



RESOLUTION No. 17-431

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION APPROVING EXECUTION OF AMENDMENT NUMBER 1 TO THE RENEWAL STANDARD AGREEMENT 13MHSOAC-TG022 WITH THE MENTAL HEALTH OVERSIGHT ACCOUNTABILITY COMMISSION (MHSOAC) PERTAINING TO THE AWARD OF TRIAGE GRANT FUNDING TO THE NEVADA COUNTY BEHAVIORAL HEALTH DEPARTMENT

WHEREAS, as a result of SB 32, known as the Investment in Mental Health Wellness Act of 2013, California has an opportunity to use Mental Health Services Act (MHSA) dollars to expand crisis services statewide that are expected to lead to improved outcomes for the individuals served and improved outcomes for local communities and their community partners; and

WHEREAS, the Nevada County Board of Supervisors approved Standard Agreement Number 13MHSOAC-TG022 between the County and the Mental Health Oversight and Accountability Commission for the award of Triage Grant funds to the County Behavioral Health Department on April 4, 2014 per Resolution No. 14-137 for the contract term of March 24, 2014 through June 30, 2017; and

WHEREAS, this Amendment No. 1 extends the term of the Agreement for one additional year, through June 30, 2018 in order to expend unspent grant funds.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Nevada, State of California, that Amendment No. 1 to the Standard Agreement 13MHSOAC-TG022 by and between the County of Nevada and the state agency of the Mental Health Services Oversight and Accountability Commission (MHSOAC) pertaining to the award of Triage Grant funds to the Nevada County Behavioral Health Department to extend the term of the Agreement for one additional year for a contract term of March 24, 2014 through June 30, 2018 in the maximum amount of \$2,477,628 be and hereby is approved in substantially the form attached hereto; and

FURTHERMORE, that the Behavioral Health Director is hereby authorized to sign Amendment 1 to Standard Agreement Number 13MHSOAC-TG022 on behalf of the County of Nevada.

Funds to be deposited into revenue account: 1589-40110-493-8301/445200.

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a special meeting of said Board, held on the 15th day of August, 2017, by the following vote of said Board:

Ayes: Supervisors Heidi Hall, Edward Scofield, Dan Miller, Hank Weston and Richard Anderson.

Noes: None.

Absent: None.

Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER
Clerk of the Board of Supervisors

By: _____

Julie Patterson Hunter

Hank Weston

Hank Weston, Chair

8/15/2017 cc: BH*
AC*

STANDARD AGREEMENT AMENDMENT

STD. 213 A (Rev 6/03)

☒ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 9 Pages

AGREEMENT NUMBER

13MHSOAC-TG022

REGISTRATION NUMBER

AMENDMENT NUMBER

1

1. This Agreement is entered into between the State Agency and Contractor named below:

STATE AGENCY'S NAME

Mental Health Services Oversight and Accountability Commission (MHSOAC)

CONTRACTOR'S NAME

Nevada County Behavioral Health

2. The term of this

Agreement is **March 24, 2014** through **June 30, 2017**
June 30, 2018

3. The maximum amount of this **\$2,477,628.00**
 Agreement after this amendment is: **Two Million Four Hundred Seventy-Seven Thousand Six Hundred Twenty-Eight Dollars and No Cents.**

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

Amendment 1 does the following:

- A. Extends the term of the Agreement for one year, through June 30, 2018.
 B. Amends Exhibit A – Scope of Work to add additional reports.
 C. Amends Exhibit B – Budget Detail and Payment Provisions to specify allocations for Fiscal Year 2017-18.

The following Exhibits are attached and hereby incorporated and made part of this Agreement:

- Exhibit A – Scope of Work
- Exhibit B – Budget Detail and Payment Provisions

All language that has been added is shown in bold and underlined. All language that has been deleted is shown in strikethrough.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.**CONTRACTOR**

CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)

Nevada County Behavioral Health

BY (Authorized Signature)



DATE SIGNED (Do not type)

3/23/17

PRINTED NAME AND TITLE OF PERSON SIGNING

Rebecca Slade, Director

ADDRESS

500 Crown Point Circle, Suite 120
Grass Valley, CA 95945

STATE OF CALIFORNIA

AGENCY NAME

Mental Health Services Oversight and Accountability Commission

BY (Authorized Signature)



DATE SIGNED (Do not type)

