

Attachment

4



STATE OF CALIFORNIA
EDMUND G. BROWN
Governor

John Boyd, Psy.D.
Chair
Khatera Aslami-Tamplen
Vice Chair
Toby Ewing, Ph.D.
Executive Director

NOTICE OF FUNDS AVAILABILITY AND RELEASE OF REQUEST FOR APPLICATIONS

TO: All Counties, Counties Acting Jointly across the state, and City Mental Health/Behavioral Health Departments

FROM: Toby Ewing, Ph.D., Executive Director
Mental Health Services Oversight and Accountability Commission

SUBJECT: AVAILABILITY OF FUNDING FOR HIRING TRIAGE PERSONNEL: THE INVESTMENT IN MENTAL HEALTH WELLNESS ACT

The Mental Health Services Oversight and Accountability Commission (Commission) is soliciting Applications for Investment in Mental Health Wellness Act of 2013 triage grant dollars aimed at crisis triage services for children and youth in pre-kindergarten to twelfth grade. The grant cycle will run for four fiscal years.

A total of \$30 million is available through this Request for Application (RFA). California counties, any counties acting jointly across the state, and city mental health/behavioral health departments are eligible to compete for the triage grants. Pursuant to Welfare and Institutions Code §5848.5(h), the Commission may, at its discretion, also give consideration to private nonprofit corporations and public agencies in an area or region of the state if a county, or counties acting jointly, affirmatively supports this designation and collaboration in lieu of a county government directly receiving grant funds.

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

The due date to submit the mandatory Letters of Intent to Apply is March 16, 2018.

The due date for eligible Applications to be submitted is 4:00 p.m., April 19, 2018. A copy of the RFA is available on the Commission website at <http://www.MHSOAC.ca.gov>.



Mental Health Services
Oversight and Accountability Commission

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

Request for Applications
Mental Health Triage Personnel
School-County Partnerships

Grant Term: June 30, 2018 - June 30, 2022

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

Mandatory Letter of Intent to Apply deadline: March 16, 2018

APPLICATION DEADLINE:

4:00P.M.

April 19, 2018

Table of Contents

I. Key Action Dates	1
II. Background	2
III. Purpose and Goals	2
IV. Personnel.....	3
V. Grant Application and Funding.....	4
A. Eligibility Criteria	4
B. Funding.....	5
C. Grant Cycle.....	5
D. Grant Apportionment.....	6
E. Allowable Costs	6
VI. Information Required in the Grant Application.....	6
A. Application Cover Sheet	6
B. Requirements	7
1. Evidence of Established Collaborative.....	7
2. Scored Qualifications.....	7
3. Proposed Plan.....	8
3.1 Proposed Training and Supports.....	8
C. Implementation Plan.....	9
1. Plan Narrative.....	9
1.1 Plan Timeline.....	9
2. Sustainability Plan.....	10
3. Program Communications Plan.....	10
3.1 Communication between Triage Personnel and Collaborative Partners.....	10
D. Budget Requirements.....	11
1. Budget Worksheet.....	11
2. Budget Narrative.....	11
VII. Statewide Evaluation	12
VIII. Reporting.....	12
1. Triage Hiring Report	12
2. Statewide Evaluation Data	13
3. Expenditure Information.....	13
4. Program Communications Plan.....	13
5. Roadmap.....	13
IX. Bidding Instructions	14
A. Applicant Admonishment	14
B. Communications and Contacts	14
C. Procurement Official.....	15
D. Questions Regarding the Solicitation Document.....	15
E. Intent to Apply	15

F. Bidders' Conference	16
G. Solicitation Document.....	16
H. Confidentiality	16
I. Addenda	17
J. Applicant's Cost	17
K. Signature of Bid	17
L. False or Misleading Statements	17
M. Disposition of Applications	17
N. Appeals	18
X. Application Assembly and Submission Instructions.....	19
A. Number of Copies	19
B. Required Format for an Application	19
C. Assembling the Application	19
D. Packaging and Labeling.....	20
XI. Reviewing and Scoring Applications	20
ATTACHMENT 1: APPLICATION COVER SHEET	26
ATTACHMENT 2: INTENT TO APPLY	27
ATTACHMENT 3: SCHOOL-COUNTY COLLABORATIVE Evidence of Established Collaborative.....	28
ATTACHMENT 4: SCHOOL-COUNTY COLLABORATIVE Scored Qualifications	29
ATTACHMENT 5: SCHOOL-COUNTY COLLABORATIVE Proposed Plan	35
ATTACHMENT 6: SCHOOL-COUNTY COLLABORATIVE Proposed Training and Supports	39
ATTACHMENT 7: IMPLEMENTATION PLAN Plan Narrative	40
ATTACHMENT 8: IMPLEMENTATION PLAN Plan Timeline	48
ATTACHMENT 9: PROGRAM IMPLEMENTATION PLAN Impact Sustainability Plan.....	56
ATTACHMENT 10: PROGRAM IMPLEMENTATION PLAN Program Communications Plan.....	59
ATTACHMENT 11: BUDGET WORKSHEET.....	60
ATTACHEMTN 11-1: BUDGET WORKSHEET INSTRUCTIONS	61
ATTACHMENT 12: BUDGET NARRATIVE	64
ATTACHMENT 13: FINAL SUBMISSION CHECKLIST	66
ATTACHMENT 14 TRIAGE HIRING REPORT Triage Hiring Report Instructions.....	67
ATTACHMENT 15: QUESTIONS TEMPLATE	69

I. Key Action Dates

Table III-1, Key Action Dates provides the key action dates and times by which actions must be taken or completed. If the Commission finds it necessary to change these dates or times, it will be accomplished via an addendum to this solicitation with the exception of dates listed after the Last day to submit Final Application, which may be changed without an addendum. All times listed are for Pacific Time.

Table III-1: Key Action Dates

Key Action Dates		
Item	Action	Date and Time
	Release of RFA. Posted on Commission Website (www.mhsoac.ca.gov)	March 2, 2018
	Bidders Conference: 10:00 A.M. to 12:00 P.M. Call in number 866-817-6550 Participant Code 3190377	March 7, 2018
	Last day to submit ATTACHMENT 2, Intent to Apply	March 16, 2018
	Last day to submit written questions using ATTACHMENT 15, Questions Template	March 16, 2018
	Commission's response to submitted Applicant questions	March 23, 2018
	Last day to submit Final Application ¹	April 19, 2018, by 4:00 PM
	Evaluation Period begins ²	April 19, 2018
	Notification of Intent to Award (Commission Meeting)	May 2018
	Last day to submit Appeal ³	May 2018
	Contract Award	May 2018

¹ All dates after submission of Final Application are approximate and may be adjusted as conditions indicate without addendum to this solicitation.

² Actual dates to be determined when the number of Applicants is known.

³ See section 2.6, Appeals.

II. Background

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

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

In July 2017, the Commission dedicated 50 percent of SB 82 Triage funds to children and youth, aged 21 years and under. With the recognition that the effects of mental health crises are evident on school campuses, and the need for a coordinated community response, in November 2017 the Commission directed \$30 million to strengthen school-county partnerships to provide crisis intervention services for children in grades pre-kindergarten through twelve, with an emphasis on children in grades pre-kindergarten through third.

III. Purpose and Goals

The grant funding supports the hiring of mental health personnel to provide triage services to children on school campuses who are experiencing or are at risk of experiencing a mental health crisis. It also supports training for the families/caregivers of children experiencing a mental health crisis.

This grant is intended to hire personnel to enhance an existing county partnership with school-based programs and to expand access on school campuses to a continuum of services and supports for children and their families. It is the intent of the Commission that the use of these funds will create a roadmap for counties and schools across the state to successfully move into an integrated school-based crisis prevention and early intervention model, which includes the county mental health department, schools, parents/caregivers, community organizations, and/or private industry.

