

**AGREEMENT FOR  
COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD  
  
LOCAL INDIGENT CARE NEEDS IMPLEMENTATION GRANT PROGRAM**

**between**

**COUNTY MEDICAL SERVICES PROGRAM  
GOVERNING BOARD  
("Board")**

**and**

**SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES  
("Grantee")**

Effective as of:  
July 1, 2020

## AGREEMENT

### COUNTY MEDICAL SERVICES PROGRAM LOCAL INDIGENT CARE NEEDS GRANT PROGRAM

#### FUNDING IMPLEMENTATION GRANT

This agreement ("Agreement") is by and between the County Medical Services Program Governing Board ("Board") and the lead agency listed on Exhibit A ("Grantee").

A. The Board approved the funding of the Local Indigent Care Needs Grant Program (the "Grant Program") in participating County Medical Services Program ("CMSP") counties in accordance with the terms of its Request for Proposals for the CMSP Local Indigent Care Needs Grant Program in the form attached as Exhibit B ("RFP").

B. Grantee submitted an Application ("Application") for the CMSP Local Indigent Care Needs Grant Program in the form attached as Exhibit C (the "Project"). The Project is a grant project ("Grant Project").

C. Subject to the availability of Board funds, the Board desires to award funds to the Grantee for performance of the Project.

The Board and Grantee agree as follows:

1. Project. Grantee shall perform the Project in accordance with the terms of the RFP and the Application. Should there be a conflict between the RFP and the Application, the RFP shall control unless otherwise specified in this Agreement.

2. Grant Funds.

A. Payment. Subject to the availability of Board funds, the Board shall pay Grantee the amounts in the time periods specified in Exhibit A ("Grant Funds") within thirty (30) calendar days of the Board's receipt of an invoice and reports as required in this Agreement from Grantee for a Grant Project, as described in Exhibit A. Neither the Board nor CMSP shall be responsible for funding additional Project costs, any future CMSP Local Indigent Care Needs Grant Program or services provided outside the scope of the Grant Program.

B. Refund. If Grantee does not spend the entire Grant Funds for performance of the Project within the term of this Agreement, then Grantee shall immediately refund to the Board any unused Grant Funds.

C. Possible Reduction in Amount. The Board may, within its sole discretion, reduce any Grant Funds that have not yet been paid by the Board to Grantee if Grantee does not demonstrate compliance with the use of Grant Funds as set forth in Section 2.D, below. The Board's determination of a reduction, if any, of Grant Funds shall be final.

D. Use of Grant Funds. As a condition of receiving the Grant Funds, Grantee shall use the Grant Funds solely for the purpose of performance of the Project, and shall not use

the Grant Funds to fund Grantee's administrative and/or overhead costs; provided, however, an amount of the Grant Funds equal to or less than ten percent (10%) of the total Project expenditures may be used to fund Grantee's administrative and/or overhead expenses directly attributed to the Project. In addition, Grantee shall comply with the terms of Exhibit E Use of Grant Funds attached hereto. Grantee shall provide Board with reasonable proof that Grantee has dedicated the Grant Funds to the Project. Grantee shall refund to the Board any Grant Funds not fully dedicated to the Project.

E. Matching Funds and In Kind Match. The Grantee is not required to provide dedicated matching funds; however, the Grantee is required to provide an in kind match of a minimum of ten percent (10%) of the Grant Funds as a means of demonstrating the commitment of the Grantee and participating (partnering) agencies to implement the strategies and/or services being developed with the Grant Funds. Such in kind match (or alternatively, matching fund of a minimum of ten percent (10%) of the Grant Funds) may be provided solely by the Grantee or through a combination of funding sources; provided, however, such matching funds shall not originate from any CMSP funding source such as a Health Systems Development Grant or Wellness and Prevention Pilot Project.

F. Commencement of Expenditures. Grantees shall begin spending Grant Funds during the first calendar year after receipt of Grant Funds and shall continue expending such Grant Funds on a consistent basis throughout the term of this Agreement and in accordance with the terms of this Agreement.

