



ALAMEDA FAMILY SERVICES

ALAMEDA FIRE DEPARTMENT

CRISIS MENTAL HEALTH RESPONSE PROGRAM

PROPOSAL

DATE: 8.20.2021



**City of Alameda Fire Department Crisis Mental Health Response Program
Behavioral Health Subcontract Services Scope of Work**

August 20, 2021

The City of Alameda Fire Department is authorized to establish a new Mental Health Crisis Response Program within the City of Alameda's municipal jurisdiction. Additional complimentary services are requested of a qualified subcontractor as part of the program. The positions and scope of work of each are listed here:

I. Behavioral Health Follow-up Care Services:

- A. Accept referrals from field responders to clinical services as follow-up services within 24 hours of referral

BACKGROUND

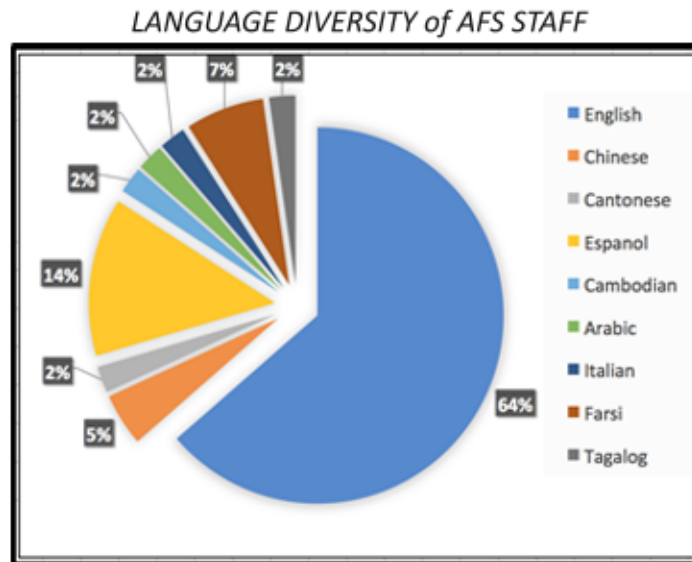
It was in 1969 that Sue Matheson, an Alameda parent, started Alameda Family Services (AFS—previously called Xanthos) in her living room with \$500 and a few volunteers. To this day we remain deeply rooted in the city of Alameda as a fully integrated community-based organization offering premier mental health services combined with early childhood education and family support. Our mission to foster healing, resiliency, and growth creates a foundation underlying all we do, and, as the largest behavioral health and early childhood education provider in Alameda, we demonstrate our dedication to the City every day.

AFS has a full continuum of services that delivers programming to support Alamedans at every age and stage, from intensive case management for formerly homeless families to therapy for young mothers. Both our centrally located mental health clinic and satellite offices on the base, as well as our home-visiting clinicians, allow us to readily bring accessible and community-integrated critical mental health services to those in need. Our long-standing county contracts are designed to serve high acuity consumers who are experiencing significant mental health crises and have chronic psychiatric disorders. Supervisors within the agency have years of crisis response experience and we currently operate a Delinquency Prevention Network program that serves youth on probation or at-risk for detention with a 24/7 on-call support line.

We serve all 15 Alameda Unified Schools and operate Health and Wellness Centers on all of the high school campuses in collaboration with Native American Health Services. Further, our Head Start, Early Head Start, and State Preschool programs, as well as our Family Resource Center, allow us to assist low-income families and ensure that they have access to needed resources and that their children are prepared for kindergarten.

Last year we served a record 1,683 individuals and families, and we did so despite the limitations placed on services due to the pandemic, using every means available

(Telehealth, Warm Lines, distribution centers, and creative engagement strategies). We currently offer services in all of the threshold languages, plus many more (please see graph below), and employ a diverse staff that is 61% minority.



AFS is here, in Alameda, fully embedded on the island. During our long-standing involvement in the community we have developed strong partnerships with the majority of other providers, which creates a system of care that is easily navigable through effective working relationships. Thus we are best positioned to holistically evaluate the impact of this program within the City, as well as to quickly implement interventions and programming addressing any identified needs.

We are honored to have the opportunity to propose an expansion of our service array by building on the case management and clinical services we already provide to include a partnership with the Fire Department. To this end, AFS is excited to establish a support system to receive referrals for follow-up Case Management from Fire Department Field Responders (FR), which would offer an alternative to police response for nonviolent, noncriminal service calls, as well as on-call mental health crisis support.

GOALS

AFS is proposing mental health programming that would partner with crisis response services provided by the Alameda Fire Department (AFD). These services would deliver highly coordinated after-care, clinical case management and on-call mental health consultation support in the first scenario and add in-the-field crisis support in the second. In both scenarios, AFS would endeavour to:

1. develop close communication and effective working relationships with fire department personnel;
2. provide successful linkage (case management) services to 90% of consumers (this statistic takes into account consumers with housing insecurity or other factors that result in engagement challenges);

3. support consumer engagement in services with 75% actively engaged at 30-days following post referral;
4. reduce the number of unnecessary 5150 holds;
5. reduce repeat or chronic calls to 911 or ascribed alternative crisis hotline;
6. reduce incarceration of callers who are experiencing a mental health crisis and not engaged in criminal activity (64% of jail inmates, 56% of State prisoners, and 45% of Federal prisoners suffer mental health problems—Bureau of Justice Statistics, 2006);
7. and deliver outstanding training to the Alameda Fire Department that meet departmental needs.

