Subtotal (Personnel, Evaluation, Admin.)				\$ 1,309,729
B. Expected Revenues				
1. Medi-Cal (FFP only)				
2. Other Revenue				
3. Total Revenue				\$ -
C. Total Grant Funding Requested				\$ 1,309,729

Mental Health Triage Personnel Grant Application Budget Worksheet

County: SacramentoFiscal Year: 2015-16Date: 12/24/2013

	County Staff FTEs	County Staff	Contract Staff FTEs	Contract Staff
A. Expenditures				
1. Personnel Costs (List type of staff to be hired.)				
a. Supervisor/Coordinator			1.00	\$ 72,000
b. Licensed Professional Healing Arts			2.90	\$ 175,725
c. Mental Health Rehabilitation Specialist			6.90	\$ 328,275
d. Peer			7.00	\$ 213,150
e. On-Call			3.00	\$ 141,900
f.		\$		
g.		\$		
h.		\$		
i.		\$		
Total FTEs and Salaries	0.00	\$ -	20.80	\$ 931,050
Total Employee Benefits				\$ 197,288
Total Personnel Costs		\$ -		\$ 1,128,338
2. Total Personnel Expenditures				\$ 1,128,338
3. Evaluation Costs				\$ 34,391
4. Direct Costs				\$ 42,000
5. Indirect Costs				\$ 105,000
6. County Administration Costs				
7. Subtotal (Personnel, Evaluation, Admin.)				\$ 1,309,729
B. Expected Revenues				
1. Medi-Cal (FFP only)				
2. Other Revenue				
3. Total Revenue				\$ -
C. Total Grant Funding Requested				\$ 1,309,729

Mental Health Triage Personnel Grant Application Budget Worksheet

County: SacramentoFiscal Year: 2016-17Date: 12/24/2013

	County Staff FTEs	County Staff	Contract Staff FTEs	Contract Staff
A. Expenditures				
1. Personnel Costs (List type of staff to be hired.)				
a. Supervisor/Coordinator			1.00	\$ 72,000
b. Licensed Professional Healing Arts			3.00	\$ 175,725
c. Mental Health Rehabilitation Specialist			7.00	\$ 328,275
d. Peer			7.00	\$ 213,150
e. On-Call			3.00	\$ 141,900
f.		\$		
g.		\$		
h.		\$		
i.		\$		
Total FTEs and Salaries	0.00	\$ -	21.00	\$ 931,050
Total Employee Benefits				\$ 197,288
Total Personnel Costs		\$ -		\$ 1,128,338
2. Total Personnel Expenditures				\$ 1,128,338
3. Evaluation Costs				\$ 34,391
4. Direct Costs				\$ 42,000
5. Indirect Costs				\$ 105,000
6. County Administration Costs				
7. Subtotal (Personnel, Evaluation, Admin.)				\$ 1,309,729
B. Expected Revenues				
1. Medi-Cal (FFP only)				
2. Other Revenue				
3. Total Revenue				\$ -
C. Total Grant Funding Requested				\$ 1,309,729

REPORTING AND EVALUATION

Format/process that will be used to collect and report process information

Sacramento County DBHS will contract for Triage Navigator personnel. After the competitive selection process and contract award, DBHS staff (Program Planners, Contract Monitors, Support Staff) assigned to implementation of this proposal, will collect the following information from the contractor:

- The total number of Triage Navigator and Peer Navigator personnel hired by Contractor
- The reported number of staff hired broken down by total number for each type of triage personnel (e.g. LPHA, MHRS, Peer Navigators)
- Triage service locations/points of access (e.g., Main Jail, homeless services, homeless shelters, ISU, hospital emergency departments, psychiatric hospitals, community clinics, other community-based service points) that have been established

As indicated previously, the County is committed to hiring well trained and culturally competent staff that includes bilingual and bicultural individuals and persons with shared lived experience and expects the same of contracted providers. For this reason, the County will also collect information on the race, ethnicity and language of staff hired by the contracted agency for this project.