The grant supports hiring triage personnel to build and strengthen partnerships between education and community mental health providers and to coordinate and deliver children's wellness services.

The specific goals of the grant are to:

1. Increase access to a continuum of mental health services and supports through school-community partnerships for the purposes of:
 - a. Preventing children from developing social, emotional, and behavioral problems
 - b. Providing targeted, early intervention services for children at risk
 - c. Providing intensive, individually-tailored services for children with mental health needs
 - d. Providing family-based services and supports, such as assessment, brief intervention, linkage, and referral to services
2. Further develop a coordinated and effective crisis response system on school campuses when mental health crises arise.
3. Further engage parents and caregivers in supporting their child's social-emotional development and building family resilience.
4. Reduce the number of children placed in special education for emotional disturbance or removed from their school and community due to their mental health issues.

Only counties that are able to demonstrate an established school-county partnership will be funded for this grant. The intent of these funds is not to create new partnerships between counties and schools. Rather, these funds are intended to foster and expand already established partnerships and leverage those partnerships to move into a more integrated crisis intervention system of care that can be accessed on school campuses for children and their families/caregivers.

IV. Personnel

Personnel funded through this grant may be the first mental health contact for a child requiring crisis intervention. In comparison to adults, children and youth often exhibit different signs and symptoms of mental health crisis. It is understood that there will be varied needs among the children seen by triage personnel. These personnel will provide a wide range of linkages and services, which may include Medi-Cal reimbursable targeted case management. It is intended that the majority of the children seen will not require hospitalization but can be stabilized and linked to appropriate levels of care.

In addition to cultivating and improving school-county partnerships, personnel will provide crisis intervention and stabilization services to children in a stabilizing, therapeutic, recovery-focused manner. They may provide services anywhere in the community, however the majority of these interventions will primarily take place on school campuses. If additional services are needed, the personnel will serve as a navigator for children and their families through the mental health continuum in order to facilitate timely and appropriate services.

As specified in the Act, the Commission shall take into account the use of peer support, including those with lived experience such as consumers and a parent partner or caregiver, when selecting grant recipients and determining the amount of grant awards. Having lived experience with mental illness either as an individual or family member may be seen as an added qualification for delivering effective services.

These personnel may:

- Provide a range of crisis-related services for a child in need of assistance, or his or her parent, guardian, or caregiver. These service activities may include, but are not limited to:
 - Identification of children and youth in need of mental health care
 - Intensive coordination of care and services between agencies
 - Communication, coordination, and referral
 - Monitoring service delivery
 - Monitoring a child's progress
 - Providing placement service assistance and service plan development
 - Crisis or safety planning

To meet these objectives, existing collaboration between the Applicant and schools/school districts is a requirement as each collaborative partner should assist with developing and delivering the proposed triage crisis intervention services.

V. Grant Application and Funding

APPLICATION INFORMATION

To meet the objectives of the Act, it is necessary for Applicants to design crisis intervention services and supports specifically to meet those objectives. Counties that can demonstrate established school-county partnerships are eligible for this grant.

This RFA seeks information necessary to understand the following:

- a. A county's ability to enhance an effective service program;
- b. How the county intends to utilize personnel to enhance a school-county partnership;
- c. How the county intends to leverage established collaborative relationships with the school;
- d. How the county will expend triage funds.

A. Eligibility Criteria

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

B. Funding

A total of \$1.875 million per year will be awarded to each grantee. There will be four grants issued. It is anticipated that the overall funding for personnel will include counties seeking appropriate federal Medi-Cal and/or local reimbursement for services when applicable. Unspent funds and unspent accumulated interest at the end of the four-year grant cycle shall be returned to the MHSOAC within 30 days.

Table V-B: Funding details yearly and total funding for each grantee.

V-B: Funding

Grant Year	Grantee A	Grantee B	Grantee C	Grantee D
1	\$1,875,000	\$1,875,000	\$1,875,000	\$1,875,000
2	\$1,875,000	\$1,875,000	\$1,875,000	\$1,875,000
3	\$1,875,000	\$1,875,000	\$1,875,000	\$1,875,000
4	\$1,875,000	\$1,875,000	\$1,875,000	\$1,875,000
Total	\$7,500,000	\$7,500,000	\$7,500,000	\$7,500,000

C. Grant Cycle

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

Monthly check-in meetings, in person, by phone, or through email, will allow the county and partners to provide a status of where the program is compared to the reporting requirements, schedule, cost, and scope. The intent is to help the county be successful, based on its Application. Participation in the check-in meetings is mandatory. If travel accommodation are needed to attend, those accommodations shall be paid for out of the 15% administration cap as outlined in section E. Allowable Costs.

The Commission may withhold funds for grantees who fail to meet the reporting requirements, fall behind schedule, have unexpended funds, or modify the scope of the program. If a grantee finds itself in this position, the grantee shall immediately contact the Commission and provide a mitigation plan to address the contractual program deficiency. The Commission may withhold funds until an agreed upon mitigation plan is presented and accepted by the Commission.

D. Grant Apportionment

The Commission will apportion the funds evenly amongst the grantees. Each grantee will be awarded \$1.875 million per year.

E. Allowable Costs

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

1. Allowable costs include triage personnel and administration;
 - a. The amount budgeted for administration shall not exceed 15% of the total grant awarded, or \$1.125 million. This includes any administrative costs associated with partners, contracted personnel, operating costs, and travel to check-in meetings
 - b. Supports for Triage Personnel hired through this grant will be included in direct costs.
2. Grant funds may be used to supplement existing programs but may not be used to supplant existing financial and resource commitments of the grantee;
3. Grant funds cannot be transferred to any other program account for specific purposes other than the stated purpose of this grant.

VI. Information Required in the Grant Application

The Complete RFA application shall be written in the order defined herein. Templates (referred to as ATTACHMENTS) are created to match the response with the requirements. The Attachments are provided, at the end of the RFA, for Applicants to respond to all RFA requirements. These attachments are mandatory and must be included in the RFA application.

All requirements are considered mandatory in that they all require a response. Responding "Not Applicable" is an acceptable response if the requirement does not apply to your proposed program. Failure to properly respond to any mandatory requirement may be grounds for disqualification.

A. Application Cover Sheet

Use **ATTACHMENT 1** for this section.

The **Application Cover Sheet** must include all of the information requested. The Application Cover Sheet must be signed by the Mental or Behavioral Health Director or designee and shall include the following:

- Name of the county or behavioral health department submitting the Application and applicable contact information;
- Name of all school districts in the county included in the collaborative
- Contact information for Triage Grant Coordinator(s) in charge of the grant Application.

B. Requirements

To qualify for this grant, Applicants must have had an established school-county collaborative partnership for at least the last two (2) years. The collaborative partnership has to directly support the goals and objectives of the RFA and be the school-county collaborative partnership being proposed for this grant.

1. Evidence of Established Collaborative

Use **ATTACHMENT 3** for this section.

- a. State the number of years the school-county collaborative partnership has been in existence.
- b. Attach an MOU, service agreement, or other agreement between the school-county formalizing the collaboration and dated at least 2 years prior to the date of the final submission of the application.
- c. Attach a current MOU, service agreement, or other agreement between the school-county formalizing the collaboration showing that the collaboration is still in existence.

2. Scored Qualifications

Use **ATTACHMENT 4** for this section.

