

Evaluation Criteria – Crisis Residential Treatment, Crisis Stabilization and/or Mobile Crisis Support Team

Table 1. Acronyms used in the proposal

CRT	Crisis Residential Treatment
ED	Emergency Department
MHSSA	Mental Health Student Services Act
NAMI	National Alliance of Mental Illness
PES	Psychiatric Emergency Services
RC3	BHRS
RCS	Redwood Community Services
RQMC	Redwood Quality Management Company
YCRT	Youth Crisis Residential Treatment

Behavioral Health

Applications shall be scored on the criteria set forth in Section 7319 of the regulations. Please address each of the criteria for each Program as follows:

1. Project expands access to and capacity for community-based Mental Health Crisis Services that offer relevant alternatives to hospitalization and detainment by law enforcement. (Maximum 25 points)

- a. Describe the new or expanded Crisis Stabilization, Crisis Residential Treatment and/or Mobile Crisis Support Team Programs to be funded by the Grant, the services within the Programs, and the Target Population(s), including age group(s), to be served. (Maximum 5 points)

Mendocino County is preparing to open a Crisis Residential Facility in Ukiah to provide emergency mental health treatment for adults 18 years of age and older. However, Mendocino County currently does not have a Youth Crisis Residential Treatment (YCRT) facility. If a youth is experiencing a mental health crisis and needs to be hospitalized to maintain safety, an appropriate facility can be anywhere from 70-200 miles away. When youth are hospitalized out of the county, they are removed from their natural supports and often are transported several hours in an ambulance creating a more traumatic experience.

To fill the gap in services for youth, 17 years of age and under, the County of Mendocino Behavioral Health and Recovery Services (BHRS) (Lead Grantee) and Co-Applicant, Redwood Community Services (Designated Grantee) will implement a six-bed Youth Crisis Residential Treatment program within Mendocino County.

Redwood Community Services (RCS), a private nonprofit corporation, will provide YCRT program services, as well as locate and secure a property as the County's Co-Applicant. Grant funds will be used to purchase real property, renovate real property, purchase furnishings, equipment, information technology, and finance three months of startup costs.

The target population for the Mendocino County YCRT is children and youth, 17 years of age and younger, experiencing a mental health crisis that do not meet criteria for psychiatric hospitalization, would not need psychiatric hospitalization level if a YCRT was an option, and/or placement in an institutional setting; and children and youth needing a transitional environment prior to returning to their home after having been released from hospitalization following a mental health crisis.

Table 2. Crisis Assessments for Youth 17 and Under by Criteria Fiscal Year 20/21

Status	Number of Assessments for 5150
Criteria Not Met	171
Rescinded	1
Upheld	3
Written	138
Total	313

Table 3. Crisis Calls for Youth 17 and Under by Location Fiscal Year 20/21

Mendocino County Location	Number of Crisis Contacts
Birch House (STRTP)	2
Community	8
Howard	31
Juvenile Hall	11
MCDH	46
RC3 (Crisis Center)	98
School	2
UVMC	137
Total	335

Table 4. Crisis Assessments for Youth 17 and Under by Ethnicity Fiscal Year 20/21

b. Describe the community need existing within the current continuum, address who does and does not receive services now, and how the Project is designed to

Ethnicity	Number of calls
African American	5
Asian	2
Caucasian	185
Hispanic	58
Native	24
Undisclosed	61
Total	335

he weaknesses of the current system and build on its strengths. Please include any available data that reflects community need. (Maximum 3 points)

Mendocino County is a large rural county (3,878 square miles) with approximately 88,000 residents making for a very low population density. Historically, there have been many challenges and significant barriers to accessing services for Mendocino County's most vulnerable residents. Communities are often rural and remote, individuals and families experience a higher rate of intergenerational cycles of trauma and poverty, the rate of homelessness among youth and adults is higher than the statewide and national average, there is a historically depressed economy, and substance use disorder is disproportionately higher. In addition, like many rural counties, Mendocino County residents have suffered from decades of loss of industry, loss of social safety nets, stagnant wages, reduced access to higher education and the infiltration of marijuana and opioid drugs. Mendocino County is a rural setting that is, one of the poorest counties in the state with high rates of homelessness among youth and adult citizens, as well as intergenerational cycles of trauma among Native American Tribes, isolating LGBTQIA experiences in a rural community, all of which contribute to elevated need for mental health services in our community.

Mendocino County has much higher than the statewide average of children and families living below the poverty level, childhood trauma, child abuse, food insecurity, suicides, and alcohol, tobacco and marijuana use among both youth and adults. In 2019, Mendocino County was estimated to have a median income of \$51,416, which is 32% lower than the state median of \$75,235.¹ The average median income is a direct correlation to the County's rate of poverty with 14% of families and 25.4% of children living below the poverty level.² From 2015 to 2019, 55.9% of Mendocino County residents spent over 30% of their income on rent, which is the second worst quartile of all California counties.³ As of 2018, Mendocino County's rate of substantiated child abuse was 99.7/1,000 children, close to double the statewide rate of 52.9/1,000 children; the foster care rate of 11.3/1,000 children, was also more than double the statewide rate of 5.3/1,000; as of 2019, the juvenile felony arrest rate is the third highest in the state with 7.4/1000 youth.⁴ Youth who are transitioning out of the foster care system are at high risk of experiencing homelessness. At the end of the 2018-2019 school year, 1058 students in Mendocino County were identified as homeless, representing 8% of the school population and more than twice the statewide rate.