4-19-17

PRINTED NAME AND TITLE OF PERSON SIGNING

Toby Ewing, Executive Director

ADDRESS

1325 J Street, Suite 1700, Sacramento, CA 95814

CALIFORNIA
Department of General Services
Use Only

☐ Exempt per:

Exhibit A
Scope of Work

1. Nevada County Behavioral Health, hereafter referred to as Grantee, agrees to hire mental health triage personnel to provide a range of triage services to persons with mental illness requiring crisis intervention. As indicated in the Mental Health Wellness Act of 2013 triage personnel may provide targeted case management services face to face, by telephone, or by tele-health.
2. The project representatives during the term of this agreement will be:

Direct all Triage Grant inquiries to:

State Agency: Mental Health Services Oversight & Accountability Commission	Contractor: Nevada County Behavioral Health
Name: Jose Oseguera, Chief of Plan Review and Committee Operations <u>Tom Orrock, Manager, Triage Grant, Budgets, and Commission Support</u>	Name: Michael Heggarty, MFT, Director <u>Rebecca Slade, Behavioral Health Director</u>
Phone: (916) 445-8722 <u>8715</u>	Phone: (530) 265-1437 <u>470-2784</u>
Fax: (916) 445-4927	Fax:
Email: Jose.oseguera@mhsoac.ca.gov <u>tom.orrock@mhsoac.ca.gov</u>	Email: michael.heggarty.co.nevada.ca.us <u>rebecca.slade@co.nevada.ca.us</u>

Direct all administrative inquiries to:

State Agency: Mental Health Services Oversight & Accountability Commission	Contractor: Nevada County Behavioral Health
Section/Unit: Administrative Services	Section/Unit: MHSOAC Triage Grant Program
Attention: Gina Van Nes <u>Andrej Delich</u>	Attention: <u>Allison McClaughry</u>
Address: 1325 J Street, Suite 1700 Sacramento, CA 95814	Address: 950 Maidu Avenue, Nevada City, CA 95959
Phone: (916) 445-8793	Phone: <u>(530) 470 2414</u>
Fax: (916) 445-4927	Fax:
Email: <u>andrej.delich@mhsoac.ca.gov</u>	Email: <u>Alison.McClaughry@co.nevada.ca.us</u>

3. Detailed Scope of Work

A. Introduction

As a result of Senate Bill (SB) 82, known as the Investment in Mental Health Wellness Act of 2013, California has an opportunity to use Mental Health Services Act (MHSA) dollars to expand crisis services statewide that are expected to lead to improved life outcomes for the persons served and improved system outcomes for mental health and its community partners. Among the objectives cited in the Mental Health Wellness Act of 2013 is to “expand access to early intervention and treatment services to improve the client experience, achieve recovery and wellness, and reduce costs.” This objective is consistent with the vision and focus for services identified in the MHSA. Improving the client experience, with a focus on recovery and resiliency, in a way that will reduce costs, is the very essence of the MHSA.

B. Background

With MHSA funding, the Mental Health Wellness Act of 2013 is intended to increase California’s capacity for client assistance and services in crisis intervention including the availability of crisis triage personnel, crisis stabilization, crisis residential treatment, rehabilitative mental health services, and mobile crisis support teams. Under the terms of the Mental Health Wellness Act of 2013 there will be two competitive grant opportunities. One grant process will be administered by the California Health Facilities Financing Authority (CHFFA) to fund mobile crisis support teams and crisis stabilization and crisis residential programs. The other grant process, administered by the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission), provides funding for counties, counties acting jointly and city mental health departments, to hire at least 600 triage personnel statewide to provide intensive case management, which may include Medi-Cal reimbursable targeted case management, and linkage to services for individuals with mental illness or emotional disorders who require crisis interventions. Increasing access to effective outpatient and crisis services provides an opportunity to reduce costs associated with expensive inpatient and emergency room care and to better meet the needs of individuals experiencing a mental health crisis in the least restrictive manner possible.

C. SB 82 Triage Personnel Objectives

Among the specific objectives cited in the Mental Health Wellness Act of 2013 are:

- i. **Improving the client experience, achieving recovery and wellness, and reducing costs**

The level of engagement between a person experiencing a mental health crisis and persons providing crisis intervention triage services are considered critical to the life outcomes for the individual being served and system outcomes for mental health and its community partners.