- a. State the number of years the school-county collaborative partnership has been in existence
 - i. Provide documentation to verify the beginning of the school-county collaborative. Support must be some type of formal agreement, such as a MOU, service agreement, etc. in which the school and county has signed and shows a date of when the collaboration was established.
 - ii. Provide documentation to verify that the school-county collaborative partnership still exists today. This requirement is similar to the requirement under Evidence of School-County Collaborative, and should be responded to separately from the previous requirements, even if it is the same document.
 1. Indicate whether this existing school-county collaborative includes pre-kindergarten through third graders.
- b. State the number of collaborative entities involved with the current school-county collaborative.
 - i. Identify all of the collaborative entities involved in this partnership/program.
 - ii. Provide MOU, service agreement or some other type of formal agreement with each of the collaborators to verify the number stated.
- c. Describe the Governance structure of the school-county collaborative partnership.
 - i. What is the role of the governance group and what are the decision-making responsibilities given to it?
 - ii. Who is involved and what are the roles of each?

- iii. Include an organizational chart which lists all parties and their roles.
- iv. State how often the governance group meets. Are these regularly scheduled meetings, ad hoc meetings, or a combination.
 - a. Provide copy of an agreement formalizing the number of times the Governing body meets.
 - b. Provide agendas, meeting minutes, or public notifications of the meetings to show that the governing body has met over the past year.
- d. Describe the school-county collaborative partnership funding.
 - i. How much is from the county?
 - a. What are the sources of the county funds?
 - b. Is this permanent, one-time, or temporary funding?
 - ii. How much is from the school district/Local Educational Agency (LEA)?
 - a. What are the sources of the funds?
 - b. Is this permanent, one-time, or temporary funding?
 - iii. How much is from other sources?
 - a. What are the sources of the other funds?
 - b. Is this permanent, one-time, or temporary funding?

3. Proposed Plan

Use **ATTACHMENT 5** for this section.

- a. Describe how the grant funds will be used to support the goals of the RFA.
 - i. Include anticipated outcomes, how progress would be monitored, and how success would be measured.
 - ii. Indicate whether this plan includes pre-kindergarten through third graders and their families/caregivers.
- b. Describe the plan.
 - i. How would families and caregivers be involved in the planning process?
- c. How would this expand or increase the services that are being provided now?
- d. What is the interagency communication plan?
 - i. How would the increase in services and/or outcomes be measured?
- e. How many staff would be hired?
 - i. How many would be employees?
 - ii. How many would be contractors?

3.1 Proposed Training and Supports

Use **ATTACHMENT 6** for this section.

- a. Describe the training that will be provided to parents and caregivers of children with mental health needs. Include the supports that will be in place for these individuals.

C. Implementation Plan

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

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

1. Plan Narrative

Use **ATTACHMENT 7** for this section.

Describe how the Applicant will implement the proposed program described in the Proposed Plan in section VI.B.2 above. The following information is required:

- a. Recruitment strategy for each triage staff position. Clearly identify if the staff will be an employee or contracted staff. Also include expected hiring date for each staff.
- b. Retention strategy for triage staff.
- c. Triage staff training plan.
- d. Describe how triage personnel will be used. Each position should be described individually, including individuals with lived experience (peer providers/parent partners, etc.).
- e. List of community partner collaborative entities.
- f. Collaborative partner training plan.
- g. Care coordination plan with ongoing mental health providers.
- h. How access to protected health information (PHI) will be ensured.
 - i. Describe how data will be shared between partners and the steps to be taken to protect the data.
- i. An assessment of any risks, challenges, or barriers to program implementation. Stating that there are no risks, challenges, or barriers is not an acceptable response and may be grounds for disqualification as it implies an assessment was not performed.
 - i. State each risk, challenge, or barrier and describe how each will be addressed to minimize the impact on program success.

1.1 Plan Timeline

Use **ATTACHMENT 8** for this section.

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

2. Sustainability Plan

Use **ATTACHMENT 9** for this section.

The purpose of requiring Applicants to write a **Sustainability Plan** is to ensure that any system improvements created by the triage grants is sustainable after the grant cycle ends. Applicants are required to include information on the steps they will take to help build their sustainability capacity.

The Sustainability Plan shall include the following:

- a. A plan to ensure the continuation of positive program impacts on the system of care after the triage grant cycle ends.
 - i. This should include the strategy and key milestones to maintain any increase in access, linkages, and diversions to appropriate levels of care that resulted from the triage program.
 - ii. The plan to acquire additional/new funding to sustain the program after the grant cycle ends.
 - iii. Describe how the school-county collaborative will be continued after the funding for this grant ends. Include funding streams from private and public sources.
- b. A plan to maintain collaborative partnerships after the grant cycle ends
 - i. This should include a plan for continued access to program data derived from collaborative partnerships.

3. Program Communications Plan

Use **ATTACHMENT 10** for this section.

It is the intent of the Act to increase access to crisis intervention services for all Californians. An important aspect of increasing access to crisis intervention services is to increase the public's awareness of those services. The **Program Communications Plan** shall:

- a. Describe the communications efforts to be undertaken by the county and school districts.
- b. Outline any outreach and engagement strategy for reaching children who may need services.
- c. Outline any outreach and engagement strategy for reaching families/caregivers of children who are experiencing or at risk of experiencing a mental health crisis.

3.1 Communication between Triage Personnel and Collaborative Partners

In addition to the external communications plan, the county must effectively communicate internally while still staying within the parameters set by the Health Insurance Portability and Accountability Act (HIPAA) and other federal and state privacy laws. The success of a school-county triage program is contingent upon ongoing communication between these collaborative partners. Intra-county communication is key to breaking down the silos that exist within some programs. Triage personnel must stay

apprised of other triage programs as well as public and private non-county service options and resources.

- a. Describe the communications plan between collaborative partners.

D. Budget Requirements

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

1. Budget Worksheet

Use **ATTACHMENT 11** for this section.

The **Budget Worksheet** must be prepared according to the Budget Worksheet Instructions. The total cost on the Budget Worksheet must equal the amount of the Grant being requested.

2. Budget Narrative

Use **ATTACHMENT 12** for this section.

The **Budget Narrative** must be prepared in conjunction with the Budget Worksheet.

1) Hire Triage Staff.

- i. For each "Hire Triage Staff" listed on the Budget Worksheet, explain how the salaries were determined and provide support for the stated salary. For example, state the classification and provide the published salary range for the employee in the stated classification;
- ii. Provide a statement for each classification listed on the Budget Worksheet as to the time base (Full Time Equivalent) of work proposed. State this as a percentage for each year funding is requested. For example, if the position is full time, then state that it is 100% for that grant year. If the position is half-time, state that the position is 50% for that grant year.

2) Personal Services Benefits.

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

3) Hire Triage Contractors.

- i. For each "Hire Triage Contractors" listed on the Budget Worksheet, explain how the costs were determined and provide support for the stated cost. For example, support could include an existing or new contract which states the classification, the cost, and time period in order to support the requested funds for each grant year;
- ii. Provide a statement for each classification listed on the Budget Worksheet as to the Full Time Equivalent of the proposed work. State this as a

percentage for each year funding is requested. For example, if the position is full time, then state that it is 100% for that grant year. If the position is half-time, state that the position is 50% for that grant year.

VII. Statewide Evaluation

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

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

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

VIII. Reporting

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

The following reports are required to be submitted:

1. Triage Hiring Report

Use **ATTACHMENT 14** for this section.

The **Triage Hiring Report** shall include the following:

- a. List each type of triage personnel hired by the county and/or hired by a contractor (e.g., peers, social workers, nurses, clinicians, mental health workers, etc.). Identify which staff are county staff and which are contract staff.
- b. List of triage personnel at triage service locations/points of access (e.g., school sites, after-hours access points such as wellness centers, community centers, etc.).
 - i. Access point addresses must be identified. If an address is not possible, clearly identify the area in which the access point(s) will be (i.e., provide detailed description).
- c. An Excel workbook is attached to the RFA and should be used when submitting this report. File name is ATTACHMENT 14 – Hiring Information Report.xlsx.