In the fiscal year 2019, Mendocino County's Children, Youth and Young Adult System of Care, provided outpatient behavioral health services to 1499 individuals, 1086 crisis line contacts, 747 emergency crisis assessments and 237 inpatient hospitalizations.⁵ Childhood adolescence is often when mental health conditions emerge. A child's mental

¹ 2019 U.S. Census – <https://www.census.gov/quickfacts/fact/table/mendocinocountycalifornia/BZA010219>

² 2019 Healthy Mendocino – <https://www.healthymendocino.org/indicators/index/dashboard?id=195299188913508389>

³ 2019 Healthy Mendocino
<https://www.healthymendocino.org/indicators/index/view?indicatorId=393&localeId=260&comparisonId=6635>

⁴ 2018/2019 Kids Data – <https://www.kidsdata.org/topic>

⁵ 2019 Redwood Quality Management Data Dashboard – <https://www.rqmc.org/>

health is most affected by the number of Adverse Childhood Experiences (ACE's) they have had prior to the age of 18. In Mendocino County, 30.8% of adults experienced two or more ACE's almost double the state average of 16.7%.⁶

Community-based residential treatment care has the potential to divert children and youth from unnecessary psychiatric hospitalizations, ensure the least restrictive treatment option, and reduce costs related to psychiatric hospitalizations, while maintaining a safe, healing environment, providing a better option for children and youth to achieve positive clinical outcomes. The Mendocino County YCRT would be a temporary alternative for youth experiencing an acute psychiatric episode or intense emotional distress and/or who might otherwise face voluntary or involuntary commitment in a psychiatric hospital. The YCRT facility will provide up to 30 days of intensive trauma-informed wraparound services for patients who suffer from a significant mental health barrier, preventing them from living safely in the community. Participants may remain in the program for an additional 30-day period as determined by the treatment team. The program will provide 24/7 staffing, and intensive mental health services in the context of a therapeutic community and an integrated individualized case plan will be developed for each client at entry. Mental Health services will be individualized and strength-based; use a team-driven process with clients as equal members; be culturally appropriate and responsive; use flexible approaches made possible by adequate, flexible funding streams; have a balance of formal and informal community and family supports; involve interagency collaboration; and include continuous evaluation by the multi-disciplinary treatment team. The YCRT program will provide an alternative to psychiatric hospitalization and a space for the youth to work through crisis at their own pace, in a clinically effective and cost-efficient, safe environment, allowing individuals to be nurtured and supported in their process of personal growth.

c. Quantify and describe how the Project will increase capacity for community-based Mental Health Crisis Services. (Maximum 6 points)

Existing Crisis Response services through BHRM contracted crisis services, Redwood Community Crisis Center (RC3), serve all ages across the lifespan, providing a 24/7 crisis hotline, emergency mental health assessments, safety planning, and coordination for medication management, inpatient psychiatric hospitalizations, as well as aftercare and follow-up services. Mendocino County crisis has been expanding their adult crisis continuum to include an adult Crisis Residential Treatment facility for adults 18 years and older, in order to serve and support Mendocino County's most vulnerable populations more adequately. The YCRT program will recruit and train qualified professional, para-professional, consumer, and volunteer staff who are experienced with the needs of people with mental illness. Offering a wide range of support, staff will be able to identify participants who are experiencing difficulties and are at risk for relapse of their mental illness, and coordinate multi-agency preventative interventions.

⁶ 2020 Healthy Mendocino – <https://www.healthymendocino.org/indicators/index/dashboard?id=195299188913508389>

This program will also provide coordinated aftercare and linkage to on-going support services. Through coordination with other community agencies, providers, and the consumer's family, staff can assure that support will be provided during the consumer's stay and maintained upon discharge. Adding a Youth Crisis Residential Treatment program would create a comprehensive continuum of crisis care services across the lifespan.

In fiscal year 2020-2021 Mendocino County Redwood Community Crisis Center took 514 calls from youth aged 17 and under, of those calls 313 were assessed for 5150 criteria and involuntary hospitalization, 138 were detained on 5150 criteria. Of the 138 youth that were detained, three youth were able to be released from detention prior to being acutely hospitalized. These three youth would have been able to be served by a Youth Crisis Residential Treatment center if available in our county, and it is very likely that a number of the 138 youth that were detained, may not have needed to be if the supports available through a crisis residential treatment were available. Additionally in fiscal year 2020-2021 four youth were re-hospitalized within seven days of release from acute psychiatric care and ten youth were re-hospitalized within thirty days of release from acute psychiatric hospital. These re-hospitalizations may have been able to be avoided if crisis residential treatment post-acute care stay were able to extend the period of treatment and support available to the youth.

Children and youth experiencing a mental health crisis need treatment services and interventions that include linkage to supportive services which provide sustainable and durable transitions, helping to maintain the wellbeing of the child/youth. Returning a child/youth directly to their home environment without addressing the specific clinical and family needs only increases the child's/youth's risk for re-hospitalization. Re-hospitalizations rates for youth account for approximately 10% of the total number of hospitalizations in early data from Fiscal Year 20/21; we would expect this to reduce significantly with utilization of Youth Crisis Residential Treatment. In addition, adolescents with emotional/serious emotional disturbances transitioning to adulthood, have unique needs which have failed to be addressed in traditional mental health systems. This has created a gap in the service continuum for youth and transition age youth who are increasingly hospitalized and/or institutionalized due to lack of alternatives. The YCRT would provide a child and youth-centered focus on behavioral health treatment and aftercare, in a caring, culturally responsive, trauma-informed environment, where they can focus on healing and receive the support and assistance they need.