G. Possible Revision to Payment Schedule. If the Project warrants a change in payment schedule as described in Exhibit A, or if Grantee's expenditures are not in compliance with the Project, the Board may, within its sole discretion, revise the payment schedule or withhold payment of further amounts; provided, however, for any payments of further amounts to be made to Grantee, Grantee must be in compliance with the terms of this Agreement, including but not limited to Grantee's submission to Board of any required expenditure reports.

3. Grantee Data Sheet. Grantee shall complete and execute the Grantee Data Sheet attached as Exhibit D ("Grantee Data Sheet"). Board may, within its sole discretion, demand repayment of any Grant Funds from Grantee should any of the information contained on the Grantee Data Sheet not be true, correct or complete.

4. Board's Ownership of Personal Property. If Grantee's Application anticipates the purchase of personal property such as computer equipment or computer software with Grant Funds, then this personal property shall be purchased in Grantee's name and shall be dedicated exclusively to the Grantee's health care or administrative purposes. If the personal property will no longer be used exclusively for the Grantee's health care or administrative purposes, then Grantee shall, immediately upon the change of use, pay to the Board the fair market value of the personal property at the time of the change of use. After this payment, Grantee may either keep or dispose of the personal property. Grantee shall list all personal property to be purchased with Grant Funds on Exhibit A. This Section 4 shall survive the termination or expiration of this Agreement.

5. Board's Interest in Real Property and/or Improvements. If Grantee's Application anticipates the purchase of real property and/or improvements to real property (including leaseholds) with Grant Funds, then this real property and/or improvements to real property shall be purchased in Grantee's name and shall be dedicated exclusively to the Grantee's health care or administrative purposes. Further, Board may, in its sole discretion, require that Grantee grant a security or other interest in the real property and/or improvements to real property, including but not limited to a right of reverter to Board upon a change or use or other circumstance as a condition of receiving Grant Funds, which shall be described in Exhibit A.

If the real property and/or improvements to real property will no longer be used exclusively for the Grantee's health care or administrative purposes, then Grantee shall, at the discretion of the Board, immediately upon the change of use: (a) pay to the Board the fair market value of the real property and/or improvements to real property at the time of the change of use, and (b) obtain the Board's written consent to the change of use no later than ninety (90) days after such change of use. After this payment identified in (a) above or Board's consent as provided in (b) above, Grantee may either keep or dispose of the real property and/or improvements to real property. Grantee shall list all real property and/or improvements to real property to be purchased with Grant Funds on Exhibit A. This Section 5 shall survive the termination or expiration of this Agreement.

6. Board Consent Required for Purchase of Specified Personal Property. If Grantee's Application anticipates the purchase of any personal property valued in excess of \$5,000 with Grant Funds, including but not limited to computers, software, equipment or vehicles ("Specified Personal Property"), then Grantee must obtain the Board's prior written consent for any such purchase. Grantee shall make such request for the Board's consent pursuant to a form and manner as determined by the Board.

7. Authorization. Grantee represents and warrants that this Agreement has been duly authorized by Grantee's governing board, and the person executing this Agreement is duly authorized by Grantee's governing board to execute this Agreement on Grantee's behalf.

8. Data and Project Evaluation. Grantee shall collect Project data and conduct a Project evaluation. Grantee shall budget for evaluation expenses in an amount equal to a minimum of 10% of the total project expenditures. Grantee shall report data and evaluation findings to the Board as part of the Progress and Final Reporting set forth in Section 7, below. The Grantee shall not submit any protected health information ("PHI") to the Board. The Board reserves the right to hire an external Grant Program evaluator to conduct an evaluation of the Project ("Grant Program Evaluator"). Grantee shall cooperate fully with the Board, its agents and contractors, including but not limited to the Grant Program Evaluator, and provide information to the Board, its agents and contractors in a timely manner. The Board may, within its sole discretion, terminate this Agreement at any time and suspend and/or discontinue payment of any Grant Funds if Grantee does not satisfactorily meet data collection and reporting requirements as set forth in this Agreement and in the RFP.