2. Statewide Evaluation Data

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

3. Expenditure Information

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

4. Program Communications Plan

The Commission is requiring each county that receives grant funding to have a link on their home page that connects users to a **County Triage Webpage**. The link shall be named, "**County Mental Health Triage Services**".

Information on the webpage shall include:

- A short description of the school-county collaborative.
- A list of the schools with triage programs and their access points.
- Direct contact information for each triage grant program, including phone number, email, and address. If available, include walk-in assistance information.

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

5. Roadmap

The intent of the Roadmap is to document the school-county collaborative journey from which other counties and schools can learn in order to develop their own mature school-county collaborative.

Grantees will be required to provide a roadmap of the history of the collaboration from inception to current, including the time covered by this grant.

- a. The roadmap will be composed of three (3) reports.
 - i. The first report will be due 6 months after contract award, and consistent of the history of the school-county partnerships collaboration up to the time of contract award.
 - ii. The second report will be due 18 months after contract award and consistent of the history of the school-county partnership collaboration from contract award up until that point in time.
 - iii. The third report will be due in 36 months after contract award and cover the time from the second report through the end of the 36 months

- b. Reports shall include, but are not limited to the following:
 - i. How did the collaboration begin?
 - ii. Was there some event or other action that caused the collaboration?
 - iii. Provide a chronology of the major events and milestones of the collaborative
 - iv. How was initial funding acquired and what was the source?
 - v. How was funding expanded and/or made permanent?
 - vi. What barriers were encountered and how were they addressed?
 - 1. What were the lessons learned from each barrier?
 - vii. Advice and recommendations to others counties and school districts that want to develop school-county collaborations?
- c. Final reporting requirements will be decided upon at contract award.

IX. Bidding Instructions

A. Applicant Admonishment

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

It is the Applicant's responsibility to:

1. Carefully read the entire solicitation.
2. Ask appropriate questions in a timely manner, if clarification is necessary.
3. Submit all required responses by the required dates and times.
4. Make sure that all procedures and requirements of the solicitation are accurately followed and appropriately addressed.
5. Carefully re-read the entire solicitation before submitting an Application.

B. Communications and Contacts

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

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

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

C. Procurement Official

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

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

Table IX-1: Procurement Official

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

Kristal Antonicelli, Procurement Official
Email: Kristal.Antonicelli@mhsoac.ca.gov

D. Questions Regarding the Solicitation Document

Questions concerning this RFA, the procurement process, or programmatic issues must be submitted in writing by email to the Procurement Official listed in section IX.C. Questions must be received by the scheduled date specified in section I. Key Action Dates, in order to ensure a response. Question and answer sets will be provided to all Applicants without identifying the submitters. At the sole discretion of the Commission, questions may be paraphrased for clarity.

E. Intent to Apply

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

It shall be the Applicant's responsibility to immediately notify the Procurement Official identified in section IX.C, in writing, regarding any revision to the contact person information. The Commission shall not be responsible for bid correspondence not

received by the Applicant, if the Applicant fails to notify the Commission, in writing, about any change pertaining to the designated contact person.

F. Bidders' Conference

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

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

G. Solicitation Document

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

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

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

H. Confidentiality

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

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

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

I. Addenda

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

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

J. Applicant’s Cost

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

K. Signature of Bid

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

L. False or Misleading Statements

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

M. Disposition of Applications

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

N. Appeals

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

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

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

Proposer Name
Street Address
City, State, Zip Code

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

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

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

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

X. Application Assembly and Submission Instructions

A. Number of Copies

Applicants must submit the following:

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

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

B. Required Format for an Application

Application shall be submitted in the following way:

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

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

C. Assembling the Application

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

- ATTACHMENT 1: Application Cover Sheet
- ATTACHMENT 2: Intent to Apply
- ATTACHMENT 3: School-County Collaborative – Evidence of Established Collaborative
- ATTACHMENT 4: School-County Collaborative – Scored Qualifications
- ATTACHMENT 5: School-County Collaborative – Proposed Plan
- ATTACHMENT 6: School-County Collaborative – Proposed Training and Supports
- ATTACHMENT 7: Program Implementation Plan – Plan Narrative
- ATTACHMENT 8: Program Implementation Plan – Plan Timeline
- ATTACHMENT 9: Program Implementation Plan – Impact Sustainability Plan
- ATTACHMENT 10: Program Implementation Plan – Program Communications Plan
- ATTACHMENT 11: Budget Worksheet
- ATTACHMENT 12: Budget Narrative
- ATTACHMENT 13: Final Submission Checklist

D. Packaging and Labeling

Applications must be received by April 19, 2018, by no later than 4:00 p.m. Pacific Standard Time (PST). Applications must be in a sealed package and must be delivered in person, by a postal service (United States Post Office, Federal Express, etc.), or by overnight delivery. Faxed and emailed Applications will not be accepted. It is not sufficient to postmark Applications by this date or to leave the Applications at the Commission office without a Commission staff member confirming delivery. The Commission office is open 8:00 a.m. to 5:00 p.m., Monday-Friday except for state holidays.

Mail or deliver Applications to:

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

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

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

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

XI. Reviewing and Scoring Applications

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

Evaluation will be conducted in the following areas:

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

Each of these areas are described below.

A. MANDATORY REQUIREMENTS

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

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

Evidence of Established Collaborative (ATTACHMENT 3) is not scored and will be evaluated solely as Pass/Fail.

B. SCORED REQUIREMENTS

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

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

Table XI-1 Points Available

No.	Requirement	Points Available
1	RESPONSE TO ALL MANDATORY REQUIREMENTS	Pass/Fail
2	SCORED REQUIREMENTS	
	VI.B.2. – Scored Qualifications	1100
	VI.B.3. – Proposed Plan	625
	VI.B.3.1. – Proposed Training and Supports	100
	VI.C.1. – Plan Narrative	350
	VI.C.1.1. – Plan Timeline	500
	VI.C.2. – Sustainability Plan	300
	VI.C.3. – Program Communications Plan	100
	VI.C.3.1. – Communications between Triage Personnel and Collaboration Partners	100
	VI.D.1. – Budget Worksheet	300
	VI.D.2. – Budget Narrative	250
3	TOTAL EVALUATION POINTS	3,725

Table X-2 Points available per requirement

VI.B SCHOOL-COUNTY COLLABORATIVE		
VI.B.1. Evidence of Established Collaborative		
VI. B.1.a.	State the number of years the school-county collaborative partnership has been in existence.	Pass/Fail
VI. B.1.b.	Attach an MOU, service agreement, or other agreement between the school-county formalizing the collaboration and dated at least 2 years prior to the date of the final submission of the application	Pass/Fail
VI. B 1.c.	Attach a current MOU, service agreement, or other agreement between the school-county formalizing the collaboration showing that the collaboration is still in existence	Pass/Fail
VI. B.2. Scored Qualifications		
VI. B.2.a.	State the number of years the school-county collaborative partnership has been in existence (Points awarded based on maturity of a collaboration (years in existence). 10 points per year, with a maximum of 300 points available)	300
VI.B.2.a.ii.1.	Indicate whether this existing school-county collaborative includes pre-kindergarten through third graders. 100 points available	100
VI.B.2.b.	State the number of collaborative entities involved with the current School-County Collaborative (Points awarded based on number of collaborators. 50 points per collaborator, with a maximum of 300 points available)	300
VI.B.2.c.	Describe the Governance structure of the school-county collaborative partnership (Points awarded based on maturity of an organization (e.g., Meets on a regular basis, supported by a formal agreement stating the number of times they will meet. 200 points is available)	200
VI. B.2.d.	Describe the school-county collaborative partnership funding (Points will be awarded based on a maturity of an organization (e.g., Funding from more multiple collaborators and multiple sources, having permanent funding in place. 200 points is available)	200
VI.B.3. Proposed Plan		
VI. B.3.a.	Describe how the grant funds will be used support the goals of the RFA.100 points available	100
VI.B.3.a.ii	Indicate whether this plan includes pre-kindergarten through third graders and their families/caregivers.75 points available to plans that do	75
VI. B.3.b.	Describe the plan, with monthly activities and milestones 100 points available	100