As required, DBHS will report process information to grant administrators at six (6) and twelve (12) months following the grant award.

If at twelve (12) months after grant award, all proposed staff are not hired, additional updates will be reported every six (6) months until all staff are hired and all sites established.

Encounter Based Information

Sacramento County DBHS will collect and report information on each contact made by the Triage and Peer Navigators. It is anticipated that DBHS will work with the contracted agency and other partners in this grant to develop forms to collect demographic and service data on individuals that use triage navigator services. Data will be submitted by the contract provider to DBHS, at a minimum, on a monthly basis. DBHS is exploring the possibility of entering data into Avatar, Sacramento County's electronic health record (EHR). If it is determined this is not feasible due to required timeframes of program implementation, a custom database will be created by the DBHS Research, Evaluation and Performance Outcomes unit (REPO) so that data collected can be entered into it for reporting and analysis.

DBHS will assign a unique identifying number to each individual served so that an unduplicated count of persons served can also be reported. Information on the individual's age, race, ethnicity, gender, primary language and/or associated populations (i.e. LGBTQ, Veteran, Refugee, Foster Youth, etc.) will be collected. How individuals heard about or came in contact with Triage and Peer Navigators will also be collected.

For each contact the following will be documented: (1) contact method (i.e. in person, by phone or by tele-health); (2) contact location; (3) referrals made; (4) specifics on each service or program the individual was referred, if applicable; (5) disposition following navigator services (i.e. individual was returned to the community, individual required further crisis intervention, emergency room services, inpatient hospitalization, etc.).

If referrals were made, follow-up will be conducted to assure the individual was linked with referred services. Such follow-up will be documented as to date and time of contact, person(s) contacted and confirmation that individual engaged in services.

A cross check of the Avatar EHR will be conducted to determine if the individual is currently receiving any services in the Sacramento County Mental Health Plan at the time of contact, and if so, the type of services being provided will be documented.

DBHS will comply with grant reporting requirements and will report encounter based data at twelve (12) months after grant award and then every six (6) months afterward throughout the grant cycle.

Grantee Evaluation of Program Effectiveness

- *Goals and Objectives for Triage Navigators and Peer Navigators and/or the crisis response system*
- *How data will be collected and reported on system indicators, measures and outcomes that will be tracked to provide an overall evaluation of the program effectiveness*
- *How evaluation findings will be analyzed to report of whether system and individual outcomes have been obtained*

Increased Triage and Peer Navigators and an improved crisis response system in Sacramento County are the overarching goals of the Triage and Peer Navigator program. Goals/ objectives, indicators/measures and desired outcomes for this program are outlined in the chart below. Baseline data will be collected and appropriate targets will be set for each indicator/measure. These goals, objectives and outcomes will be tracked and reported by DBHS REPO unit. Quarterly reports will be provided to DBHS management and shared with grant partners at the established monthly meetings. Data will be used to inform program planning decisions as well to report progress towards desired outcomes and program effectiveness. Data will be analyzed and an evaluation of whether goals, objectives and outcomes have been attained, as well as effectiveness of funded services, will be reported to grant administrators at 24 and 36 months after grant award.

Goals/Objectives	System Indicators/Measures	Desired Outcomes	Baseline	Target/Goal
Improve client experience for those experiencing a mental health crisis in Sacramento County	1. The number of peer partners, with lived experience, that work in mental health crisis intervention in Sacramento County.	1. Increase in staff that work in mental health crisis intervention/ stabilization in Sacramento County that are peer partners, with lived experience.	TBD	TBD
	2. The number of access points where mental health crisis intervention/stabilization services are available in Sacramento County.	2. Increase in number of access points where mental health crisis intervention/stabilization services are available in Sacramento County.	TBD	TBD
	3. Percent of clients satisfied with Triage services received in Sacramento County.	3. Increase in clients experiencing a mental health crisis in Sacramento County is satisfied with services received.	TBD	TBD
Reduce unnecessary inpatient hospitalizations	1. Percent of inpatient hospitalizations experienced by individuals receiving	1. Decrease in number of inpatient hospitalizations.	TBD	TBD