9. Technical Assistance Consultant. The Grantee shall participate in technical assistance programs and collaborate with the Technical Assistance Consultant as hired by the Board ("Technical Assistance Consultant") as requested. At a minimum, Grantee is required to



participate in one or more interviews with the Technical Assistance Consultant, and have a minimum of one (1) representative participate in two (2) Implementation conferences over the grant period, and host the Technical Assistance Consultant at (1) site visit.

10. Record Retention. Grantee shall maintain and provide the Board with reasonable access to such records for a period of at least four (4) years from the date of expiration of this Agreement.

11. Audits. The Board may conduct such audits as necessary to verify Grantee's compliance with the terms of this Agreement. Such audit rights shall include auditing 100% of expenditure of Grant Funds and such information and documents as necessary to verify use of Grant Funds and Grantee's performance of the Project in accordance with the terms of this Agreement Grantee shall cooperate fully with the Board, its agents and contractors in connection with any audit and provide information to the Board, its agents and contractors in a timely manner.

12. Reporting.

A. Notification of Project Changes. Grantee shall notify the Board of any proposed substantial changes to the Project's components. The Project's components shall include: (1) the Project plan; (2) the target population; (3) the structure and process for completing grant activities as outlined in the Application as set forth in Exhibit C; (4) the roles and responsibilities of all participating (partnering) agencies; (5) services provided; (6) key Grantee personnel; (7) the budget; and (8) timelines.

B. Biannual Progress Reports. Grantees shall submit five (5) biannual progress report to the Board using the Biannual Progress Report Form. Each report should: (1) clearly define the target population and its needs, (2) demonstrate progress toward meeting the Project's goals posed in the Grantee's application, (3) describe the Project's current evaluation efforts, (4) identify challenges and barriers to meeting Project goals encountered during the prior six (6) months; (5) compare Project progress to the Application, Timeline and Work Plan as set forth in Exhibit C; (6) provide an update on any Project staff changes or added responsibilities, (7) describe the Grantee's experience utilizing Technical Assistance, (8) describe any changes in key partnerships, and (9) provide an overall impact on target population so far and significant success stories Biannual progress reports shall be due to the Board on the following dates: January 29, 2021, July 30, 2021, January 28, 2022, July 30, 2022, and January 29, 2023.

C. Mid-Year Expenditure Reports. Grantees shall submit three (3) mid-year expenditure reports to the Board using the Mid-Year Expenditure Report Template. Each report should: (1) compare budget expenditures to actual expenditures for the reporting year (2) detail total grant funds received and expended to date; and (3) detail any proposed budget modifications for the following grant year(s). Grantees must provide an explanation for expenditures that deviate more than 5% from the most recently approved budget for the given budget year using the Budget Revision Template. These three (3) Mid-Year Expenditure reports shall be due to the Board on the following dates: January 29, 2021, January 28, 2022, and January 29, 2023.

D. Year-End Expenditure Reports. Grantees shall submit two (2) Year End-Expenditure reports to the Board using the Year End -Expenditure Report Template. Each report should: (1) compare budget expenditures to actual expenditures for the reporting year (2) detail total grant funds received and expended to date; and (3) detail any proposed budget modifications for the following grant year(s). These two (2) Year-End Expenditure reports shall be due to the Board on the following dates: July 30, 2021, and July 30, 2022.

E. Final Report. Grantee shall submit a final report to the Board using Final Report Template by July 30, 2023, that: (1) provide measurable outcomes to the goals posed in the Grantee's application, (2) identify challenges and barriers to meeting Project goals encountered during the prior six (6) months; (3) compare Project progress to the Application, Timeline and Work Plan as set forth in Exhibit C; (4) provide an update on any Project staff changes or added responsibilities, (5) describe the Grantee's experience utilizing Technical Assistance, (6) describe any changes in key partnerships, (7) define the overall impact the Project has had on the target population and any significant success stories, (8) report on Project's evaluation findings; (9) thoroughly describes the Project's future activities following the Grant Program, and (10) describes the Grantees sustainability efforts to continue the project activities beyond the life of the grant.