VI. B.3.c.	How would this expand or increase the services that are being provided now? 100 points available	100
VI. B.3.d.	What is the interagency communication plan? 100 points available	100
VI. B.3.e.	What is the inter-agency collaboration communications plan? 50 points available	50
VI.B.3.e.i	How would you measure the increase in services and/or outcomes? 50 points available	50
VI. B.3.f.	How many staff would be hired? 50 points available	50
VI.B.4. Proposed Training and Supports		
VI. B.4.a.	Describe the training that will be provided to parents and caregivers of children with mental health needs. Include the supports that will be in place for these individuals 100 points available	100
<u>VI. C. IMPLEMENTATION PLAN</u>		
VI. C.1. Plan Narrative		
a.	Recruitment strategy for each triage staff position. Clearly identify if the staff will be an employee or contracted staff. Also include expected hiring date for each staff. 50 points available	50
b.	Retention strategy for triage staff. 25 points available	25
c.	Triage staff training plan. 25 points available	25
d.	Describe how triage personnel will be used. Each position should be described individually, including individuals with lived experience (peer providers/ parent partners, etc.) .50 points available	50
e.	List of community partner collaborators. 25 points available	25
f.	Collaborative partner training plan. 25 points available	25
g.	Care coordination plan with ongoing mental health providers. 25 points available	25
h.	How access to protected health information (PHI) will be increased. 25 points available	25
i.	An assessment of any risks, challenges, or barriers to program implementation. Stating that there are no risks, challenges, or barriers is not an acceptable response and may be grounds for disqualification as it implies an assessment was not performed. 100 points available	100

VI.C.1.1. Program Plan Timeline		
	Recruitment strategy for each triage staff. List all activities and milestones with expected beginning and end dates. 50 points available	50
	Retention strategy for triage staff. List all activities and milestones with expected beginning and end dates. 75 points available	75
	Triage staff training plan. List all activities and milestones with expected beginning and end dates. 150 points available	150
	Collaborative partner training plan. List each collaborative partner and training plan. 75 points available	75
	Care coordination plan with ongoing mental health providers. List all strategies and active milestones and expected beginning and end dates. 150 points available	150
VI.C.2. Sustainability Plan		
a.	Describe the strategy and key milestones with dates, to maintain any increase in access, linkages, and diversions to appropriate levels of care that resulted from the triage program. 100 points available	100
b.	The plan to acquire additional/new funding to sustain the program after the grant cycle ends. 100 points available	100
c.	Describe how the school-county collaborative will be continued after the funding for this grant ends. Include funding streams from private and public sources. 100 points available	100
VI.C.3. Program Communications Plan		
VI. C.3.1. Communication between Triage Personnel and Collaborative Partners		100
<u>VI. D. BUDGET REQUIREMENTS</u>		
VI.D.1. Budget Worksheet		
VI.D.2. Budget Narrative		300
a.	Hire Triage Staff	100
b.	Personal Services Benefits	50
c.	Hire Triage Contractors	100

Table XI-3 Scoring Criteria Application

Unless specifically stated above, points will be awarded based on the completeness of the response in meeting the requirement.

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

GRANT AWARD DETERMINATION

Applications will be ranked, based on score, with the top four (4) applications receiving a grant

If additional funds become available in the future, the funds will be allocated in fixed amounts to the next highest applicant until all funds have been distributed

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

GRANT AWARD DETERMINATION

Applications will be ranked, based on score, with the top four (4) applications receiving a grant.

If additional funds become available in the future, the funds will be allocated in fixed amounts to the next highest applicant until all funds have been distributed.

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

ATTACHMENT 1: APPLICATION COVER SHEET

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

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

Name of Individual or Lead County and/or City Mental Health/Behavioral Health Department	Director or Designee Name and Title	
Director or Designee Signature		Date

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

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

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

Name of all school districts in the county included in the collaborative
1.
2.
3.
4.

County or City Lead Triage Grant Coordinator Contact Information:

Name:	
Title:	
Email:	
Phone Number:	

ATTACHMENT 2: INTENT TO APPLY

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

We: (select one)

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

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

Name:			
Address:			
City, State and ZIP Code:			
Telephone:		FAX:	
E-Mail:			

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

- 1.
- 2.

List all school districts and educational partner entities (Add lines as needed)

- 1.
- 2.
- 3.
- 4.

Name (Signature)

Date

Name and Title (Print)

County

Email

Telephone

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

ATTACHMENT 3: SCHOOL-COUNTY COLLABORATIVE
Evidence of Established Collaborative

Evidence of Established Collaborative

VI. B.1.a. State the number of years the school-county collaborative partnership has been in existence:
_____ years

VI.B.1.b. Check the box below if the following is attached behind this page:
An MOU, service agreement, or other agreement between the school-county formalizing the collaboration and dated at least 2 years prior to the date of the final submission of the application

VI.B.1.c. Check the box below if the following is attached behind this page:
A current MOU, service agreement, or other agreement between the school-county formalizing the collaboration showing that the collaboration is still in existence.

ATTACHMENT 4: SCHOOL-COUNTY COLLABORATIVE
Scored Qualifications

Scored Qualifications

VI. B.2.a.	State the number of years the school-county collaborative partnership has been in existence:	
	_____ years	
	i.	<p>Provide documentation to verify the beginning of the school-county collaborative. Support must be some type of formal agreement, such as a MOU, service agreement, etc. in which the school and county has signed and shows a date of when the collaboration was established.</p> <p>Check the box below to indicate that support has been provided.</p> <input type="checkbox"/> <p>State date collaborative was established (Month/Day/Year): _____</p>
ii.	<p>Provide a current document showing that the school-county collaborative partnership still exists today.</p> <p>Check the box below to indicate the document has been provided.</p> <input type="checkbox"/>	
VI.B.2.b.	State the number of collaborative entities involved with the current school-county collaborative.	
	_____ Collaborative Entities	
i.	<p>Identify all of the collaborative entities involved in this partnership/program.</p> <p>1)</p> <p>2)</p> <p>3)</p> <p>4)</p> <p>5)</p>	
ii.	<p>Provide MOU, service agreement or some other type of formal agreement with each of the collaborators to verify the number stated Attach documents behind this page.</p> <p>Indicate the number of attached documents: _____</p>	

VI.B.2.c.

Describe the governance structure of the school-county collaborative partnership.

i.

What is the role of the governance group and what are the decision-making responsibilities given to it?