Goals/Objectives	System Indicators/Measures	Desired Outcomes	Baseline	Target/Goal
	services through Triage Grant.			
	2. Percent of individuals receiving Triage services that are re-hospitalized within 30 days after inpatient discharge.	2. Decrease inpatient hospitalization recidivism rate for individuals receiving triage grant services.	TBD	TBD
	3. Percent of individuals receiving Triage services that are hospitalized within 30 days of triage services.	3. Decrease the percent of individuals that are hospitalized within 30 days of receiving triage services.	TBD	TBD
	4. Percent of individuals receiving Triage services in Sacramento County that are diverted from inpatient hospitalization.	4. Increase in discharges back to community after triage/crisis services	TBD	TBD
Reduce unnecessary incarcerations	1. Arrest and incarceration recidivism for individuals receiving Triage services in Sacramento County.	1. Decrease in arrest and incarceration recidivism	TBD	TBD
Mitigate unnecessary expenditures of law enforcement	1. Time spent by law enforcement personnel dealing with persons experiencing mental health crisis in Sacramento County.	1. Decrease in time spent by law enforcement personnel dealing with persons experiencing mental health crisis in Sacramento County.	TBD	TBD
Increase the number of community agencies collaborating on delivery of crisis mental health services in Sacramento County	1. Number of community partners collaborating, planning and participating in crisis mental health service delivery in Sacramento County.	1. Increase in the number of community partners collaborating, planning and participating in crisis mental health service delivery in Sacramento County.	TBD	TBD

Data for reporting and analysis will come from multiple data sources. It is anticipated that forms to collect the required data elements as well as satisfaction data will be developed in collaboration with the agency awarded the contract. Demographic and service data will be submitted by the contracted agency to DBHS REPO unit at least monthly. Protocol for satisfaction survey distribution and reporting will be developed during the competitive selection process. REPO staff will enter all data into a database for reporting and analysis. REPO staff will work directly with the contracted agency to ensure data is collected and submitted timely. Data from Avatar EHR will also be used to report on outcomes related to services provided (i.e. engagement in outpatient services, inpatient hospitalizations, crisis stabilization) by the Sacramento County Mental Health Plan to individuals receiving triage services.

Evaluation findings will be analyzed by comparing baseline data to subsequent data measurement annually, at a minimum. Change from baseline as well as targets set for each measure will allow DBHS to identify system and individual outcomes that have been obtained. Additionally data will be reported and analyzed by demographics and associated populations to look for disparities and differences among different races, ethnicities and cultures.

Number of hospitalizations by individuals receiving triage and system navigation services will be evaluated to assure individual needs are being met and hospitalizations are being avoided and/or reduced. Inpatient hospitalization recidivism rates for persons served by the triage personnel will be evaluated to determine if triage services have been effective at decreasing re-hospitalization rates.

Number of incarcerations will be evaluated to assure individual needs are being met and incarcerations are being avoided and/or reduced. Arrest and incarceration recidivism rates for individuals served by this grant will be evaluated to determine if triage services have been effective at decreasing re-arrest and re-incarceration rates.

DBHS will report the total number of Peer Navigators with lived experience, who work in crisis intervention/stabilization at baseline, and at ongoing points throughout program implementation. The goal is to insure that there is an increase in the number of Peer Navigators providing peer support services, throughout the crisis response delivery system.

Sacramento County DBHS is partnering with Sacramento County Sheriff's Department in implementation of this proposal. They have been involved throughout the entire process from the grant response to planning process and are key partners in its implementation. The total number of hours spent by Sheriff's Department personnel related to individuals experiencing mental health crisis will be reviewed prior to and at ongoing points throughout the proposal implementation to assure that these hours are being reduced and thereby resulting in a cost savings to law enforcement.