F. Non-Compliance with Reporting Requirements. The Board may, within its sole discretion, terminate this Agreement at any time and suspend and/or discontinue payment of any Grant Funds if Grantee does not satisfactorily meet reporting requirements as set forth in this Agreement and in the RFP.

13. Term. The term of this Agreement shall be from July 1, 2020, to September 28, 2023, unless otherwise extended in writing by mutual consent of the parties.

14. Termination. This Agreement may be terminated: (a) by mutual consent of the parties; (b) by either party upon thirty (30) days prior written notice of its intent to terminate; or, (c) by the Board immediately for Grantee's material failure to comply with the terms of this Agreement, including but not limited to the terms specified in Sections 2.B, 2.D, 2.E, 2.F, 4, 5, 6, 7, 8, 9, 10, 11 and 12. Upon termination or expiration of the term, Grantee shall immediately refund any unused Grant Funds to the Board, and shall provide the Board with copies of any records generated by Grantee in performance of the Project and pursuant to the terms of this Agreement.

15. Costs. If any legal action or arbitration or other proceeding is brought to enforce the terms of this Agreement or because of an alleged dispute, breach or default in connection with any provision of this Agreement, the successful or prevailing party shall be entitled to recover reasonable attorneys' fees and other costs incurred in that action, arbitration or proceeding in addition to any other relief to which it may be entitled.

16. Entire Agreement of the Parties. This Agreement constitutes the entire agreement between the parties pertaining to the subject matter contained herein and supersedes all prior and contemporaneous agreements, representations and understandings of the parties.

17. Waiver. To be effective, the waiver of any provision or the waiver of the breach of any provision of this Agreement must be set forth specifically in writing and signed by the giving party. Any such waiver shall not operate or be deemed to be a waiver of any prior or future breach of such provision or of any other provision.

18. No Third-Party Beneficiaries. The obligations created by this Agreement shall be enforceable only by the parties hereto, and no provision of this Agreement is intended to, nor shall it be construed to, create any rights for the benefit of or be enforceable by any third party, including but not limited to any CMSP client.

19. Notices. Notices or other communications affecting the terms of this Agreement shall be in writing and shall be served personally or transmitted by first-class mail, postage prepaid. Notices shall be deemed received at the earlier of actual receipt or if mailed in accordance herewith, on the third (3rd) business day after mailing. Notice shall be directed to the parties at the addresses listed on Exhibit A, but each party may change its address by written notice given in accordance with this Section.

20. Amendment. All amendments must be agreed to in writing by Board and Grantee.

21. Assignment. This Agreement shall be binding upon and shall inure to the benefit of the parties to it and their respective successors and assigns. Notwithstanding the foregoing, Grantee may not assign any rights or delegate any duties hereunder without receiving the prior written consent of Board.

22. Governing Law. The validity, interpretation and performance of this Agreement shall be governed by and construed by the laws of the State of California.

23. Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument.

Dated effective July 1, 2020.

BOARD:  
COUNTY MEDICAL SERVICES  
PROGRAM GOVERNING BOARD

GRANTEE:  
SONOMA COUNTY DEPARTMENT OF  
HEALTH SERVICES

By: \_\_\_\_\_  
Kari Brownstein, Administrative Officer

Date: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**EXHIBIT A**

GRANTEE: Sonoma County Department of Health Services

GRANTEE'S PARTNERS UNDER CONTRACT<sup>1</sup>

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GRANT FUNDS:

Total Amount To Be Paid under Agreement: \$1,500,000.00

1. Amount to Be Paid Upon Execution of This Agreement (10%): \$150,000.00
2. Amount To Be Paid Within 30 Days Following Receipt of Invoice, First Biannual Progress Report and First Biannual Expenditure Report (anticipated to be 01/29/2021) (16%):  
\$240,000.00
3. Amount To Be Paid Within 30 Days Following Receipt of Invoice, Second Biannual Progress Report and Second Biannual Expenditure Report (anticipated to be 07/30/2021) (16%):  
\$240,000.00
4. Amount To Be Paid Within 30 Days Following Receipt of Invoice, Third Biannual Progress Report and Third Biannual Expenditure Report (anticipated to be 01/28/2022) (16%):  
\$240,000.00
5. Amount To Be Paid Within 30 Days Following Receipt of Invoice, Fourth Biannual Progress Report and Fourth Biannual Expenditure Report (anticipated to be 07/30/2022) (16%):  
\$240,000.00
6. Amount To Be Paid Within 30 Days Following Receipt of Invoice, Fifth Biannual Progress Report and Fifth Biannual Expenditure Report (anticipated to be 01/29/2023) (16%):  
\$240,000.00
7. Amount To Be Paid Within 30 Days Following Receipt of Invoice, Final Grant Report and Final Expenditure Report (anticipated to be 07/30/2023) (10%): \$150,000.00

If Funds will be Used to Purchase Personal Property, List Personal Property to be Purchased:

\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> Attach copy of any contract.

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If Funds will be Used to Purchase Specified Personal Property, List Specified Personal Property to be Purchased and Date of Consent by the Board:

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If Funds will be Used to Purchase Real Property and/or Improvements to Real Property, List Real Property and/or Improvements to Real Property to be Purchased:

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List any Conditions to Grant Funds regarding Real Property and/or Improvements to Real Property to be Purchased:

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LICN-027

NOTICES:

Board:

County Medical Services Program Governing Board

Attn: Anna Allard, Grants Manager

1545 River Park Drive, Suite 435

Sacramento, CA 95815

(916) 649-2631 Ext. 120 (phone)

(916) 649-2606 (facsimile)

Grantee:

Sonoma County Department of Health Services

Attn: Barbie Robinson, MPP, JD, CHC

Director of Health Services

1450 Neotomas Ave, Suite 200

Santa Rosa, CA 95405

(707) 565-4703 (phone)

(707) 565-7055 (facsimile)

**EXHIBIT B**  
**REQUEST FOR PROPOSAL**  
**BOARD'S REQUEST FOR PROPOSAL**

# REQUEST FOR PROPOSALS

## County Medical Services Program Governing Board CMSP Local Indigent Care Needs Grant Program

### I. ABOUT THE COUNTY MEDICAL SERVICES PROGRAM

The County Medical Services Program (CMSP) was established in January 1983, when California law transferred responsibility for providing health care services to indigent adults from the State of California to California counties. This law recognized that many smaller, rural counties were not in the position to assume this new responsibility. As a result, the law also provided counties with a population of 300,000 or fewer with the option of contracting back with the California Department of Health Services (DHS) to provide health care services to indigent adults.

In April 1995, California law was amended to establish the County Medical Services Program Governing Board (Governing Board). The Governing Board, composed of ten county officials and one ex-officio representative of the Secretary of the California Health and Human Services Agency, is authorized to set overall program and fiscal policy for CMSP. Thirty-five counties throughout California participate in CMSP: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Modoc, Mono, Napa, Nevada, Plumas, San Benito, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Tuolumne, Yolo and Yuba.

CMSP is funded by State Program Realignment revenue (sales tax and vehicle license fees) received by the Governing Board and county general-purpose revenue provided in the form of County Participation Fees. CMSP members are medically indigent adults, ages 21 through 64, who meet CMSP's eligibility criteria and are not otherwise eligible for Medi-Cal or Covered California. County welfare departments located in the 35 participating counties handle eligibility for and enrollment in CMSP. All CMSP members must be residents of a CMSP county and their incomes must be less than or equal to 300% of the Federal Poverty Level (based on net nonexempt income).