Role of the Governance Group:

Decision-making responsibilities:

ii. Describe who is involved and what the roles of each person are:

Person and Title:

Role:

Person and Title:

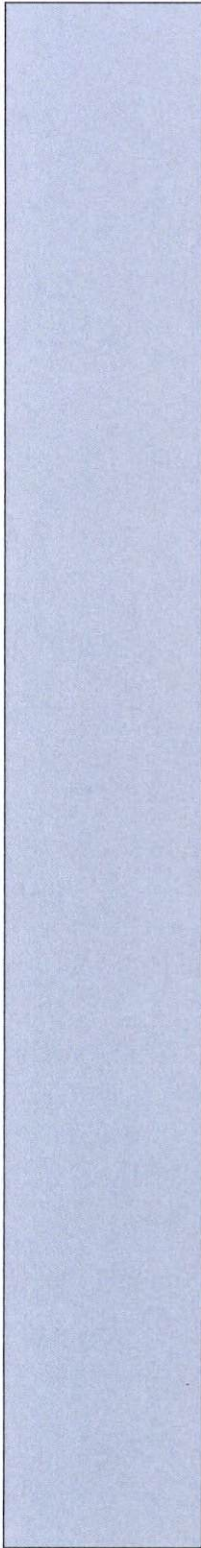
Role:

Person and Title:

Role:

Person and Title:

Role:

	Person and Title: Role:
	Person and Title: Role:
	Person and Title: Role:
	Person and Title: Role:

	iii.	<p>Include an organizational chart which lists all parties and their roles (attach behind this document).</p> <p>Check the box below to indicate the document has been provided.</p> <input type="checkbox"/>
	iv.	<p>State how often the governance group meets. Indicate if these are regularly scheduled meetings, ad hoc meetings, or a combination?</p> <input type="checkbox"/> Regularly Scheduled. State how often: <input type="checkbox"/> Ad hoc. Explain: <input type="checkbox"/> Combination. Explain:
	a.	<p>Provide copy of an agreement formalizing the number of times the governing body meets (attach behind this document).</p> <p>Check the box below to indicate the document has been provided.</p> <input type="checkbox"/>
	b.	<p>Provide agendas, meeting minutes, or public notifications of the meetings to show that the governing body has met over the past year (attach behind this document).</p> <p>Check the box below to indicate the documents have been provided.</p> <input type="checkbox"/>
VI. B.2.d.	Describe the School-County Collaborative Partnership funding	
	i.	How much is from the County?
	a.	What are the sources of the county funds?
	b.	<p>Is this permanent, one-time, or temporary funding?</p> <input type="checkbox"/> Permanent <input type="checkbox"/> One-time <input type="checkbox"/> Temporary

	ii.	How much is from school district/Local Educational Agency (LEA)?
	a.	What are the sources of the funds?
	b.	Is this permanent, one-time, or temporary funding? <input type="checkbox"/> Permanent <input type="checkbox"/> One-time <input type="checkbox"/> Temporary
	iii.	How much is from other sources?
	a.	What are the sources of the other funds?
	b.	Is this permanent, one-time, or temporary funding? <input type="checkbox"/> Permanent <input type="checkbox"/> One-time <input type="checkbox"/> Temporary

ATTACHMENT 5: SCHOOL-COUNTY COLLABORATIVE
Proposed Plan

Proposed Plan

VI.B.3.a

Describe how the grant funds will be used support the goals of the RFA.

Anticipated outcomes:

How Progress will be monitored:

How success will be measured:

VI.B.3.b

Describe the plan

i. How would families and caregivers be involved in the planning process?

	<p>ii. Indicate whether this plan includes pre-kindergarten through third graders and thwir families/caregivers.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>VI.B.3.c</p>	<p>How would this expand or increase the services that are being provided now?</p>
<p>VI.B.3.d</p>	<p>What is the interagency communication plan?</p> <p>i. How would the increase in services and/or outcomes be measured?</p>

VI.B.3.e		How many staff would be hired?
	i.	How many would be employees?
	ii.	How many would be contactors?

ATTACHMENT 6: SCHOOL-COUNTY COLLABORATIVE
Proposed Training and Supports

Proposed Training and Supports

V. B.1.a.

Describe the training that will be provided to parents and caregivers of children with mental health needs. Include the supports that will be in place for these individuals

ATTACHMENT 7: IMPLEMENTATION PLAN
Plan Narrative

Plan Narrative

VI.C.1.a.

Recruitment strategy for each triage staff position. Clearly identify if the staff will be an employee or contracted staff. Also include expected hiring date for each staff:

1) Staff Position:

Employee

Contracted

Strategy:

Expected Hiring Date: (Month/Date/Year): _____

2) Staff Position:

Employee

Contracted

Strategy:

Expected Hiring Date: (Month/Date/Year): _____

3) Staff Position:

Employee

Contracted

Strategy:

Expected Hiring Date: (Month/Date/Year): _____

4) Staff Position:

Employee

Contracted

Strategy:

Expected Hiring Date: (Month/Date/Year): _____

5) Staff Position:

Employee

Contracted

Strategy:

Expected Hiring Date: (Month/Date/Year): _____

6) Staff Position:

Employee

Contracted

Strategy:

Expected Hiring Date: (Month/Date/Year): _____

7) Staff Position:

Employee

Contracted

Strategy:

Expected Hiring Date: (Month/Date/Year): _____

8) Staff Position:

Employee

Contracted

Strategy:

Expected Hiring Date: (Month/Date/Year): _____

9) Staff Position:

Employee

Contracted

Strategy:

Expected Hiring Date: (Month/Date/Year): _____

10) Staff Position:

Employee

Contracted

Strategy:

Expected Hiring Date: (Month/Date/Year): _____

11) Staff Position:

Employee

Contracted

Strategy:

Expected Hiring Date: (Month/Date/Year): _____

12) Staff Position:

Employee

Contracted

Strategy:

Expected Hiring Date: (Month/Date/Year): _____

13) Staff Position:

Employee

Contracted

Strategy:

Expected Hiring Date: (Month/Date/Year): _____

14) Staff Position:

Employee

Contracted

Strategy:

Expected Hiring Date: (Month/Date/Year): _____

VI.C.1.b.	Retention strategy for triage staff:
VI.C.1.c.	Triage staff training plan:
VI.C.1.d.	<p>Describe how triage personnel will be used. Each position should be described individually, including individuals with lived experience (peer providers).</p> <hr/> <p>1) Position: Indicate if a peer/parent partner position: Yes <input type="checkbox"/> No <input type="checkbox"/> How personnel will be utilized:</p> <hr/> <p>2) Position: Indicate if a peer/parent partner position: Yes <input type="checkbox"/> No <input type="checkbox"/> How personnel will be utilized:</p> <hr/> <p>3) Position: Indicate if a peer/parent partner position: Yes <input type="checkbox"/> No <input type="checkbox"/> How personnel will be utilized:</p> <hr/> <p>4) Position: Indicate if a peer/parent partner position: Yes <input type="checkbox"/> No <input type="checkbox"/> How personnel will be utilized:</p>

5) Position:

Indicate if a peer/parent partner position: Yes No

How personnel will be utilized:

6) Position:

Indicate if a peer/parent partner position: Yes No

How personnel will be utilized:

7) Position:

Indicate if a peer/parent partner position: Yes No

How personnel will be utilized:

8) Position:

Indicate if a peer/parent partner position: Yes No

How personnel will be utilized:

9) Position:

Indicate if a peer/parent partner position: Yes No

How personnel will be utilized:

10) Position:

Indicate if a peer/parent partner position: Yes No

How personnel will be utilized:

11) Position:

Indicate if a peer/parent partner position: Yes No

How personnel will be utilized:

12) Position:

Indicate if a peer/parent partner position: Yes No

How personnel will be utilized:

	<p>13) Position:</p> <p>Indicate if a peer/parent partner position: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>How personnel will be utilized:</p>
	<p>14) Position:</p> <p>Indicate if a peer/parent partner position: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>How personnel will be utilized:</p>
	<p>15) Position:</p> <p>Indicate if a peer/parent partner position: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>How personnel will be utilized:</p>
VI.C.1.e.	<p>List of community partner collaborative entities:</p> <ol style="list-style-type: none"> 1) 2) 3) 4) 5) 6) 7) 8) 9) 10)
VI.C.1.f	<p>Collaborative partner training plan:</p>