BHRS and RCS will strive to:

- Deliver services in the least restrictive, most accessible environment with a coordinated system of care that is respectful of a youth's family, language, heritage and culture
- Educate themselves, individuals, families and the community about mental illness and the hopeful possibilities of treatment and recovery
- Maximize the resources available and attend to concerns for the safety of individuals and the community

- i. Describe how the number of Crisis Stabilization and Crisis Residential Treatment beds; and/or the number of Mobile Crisis Support Teams including the number of Mobile Crisis Support Team vehicles and staff impact the Target Population(s) and translates into a number of additional Children and Youth that can be served in the community?

Reducing unnecessary psychiatric hospitalizations and long waits in emergency room departments due to lack of alternatives for children experiencing a mental health crisis is a priority to improve the outcomes for Mendocino County youth in the mental health system. Short-term crisis residential stabilization services assist with deescalating the severity and level of distress and/or need for urgent care associated with experiencing a mental health crisis. Services are designed to prevent or ameliorate a mental health crisis and/or reduce acute symptoms of mental illness by providing continuous 24-hour observation and supervision for persons that do not require inpatient services.⁷ This level of care provides a range of community-based resources and support that can assist in meeting the needs of a person experiencing a mental health crisis and provide a safe environment for care and recovery. Currently, there are few short-term settings for children and youth experiencing a mental health crisis within a reasonable distance from Mendocino County. Access to and availability of less restrictive services that provide support, stabilization, and treatment, is essential for children and youth who experience serious mental health challenges. Rural hospitals are burdened by the growing need for mental health services, reinforcing the need for increased access to less restrictive treatment settings.

The proposed six crisis residential treatment beds are a critical component to divert youth from higher levels of care, deliver essential screening and treatment, and provide timely intervention. Families and caregivers experiencing and supporting a child through a mental health crisis should be able to access the appropriate level of care for the child's needs in the least restrictive and most supportive environment possible. Expanding the crisis continuum of care to provide access to these services will better support families and caregivers when facilitating care transitions and in maintaining stabilization following a mental health crisis.

- d. Describe how the Project will expand and improve timely access to community-based Mental Health Crisis Services. Address how access is expanded and improved for the community. Examples include extending hours of existing services; adding locations where services can be accessed by Children and Youth, as appropriate, and their family members; efforts to timely connect

⁷ Substance Abuse and Mental Health Services Administration. (2012) Behavioral Health Service Definitions- A Supplement to SAMHSA Description of a Modern Addictions and Mental Health Service System Brief. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Children and Youth to crisis services from hospitals, educational institutions, detainment centers, juvenile hall, jail, etc.; engaging in new outreach to Children and Youth, as appropriate, and their families, and educational institutions so they know new or expanded services are available; and addressing cultural, language, and other barriers unique to the community. (Maximum 6 points)

If awarded funds through the CHFFA, Investment in Mental Health Wellness Grant for Children and Youth, Mendocino County intends to reduce or eliminate the high utilization of inpatient hospitalizations out of county; extended wait times in the Emergency Department (ED); and the high use of local law enforcement resources to respond to mental health crises. Youth 17 and under wait in the emergency department a day and a half on average before being accepted by acute psychiatric facilities. The Youth Crisis Residential Treatment would allow those youth that are able to be stabilized in a lower level of care than acute to exit the emergency department for the CRT in a matter of hours, and in some cases youth may be able to avoid emergency department contact entirely.

By adding the YCRT, the collaboration between community providers and Mendocino County Behavioral Health and Recovery Services will address gaps in the mental health service delivery by establishing six (6) bed residential treatment facility, for voluntary crisis service placements. The YCRT will provide an opportunity for 24-7 youth services specialists for families and crisis services to consult and to reduce the need for law enforcement response. This additional infrastructure throughout the Crisis Continuum of Care will provide an opportunity for reduced timelines for the warm hand-off to trained personnel for youth in mental health crisis.

With an in-county YCRT, the Children's system of care programs and services provide opportunities to empower individuals to create personal, social and community wellness and support to the diverse population of youth, transition-age youth, adults, and families they serve. This will provide programs that decrease barriers to services and address the unique needs of the most vulnerable, marginalized populations, the Children's system of care demonstrates a strong commitment to culturally aware, quality, data-driven, services and programs.

In the event of a mental health crisis, Mendocino County children and youth can access crisis response services through Community Crisis Access Centers in the community and through the three rural county hospitals. Additionally, children and youth receiving services through other community-based service providers can access crisis services coordinated through Redwood Quality Management Company (RQMC). RQMC is the Administrative Service Organization for Mendocino County, providing management and oversight of various youth and adult service providers, specialty mental health services, prevention, and early intervention services. Crisis Access Centers are located in Ukiah and Fort Bragg. Crisis response focuses on a preventive response to address pre-crisis situations before they escalate. For children, response to crisis includes a 40-day period of follow-up support and case management.