BEHAVIORAL CARE FOLLOW-UP CARE SERVICES (OPTION 1 PART A)

(Note—see question II.A. for Part B & question IV.A. for Part C)

AFS will provide trauma-informed case management services utilizing the evidence-based Motivational Interviewing (MI) framework, which has proven effective with hard-to-engage populations. “As patients’ active involvement in, and receptivity to, the treatment process has been consistently shown to predict positive outcomes, the specific focus of MI on increasing intrinsic motivation and facilitating treatment engagement may hold particular promise in enhancing response rates to treatment.” (The Canadian Journal of Psychiatry, Vol 56, No 11, November 2011) Referrals for follow-up Case Management (see attached form) can be sent via secure email or to a secured efax with all relevant information to the AFS Crisis Response Case Manager (AFS-CRCM), who will check the email/fax every morning. With the exception of referrals received on weekends—in which case follow-up takes place first thing Monday morning—the AFS-CRCM will reach out to all involved the individual(s) on the same day of the referral.

If an AFS on-call staff member was involved in responding to the initial call, this staff person can complete the case management referral form and submit it on behalf of the FR, at the FR’s request. If first contact with an on-call AFS staff member is indicated on the referral, the AFS-CRCM will additionally discuss the case with the staff person to get his/her impressions. Piecing together as much information as possible will better allow the AFS-CRCM to determine appropriate and helpful services for the referred individual (consumer).

With the fullest possible sense of the case, the AFS-CRCM will then call the consumer to schedule a same-day appointment. Provided the consumer is unreachable by phone (either because he/she does not answer or their number is not listed on the referral), the AFS-CRCM will travel to the address provided to make in-person contact. If the consumer is not there, the AFS-CRCM will leave a “postcard” indicating attempted contact and ask the consumer to call for an appointment. The AFS-CRCM will then continue to reach out, using every available method until contact is made.

The AFS-CRCM will work with the consumer for a minimum of 14 days from initial contact, or until the person has successfully been transitioned into long-term services. Meetings will take place at a location most convenient for the consumer. They will also occur as frequently as is necessary during that initial 14-day period to provide an

ongoing in-depth needs assessment (building on the information gathered in the initial referral so as to ascertain needed services). Leveraging AFS's deep connections and partnerships with local community organizations, the AFS-CRCM will work to ensure that the consumer receives a "warm hand-off" to services such as housing, food, medical, substance abuse, mental health, medication referrals, etc.

AFS has an array of internal programming to further support consumers referred by FRs: mental health counseling through our clinic and satellite offices on Alameda Point; long-term case management; Substance Use Disorder (SUD) and Batterers Intervention groups; domestic violence survivor counseling; and our Family Resource Center. Also of great value, if consumer's families are in crisis and require stabilization to better handle the difficulties associated with their loved one's mental health issues, AFS-CRCM can also provide them with referrals and linkage services as deemed necessary and appropriate.

Additionally, for FR-specific referrals, the AFS-CRCM, as well as mental health staff and interns, will lead groups for consumers focusing on learning coping skills; emotional regulation; mindfulness; dealing with grief and loss; connecting to others; and accessing appropriate resources during times of crisis. These groups are an invaluable opportunity to generate connection and stabilization and build community, thereby decreasing the need for emergency services.

AFS is part of a large network of close community partners. To name only a few, we collaborate with Building Futures For Women and Children, Alameda Point Collaborative, the Alameda Housing Authority, Alameda Hospital, and the Alameda Food Bank. These partnerships will allow the AFS-CRCM to successfully transition the consumer to needed resources outside our service array. It is important to note that we transition our clients with a "warm hand-off" if safe and needed. The AFS-CRCM will personally transport the consumer to the referred agency appointment, or help develop a transportation plan and meet the consumer at the appointment. The AFS-CRCM's presence may be important for reasons of trust and to support the consumer in accessing services. Further, the AFS-CRCM will secure a release of information, if possible, in order to confirm that the consumer is engaging in the other agency's services and will follow up 30 and 60 days post referral to track progress and may re-engage the consumer briefly if their engagement has been disrupted.

AFS recognizes that many consumers may already be receiving services from other organizations. If this is the case, the AFS-CRCM will obtain a release of information from the consumer so as to be able to coordinate services with the existing service provider. The AFS-CRCM may also convene a Team Meeting if the consumer is receiving services from multiple agencies but is chronically in crisis and does not appear to be stabilizing. The Team Meeting will be an opportunity to determine any obstacles to stabilization and create a collaborative plan to remove these obstacles, thereby increasing engagement in services while simultaneously identifying the appropriate provider to lead these efforts moving forward. The consumer will participate in this meeting unless contraindicated due to acute mental illness or substance use issues. Consumer participation ensures they have a voice in their own treatment, that their perspectives and goals are integrated and

match their cognitive and mental health capacity for engagement. Participation also helps determine the best level of care needed for improved outcomes.

It is also important to state AFS's commitment to cultural and linguistic diversity. AFS recognizes that effective communication and engagement depends on cultivating trust with consumers. AFS strives to hire staff that reflect the communities they work in and are dedicated to ensuring that there are no cultural barriers that stand in the way of providing the best possible care to those we serve.