VI.C.1.g.	Care coordination plan with ongoing mental health providers	
VI.C.1.h.	How access to protected health information (PHI) will be ensured:	
	i.	Describe how data will be shared between partners and the steps to be taken to protect the data
VI.C.1.i	An assessment of any risks, challenges, or barriers to program implementation. Stating that there are no risks, challenges, or barriers is not an acceptable response and may be campuses for disqualification as it implies an assessment was not performed:	
	i.	State each risk, challenge, or barrier and describe how each will be addressed to minimize the impact on program success:
	1) Risk: How risk will be addressed:	

2) Risk:

How risk will be addressed:

3) Risk:

How risk will be addressed:

4) Risk:

How risk will be addressed:

5) Risk:

How risk will be addressed:

ATTACHMENT 8: IMPLEMENTATION PLAN
Plan Timeline

Plan Timeline

VI. C.1.1.	Recruitment strategy for triage staff.			
	i.	List specific strategies, activities and milestones		
	1	Strategy:	Beg Date:	End Date:
	1	Activity/Milestone:		
	2	Activity/Milestone:		
	3	Activity/Milestone:		
	4	Activity/Milestone:		
	5	Activity/Milestone:		
	6	Activity/Milestone:		
	2	Strategy:	Beg Date:	End Date:
	1	Activity/Milestone:		
	2	Activity/Milestone:		
	3	Activity/Milestone:		
	4	Activity/Milestone:		
5	Activity/Milestone:			

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

Retention strategy for triage staff.

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

Triage staff training plan.				
			Beg. Date	End Date
	1	Activity/Milestone:		
	2	Activity/Milestone:		
	3	Activity/Milestone:		
	4	Activity/Milestone:		
	5	Activity/Milestone:		
Collaborative Partner Training Plan				
			Est. Start Date	Est. End Date
	1	Collaborative Partner: Training:		
	2	Collaborative Partner: Training:		
	3	Collaborative Partner: Training:		

	4	Collaborative Partner: Training:		
	5	Collaborative Partner: Training:		
	6	Collaborative Partner: Training:		
	7	Collaborative Partner: Training:		
	8	Collaborative Partner: Training:		
	9	Collaborative Partner: Training:		
	10	Collaborative Partner: Training:		

Care Coordination Plan with ongoing mental health providers

Est. Start Date Est. End Date

1	Strategy:		
	1	Activity/Milestone:	
2	2	Activity/Milestone:	
	3	Activity/Milestone:	
	4	Activity/Milestone:	
	5	Activity/Milestone:	
	6	Activity/Milestone:	
	Strategy:		
3	1	Activity/Milestone:	
	2	Activity/Milestone:	
	3	Activity/Milestone:	
	4	Activity/Milestone:	
	5	Activity/Milestone:	
	6	Activity/Milestone:	
Strategy:			

	1	Activity/Milestone:		
	2	Activity/Milestone:		
	3	Activity/Milestone:		
	4	Activity/Milestone:		
	5	Activity/Milestone:		
	6	Activity/Milestone:		
	4	Strategy:		
	1	Activity/Milestone:		
	2	Activity/Milestone:		
	3	Activity/Milestone:		
	4	Activity/Milestone:		
	5	Activity/Milestone:		
	6	Activity/Milestone:		
5	Strategy:			
1	Activity/Milestone:			
2	Activity/Milestone:			
3	Activity/Milestone:			

				4	Activity/Milestone:		
				5	Activity/Milestone:		
				6	Activity/Milestone:		

ATTACHMENT 9: PROGRAM IMPLEMENTATION PLAN
Impact Sustainability Plan

Impact Sustainability Plan

V. C.2.

The Impact Sustainability Plan shall include the following:

a. The plan to ensure the continuation of the positive program impacts on the system of care after the triage grant cycle ends

i. 1 Describe the strategy and key milestones, with dates, to maintain any increase in access, linkages, and diversions to appropriate levels of care that resulted from the triage program

Strategy:

Key Milestones	Dates

	ii	The plan to acquire additional/new funding to sustain the program after the grant cycle ends
	iii	Describe how the school-county collaborative will be continued after the funding for this grant ends. Include funding streams from private and public sources
	b.	The plan to maintain collaborative partnerships after the grant cycle ends

		i	Include a plan for continued access to program data derived from collaborative partnerships:
--	--	---	----------------------------------------------------------------------------------------------

ATTACHMENT 10: PROGRAM IMPLEMENTATION PLAN
Program Communications Plan

Program Communications Plan

VI.C.3.	The Program Communications Plan shall:	
	a.	Describe the communications efforts to be undertaken by the county and school districts:
	b.	Outline any outreach and engagement strategy for reaching children who may need services :
	c.	Outline any outreach and engagement strategy for reaching families/caregivers of children who are experiencing or at risk of experiencing a mental health crisis
VI.C.3.1.a	Describe the communications plan between collaborative partners.	

ATTACHMENT 11: BUDGET WORKSHEET

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

Complete Budget Worksheet Excel workbook and attach to the Application.

The file name is ATTACHMENT 11 – Budget Worksheet

ATTACHEMTN 11-1: BUDGET WORKSHEET INSTRUCTIONS

Budget Worksheet Instructions

Information provided in the **Budget Worksheet** should reflect the county's plans to implement the triage personnel grant. The staff to be hired shall be itemized and be comprised of personnel related to providing the services in the proposed program, including staff devoted to data collection, county evaluation, and administrative staff. Costs include personnel and administration. The information entered into the Budget Worksheet should correspond with the information provided in the **Budget Narrative** (ATTACHMENT 12). The county should provide its best estimate in terms of types of staff being sought for triage grant positions and anticipated expenditures.

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

A. PERSONNEL EXPENDITURES

1. Hire Triage Staff (Employees)
 - a. List each staff position /classification proposed to be hired for this program
2. Hiring Month
 - a. List the hiring month in which each staff will be hired. For instance, entering a "1" means that the staff will be hired within the first 30 days of the contract execution. Entering a "2" means that the position will be hired within 31-60 days of contract execution. Enter a number between 1 and 48, which represent the number of months of funding available for the grant.
3. Grant Year (GY) 1
 - a. Enter the cost (salary) of the staff for the first grant year (i.e. months 1-12 from the contract execution date)
4. GY 2
 - a. Enter the cost (salary) of the staff for the second grant year (i.e. months 13 -24 from the contract execution date)
5. GY 3
 - a. Enter the cost (salary) of the staff for the third grant year (i.e. months 25-36 from the contract execution date)
6. GY 4
 - a. Enter the cost (salary) of the staff for the forth grant year (i.e. months 37-48 from the contract execution date)
7. Total of All GYs
 - a. Summation of all grant years for each line items on the Budget Worksheet
8. Personnel Services Salaries
 - a. Summation, by grant year, of personnel service salaries for staff hired
9. Personnel Services Benefits
 - a. Enter the total amount for personnel services/employee benefits for all the positions listed above.
10. Total Personal Services

- a. Summation, by grant year, of Personnel Services Salaries and Personnel Services Benefits.

11. Hire Triage Contractors

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

12. Hiring Month

- a. List the hiring month in which each staff will be hired. For instance, entering a "1" means that the staff will be hired within the first 30 days of the contract execution. Entering a "2" means that the position will be hired within 31-60 days of contract execution. Enter a number between 1 and 48, which represent the number of months of funding available for the grant.