The number of community partners involved in crisis stabilization activities will be captured at baseline and at ongoing points throughout grant implementation. These numbers will be reported. DBHS will work to ensure that all community partners are included and that the numbers of partners steadily increase.

SACRAMENTO COUNTY



SHERIFF'S DEPARTMENT

SCOTT R. JONES

Sheriff

December 6, 2013

Mental Health Services Oversight and Accountability Commission
State of California

Mental Health Triage Personnel Grant

To Whom It May Concern:

The Sacramento Sheriff's Department is in support and is committed to partnering with the Sacramento County, Department of Health and Human Services, Division of Behavioral Health Services, Mental Health for the purpose of staffing triage navigators. The proposed triage navigators will provide crisis support services that include crisis triage, case management and linkage to services for individuals with mental health illness who require crisis intervention. It is anticipated triage navigators will provide 24/7 coverage on site at Sacramento Sheriff's Main Jail Division.

The Sacramento Sheriff's Department Main Jail staff will coordinate with Sacramento's Division of Behavioral Health Services staff to identify possible work space for the triage navigators at the Main Jail facility. The Sheriff's Department will provide jail security training for triage navigators who have been cleared through the jail security clearance process to work at the jail facility.

The Sacramento Sheriff's Department intends to support the Department of Health and Human Services Division of Behavioral Health Services, Mental Health and will sign the Memorandum of Agreement upon award and approval by the Board of Supervisors.

Very truly yours,

SCOTT R. JONES, SHERIFF

A handwritten signature in blue ink, appearing to read "Milo Fitch", is written over the printed name of the Chief Deputy.

Chief Deputy Milo Fitch
Correctional Services

MF:jm



GENESIS

A Mental Health Program of Loaves & Fishes

P.O. Box 2161, Sacramento, CA 95812... (916) 669-1536... FAX (916) 669-1540

December 31, 2013

Mental Health Services Oversight and Accountability Commission

RE: Sacramento County Application for Mental Health Triage Personnel

To Whom It May Concern:

Loaves & Fishes provides homeless survival services to an average of 800 individuals daily. A large portion of this population struggles with completing activities of daily living and sustaining consistent plans for their own wellbeing, often due to conditions of chronic homelessness, mental illness, substance abuse, poor life skills, and lack of social supports, resulting in insufficient follow-through and/or ability to navigate services. These individuals operate in survival-mode and are often in a state of crisis. Even as services are available to them, it is the navigation piece that becomes a barrier – made that much more difficult by the often restricting intake processes and separateness of the service providers and long wait times. In this environment, homeless individuals in crisis are highly susceptible to falling-through-the-cracks, and thus, perpetuating vicious cycles of frequent incarcerations, emergency room over-utilization, and living conditions not meant for human habitation.

At Genesis, the mental health clinic of Loaves & Fishes, we believe the addition of an on-site triage navigator would be vital to those accessing resources. For individuals seeking mental health treatment, for instance, a triage navigator would be able to provide an important linkage and support, assisting directly in the process of wading through various intakes, assessments, and appointments for counseling services and psychotropic medications. The positive impact of a triage navigator would be in the areas of coordination, access, and follow-through, all of which are currently lacking, as service providers are often inundated and unable to provide the type of sustaining outreach and follow-up that such a crisis and need system requires. We believe a triage navigator could directly improve the quality of life for this vulnerable population, by being able to accompany them to appointments, support them through the process, increase access points to services, and by maintaining a consistent presence and connection during wait times. Loaves & Fishes, and more specifically Genesis, would certainly be interested in collaborating with the proposed triage navigator. Genesis staff would be willing to offer opportunities for psycho-education, consultation and limited training, along with assistance in service delivery (i.e. use of office supplies, phone, fax, copier, computers, etc.). We believe our ability to serve the homeless population is enhanced through coordination and collaboration, and thus, Loaves & Fishes welcomes the opportunity to work with Sacramento County, Division of Behavioral Services in expanding crisis response and navigation services to homeless persons in Sacramento.