Beginning in 2019, under the Path to Health Pilot Project, the Governing Board established a primary care benefit coverage program for low-income, undocumented CMSP county residents that are not otherwise eligible for CMSP and are eligible for and enrolled in emergency medical services (restricted scope) under the Medi-Cal program. The target population for the Path to Health Pilot Project is undocumented adults ages 21 and older that are enrolled in an emergency services only Medi-Cal program aid code and reside in one of the thirty-five CMSP counties. Enrollment in Path to Health is carried out by community health centers participating in the program.

Beyond Path to Health, the Governing Board operates other pilot projects, including the Health Systems Development and Wellness and Prevention grant programs, and two healthcare workforce development programs.



## II. ABOUT THE CMSP LOCAL INDIGENT HEALTH SERVICES PROGRAM

Through the Local Indigent Care Needs Program (LICN Program), the Governing Board seeks to expand the delivery of locally directed indigent care services for low-income uninsured and under-insured adults that lack access to health, behavioral health and associated support services in CMSP counties. The principal goals of the LICN Program are to promote timely delivery of necessary medical, behavioral health and support services to locally identified target populations; link these populations to other community resources and support; and, improve overall health outcomes for these target populations.

### A. Program Tracks and Funding Rounds

The LICN Program will be implemented through two (2) separate program tracks and four (4) separate funding rounds.

#### 1. Program Tracks

Track One – Planning Project Grants: Grants shall be available to CMSP county or non-profit agency applicants with demonstrated capacity to bring local stakeholders together, who intend to apply for an Implementation Program Grant and have the desire to develop an Implementation Plan in accordance with the requirements of the LICN Program (Implementation Plan).

Applying for a Planning Project Grant is optional. Applicants may apply directly for an Implementation Program Grant if they choose.

Track Two – Implementation Program Grants: Grants shall be available to CMSP county or non-profit agency applicants to support concrete, defined Implementation Plans that address the goals and objectives of the LICN Program. Applicants must show demonstrated experience bringing local stakeholders together and a demonstrated role providing health and/or human services in the community for low-income and/or indigent residents in CMSP counties.

#### 2. Program Funding Rounds

##### A. Funding Round 1:

1. Track One – Planning Project Grants of up to \$50,000 per project (or up to \$75,000 if the project serves more than one CMSP county) shall be made available to selected applicants on a one-time basis. **Planning efforts are expected to last no more than twelve (12) months and produce a final Implementation Plan for an Implementation Program.** See Section III. A. below for description of applicant requirements.
2. Track Two – Implementation Program Grants of up to \$500,000 per year per project shall be made available to selected applicants. **Grants shall be made available for up to 3 years.** See Section III. B. below for description of applicant requirements.

## Funding Round 1

### B. Funding Round 2:

1. Track One – Planning Project Grants of up to \$50,000 per project (or up to \$75,000 if the project serves more than one CMSP county) shall be made available to selected applicants on a one-time basis. **Planning efforts are expected to last no more than twelve (12) months and produce a final Implementation Plan for an Implementation Program.** Applicant requirements will be outlined in a future Request for Proposal released by the Governing Board.
2. Track Two – Implementation Program Grants of up to \$500,000 per year per project shall be made available to selected applicants. **Grants shall be made available for up to 3 years.** Applicants that received a Planning Project Grant and any other applicants shall be eligible to apply for an Implementation Program Grant in Funding Round 2. Applicant requirements will be outlined in a future Request for Proposal released by the Governing Board.

### C. Funding Round 3:

1. Track One – Planning Project Grants will NOT be awarded in Round 3.
2. Track Two – Implementation Program Grants of up to \$500,000 per year per project shall be made available to selected applicants. **Grants shall be made available for up to 3 years.** Applicants that received a Planning Project Grant and any other applicants shall be eligible to apply for an Implementation Program Grant in Funding Round 3. Applicant requirements will be outlined in a future Request for Proposal released by the Governing Board.