To further facilitate trust, and to ensure safety, AFS will also employ a Program Supervisor who will accompany the AFS-CRCM on initial visits, and be available on an ongoing basis for particularly challenging cases. The Program Supervisor will function as the expert who oversees the Behavioral Health Follow-up Care Services program, offering guidance to all members of the team and providing back-up when necessary. The Program Supervisor will also make the 30 and 60 day follow up calls to track progress and is responsible for staffing, scheduling, and coverage. AFS believes strongly that ensuring consumer participation in services will decrease consumer reliance on FR service calls and considerably improve outcomes.

AFS would also like to hire a part-time Associate Case Manager who can also accompany the AFS-CRCM on initial visits with newly referred consumers as needed, as well as provide linkage and follow-up for mild to moderate acuity consumers. The Associate Case Manager will work in the evenings, which gives the program flexibility to meet with consumers after work.

B. Provide a point of contact for scheduling and confirmation of clinical services

The AFS-CRCM will be the primary point of contact for consumers, ensuring that referrals have connected and that scheduled services have been offered and completed. AFS has efficient, effective outreach and tracking protocols developed over our many years serving the community. We are determined not to let anyone fall by the wayside; once the FR makes the hand off, the AFS-CRCM will follow the consumer from point of contact through engagement, assessment, and linkage.

C. Provide staffing plan

BEHAVIORAL HEALTH FOLLOW-UP CARE SERVICES STAFFING STRUCTURE

Position	Hours	Days	Schedule
Program Supervisor	40	5	9:00 AM – 5:00 PM Monday – Friday
Crisis Response Case Manager	40	5	9:00 AM – 5:00 PM Monday – Friday
Associate Case Manager	20	5	2:00 PM – 7:00 PM Monday – Friday

For the Behavioral Health Follow-up Care Services program, AFS will employ a full-time AFS-CRCM, a full-time Program Supervisor, and a part-time Associate Case Manager. AFS's Behavioral Health Care Services (BHCS)—which this program will be housed under—has an already existing Division Director, coordinators, and counselors who provide mental health, family counseling, domestic violence survivor, domestic violence perpetrator, and substance abuse services. BHCS also has interns through the clinical training program, as well as contracted onsite services provided by outside agencies, such as Men Creating Peace.

As described above, staff will meet consumers in their homes, the community, or one of AFS's offices based on consumer preference and safety. Meetings and calls will be made throughout the day, and services will also be available in the evening so as to increase accessibility.

D. Provide certificate of staffing qualifications

The Program Supervisor will have a minimum of a master's degree; California license in good standing for LCSW, LMFT, Ph.D. or Psy.D.; and a minimum of 4 years training and experience with mental health crisis assessment and intervention.

The AFS Crisis Response Case Manager (AFS-CRCM) will have a minimum of an MA in Social Work; a minimum of 2 years experience with crisis assessment; intervention and case management experience; and at the start of their employment will attend and complete specialized trainings on case management for high-frequency users of emergency services. The AFS-CRCM will also be attending BHCS's weekly clinical trainings on best practice interventions, community resources, and working with specialized populations.

The AFS Associate Case Manager will have a minimum of a BA in Social Work (or related field) and at the start of their employment will attend and complete specialized trainings on case management for high frequency users of emergency services. The AFS-CRCM will also be attending BHCS' weekly clinical trainings on best practice interventions, community resources, and working with specialized populations.

AFS can provide CV and licensure information if awarded this contract, as well as upon hire of program staff.

II. On-call Professional Services:

- A. Provide behavioral health professional services on a 24/7 on-call basis for general mental health consultation to fire department field responders or consultation (Telehealth review) and recommendations related to 5150 referrals when indicated.

ON-CALL MENTAL HEALTH COUNSELORS (OPTION 1 PART B)

Qualified on-call Mental Health (MH) counselors will be on a 24-hour rotation to provide rapid response consultation around issues and 5150 considerations. On-call staff will provide efficient guidance to the FR team in the field using a predetermined assessment

process that both AFS and the Fire Department agree upon. This will allow the FR team to anticipate the questions the AFS on-call staff will ask so they can be ready to provide the needed information.

On-call counselors will utilize ReddiNet technological support to provide FR teams with current availability of beds and Community Health Records and to provide up-to-date information about the client's physical and mental health history. This will allow the on-call counselor to assist the FR team in their assessment and determine where to take the consumer if medical attention is needed or if they are proceeding with a 5150 transport.

B. Provide response within 15 minutes.

Within 15 minutes of receiving a call for a consultation request from FRs, an AFS on-call counselor will respond, initiating the consultation process. To establish easy follow-up communication, one week prior to the start of each month, AFS will also provide the Fire Department with a monthly schedule clearly listing the dates, staff, and phone numbers for each shift. Any changes to the schedule will be updated immediately.

C. Provide staffing plan for on-call services

ON-CALL PROFESSIONAL SERVICES STAFFING STRUCTURE

Position	Hours	Days	Schedule
On-call Counselor (Daytime)	40	5	9:00 AM – 5:30 PM, Monday – Friday
On-call Counselor (Evening)	60	5	5:00 PM – 9:30 AM, Monday – Friday
On-call Counselor (Weekend Day)	16	2	9:00 AM – 5:30 PM, Saturday – Sunday
On-call Counselor (Weekend Night)	24	2	5:00 PM – 9:30 AM, Saturday – Sunday

On-call counselors will have a minimum of an MA in Social Work or counseling and a minimum of 4 years experience providing MH crisis assessment and crisis intervention. Counselors will be supervised by licensed clinical staff. On-call counselors will receive ongoing additional specialized training in MH crisis assessment and response to support their ability to provide best practice.