Kathryn Kleinman, LMFT
Program Director, Genesis
Loaves & Fishes

December 19, 2013

To Members of the Mental Health Services Oversight and Accountability Commission:

Dignity Health is committed to partnering and collaborating with Sacramento County, Division of Behavioral Health Services and other health systems to site triage navigator personnel at our emergency departments.

From July 2012 – June 2013, there were 25,000 emergency department visits by patients in need of psychiatric-related care in our four hospitals within Sacramento County, which equates to 70 patients per day. While there are inadequate inpatient beds for this volume of patients, additional crisis support services in the emergency department setting will both expand and improve services to this population.

Our vision for these navigators encompasses the following:

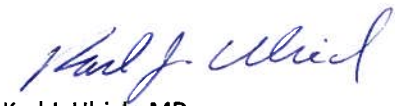
- Triage navigators sited in the emergency department will provide coordinated triage, linkage and referral services to increase access to community services, reduce trauma for patients, eliminate ED visits, and decrease ED length of stay.
- Utilization of trained “peer” personnel will bring lived experience to the interactions with patients, a practice widely recognized as beneficial.
- Navigators will provide some critical relief for our most impacted hospitals, who must employ “sitters” to watch over patients while we struggle with meet the needs of so many patients timely.

This is also an opportunity for the County to play an increased leadership role with all of the healthcare systems within Sacramento County and will encourage collaboration among the healthcare systems in sharing navigators not given core assignments.

Dignity Health will provide space in or proximate to the emergency departments and office supplies and equipment. We will be responsible for training for hospital, health/safety education and nonviolent crisis intervention.

Dignity Health welcomes the opportunity to coordinate and collaborate with Sacramento County in submission of this grant application.

Sincerely,



Karl J. Ulrich, MD
Interim Senior Vice President, Operations and
Chief Physician Executive
Greater Sacramento-San Joaquin Service Area

December 23, 2013

To Members of the Mental Health Services Oversight and Accountability Commission:

Kaiser Permanente is committed to partnering and collaborating with Sacramento County, Division of Behavioral Health Services and other health systems to site triage navigator personnel at our emergency departments (EDs).

Founded in 1945 and headquartered in Oakland, CA, Kaiser Permanente is one of the nation's largest nonprofit health plans, with more than 8.8 million members, including over 665,000 in the Greater Sacramento area. With our integrated health care delivery model, Kaiser Permanente has been at the forefront of promoting coordinated care, with a focus on the provision of preventive services and a commitment to reducing health disparities.

Budget cuts during the last 5+ years have threatened the county's ability to provide mental and behavioral health services and deliver critical care for some of our region's most vulnerable residents. EDs and community health centers especially have borne the brunt of this crisis, as consumers have increasingly turned to these sites for care. This funding provided through the Mental Health Wellness Act of 2013 will allow the county to expand much needed crisis services and supports in a coordinated and collaborative manner that will benefit consumers.

Triage navigators providing coordinated triage, linkage and referral to services in the ED will work closely with Kaiser Permanente staff and clinicians to increase patients' access to critical intervention and case management services in the community. We anticipate that these services, together with the other triage navigator sites proposed in Sacramento County, will help reduce ED utilization, waiting times for patients and hospitalizations, while strengthening the provision of services throughout the county.

Kaiser Permanente is willing to provide the triage navigators with office space and supplies, as well as use of fax, phone and copiers at our Sacramento and South Sacramento medical centers. The triage navigators will also participate in trainings provided by our Care Continuum and Emergency Departments, as well as other educational opportunities offered by the medical centers, and will be able to use Kaiser Permanente's resource materials.