13. GY 1

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

14. GY 2

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

15. GY 3

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

16. GY 4

- a. Enter the cost for each role/classification listed for the fourth grant year (i.e. months 37-48 from the contract execution date)

17. Total of All GYs

- a. Summation of all grant years for each line items on the Budget Worksheet

18. Total Contracted Services

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

19. Total Personnel/Contracted Services

- a. Summation, by grant year, of Total Personnel Services and Total Contracted Services

20. Administration (includes indirect costs, overhead)

- a. Include costs for Administration of the grant, not to exceed 15% of the total grant award. This includes any Administration Cost incurred by collaborators, contractors, or others deemed necessary to administer the program. Total Administration Costs shall not exceed \$1.125 million over the four-year grant cycle.

21. Total Proposed Program Costs

- a. Add Lines 19 and 20.

See Cost Worksheet Example on the next page.

BUDGET WORKSHEET

BUDGET WORKSHEET						
County/Applicant:						
(1) Hire Triage Staff (list individual role/classification) (add rows as needed)	(2) Hiring Month	(3) GY 1	(4) GY 2	(5) GY 3	(6) GY 4	(7) Total All GYs
Social Worker 1	1	50,000	60,000	70,000	80,000	260,000
Social Worker 2	1	55,000	60,000	60,000	60,000	235,000
Psychiatric Social Worker 1	1	60,000	65,000	75,000	80,000	280,000
Psychiatric Social Worker 2	1	80,000	85,000	90,000	95,000	350,000
Community Worker 1	1	50,000	50,000	65,000	70,000	235,000
Community Worker 2	1	50,000	50,000	65,000	70,000	235,000
Community Worker 3	1	50,000	50,000	65,000	70,000	235,000
Community Worker 4	1	50,000	50,000	65,000	70,000	235,000
Community Worker 5	1	50,000	50,000	65,000	70,000	235,000
Mental Health Clinical Supervisor 1	1	70,000	80,000	90,000	90,000	330,000
Mental Health Clinical Supervisor 2	1	70,000	80,000	90,000	90,000	330,000
						-
Subtotal - (8) Personnel Services Salaries		635,000	680,000	800,000	845,000	2,960,000
Add: (9) Personnel Services Benefits		254,000	272,000	320,000	338,000	1,184,000
(10) Total Personnel Services		889,000	952,000	1,120,000	1,183,000	4,144,000
(11) Hire Triage Contractors (If applicable, list individual role/classification)	(12) Hiring Month	(13) GY 1	(14) GY 2	(15) GY 3	(116) GY 4	(17) Total All GYs
Peer Provider 1	1	15,500	25,000	30,000	35,000	105,500
Peer Provider 2	1	15,500	25,000	30,000	35,000	105,500
Peer Provider 3	1	20,000	25,000	30,000	35,000	110,000
Psychiatric Social Worker 1	1	60,000	65,000	70,000	75,000	270,000
Clinicians 1	1	70,000	70,000	80,000	85,000	305,000
Clinicians 2	1	65,000	70,000	80,000	90,000	305,000
Clinicians 3	1	70,000	80,000	90,000	95,000	335,000
Clinicians 4	1	70,000	80,000	90,000	95,000	335,000
Mental Health Clinical Supervisor 1	1	90,000	90,000	90,000	90,000	360,000
(18) Total Contracted Services		476,000	530,000	590,000	635,000	2,231,000
(19) Total Personnel/Contracted Services		1,365,000	1,482,000	1,710,000	1,818,000	6,375,000
(20) Administration (includes indirect costs, overhead, total for all four years cannot exceed \$1,125,000))		281,250	281,250	281,250	281,250	1,125,000
(21) Total Proposed Program Costs		1,646,250	1,763,250	1,991,250	2,099,250	7,500,000

Assumptions for this Example:

- a) Assumes all workers were hired in month one. These salaries would change according to their hiring month and percent of time worked.
- b) Benefits are 40% of the salary
- c) Administration cost is 15% of the total grant awarded
- d) Administration cost is 15% of the total program cost

ATTACHMENT 12: BUDGET NARRATIVE

Budget Requirements	
V.D.2.	Budget Narrative
	The Budget Worksheet Narrative must be prepared in conjunction with the Budget Worksheet (ATTACHMENT 11).
	a. Hire Triage Staff
	i. For each "Hire Triage Staff" listed on the Budget Worksheet, explain how the salaries were determined and provide support for the state salary. For example, state the classification and provide the published salary range for employee in the stated classification
	ii. Provide a statement for each classification listed on the Budget Worksheet as to the time base (Full Time Equivalent) of work proposed. State this as a percentage for each year funding is requested. For example, if the position is full time, then state that it is 100% for that grant year. If the position is half-time, state that the position is 50% for that grant year
	b. Personal Services Benefits
i. Overall, explain what is included in the cost and how were the costs determined. Provide support for the costs. For example, provide published guidance from HR (or some other entity) stating percentage of salary or actual dollars used for employee benefits, including medical, retirement, taxes, etc.:	

	c.	Hire Triage Contractors
	i.	For each "Hire Triage Contractors" listed on the Budget Worksheet, explain how the costs were determined and provide support for the stated cost. For example, support could include an existing or new contract which states the classification, the cost, and time period in order to support the requested funds for each grant year:
	ii.	Provide a statement for each classification listed on the Budget Worksheet as to the Full Time Equivalent of the proposed work. State this as a percentage for each year funding is requested. For example, if the position is full time, then state that it is 100% for that grant year. If the position is half-time, state that the position is 50% for that grant year:

ATTACHMENT 13: FINAL SUBMISSION CHECKLIST

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

Check	Description
	ATTACHMENT 1: Application Cover Sheet
	ATTACHMENT 2: Intent to Apply
	ATTACHMENT 3: School-County Collaborative – Evidence of Established Collaborative
	ATTACHMENT 4: School-County Collaborative – Scored Qualifications
	ATTACHMENT 5: School-County Collaborative – Proposed Plan
	ATTACHMENT 6: School-County Collaborative – Proposed Training and Supports
	ATTACHMENT 7: Program Implementation Plan – Plan Narrative
	ATTACHMENT 8: Program Implementation Plan – Plan Timeline
	ATTACHMENT 9: Program Implementation Plan – Impact Sustainability Plan
	ATTACHMENT 10: Program Implementation Plan – Program Communications Plan
	ATTACHMENT 11: Budget Worksheet
	ATTACHMENT 12: Budget Narrative
	ATTACHMENT 13: Final Submission Checklist

ATTACHMENT 14 TRIAGE HIRING REPORT

Triage Hiring Report Instructions

The Hiring Information Report is a separate file included in the RFA.
 Refer to file ATTACHMENT 14 – Hiring Information Report for the Excel workbook and instructions
 An example of the file is included here with the RFA

ATTACHMENT 14 TRIAGE HIRING REPORT					
(1) County/Applicant: _____					
(2) Quarter-end Reporting Period: _____					
(3) Hire Triage Staff (list individual role/classification) (add rows as needed)	(4) Date Hired	(5) Date Vacated	(6) Date Re-Hired	(7) Service Location / Access Point where staff is assigned	(8) Address/Detail Location Description
(9) Hire Triage Contractors (If applicable, list individual role/classification) (Add rows as needed)	(4) Date Hired	(5) Date Vacated	(6) Date Re-Hired	(7) Service Location / Access Point where staff is assigned	(8) Address/Detail Location Description

ATTACHMENT 14
TRIAGE HIRING REPORT

(1) County/Applicant: _____

(2) Quarter-end Reporting Period: _____

(10) Comments

Signature _____

Date _____

Name and Title (Print) _____

ATTACHMENT 15: QUESTIONS TEMPLATE

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

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