III. Quality Assurance (QA) Board:

A. Provide one executive staff member to attend quarterly QA board meetings

The BHCS Division Director will attend quarterly QA board meetings.

B. Serve as the Behavioral Health Care expert on the QA board during chart reviews

The BHCS department has an existing QA staff position and a QA supervisor. The AFS QA supervisor can provide QA Behavioral Health Care expertise during chart reviews.

IV. Additional/Alternative Services:

- A. Ability to Provide behavioral health professional services on a 24/7 on-call basis to respond to acute emergencies in the field to assist field responders. Provide response within 90 minutes.

EMERGENCY IN-FIELD SUPPORT (OPTION 1 PART C)

The on-call MH counselors described above, who provide on-call consultation, will also be available to respond to emergencies in the field providing crisis de-escalation and crisis counseling services.

If this model were to be activated, AFS may need to hire a second part-time, on-call MH counselor to function as back-up during high-volume periods for phone consultation to other FR teams when the primary on-call counselor is in the field providing in-person, emergency response support.

AFS understands that a 5150 process can be lengthy and that consumers may need to be medically cleared first. If the AFS on-call staff has been deployed, this person would be available to support the consumer through this process and work closely with the clinical team assessing the consumer in an attempt to ensure that the consumer receives the services needed for stabilization.

- a. Provide staffing plan for emergency response

ON-CALL PROFESSIONAL SERVICES STAFFING STRUCTURE

Position	Hours	Days	Schedule
On-call Counselor (Daytime)	40	5	9:00 AM – 5:30 PM Monday – Friday
On-call Counselor (Evening)	60	5	5:00 PM – 9:30 AM Monday – Friday
On-call Counselor (Weekend Day)	16	2	9:00 AM – 5:30 PM Saturday – Sunday
On-call Counselor (Weekend Night)	24	2	5:00 PM – 9:30 AM Saturday – Sunday

- b. Provide certificate of staffing qualifications

On-call counselors will have a minimum of a master's in social work or counseling and a minimum of 4 years experience providing MH crisis assessment and crisis intervention. Counselors will be supervised by licensed clinical staff. On-call

counselors will receive ongoing additional specialized training in MH crisis assessment and response to support their ability to provide best practice.

Staff are available to receive Alameda County Lanterman-Petris-Short (LPS) certification training to pass the test and be authorized by the county to write 5150 holds if necessary.

B. Ability to Provide annual continuing education

- a. 2 hours of behavioral health training per program member may be provided via video delivery

AFS BHCS is staffed by specialists in Trauma Informed Mental Health, Substance Use Disorder, Crisis Intervention, Crisis De-escalation, Vicarious Trauma, and Critical Incident Stress Debriefings. AFS will provide between 2 and 8 hours of training per year to support the professional development of the Fire Department, depending on the Fire Department's interest. The amount of training is flexible and can be delivered all in one day or over the course of several sessions, whichever is preferable. If the trainings must meet a pre-approved continuing education credit, AFS staff will identify pre-approved trainings that will enhance the ability for FR to increase their knowledge of MH interventions. AFS will apply to become a continuing education provider and, when approved, will offer CEC to support educational credits needed by FR professional requirements.

- b. 2 hours of in-person training to include review of best practices

AFS qualified and experienced clinical staff will provide a minimum of 2 hours of in-person training to support increasing knowledge and skills for best-practice crisis assessments and interventions.

ADDITIONAL CONSIDERATIONS AND RECOMMENDATIONS

AFS understands the importance of this initiative and recognizes that it is difficult to predict the volume of calls that would warrant AFS involvement and to what degree. With this in mind, AFS respectfully recommends that an oversight committee be established to assess and evaluate the effectiveness of the interventions and provide recommendations for program improvement. An inter-departmental committee consisting of members of the police, Fire Department, AFS, and other relevant professionals will allow modifications to be made to service models and approaches. This would create a direct feedback loop supporting efforts to reduce repeat or chronic 911 calls while improving outcomes for residents experiencing a mental health crisis. A full 6-month and year one review is encouraged so that adjustments to staffing and or service delivery strategies can be made.

Attachments

1. Scope of Work
2. Budget
3. Budget Narrative
4. FR-AFS-CRCM Referral Form
5. Letters of Support (3)

ALAMEDA FAMILY SERVICES CRISIS MENTAL HEALTH RESPONSE PROGRAM SCOPE OF WORK

Goal: The overarching mission for the Alameda Family Services (AFS) Crisis Mental Health Response Program is to improve outcomes for consumers, reduce repeat calls to emergency services, and reduce incarceration and injury of callers experiencing a mental health crisis.