Kaiser Permanente welcomes the opportunity to coordinate and collaborate with Sacramento County and the other health systems in the Greater Sacramento area in submission of this grant application.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Trish Rodriguez', with a stylized, flowing script.

Trish Rodriguez, RN, MPH
Senior Vice President and Area Manager
South Sacramento Service Area

A handwritten signature in blue ink, appearing to read 'Ron Groepper', with a stylized, flowing script.

Ron Groepper
Senior Vice President and Area Manager
Sacramento Service Area

December 19, 2013

To: Members of the Mental Health Services Oversight and Accountability Commission:

Sutter Medical Center, Sacramento is committed to partnering and collaborating with Sacramento County, Division of Behavioral Health Services and other health systems to site triage navigator personnel at our emergency departments.

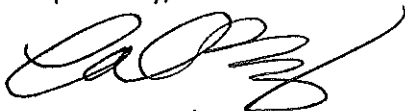
Since the closure of the crisis stabilization unit, lack of availability of county and community resources, patients with behavioral health needs utilize emergency departments as a safety net. With increased demand despite lack in services and programs, the patients stay longer in the emergency department setting resulting in delay in behavioral health treatment.

With the expansion of crisis services and supports through collaboration with health systems, patients will receive coordinated triage, linkage and referral services through system navigators in the emergency departments. The navigation services will enhance overall patient care delivery and experience, increase access points to services, reduce emergency department utilization and length of stay as well as improve throughput – all of which allow the emergency department setting to better serve the needs of the community at large. Lastly, the opportunity to collaborate with peer partners will help reduce stigma of mental illness.

In partnership with the triage navigator personnel, our health system extends the opportunity to provide training support on crisis intervention and other behavioral health-related training, support in their service delivery, create networking opportunities with other organizations/services we currently partner with as well as work collaboratively as a team to provide the best experience for the population we serve.

Sutter Medical Center, Sacramento welcomes the opportunity to coordinate and collaborate with Sacramento County in submission of this grant application.

Respectfully,



Carrie Owen Plietz, CEO

Sutter Medical Center, Sacramento



DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

2230 STOCKTON BOULEVARD
SACRAMENTO, CA 95817

UNIVERSITY OF CALIFORNIA DAVIS

MEDICAL CENTER, SACRAMENTO
2315 STOCKTON BOULEVARD
SACRAMENTO, CALIFORNIA 95817

December 19, 2013

Members, Mental Health Services Oversight and Accountability Commission

The departments of psychiatry and emergency medicine at the UC Davis Medical Center (UCDMC) are committed to partnering and collaborating with the Sacramento County Division of Behavioral Health Services, and other health systems to support the placement of navigator personnel in our emergency department. We believe this is an exciting development and would provide an important resource for assisting patients with mental health disorders to receive timely mental health care and expedited referrals.

The emergency department at the UC Davis Medical Center provides more psychiatric care for county mental health patients than any other emergency department in the county. Unfortunately, because of the shortage of inpatient, crisis stabilization and outpatient services, often these patients remain in our emergency department for extended periods of time. There is an important and critical need to expand crisis services to assist these patients in being released from the emergency room. To address this need, we strongly support the development of a system of navigation services for these patients. It would be in the best interest of the patients, the county and our medical center.

The UCDMC emergency department has crisis social workers, case managers, and an emergency psychiatry service. In spite of these services, there remains a critical need for someone to finalize and coordinate the actual referral to various county programs. The triage navigators that are defined in this proposal would enhance the level of care by providing coordinated triage, linkage to the appropriate level and type of services, and referral to other services provided by the county and its contracted agencies.

We believe that this program will also provide an improved quality of life and will contribute to patients achieving their personal recovery goals. The triage navigators would work closely not only with the crisis social workers and case managers, but also with the psychiatry attendings, residents and medical students who provide emergency psychiatric services in the emergency department. The triage navigators would expand and enhance our ability to provide appropriate clinical services to the Sacramento County mental health population and would reduce the need for patients going to the emergency department in the first place for evaluation and treatment.