Triage personnel funded through these grants should be skilled at engaging persons in crisis in a stabilizing, therapeutic, recovery focused manner. Per SB 82, the Commission shall take into account the use of peer support 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 service.

ii. **Adding triage personnel at various points of access, such as at designated community-based service points, homeless shelters, and clinics**

The availability of triage personnel at various points of access designated throughout the community throughout the day is essential to both improving the client experience and improving timely access to services.

iii. **Reducing unnecessary hospitalizations and inpatient days**

Reductions in unnecessary hospitalizations are dependent on the availability of programs that serve as alternatives to hospitalization, such as crisis stabilization and crisis residential programs. As mentioned, one resource to expand these services will be available through the grants administered by CHFFA. Because the triage personnel available through the MHSOAC grants are intended to provide immediate, recovery-focused crisis interventions that divert persons from unnecessary hospitalizations to less restrictive treatment settings, they are an essential component for mental health and community crisis response systems.

iv. **Reducing recidivism and mitigating unnecessary expenditures of law enforcement**

To meet both of these objectives requires collaboration with and participation from partner counties, law enforcement, hospitals, local social networks, mental health and substance use non-profits, foundations and providers of service to various racial, ethnic and cultural groups and low-to-moderate income persons, in developing and delivering services in a community-based, mental health crisis response system.

D. Grantee Work Plan

Grantee shall implement the triage program as described in Grantee's Triage Grant Application which is attached to this Exhibit A as "Attachment A.1" and incorporated herein by reference.

E. Grant Cycle

Grants are approved for a grant cycle that covers four fiscal years, with funds allocated annually for Year 1 (5 months), Year 2 (12 months), Year 3 (12 months), and Year 4 (12 months). **In the discretion of the MHSOAC the grant may be extended for one year if the MHSOAC determines the Grantee has unspent funds.**

If the Grantee does not submit the reports listed below by the reporting deadline the MHSOAC may withhold payments of the funds described in Exhibit B:

- i. Process Information Report as described in Section "F. Reports"
- ii. Encounter Based Information Report as described in Section "F. Reports"
- iii. Evaluation of Program Effectiveness as described in Section "F. Reports"
- iv. Annual Fiscal Report as described in Section "F. Reports". Grantee showing unexpended Grant Funds may have equivalent funding withheld from the following year's grant allocation.

F. Reporting and Evaluation

- i. Process Information Report

Grantees shall submit a Process Information Report to the MHSOAC as follows:

- a) No later than six months (September 30, 2014) following the date of the Triage Grant Award letter to Grantee from the MHSOAC; and
- b) No later than twelve months (March 31, 2015) following the date of the Triage Grant Award letter to Grantee from the MHSOAC. If at 12 months all proposed triage personnel are not hired, additional updates will be requested every 6 months until all triage personnel are hired.

The Process Information Report shall include the following information:

- a) Number of triage personnel hired by county and/or hired by contractor.
- b) Number for each type of triage personnel hired by county and/or hired by contractor (e.g., peers, social workers, nurses, clinicians, mental health workers, etc.) Please identify which personnel are county staff and which are contract staff.

- c) Triage service locations/points of access (e.g., hospital emergency rooms, psychiatric hospitals, crisis stabilization programs, homeless shelters, jails, clinics, other community-based service points).

ii. Encounter Based Information Report

Grantee shall submit an Encounter Based Information Report to the MHSOAC as follows:

- a) No later than twelve months (March 31, 2015) following the date of the Triage Grant Award letter to Grantee from the MHSOAC; and
- b) Every six months thereafter as follows:
 - 1st Report: Reporting period is from March 2014 through March 2015
Due on April 30, 2015
 - 2nd Report: Reporting period is from April 2015-September 2015
Due on October 31, 2015
 - 3rd Report: Reporting period is from October 2015-March 2016
Due on April 30, 2016
 - 4th Report: Reporting period is from April 2016-September 2016
Due on October 31, 2016
 - 5th Report: Reporting period is from October 2016-March 2017
Due on April 30, 2017
 - **6th Report: Reporting period is from April 2017-September 2017
Due on October 31, 2017**
 - **7th Report: Reporting period is from October 2017-March 2018
Due on April 30, 2018**

The Encounter Based Information Report shall include the following information for the reporting period:

- a) Total unduplicated persons served.
- b) Total number of service contacts.