Objective(s) <i>What do you want to accomplish?</i>	Activities & Timelines <i>How will you accomplish it and when?</i>	Expected Outcome(s) <i>What do you expect to produce/change from your activities?</i>	Evaluation <i>How will you evaluate this objective and whether or not the expected outcomes were achieved?</i>	Person(s) responsible and resources dedicated <i>Who will carry out the activities? Are there any special resources needed?</i>
<ul style="list-style-type: none"> • Develop close communication and effective working relationships with fire department personnel. • Deliver outstanding training to the Alameda Fire Department (AFD). 	<ul style="list-style-type: none"> • AFS staff will communicate with AFD daily as necessary around referrals. • AFS will develop an on-call, crisis consultation protocol in collaboration with AFD for use in the field by FR within a month of program launch. • AFS staff will deliver trauma-informed training on crisis interventions throughout 2021-2022. 	<ul style="list-style-type: none"> • 100% of AFD personnel will express satisfaction with AFS communication. • 100% of AFD personnel that receive training from AFS will report it being useful. 	<ul style="list-style-type: none"> • AFS will conduct quarterly surveys of AFD personnel to ascertain satisfaction levels reported for AFS services. • AFS will make adjustments to service delivery based on survey feedback. 	<ul style="list-style-type: none"> • The AFS staff will have completed specialized training in best practices. • AFS will provide AFD personnel training on evidence-based techniques that promote crisis response efficacy using a trauma-informed lens.

AFS Proposal SOW: Fire Department Crisis Mental Health Response Program

<ul style="list-style-type: none"> • Provide successful linkage (case management) services. • Consumers will participate in services referred by AFS-CRCM. • Reduce repeat or chronic calls to 911 or ascribed alternative crisis hotline. 	<ul style="list-style-type: none"> • AFS-CRCM will gather all available information and contact consumers the same day of referral. • AFS-CRCM will conduct an assessment and make referrals and linkages for consumers to needed services. • AFS-CRCM will work with consumers for a minimum of 14 days to ensure successful linkage and provide a warm hand-off. • AFS-CRCM will meet with consumers wherever is convenient and as frequently as necessary. • Associate Case Manager will be available to meet in the evening to increase accessibility of services. • AFS Program Supervisor will track progress. 	<ul style="list-style-type: none"> • 90% of consumers will still be engaged in services 30 days from linkage. • Repeat calls to emergency services for nonemergencies will be reduced. 	<ul style="list-style-type: none"> • Progress will be monitored by the Program Supervisor by making 30 and 60 day follow up calls. • Repeat call data will demonstrate a reduction. 	<ul style="list-style-type: none"> • Case Management will be provided by master level, licensed, license-eligible staff, or BA level staff. • AFS will have 2 FTEs and 1 P/T staff to deliver case management services. • Services will be delivered from 9:00 AM to 7:00 PM Monday - Friday.
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AFS Proposal SOW: Fire Department Crisis Mental Health Response Program

<ul style="list-style-type: none"> • AFD personnel will receive effective on-call crisis support. • AFD personnel will receive useful consultation around 5150 holds and other emergency mental health situations. 	<ul style="list-style-type: none"> • AFS On-Call Counselors will be available 24/7. • AFS On-Call Counselors will respond to calls from FR within 15 minutes. • AFS On-Call Counselors will provide efficient and effective crisis support over the phone using a predetermined protocol. • AFS On-Call Counselors will offer crisis support and deescalation suggestions as needed. • AFS On-Call Counselors will provide consultation around 5150 holds. • AFS On-Call Counselors will act as an in-person member of the crisis response team and assist with emergencies, suicide assessment and in the facilitation of 5150 holds as needed. 	<ul style="list-style-type: none"> • FR teams will report receiving the on-call crisis support needed 90% of the time. • Consumers will experience better outcomes evidenced by reduced incarceration and injury. 	<ul style="list-style-type: none"> • 100% of AFD personnel will report receiving the MH crisis support needed when in the field. • Data from previous years will be analysed to confirm improvements. 	<ul style="list-style-type: none"> • On-Call Crisis MH services will be provided by master level, licensed, or license-eligible staff. • AFS will provide 24/7 on-call mental health crisis support.
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Date form rec. by AFS: _____

AFD-AFS-CRCM REFERRAL FORM

Date of Incident: _____

Referred by: FR, Name _____ On-Call Clinician,
Name _____

Consultation Received: None AFS Phone MH Field Response

Name of Individual/Family: _____

Address/Location of Habitation: _____

Phone: C) _____ H) _____ W) _____

Parent/Guardian Name (if applicable): _____

Primary Language: _____ Translation Services Required

Reason(s) for Referral and Outcome of Intervention (description of incident and observations):

Crisis Evaluation:

Mental Health

Suicidal

Homicidal

Gravely Disabled

Psychotic

Anger/Violence

De-escalation needed

Perpetrator of violence

Other Please describe:

Substance Abuse

Appears to be under the influence

Substance, if known:

Victim of Violence/Crime

What kind of violence/crime:

Alameda Family Services

**BHCS Fire Department
Crisis Mental Health Response Program**

Budget Options

2021-2022

Alameda Family Services
BHCS Fire Department
Crisis Mental Health Response Program
2021-2022
City of Alameda
Option 1A