The UC Davis Medical Center has a strong, positive working relationship with the Division of Behavioral Health Services in Sacramento County. All of the county-operated mental health programs, and many of the county-contracted programs, are staffed by UC Davis attending psychiatrists, residents and medical students. Through the implementation of the navigator program, this relationship between UC Davis Medical Center and the County of Sacramento's Division of Behavioral Health would be strengthened even further.

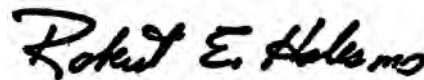
To assist the triage navigators with their work, they would have access to our electronic medical record concerning the mental health patient with whom they are working. We would provide shared cubicle or office space where they could work and they would have access to office supplies and equipment, such as a fax, copier, phone, and computers. The navigators would also receive training from our emergency psychiatry attendings and residents who would work closely with them. The navigators would be invited to attend educational programs that would be relevant to them that are sponsored both by the department of emergency medicine and the department of psychiatry.

The UC Davis Medical Center welcomes the opportunity to collaborate with Sacramento County in the submission of this grant application. We believe that the funding of the triage navigator system for Sacramento County, and the placement of these navigators in our emergency room would greatly improve the quality of care that could be provided to mental health patients.

Thank you for the opportunity to support this program.



Nathan Kuppermann, M.D., M.P.H
Chair, Emergency Medicine



Robert E. Hales, M.D., M.B.A.
Chair, Psychiatry and Behavioral Sciences

December 20, 2013

Sacramento County
Division of Behavioral Health Services
7001-A East Parkway, Ca 95823

Attention: Julie Leung

The Downtown Sacramento Partnership (DSP) commends the County of Sacramento for applying for triage funding from SB 82 Mental Health Wellness Act of 2013. The mental health needs of the Downtown core are evident by the number of ill individuals that our staff encounters on a daily basis. The DSP funds three homeless outreach workers who help individuals that find themselves without resources and stranded on the streets of Sacramento. Our team who is deployed on the streets 6 days a week, 10 hours a day assists nearly 400 individuals a year. In total over 70% of the individuals we assist have mental health issues.

DSP is consistently working with the County and State to identify enhanced onramps for mental health services in the core. The DSP's homeless outreach team finds themselves stuck in a system that is often times underfunded and unable to handle the chronic homeless individual who suffers from mental illness. More often than not, we find our clients shuffled between the cracks of the social service safety net that includes 5150 holds at our local hospital Emergency Rooms followed by short Jail stays until they are released back on to the streets of Sacramento. This revolving door cycle is repeated until a criminal offense is committed that is so great the defendant has to go before a Judge. Often times the severity of the illness is only treated after a Judge has ordered an evaluation to determine if the individual is capable of standing trial. Currently the number one location for 5150 calls for service in 2013 is 651 I street (as stated by the Sacramento Police department during the December 17th city council meeting). When you realize the 651 I street is the address of the Main Jail for the County of Sacramento it only further highlights the need for Triage Navigators and the severity of the crisis we are experiencing in the Downtown Core. Based on what our staff is dealing with on a daily basis downtown, I can state without a doubt, that the status of the current system in place to help the mentally ill homeless population in the county of Sacramento is broken.

With additional funding for Triage Navigators, we believe that this cycle can be broken and individuals can gain access to the help they need without multiple trips to Jail or the Emergency Room. This funding should allow the county to place Triage Navigators within the Main Jail. DSP will assist those Triage Navigators by sharing case files and information to help identifying those chronic homeless individuals that are in need of mental health assistance once they are incarcerated. If the Triage Navigators are also located in the Emergency Rooms we will be able to work directly with them to divert our mentally ill homeless individuals from a 5150 hold into appropriate services to deal with their current needs before crisis.