### D. Funding Round 4:

1. Track One – Planning Project Grants will NOT be awarded in Round 4.
2. Track Two – Implementation Program Grants of up to \$500,000 per year per project shall be made available to selected applicants. **Grants shall be made available for up to 3 years.** Applicants that received a Planning Project Grant and any other applicants shall be eligible to apply for an Implementation Program Grant in Funding Round 4. Applicant requirements will be outlined in a future Request for Proposal released by the Governing Board.

## B. Target Populations

The target populations for LICN Program efforts must focus on one or more of the following uninsured or under-insured groups within one or more CMSP count(ies):

1. Adults that need follow up specialty services and/or other support services following an inpatient hospital stay;
2. Adults receiving inpatient hospital care that have limited home or community support to facilitate healing and recovery;

## Funding Round 1

3. Adults with complex health or behavioral health conditions that have housing and/or transportation challenges that impede their ability to obtain necessary health care services;
4. Adults with health and/or behavioral health conditions released from incarceration.

Within the target populations outlined above, program activities may further narrow the focus of efforts to one or more of the following sub-groups within the target populations:

- Homeless adults;
- Adults with chronic health or behavioral health conditions; and/or
- Adults in need of pain management support.

### **C. Four Alternative Components for Local Indigent Care Needs Programs**

Planning Projects and Implementation Programs shall incorporate at **least one (1)** of the following four (4) program components into their program strategies:

#### 1. Local-Level Care Management

Develop Care Management interventions that:

- Provide linkage to other services and supports in the community that facilitate management of each client's needs
- Are tailored to meet individual client service needs and involve clients as decision makers in the care planning process
- Have capacity to meet with clients in community locations such as at physicians' offices, hospitals, county social services departments, homeless shelters, or client's homes (as appropriate)
- Provide data system capacity that is sufficient to comprehensively document and track the Care Management services provided to clients and provide a mechanism that assures timely and appropriate identification and care management service needs

#### 2. Continuity of Care

Develop county-wide or regional Continuity of Care strategies that:

- Facilitate linkages across the continuum of care, specifically inpatient care to appropriate outpatient care, such as specialty care, primary care, prescription medical support, home health, hospice, long-term care, mental health treatment, substance abuse treatment, and durable medical equipment

#### 3. Enabling Services

Establish or strengthen existing mechanisms that:

- Engage clients in obtaining nutritional support, housing, transportation, legal assistance, and income assistance to support LICN Program goals through referrals to existing service providers
- Provide access to enabling services not otherwise available in the community through new service creation or expansion of currently limited services. Equipment purchases,

## Funding Round 1

expansions of current facilities, and/or renovation/remodeling of current facilities may be considered under this initiative. No LICN Program grant funds may be used for the lease/ purchase of land, buildings or new construction.

- Establish effective working relationships with the county welfare department(s) in their service area to help facilitate applications for health coverage and other public assistance

### 4. Disease Management

Establish or strengthen existing mechanisms to:

- Halt or decrease the severity of the conditions of clients with chronic, ongoing health and/or behavioral health conditions through such strategies as symptom management, medication compliance, adherence to treatment plans, and lifestyle changes

### **D. Technical Assistance Contractor Support to Grantees**

Through a separate Request for Proposals process, the Governing Board shall select and hire a Consultant to provide direct, site-level Technical Assistance (TA) services to all LICN Program grantees, in both tracks. Please visit the [CMSP Website](#) for a copy of the TA RFP.

## **III. ELIGIBLE APPLICANTS**

### **A. Planning Project Grants: Lead Agency Applicant and Project Partner Requirements**

Planning efforts must be focused within one or more counties that participate in CMSP. The lead agency applicant must be either a CMSP county or a not-for-profit organization and must have the demonstrated capacity to bring together varied stakeholders within the county or region. The lead agency and all key Planning Project partners must be in good standing with the Governing Board. Planning Project Grant applicants must have the support, as demonstrated by Letters of Commitment, from at least one local hospital or at least one primary care provider such as a clinic, private practice physician, or physician group. In addition, Planning Project Grant applicants must have demonstrated support, evidenced by Letters of Commitment, from at least two of the following CMSP county agencies or departments: Health/Public Health, Social Services/Welfare, Mental Health, Drug and Alcohol Services and Probation.