Estimated Expense	2080	0.22	40			
	Payrate	Fringe	Hours per week	FTE	Fire Dept	
	hrly	hrly		%	Salary & Fringe	
Program Director	\$ 45.67	\$ 10.05	40.00	0.05	\$ 5,794.61	
Program Supervisor	\$ 38.46	\$ 8.46	40.00	1.00	\$ 97,600.00	
Quality Assurance Specialist	\$ 24.00	\$ 5.28	40.00	0.15	\$ 9,135.36	
Billing Specialist/Program Admin	\$ 22.00	\$ 4.84	40.00	0.15	\$ 8,374.08	
Crisis Response Case Manager	\$ 30.00	\$ 6.60	40.00	1.00	\$ 76,128.00	
Associate Case Manager	\$ 23.00	\$ 5.06	20.00	0.50	\$ 29,182.40	
TOTALS					\$ 226,214.45	
					\$ 22,621.44	Other Direct Costs (cell phones, laptops, staff training and other program expenses)
					\$ 37,325.38	Indirect Costs
					\$ 286,161.28	Total Expense

Alameda Family Services
BHCS Fire Department
Crisis Mental Health Response Program
2021-2022
City of Alameda
Option 1B

Estimated Expense

	2080	0.22		50		
	Payrate	Fringe	Hours per week	Weekly Stipend		Fire Dept
	hrly	hrly		\$ 500.00		Salary & Fringe
Program Director	\$ 45.67	\$ 10.05	2.00	\$ -		\$ 5,794.61
On-Call Clinician (Daytime)	\$ 35.00	\$ 7.70	8.00	\$ 500.00		\$ 42,080.00
On-Call Clinician (Evening)	\$ 38.50	\$ 8.47	8.00	\$ 500.00		\$ 43,788.00
On-Call Clinician (Weekend Day)	\$ 38.50	\$ 8.47	4.00	\$ 500.00		\$ 34,394.00
On-Call Clinician (Weekend Night)	\$ 42.00	\$ 9.24	4.00	\$ 500.00		\$ 35,248.00
TOTALS						\$ 161,304.61
						\$ 16,130.46
						\$ 26,615.26
						\$ 204,050.33

Other Direct Costs (cell phones, laptops, staff training and other program expenses)
 Indirect Costs
 Total Expense

Alameda Family Services
 BHCS Fire Department
 Crisis Mental Health Response Program
 2021-2022
 City of Alameda
 Option 1C

Estimated Expense	2080	0.22	50		
	Payrate	Fringe	Hours per week	Weekly Stipend	Fire Dept
	hrly	hrly		\$	Salary & Fringe
Program Director	\$ 45.67	\$ 10.05	2.00	\$ -	\$ 5,794.61
On-Call Clinician (Daytime)	\$ 35.00	\$ 7.70	14.00	\$ 500.00	\$ 54,890.00
On-Call Clinician (Evening)	\$ 38.50	\$ 8.47	14.00	\$ 500.00	\$ 57,879.00
On-Call Clinician (Weekend Day)	\$ 38.50	\$ 8.47	8.00	\$ 500.00	\$ 43,788.00
On-Call Clinician (Weekend Night)	\$ 42.00	\$ 9.24	8.00	\$ 500.00	\$ 45,496.00
TOTALS					\$ 207,847.61

\$ 20,784.76	Other Direct Costs (cell phones, laptops, staff training and other program expenses)
\$ 34,294.86	Indirect Costs
\$ 262,927.23	Total Expense

Alameda Family Services
 BHCS Fire Department
 Crisis Mental Health Response Program
 2021-2022
 City of Alameda
 Option 1A & 1B combo

Estimated Expense	2080	0.22	40	50	Fire Dept		
	Payrate hrly	Fringe hrly	Hours per week	FTE %	Weekly Stipend \$ 500.00	Salary & Fringe	
Program Director	\$ 45.67	\$ 10.05	40.00	0.10		\$ 11,589.22	\$ 11,589.22
Program Supervisor	\$ 38.46	\$ 8.46	40.00	1.00		\$ 97,600.00	
Quality Assurance Specialist	\$ 24.00	\$ 5.28	40.00	0.15		\$ 9,135.36	
Billing Specialist/Program Admin	\$ 22.00	\$ 4.84	40.00	0.15		\$ 8,374.08	
Crisis Response Case Manager	\$ 30.00	\$ 6.60	40.00	1.00		\$ 76,128.00	
Associate Case Manager	\$ 23.00	\$ 5.06	20.00	0.50		\$ 29,182.40	
On-Call Clinician (Daytime)	\$ 35.00	\$ 7.70	8.00		\$ 500.00	\$ 42,080.00	
On-Call Clinician (Evening)	\$ 38.50	\$ 8.47	8.00		\$ 500.00	\$ 43,788.00	
On-Call Clinician (Weekend Day)	\$ 38.50	\$ 8.47	4.00		\$ 500.00	\$ 34,394.00	
On-Call Clinician (Weekend Night)	\$ 42.00	\$ 9.24	4.00		\$ 500.00	\$ 35,248.00	
TOTALS						\$ 387,519.06	\$ 387,519.06
						\$ 38,751.91	Other Direct Costs (cell phones, laptops, staff training and other program expenses)
						\$ 63,940.64	Indirect Costs
						\$ 490,211.61	Total Expense
						\$ 490,211.61	check

Alameda Family Services
BHCS Fire Department
Crisis Mental Health Response Program
2021-2022
City of Alameda
Option 1A & 1C combo