Mendocino County was awarded a Mental Health Student Services Act Grant and works with four community contracted providers to provide school based services to students to reduce risk factors to youth in school and increase access and linkage to supports. Mental Health Student Services Act program activities is an additional outreach opportunity to engage youth that may be eligible for Youth Crisis Residential services.

e. Describe how the Project will be qualitatively different than crisis services delivered in an institutional setting (such as a hospital emergency room, an in-patient hospital setting or a law enforcement vehicle) and include a description of the proposed staffing, the community setting in which the Programs will be offered and the building or vehicles in which services will be provided. (Maximum 5 points)

The addition of a YCRT to the Mendocino County continuum of care will provide a local sub-acute homelike setting as an alternative to acute psychiatric hospitalization. Availability of a YCRT will provide the opportunity to divert emergency room stays for those youth that can be stabilized with support in a lower level of care. We anticipate a significant benefit to the quality of client recovery when this least restrictive level of care is available in Mendocino County allowing family and local supports to be included during the crisis resolution process.

Youth that require placement to address their mental health needs following a crisis, need safety, structure, routine, clear expectations, and effective therapeutic interventions. The existing crisis continuum includes crisis intervention, assessment, diagnosis, and risk assessment and safety and treatment planning for future mental health needs. Following a mental health crisis, services may include case management, therapy, rehabilitation, and a 60-day short-term treatment plan to ensure safety and stability, while long term mental health services are established and connection to medication management through Redwood Quality Management Company. BHRS Children's Services are committed to providing young adults with every tool for success as they transition to adulthood. To support them in doing so, the Children's System of Care provides several different culturally responsive training opportunities, healing centered skills building and empowerment programs and two youth/transition age youth resource centers. These services and supports are designed to assist youth/young adults in interpersonal and relationship skill-building, self-advocacy and becoming successful community members.

BHRS programs foster a strengths-based culture of recovery in all of our programs through a combination of staff behaviors and physical design elements. A program's culture can have a dramatic impact on the recovery process, and improvements help to create an environment where clients feel safe. BHRS will work with contracted providers in creating environments that are inviting, safe, and made to feel like a home. The facility will be designed and decorated to create a calming, nurturing, healing and home-like environment. In addition, RCS has an excellent track record of being skilled at understanding the factors that support successful transitions between levels of care and

will work closely with each individual and family to understand their strengths, their support systems, and their history of care.

RCS will staff the YCRT program in accordance with all the applicable licensing, certification, and accreditation requirements. Because the proposal represents a new program, all key positions responsible for administering and delivering services are currently vacant.

2. Application demonstrates a clear plan for a continuum of care before, during, and after crisis mental health intervention or treatment and for collaboration and integration with other health systems, educational institutions, social services, and law enforcement (Maximum 15 points)

- a. Describe how the Project fits in with the continuum of care as it presently exists in the community. (Maximum 5 points)
 - i. Identify the shortcomings that exist within the continuum and how the Project will improve the existing continuum of care for Children and Youth utilizing Mental Health Crisis Services and supply any available data.

Rural Mendocino County, with its relatively small population and widely scattered communities, offers crisis response services to its residents through Access Centers located in Fort Bragg and Ukiah and the county is opening its first crisis residential program in November 2021 that will serve adults 18 years and older. The county has no crisis stabilization programs or beds for youth.

Finding the way to wellness and recovery during times of crisis is not always easy. Mendocino County Behavioral Health and Recovery Services (BHRS) and Redwood Quality Management Company (RQMC) have diligently worked to ensure locally accessible mental health support for beneficiaries who experience a mental health crisis. The Mendocino County YCRT would be a temporary alternative for youth experiencing an acute psychiatric episode or intense emotional distress and/or who might otherwise face voluntary or involuntary commitment in a psychiatric hospital. The YCRT facility will provide up to 30 days of intensive trauma-informed wraparound services for patients who suffer from a significant mental health barrier, preventing them from living safely in the community and filling a significant gap in the continuum of care in Mendocino County.

- ii. Indicate whether the Applicant(s) contemplates submitting an application to the Mental Health Oversight and Accountability Commission or has been awarded funding for triage personnel.

Mendocino County will not be applying for MHSOAC triage personnel at this time. Mendocino County has applied for mobile crisis funding through COVID relief funds.

b. Describe the county's or counties' working relationships with Related Supports that already exist and those which will be established to enhance and expand community-based collaboration designed to maximize and expedite access to crisis services for the purpose of avoiding unnecessary hospitalization and detainment by law enforcement and improving wellness for Children and Youth with mental health disorders and their families. The existing working relationships shall be supported by letters from the Related Supports identifying the collaborative efforts amongst the agencies to enhance and expand crisis services. (Maximum 10 points)

i. An example of an enhancement may include training of local law enforcement, current crisis providers, hospitals and other related providers on how to properly respond to Children and Youth experiencing a mental health crisis.

BHRS has a long history of working relationships with community resources in Mendocino County. Some of those resources are: Community based specialty mental health Providers, Redwood Community Services, NAMI Mendocino, Tapestry Family services, Mendocino County Youth Project, Child & Adolescent Rehabilitation & Empowerment services (CARES), Round Valley Family Resource Centers, Triple P Mendocino, Mendocino County Youth Project, Ukiah Family Resource Center, and Adult & Adolescent Recovery Services among others.

Mendocino County partners with Mendocino County Sheriff's Office for Mobile Outreach and Prevention Services to adults and has a newly expanding Mobile Crisis response partnership with Mendocino County Sheriff's Office, Ukiah Police Department, and expanding to Willits Police Department and Fort Bragg Police Department for dual response. The dual crisis response intent is to reduce unnecessary interaction with law enforcement for individuals experiencing a mental health crisis, by allowing for the crisis worker to interact with the individual as early in the process as is safe to do so. The expanded programs will serve children and youth.