- c) Basic demographic information for each individual client shall include information on age, race, ethnicity, gender. If available, the county shall provide information on language spoken, cultural heritage, LGBTQ, and military status.
- d) Description of specific services that each client was referred to by triage personnel.
- e) At the time the triage service was provided, was the person served enrolled in any mental health service? If yes, what service?

iii. Evaluation of Program Effectiveness

Grantees shall submit an Evaluation of Program Effectiveness analyzing whether the goals, objectives and outcomes identified in the Grantee's Triage Grant Application have been attained to the MHSOAC as follows:

- a) 1st Evaluation report of the program during the 24 months following the date of the Triage Grant Award letter to Grantee from the MHSOAC (March 2014 through March 2016)
 - Due no later than June 30, 2016
- b) 2nd Evaluation Report of the program during the ~~36~~ **24** months following the date of the Triage Grant Award letter to Grantee from the MHSOAC the 1st Evaluation report (March 2014 April 1, 2016 through March, 31, 2018 2017)
 - Due no later than ~~May 31, 2017~~ **May 31, 2018**

The Evaluation of Program Effectiveness report shall include the following information:

- a) Grantee's goals and objectives for increased triage personnel and/or the improved crisis response system.
- b) The system indicators, measures, and outcomes that Grantee used to track to document the effectiveness of services.
- c) Evaluation analysis and findings about whether specific system and individual outcomes have been attained.

iv. Annual Fiscal Report

Grantee shall submit an Annual Fiscal Report to the MHSOAC by no later than April 30th of each fiscal year. The Annual Fiscal Report shall be certified by the mental health director and the county's auditor-controller as being true and correct. The Annual Fiscal Report form is "Attachment A.3" to this Exhibit A. The Annual Fiscal Report Instructions is "Attachment A.2" of this Exhibit A.

G. Allowable Costs

Grant funds must be used as proposed in the grant application approved by the MHSOAC as follows:

- a) Allowable costs include triage personnel, evaluation, direct costs, indirect costs, and county administration. The sum of the direct costs, indirect costs and county administration per year shall not exceed 15 percent of the total budget.
- b) Grant funds may be used to supplement existing programs but may not be used to supplant existing funds for mental health triage personnel available for crisis services.
- c) Grant funds cannot be transferred to any other program account for specific purposes other than the stated purpose of this grant.

H. Amendments

This contract may be amended upon mutual consent of the parties. All amendments must be in writing and fully executed by authorized representatives of each party.

EXHIBIT B

BUDGET DETAIL AND PAYMENT PROVISIONS

1. INVOICING AND PAYMENT

- A. The amount payable by the MHSOAC to the Grantee is specified in Section 5, Payment Schedule.
- B. Grant Award Claim Forms (Attachment B.1) shall be submitted no later than July 1st each fiscal year.

2. INSTRUCTION TO THE GRANTEE

- A. To expedite the processing of Grant Award Claim Forms submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for fund distribution, Grantee shall submit one original and two copies of all Grant Award Claim Forms to the MHSOAC Grant Manager at the following address:

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

3. BUDGET CONTINGENCY CLAUSE

- A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall no longer be in full force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to perform any provisions of this Agreement.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Grantee to reflect the reduced amount.
- C. If this contract overlaps federal and State fiscal years, should funds not be appropriated by Congress or approved by the Legislature for the fiscal year(s) following that during which this grant was executed, the State may exercise its option to cancel this grant.

- D. In addition, this grant is subject to any additional restrictions, limitations, or conditions enacted by Congress or the Legislature which may affect the provisions or terms of funding of this grant in any manner.

4. BUDGET DETAIL

The total amount of this Agreement shall not exceed \$2,477,628.00. Payment shall be made in accordance with the payment schedule below

5. PAYMENT SCHEDULE

Grantee was approved for a grant cycle that covers ~~four~~ **five** fiscal years, with funds allocated annually at the beginning of each fiscal year.

Fiscal Year (FY)	Grant Funding
FY 2013-14	\$289,260.00
FY 2014-15	\$694,169.00
FY 2015-16	\$728,878.00
FY 2016-17	\$765,321.00

Grant funding for Fiscal Year 2017-18 is the amount of unspent grant funds in the possession of the Grantee but shall not exceed the total funds allocated for Fiscal Year 2016-17. The MHSOAC will determine the amount of unspent grant funds available for Fiscal Year 2017-18 based upon the Grantee's Annual Fiscal Reports. Upon approval by the MHSOAC, the Grantee may spend the grant funds to continue the grant in Fiscal Year 2017-18 as specified in this Agreement.