Estimated Expense	2080	0.22		40	50		
	Payrate	Fringe	Hours per week	FTE	Weekly Stipend	Fire Dept	
	hrly	hrly		%	\$ 500.00	Salary & Fringe	
Program Director	\$ 45.67	\$ 10.05	40.00	0.10		\$ 11,589.22	
Program Supervisor	\$ 38.46	\$ 8.46	40.00	1.00		\$ 97,600.00	
Quality Assurance Specialist	\$ 24.00	\$ 5.28	40.00	0.15		\$ 9,135.36	
Billing Specialist/Program Admin	\$ 22.00	\$ 4.84	40.00	0.15		\$ 8,374.08	
Crisis Response Case Manager	\$ 30.00	\$ 6.60	40.00	1.00		\$ 76,128.00	
Associate Case Manager	\$ 23.00	\$ 5.06	20.00	0.50		\$ 29,182.40	
On-Call Clinician (Daytime)	\$ 35.00	\$ 7.70	14.00		\$ 500.00	\$ 54,890.00	
On-Call Clinician (Evening)	\$ 38.50	\$ 8.47	14.00		\$ 500.00	\$ 57,879.00	
On-Call Clinician (Weekend Day)	\$ 38.50	\$ 8.47	8.00		\$ 500.00	\$ 43,788.00	
On-Call Clinician (Weekend Night)	\$ 42.00	\$ 9.24	8.00		\$ 500.00	\$ 45,496.00	
TOTALS						\$ 434,062.06	
						\$ 43,406.21	Other Direct Costs (cell phones, laptops, staff training and other program expenses)
						\$ 71,620.24	Indirect Costs
						\$ 549,088.50	Total Expense
						\$ 549,088.50	check



Fire Department Crisis Mental Health Response Program

Budget Narrative - OPTION 1A:

Position	Hours	Days	Schedule
Program Supervisor	40	5	9:00 AM - 5:00 PM Monday - Friday
Crisis Response Case Manager	40	5	5:00 PM - 9:00 AM Monday - Friday
Associate Case Manager	20	5	2:00 PM - 7:00 PM Monday - Friday

In this section of the budget, we have included three clinical personnel:

1 Program Supervisor – Licensed 4+ years of experience = \$80,000 per year (exempt)

1 Crisis Response Case Manager – Unlicensed + 4 years of experience = \$30 per hour

1 Associate Case Manager – BA level \$23 per hour

And have also included a quality assurance specialist and a billing specialist/program administrator. The Program Supervisor and Crisis Response Case Manager would both be full time employees, and the Associate Case Manager would be a 20 hour a week employee. The quality assurance specialist and billing specialist are program employees who would be spending part of their time on this project.

Option 1B:

Position	Hours	Days	Schedule
On-Call Clinician (Daytime)	40	5	9:00 AM - 5:30 PM Monday - Friday
On-Call Clinician (Evening)	60	5	5:00 PM - 9:30 AM Monday - Friday
On-Call Clinician (Weekend Day)	16	2	9:00 AM - 5:30 PM Saturday - Sunday
On-Call Clinician (Weekend Night)	24	2	5:00 PM - 9:30 AM Saturday - Sunday



This additional option includes 4 on-call clinicians. The billing terms are:

- A) All four clinicians will receive \$500 dollars a week as a set stipend for being on call.
- B) Hourly billing will be on an incurred or service utilization basis based on the rate associated with the day and time of the service.
- C) Service hour utilization has been estimated (see budget).
- D) Annual billing will be on a not to exceed basis based on the contractual amounts in the budget document.
- E) Contractual amounts should be reviewed at mid-year so as to evaluate the need for a contract increase.

Option 1C:

Position	Hours	Days	Schedule
On-Call Clinician (Daytime)	40	5	9:00 AM - 5:30 PM Monday - Friday
On-Call Clinician (Evening)	60	5	5:00 PM - 9:30 AM Monday - Friday
On-Call Clinician (Weekend Day)	16	2	9:00 AM - 5:30 PM Saturday - Sunday
On-Call Clinician (Weekend Night)	24	2	5:00 PM - 9:30 AM Saturday - Sunday

This additional option includes 4 on-call clinicians. The billing terms are the same as Option 1B:

- A) All four clinicians will receive \$500 dollars a week as a set stipend for being on call.
- B) Hourly billing will be on an incurred basis based on the rate associated with the day and time of the service. Annual billing will be on a not to exceed basis based on the contractual amounts in the budget document.

Option 1C contains a higher number of estimated hours.

All three options include a provision for Other Direct Costs (ODC) which include cell phones, staff training, laptops, program supplies and materials, and etc. There is also a provision in all three options for indirect cost to support Agency level administration.



We have broken out all of the components of the program (Option 1A,B, and C) for transparency. We have subsequently combined the required and alternative components so the different program option costs can be understood.

We reserve the right to re-evaluate the terms and conditions of this contract at the end of the first year for staffing, hourly estimations, rates of pay, other direct costs, and indirect costs.

Men Creating Peace

Working With Men To Create Peace In Their Lives!

Devon Gaster
Men Creating Peace
360 Grand Ave. #76
Oakland, CA 94610

August 17, 2021

To Whom it May Concern,

Board
of
Directors

For over 15 years, as the co-founder of Men Creating Peace, I am privileged to write to you in support of Alameda Family Services (AFS), an organization dedicated to the mental and emotional wellbeing of my community. The need for mental health services among our population is greatly—and sadly—increasing. For nearly three decades, AFS has taken on the complicated nature of mental health troubles impacting the people of Alameda and have found a means to help them heal. In addition to supporting those with mental health issues, they also have prevention programs that have had notable impact.