The DSP supports this effort by the County of Sacramento to secure additional funding. Though future partnerships and our existing outreach team we can help to close the gap and address this issue with real sustainable solutions.

Regards,



Dion Dwyer
Director of Community Services
Downtown Sacramento Partnership

916.442.8575
FAX 916.442.2053
980 9th Street, Suite 400
Sacramento, CA 95811

downtownsac.org

City of
SACRAMENTO
Police Department

SAMUEL D. SOMERS JR.
Chief of Police

5770 Freeport Blvd., Suite 100
Sacramento, CA 95822-3516

December 31, 2013
Ref: COP 1-8

(916) 808-0800
Fax: (916) 808-0818
www.sacpd.org

Mental Health Services Oversight and Accountability Commission
1300 17th Street, Suite 1000
Sacramento, CA 95811

Dear Members:

The Sacramento Police Department has a longstanding partnership with Sacramento County and the Division of Behavioral Health Services. As first responders, the Department has experienced first-hand the gaps within the current crisis system in this community and recognizes the need for expanded crisis services and supports and system navigation services.

Due to a lack of resources, officers spend critical time in hospital emergency departments with individuals in psychiatric crisis. By providing crisis support services at various access points such as the Intake Stabilization Unit, main jail, hospital emergency departments and within the homeless continuum, the proposed triage navigators can help to reduce the costly impacts to law enforcement.

The Department is also partnering with the Sacramento County Division of Behavioral Health Services and Sacramento Sheriff's Department in the development of a proposal for mobile crisis support teams through the California Health Facilities Finance Authority grant opportunity. Together, these collective efforts can help to broaden the array of crisis services, bringing a positive impact to the quality of care and services for mental health clients experiencing a crisis.

The Sacramento Police Department fully supports the Sacramento County SB82 triage personnel grant proposal and welcomes the opportunity to further coordinate and collaborate with the County in these endeavors.

Sincerely,



Samuel D. Somers, Jr.
Chief of Police

SS:si



December 19, 2013

To Members of the Mental Health Services Oversight and Accountability Commission:

It is our pleasure to write a letter of support for Sacramento County's grant proposal for Mental Health Triage Personnel.

Since 2010, Sierra Health Foundation and the Center for Health Program Management have collaborated with Sacramento County Division of Behavioral Health Services to implement a Mental Health Services Act Innovation project, the Respite Partnership Collaborative (RPC). The RPC project is a public-private partnership with Sacramento County, Sierra Health Foundation, the Center for Health Program Management and the community at large. The goal of the RPC project is to increase local mental health respite service options and offer alternatives to hospitalization for community members experiencing a mental health crisis in Sacramento County.

Respite services can provide an alternative to psychiatric hospitalization by providing an individual in crisis, or at risk of going into crisis, a place to stabilize in a safe and supportive environment designed to reduce the need for a higher level of service. The RPC project has awarded grants to seven agencies which will provide respite services to children, youth, families and adults in Sacramento County. Triage navigators providing coordinated triage, linkage and referral to services in the emergency department will expand and enhance respite service delivery in our county.

There is a continued need for mental health crisis services in Sacramento County. According to the California Health Care Foundation report "Mental Health Care in California: Painting a Picture", nearly 1 in 6 California adults has a mental health need, and approximately 1 in 20 suffers from a serious mental illness that makes it difficult to carry out major life activities. One in 13 children suffers from a mental illness that limits participation in daily activities. About half of adults in California with mental health needs did not get treatment, and wide racial and ethnic disparities remain present.

Sierra Health Foundation and the Center for Health Program Management support additional funding for mental health personnel and services in Sacramento County to address the above mental health needs. As such, we welcome the opportunity to coordinate and collaborate with Sacramento County in submission of this grant application.

Sincerely,

Chet Hewitt

President and CEO

Sierra Health Foundation

Center for Health Program Management