Mendocino County has applied for grants to support the expansion of Mobile Crisis teams and bring additional training and infrastructure to the existing Mobile Crisis team. Proposed trainings include Crisis Intervention Team training, Crisis Prevention and De-Escalation training, Motivational Interviewing, Trauma Informed modalities, and culturally responsive care trainings. These resources will support the crisis continuum of care for youth.

3. Identifies Key Outcomes and a Plan for Measuring Them. (Maximum 10 points)

a. Provide a plan that includes the methodology, timeline, and assignment of responsibility to measure and demonstrate outcomes of the Program, including the following:

i. Reduced hospital emergency room and psychiatric inpatient utilization. (Maximum 2 points)

We anticipate that a Youth Crisis Residential Treatment Center will reduce psychiatric inpatient utilization by at least 33%. We anticipate emergency room wait times will reduce by 30%. Youth that are subacute can be supported in the YCRT, which will reduce hospitalizations and wait times for hospital acceptance.

ii. Reduced law enforcement involvement on mental health crisis calls, contacts, custodies and/or transports for assessment. (Maximum 2 points)

BHRS and RCS will work with law enforcement to collect data on the impacts of having the YCRT on law enforcement involvement in youth crisis contacts. In addition, BHRS has applied for a grant which expands Mobile Crisis for youth, which will reduce law enforcement involvement in crisis calls of a mental health nature.

iii. Improvements in participation rates in the Program(s). (Maximum 1 point)

We anticipate that a Youth Crisis Residential Treatment Center will increase program participation rates by 10%. Youth receiving crisis resolution services in county as opposed to out of county will receive services in a timelier manner, and services can more readily involve family, local treatment providers, and other local support systems. All of these are also factors in follow up participation with ongoing supports.

iv. Children or Youth (when appropriate) and/or their family members' (when appropriate) satisfaction with the crisis services the Children and Youth received. (Maximum 1 point)

We anticipate that a Youth Crisis Residential Treatment Center will increase program satisfaction, as services in county will allow for more family and natural support involvement.

v. Number of Crisis Residential Treatment and Crisis Stabilization beds; and/or number of Mobile Crisis Support Teams including the number of Mobile Crisis Support Team vehicles and staff added. (Maximum 1 point)

We anticipate that a Youth Crisis Residential Treatment Center will increase Mendocino County total CRT bed availability overall from eight to fourteen, and youth CRT bed availability from zero to six. No new Crisis Stabilization Beds or Mobile Crisis Support team expansions are planned with this grant funding, however Mendocino County is pursuing other funding for Mobile Crisis Support infrastructure and staffing expansions that will collaborate with the Youth Crisis Residential Treatment services.

vi. Number of Children and Youth within the Target Population(s) being served and other Children and Youth who may be being served.
(Maximum 1 point)

Mendocino County has approximately 300 youth that are served by crisis services annually that are anticipated may be eligible for these services.

vii. The value of the Program(s), such as mitigation of costs to the county, law enforcement, or hospitals. An example of such value is: The utilization of Crisis Residential Treatment costs “X” dollars and utilization of inpatient hospitalization would have cost “X” dollars, therefore value approximates “X” dollars. (Maximum 1 point) viii. The percent of Children and Youth who receive a crisis service who, within 15 days, and within 30 days, return for crisis services at a hospital emergency department, psychiatric hospital, detainment center, juvenile hall or jail. (Maximum 1 point)

BHRS estimates that \$470,000 of acute hospitalization costs will be diverted based on a reduction in hospitalization of 33%.

Ten youth were re-hospitalized within thirty days of initial psychiatric hospitalization, and we anticipate all of those will be served by YCRT.

Table 5. *Timeline and Key Outcomes*

Action Item	Approximate time to complete	Estimated Target Completion Date	Responsible Party	Methodology for measuring improvement success
Notification of Grant Award	0 months/ Starting Point	December 2021	CHFFA	Award Notice Letter
Purchase Property	Within 8-12 months of award	June - December 2022	RCS	Deed to property
Complete renovation permitting process	Within 5 months of property purchase	November 2022- May 2023	RCS	Start of Renovation
Complete Renovation	Within 18 months property purchase August 2025	December 2023- June 2024	BHRS and RCS	Certificate of Occupancy
Licensing completion Begin Serving clients	Within 6 months of renovation completion	June 2024- December 2024	BHRS and program operator	State Licensing documents

Hiring and Start Ups	Within 3 months of Licensing	(Concurrent with Licensing) June 2024-December 2024	RCS	Purchase and installation of interior furnishing and equipment, hiring staff
Measure Increase in YCRT beds from 0-6 and monitor utilization	Quarterly following grand opening	First Quarter Data approx. September 2024-March 2025	RCS, monitored by BHRS	Quarterly tracking of utilization of YCRT beds compared to 0 prior to implementation
Measure reduction in ED wait times	Quarterly following grand opening	First Quarter Data approx. September 2024-March 2025	RCS, monitored by BHRS	Quarterly tracking of ED utilization in youth compared to prior to implementation
Measure Youth and Family Member satisfaction with services	Quarterly following grand opening	First Quarter Data approx. September 2024-March 2025	RCS, monitored by BHRS	Annual review of youth and family member satisfaction services
Measure reduced contacts with Law Enforcement	Quarterly following grand opening	First Quarter Data approx. September 2024-March 2025	RCS, monitored by BHRS	Quarterly tracking of contacts with law enforcement compared to prior to implementation

Mendocino County will identify and purchase a property within twelve months of Grant Award and Allocation. Redwood Community Services has been looking at properties and will select and purchase upon award. Renovation of the facility to adapt to meet Youth Crisis Residential Treatment criteria to be completed within 18 months of Property Purchase. Licensing processes will be completed within 6 months of construction finalization and certification of occupancy. Baseline data collection will be refined during the period of property purchase and renovation, so that during the first quarter upon the facility being open and operational BHRS and RCS facility can begin collecting service data and compare improvement and success relative to preprogram implementation baseline data.