Alana Kapust

I have made it my life's mission to educate men about the devastating impacts of interpersonal violence, supplying them with the necessary tools to stop their abusive behavior. As a long-standing member of the Alameda County Domestic Violence Collaborative, I work closely with the courts, probation, and other community-based organizations focused on ending family violence. We would be thrilled to partner with AFS to continue our efforts. Our program will be providing Batterers Intervention Groups onsite at AFS for men referred by probation, Child Protective Services, as well as self-referrals for committing acts of domestic abuse against their female partners. AFS's collaboration with the Alameda Fire Department is a phenomenal opportunity for us. Many calls to emergency services involve domestic abuse. This funding opportunity will allow AFS to link perpetrators to groups at Men Creating Peace, as well as victims to Building Futures with Women and Children, ultimately decreasing future family crises that involve first responders.

Jananí

Ramachandran

Noa Mandel

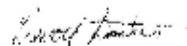
Ray Casarez

Karl Nastro

I have seen firsthand AFS's commitment to serving the community at large. It has been amazing to work cooperatively with them. AFS has demonstrated such resolve toward continued improvement in the service of those who need help, and so I wholeheartedly recommend them for this grant.

Sincerely,

Earl Crawford



Devon Gaster

Executive Director of Men Creating Peace

(510) 730-0184

devon@mencreatingpcacc.org



360 GRAND AVENUE • SUITE 76 • OAKLAND, CA 94610 | TEL : 510-730-0184 | FAX : 510-217-7061



August 17, 2021

Katherine Schwartz
Executive Director
Alameda Family Services
2325 Clement Street
Alameda, CA 94502

To Whom it May Concern,

As the Executive Director of Alameda Point Collaborative, I am privileged to write to you in support of Alameda Family Services (AFS), an organization dedicated to the mental and emotional wellbeing of my community. The need for mental health services among our population is greatly—and sadly—increasing. For nearly three decades, AFS has taken on the complicated nature of mental health troubles impacting the people of Alameda and have found a means to help them heal. In addition to supporting those with mental health issues, they also have prevention programs that have had notable impact.

Alameda Point Collaborative and Alameda Family Services have partnered for almost 20 years to support the formerly homeless residents of our Alameda Point Collaborative community. As a long-standing nonprofit in Alameda, we work closely with many community-based organizations to improve the lives of the residents we serve. We would be thrilled to partner with AFS in this new endeavor to continue to improve outcomes for individuals needing crisis support but who are nonviolent and not engaging in criminal behavior. A significant number of calls to emergency services involve members of the APC community and we are invested in seeing an improved and trauma informed response to these calls. This funding opportunity will allow AFS to provide needed case management to those in crisis as well as allow residents with mental health needs to receive appropriate crisis support.

I have seen firsthand AFS's commitment to serving the community at large. It has been amazing to work cooperatively with them. AFS has demonstrated such resolve toward continued improvement in the service of those who need help, and so I wholeheartedly recommend them for this grant.

Sincerely,
Doug Biggs
Doug Biggs
Executive Director



Housing Authority of the City of Alameda

PHONE (510) 747-4300

FAX (510) 522-7848

TTY/TRS 711

701 Atlantic Avenue • Alameda, California 94501-2161

August 20, 2021

Katherine Schwartz
Executive Director
Alameda Family Services
2325 Clement Street
Alameda, CA 94502

Dear Ms. Schwartz,

I am pleased to write to you on behalf of the Housing Authority of the City of Alameda to support Alameda Family Services (AFS) in their efforts to expand their mental health program. Our community members have reported a significant increase in need for mental health care, and in my experience, AFS is the best candidate to provide support. We have had a long standing relationship with AFS and our tenants have benefited from their services for many years. They have developed highly effective mental health counseling and prevention programs, largely a result of their respectful and sensitive approach to those they serve.

The Housing Authority of the City of Alameda provides multiple levels of housing support for Alameda residents; most low-income residents in the city are housed through the support of our organization. Many of those we house need additional support in times of crisis, and we would like to partner with AFS, as well as support the Alameda Fire Department, to address this. Residents would enormously benefit from the proposed City of Alameda Crisis Mental Health Response program. Positive interactions with authorities working together and willingness to help residents would help provide our residents with stability. Increased stability supports residents' capacity to remain in their housing, rather than face eviction. Behavioral issues (mental health issues including strained family relationships, hoarding, domestic violence, etc.) are among the most common issues that put a resident's health at risk. Additional support from the Crisis Mental Health Team and AFS would be welcomed.

Our partnership with AFS has grown significantly over the past few years. We have been particularly pleased with their approach to residents in crisis and to working with the diverse population that we serve. I have directly witnessed their heartfelt efforts to heal our community. I know they will offer you their full and respectful support, as they have with us for so long. Many residents have blossomed under their care, and so I recommend them for the Alameda Fire Department Crisis Mental Health Response Program grant.

Sincerely,

Vanessa Cooper
Executive Director, Housing Authority of the City of Alameda
(510)747-4320
vcooper@alamedahsg.org