4. Project is, or will be Ready, Feasible, and Sustainable as follows: (Maximum 50 points)

- Mobile Crisis Support Team Projects within nine months of the approval of the Final Allocation.
- Crisis Residential Treatment and Crisis Stabilization Projects that include acquisition of a building and/or renovation within 12 months of the approval of the Final Allocation.
- Crisis Residential Treatment and Crisis Stabilization Projects that include construction within 18 months of the approval of the Final Allocation.

READINESS

a. A detailed plan and timeline, including supporting documentation if available, with the steps needed to complete the Project as further delineated below and provide evidence demonstrating the ability to meet the timeframes set forth in Section 7319(a)(4)(H) of the regulations. (Maximum 15 points)

- i. Address, renderings and/or floor plans of Project site, if available. If a Project site has not been identified, provide a description of the process, criteria for selection, and timeline for identification of a Project site that will be utilized. (This subdivision is not applicable to Mobile Crisis Support Team Projects.)

Redwood Community Services has been looking at properties and will select and purchase upon award. The County of Mendocino is in the final stages of opening an Adult Crisis Residential Treatment program with RCS and has experience in obtaining construction permits and other necessary construction processes.

Mendocino County has recently completed Request for Proposals for construction and operation of Adult Crisis Residential Treatment, and can quickly adapt those for youth services. Once the contract is finalized, BHRS will work with RCS on initiating the development of documentation for licensing and operating the YCRT.

Site Acquisition: Within 8-12 months of award

Building Improvements: Within 6-18 months of property purchase

Permitting/Licenses: Within 2-6 months of renovation completion

Staff Recruitment: Within 2-3 months of construction completion (concurrent with licensing)

Opening: Within 2 months of licensing

Start Up & Initial data collection: 3 months (first quarter) after opening

ii. Necessary approvals and processes to complete the Project, and the names and roles of all responsible entities. This includes, but is not limited to, County Board of Supervisors' approval, Request for Proposals, architectural and construction contracts, California Environmental Quality Act (CEQA) compliance, building permits, and conditional use permits, as applicable.

Necessary approvals include: Board of Supervisor's approval to accept the grant upon award, expanded contracts with RCS to include children's crisis residential treatment, agreements with RCS, CEQA compliance for renovation, completion of building permits for renovation as applicable. We anticipate the timeline from award notification to Open and Operational date to require no less than 20 months and no longer than 42 months.

BHRS and RCS will partner with community and peer agencies to outreach with the community to raise awareness about the project.

iii. Key milestones, in the future and completed to date, including projected or actual Project start date (i.e., date of purchase, renovation/construction or lease), Project end date (i.e., date of occupancy), and projected start date of services to Target Population(s).

Key Milestones for the project include Notification of Grant Award, Acquisition of property, Completion of any architectural and engineering designs for renovation, completion of CEQA and other permitting pre-construction activities, construction start date, construction completion date Licensing and Medi-Cal Certification dates, Open & Operational Date, and first quarter data reporting. (See Table 5 for Target dates.)

iv. The plan and current status for staffing the Program(s).

The Youth Crisis Residential Treatment Facility will require the hiring of new staff. Redwood Community Crisis Center estimates that a 6-bed program will require about 14 new staff including 1.0 FTE mental health workers and a Licensed Vocational Nurse. Redwood Community Services has a robust Human Resources/Business Office and Training Department and currently employs over 250 employees. A comprehensive recruitment effort will commence 90 days prior to opening, with key personnel positions being recruited earlier. If we are unable to successfully recruit a full complement of staff prior to the opening date, existing and qualified staff from the RC³ pool of employees will be temporarily assigned to the project to ensure the targeted start date. RC³ does not foresee a challenge in staffing, as co-location of the Crisis Residential Facility with the Crisis

Center will allow for staff cross-training and the ability to build a robust center.

v. Potential challenges that may affect the timeline to start providing services and how those challenges will be mitigated, including but not limited to, site identification and acquisition, contracting, local use permit process, County Board of Supervisors' approval, CEQA process, Building Code compliance, selection of service provider, licensure, certification, loss of a site, delays in local (city and/or county) approvals, community opposition issues, loss or reduction in leverage funding, and increased Project costs, as applicable.

We have identified the largest potential challenge to the establishment of a CRT facility, which is moderating issues regarding a public hearing related to the use permit request. This will be mitigated in several ways.

Potential sites will be identified that will have the greatest opportunity for successfully obtaining Use Permit. Mendocino County and providers will provide outreach as appropriate to neighboring residences/businesses several weeks prior to the hearing to elicit support for the project. Mendocino County was fortunate in that in development of the Adult Crisis Residential Treatment program we experienced minimal neighborhood concerns and were able to work closely with the local jurisdiction to develop the program and obtain permits as needed.

b. Describe and provide evidence of community outreach and engagement efforts for the proposed Program(s) in the vicinity of planned Project site, as applicable. (Maximum 7 points)

Mendocino County existing crisis service provider, Redwood Community Crisis Center (RC³) staff provide 24/7 Psychiatric Emergency Services (PES), Outreach and Engagement, Crisis Intervention and Consumer Support. The RC³ Crisis Team not only provides crisis services in the field, but also coordinates crisis service placements to assure timely and appropriate movement for consumers within the Crisis Continuum of Care. In addition to the initial crisis assessment, RC³ provides up to 60 days of aftercare services and linkage to ensure consumers are connected to appropriate services in their local community.

Mendocino County BHRS staffs a Mobile Outreach and Prevention Services program in the remote and rural areas of the county. This program is field based and designed to prevent crisis by reaching out to individuals with behavioral health concerns prior to the concerns developing into a crisis. Mobile Outreach workers hold 5150 card privileges in case a crisis does develop, they can respond in a timely manner. In addition, this past year, BHRS has added a dual

response Mobile Crisis Team partnering with the Mendocino County Sheriff's office to respond to dispatch calls of a mental health nature. We are in process of expanding the one team to three additional teams partnering with Ukiah Police Department, Willits Police Department, and Fort Bragg Police Department. The goal of all of these programs is to increase timeliness of mental health treatment when community members are in behavioral health distress and crisis and reduce the likelihood of institutional level treatment being needed. Added benefits of field based response programs are that unnecessary utilization of emergency services (Law Enforcement and Emergency Departments) are reduced and the added trauma and stigma associated with law enforcement contact is reduced. These programs will collaborate with the Youth Crisis Residential Treatment program on appropriate referrals and connection to the YCRT.

Information regarding new and expanding services will be available at each Crisis Center, online, and will be shared throughout the children and youth system of care as well as with community partners. Mendocino County conducts multiple stakeholder events, including Behavioral Health Advisory Board, Cultural Diversity Committee, Mental Health Services Act Forum and Quality Improvement Committee, Mental Health Student Services Act, as well as outreach activities through health and wellness fairs and outreach services. This service will be advertised on the County Behavioral Health website, on posters and fliers displayed in various county departments, hospitals, and community partner lobbies. The county utilizes 211 which is a national, toll-free, three-digit phone number to call for information about all kinds of local health and social services.

BHRS is sensitive to the cultural needs of consumers in our community. We provide cultural competency training to staff and maintain awareness of cultural responsiveness and humility when developing treatment approaches. Mendocino County has a high population of Spanish-speaking community members. The proposed CRT team will prioritize hiring Spanish-speaking staff members. When necessary to provide services languages other than those spoken by staff, personnel are also provided with a list of interpreters who either work for or contract with BHRS. Additionally, we maintain contracts with interpreters through Language Line Solutions and for American Sign Language.

c. Identify the service provider or describe the plan for identifying one addressing the following: (Maximum 8 points)

i. If a service provider that will operate the Program(s) has already been identified, provide a description of the written plans that are in place for how the services will be provided. These include:

1. Description of range of services offered.

RCS' Redwood Community Crisis Center (RC3) serves all ages across the lifespan, providing a 24/7 crisis hotline, emergency mental health assessments, safety planning, and coordination for medication management, inpatient psychiatric hospitalizations, and aftercare and follow-up services. RCS is expanding their adult crisis continuum to include an adult Crisis Residential Treatment for adults 18 years and older, allowing RC3 the ability to serve and support Mendocino County's most vulnerable populations more adequately. With over 25 years of experience working with children, RCS is uniquely poised to provide Crisis Residential Treatment Services to children 17 years of age and under; and adding a Youth Crisis Residential Treatment Program would create a comprehensive continuum of crisis care services across the lifespan.

Currently, in the event of a mental health crisis, Mendocino County children and youth can access crisis response services through RCS' Redwood Community Crisis Access Centers, in the community and through the three rural county hospitals. Additionally, children and youth receiving services through other community-based service providers, can access crisis services coordinated through Redwood Quality Management Company (RQMC). RQMC is the Administrative Service Organization for Mendocino County, providing management and oversight of various youth and adult service providers, specialty mental health services, and prevention, and early intervention services. RCS' Crisis Access Centers are located in Ukiah and Fort Bragg. Crisis response focuses on a preventive response to address pre-crisis situations before they escalate. For children, response to crisis includes a 60-day period of follow-up support and case management.

Services currently include but not limited to:

- Case Management
- Medication management services
- Mental Health services
- Crisis Intervention services
- Referral and linkage to medical and other whole person care needs services.

2. Information about the service provider including expertise in mental health treatment, purpose, goals, and services of the organization.

Redwood Community Services (RCS) has diligently worked with Mendocino County Behavioral Health and Recovery Services (BHRS) and Redwood Quality Management Company (RQMC) to ensure locally accessible mental health support for beneficiaries

who experience a mental health crisis. RCS has been the sole provider of children and youth emergency crisis response services in Mendocino County since 2013. Since that time, RCS expanded the scope of its contract to include transitional age youth (up to the 25th birthday) and ultimately to include adults and older adults. In 2016 the full scope of adult and older adult crisis services was added to RCS' continuum of care and the Redwood Community Crisis Center was developed (RC3). RCS' crisis services include two walk-in crisis centers, a 24/7 crisis hotline, mobile crisis response to designated county locations, and a fully functional crisis aftercare and stabilization program. In addition, RCS has multiple programs that serve and house youth up to 18 years of age and transition age youth (18 – 24 years old) through various programs including Client Center Based Complex Care Programs, Short Term Residential Therapeutic Program, and through multiple transitional housing and mental health supportive housing programs.

ii. If a service provider has not been identified at the time the Application is submitted, provide a description of the process, criteria for selection, and timeline for identification of a service provider that will operate the Program(s).

d. For proposed crisis stabilization or crisis residential treatment programs, provide a plan for obtaining Medi-Cal certification. (Required, but no points awarded)

BHRS will contract with RCS to develop the Youth Crisis Residential Treatment program. The program will operate up to thirty (30) day residential treatment for those experiencing a mental health crisis that does not warrant acute psychiatric hospitalization. Children and Youth that are experiencing mental health distress that are not in imminent danger of harm to self or others that can accept voluntary care at the YCRT will be offered stays according to medical necessity and supports needed up to thirty days. The center will be designed to provide a safe and homelike environment and will offer both on site mental health services as well as linkage to additional needs to support the wellbeing of the individual. The YCRT will be licensed and certified for providing Medi-Cal services. RCS has experience successfully applying for and maintaining certification for multiple Medi-Cal services that will be offered at the Crisis Residential Treatment Program.

e. For proposed crisis residential treatment programs, provide a plan for obtaining a license and program approval to operate as a Children's crisis residential program as defined in Health and Safety Code Section 1502, subdivision (a)(21). (Required, but no points awarded)

RCS has extensive experience successfully applying for and maintaining licensure in a mental health program. Licensing timelines are considered in the proposed implementation plan, and RCS has experience licensing youth and adult residential treatment programs. BHRS will support RCS in the application process to ensure early communication with licensing and certification bodies to meet target open and operational dates.

FEASIBILITY

f. Provide a Project budget, utilizing “Summary of Funding Request” (Form-3); “County Grant Amounts Worksheet” (Form-4); and “Sources and Uses” (Form-5). In addition, provide the following: (Maximum 10 points)

i. Proposed uses of Grant funds in line item detail with a budget narrative. If working capital for Program startup or expansion costs are being requested, include a separate line item budget detailing those costs. Information technology costs exceeding 1% of total Grant award, require a justification that the additional costs are necessary for the Project to achieve the goals and outcomes set forth in Section 7319(a)(3) of the regulations.

Mendocino County does not currently have funding for development of a Crisis Residential Treatment program for youth. The funding available through the grant will allow for the purchase and renovation of a property, as well as initial furniture and technological infrastructure. Information technology costs will not exceed 1% of the total grant award. Once the program is developed, billable services for crisis residential treatment will sustain the operational costs of the program.

ii. A description of any leveraged public and/or private funding other than the Grant that will be used to complete the proposed Project. Include the amount of funding and the current status of the funding. Attach documentation, if any, such as letters describing commitment of funding or the status of consideration from the other funding sources or other similar documentation acceptable to the Authority.

No additional funding will be leveraged for this project. Grant funding will be used for property purchase, renovation, and initial furniture and startup costs. Operational costs will be maintained through MediCal and private insurance reimbursement for treatment services provided.

iii. An explanation of the Grantee's internal process to ensure the Grant funds will only be used for eligible costs as described in Section 7315 of the regulations.

BHRS has an existing internal review process which compares expenditures against allowable grant costs prior for authorizing payment. Additionally, RCS has an internal invoice review process prior to submitting request for reimbursement.

SUSTAINABILITY

g. Provide the following: (Maximum 10 points)

i. An operating budget that details annual operating costs projected for the proposed Program(s).

BHRS and RCS have developed an operating budget based on the daily crisis residential rate of \$422 per bed and a six bed capacity. The total annual operating costs are estimated at \$924,179. Operating costs include staffing costs and operational expenses. Funding to cover operating costs will consist of Medi-Cal Federal Financial Participation, Realignment funding, Mental Health Services Act and private insurance.

ii. A description of new Program funding source(s) with amounts and cash flow projections and/or how existing funding will be redirected to provide ongoing support and sustainability for new and expanded services for the term of the useful life of the Project. Include estimated useful life of the Project.

The majority of the revenue and funding for operational costs will be from Medi-Cal and private insurance reimbursable services. The facility will charge the Medi-Cal daily rate for services which will cover the costs of staffing and operational costs. Grant funds will be for onetime costs of property acquisition, renovation, and start up furnishing and equipment costs. Once built and established, the program will rely on Medi-Cal realignment and other reimbursement for services for sustainability.

We anticipate life of the project is approximately 20 years.

iii. Documentation such as funding letters, minutes from the County Board of Supervisors' meeting evidencing approval of the budget, or other documentation acceptable to the Authority. If approval has not been obtained at the time of Application, provide a detailed plan for obtaining such approval.

Board of Supervisor approval for the project and associated budget documentation will be brought forward for approval within six weeks of grant award.

h. Provide documentation indicating Lead Grantee's creditworthiness and satisfactory financial capacity in the most recent local government credit rating or the most recent Audited Financial Statement, which may not contain a Going Concern Qualification. (Required, but no point awarded)

Provided Mendocino County documentation of last audit statement and credit worthiness.

Requirements for Private Nonprofit Corporation Applicants

If a co-Applicant is a private nonprofit corporation, provide the following:

1. A copy of the private nonprofit corporation tax-exemption letters from the Internal Revenue Service and the Franchise Tax Board.
2. A completed Legal Status Questionnaire for Private Nonprofit Corporations (Attachment C).
3. In addition, upon request by Authority staff, three years of most recent Audited Financial Statements.