### **B. Implementation Program Grants: Lead Agency Applicant and Project Partner Requirements**

Implementation efforts must be focused within one or more counties that participate in CMSP. The lead agency applicant must be either a CMSP county or a not-for-profit organization. In addition, the lead agency applicant must have the organizational capacity to carry out its Implementation Plans in accordance with the requirements described in this RFP. The lead agency and all key implementation project partners must be in good standing with the Governing Board. Implementation grant applicants must have the support, as demonstrated by either Letters of Commitment or Memorandums of Understanding, from at least one local hospital and at least one primary care provider such as a clinic, private practice physician, or

Funding Round 1

physician group. In addition, implementation grant applicants must have the demonstrated support, as evidenced by either Letters of Commitment or Memorandums of Understanding, of at least two of the following CMSP county agencies or departments: Health/Public Health, Social Services/Welfare, Mental Health, Drug and Alcohol Services and Probation. Finally, the lead agency applicant should have the support of other local providers of safety-net services, as demonstrated by either Letters of Commitment or Memorandums of Understanding.

**IV. TENTATIVE PROJECT TIMELINES**

The following are the anticipated timelines for the Local Indigent Care Needs Grant Program and are subject to change:

<b>Planning Project Grants: Round 1</b>	
<i>Date</i>	<i>Activity</i>
11/07/2019	Round 1 RFP Released
11/21/2019	1 <sup>st</sup> RFP Assistance Webinar at 1:00 PM
12/04/2019	2 <sup>nd</sup> RFP Assistance Webinar at 10:00 AM
12/12/2019	Final Q & A RFP Webinar at 1:00 PM
12/06/2019	Letter of Intent Due by 5:00 PM
12/20/2019	Grant Applications Due by 2:00 PM
1/30/2020	Applications Approved by Board
2/03/2020	Notices of Award Sent
3/01/2020	Grant Contracts Begin/Project Period Begins
9/15/2020	Interim Report and Interim Expenditure Report Due
2/28/2021	Project Period Ends
3/15/2021	Final Report and Final Expenditure Report Due
3/31/2021	Grant Contract Ends

<b>Implementation Program Grants: Round 1</b>	
<i>Date</i>	<i>Activity</i>
11/07/2019	Round 1 RFP Released
11/21/2019	1 <sup>st</sup> RFP Assistance Webinar at 1:00 PM
12/04/2019	2 <sup>nd</sup> RFP Assistance Webinar at 10:00 AM
12/12/2019	Final Q & A RFP Webinar at 1:00 PM
12/06/2019	Letter of Intent Due by 5:00 PM
12/20/2019	Grant Applications Due by 2:00 PM
1/30/2020	Applications Approved by Board
2/03/2020	Notices of Award Sent
3/01/2020	Grant Contracts Begin/ Project Period Begins
9/15/2020	Biannual Progress Report and Expenditure Report Due
3/15/2021	Biannual Progress Report and Expenditure Report Due
9/15/2021	Biannual Progress Report and Expenditure Report Due
3/15/2022	Biannual Progress Report and Expenditure Report Due
9/15/2022	Biannual Progress Report and Expenditure Report Due
2/28/2023	Project Period Ends
3/31/2023	Grant Contract Ends/ Final Report and Expenditure Report Due

## Funding Round 1

The next Planning Grant Application cycle (Round 2) is expected to be released in March 2020 with applications due back in May 2020. LICN Program Planning Project Round 2 contracts are expected to start August 2020 and end July 2021.

Three additional Implementation Grant Applications cycles are expected to be released in accordance with this tentative timeline:

Type	Due Date	Contract Start	Contract End
Implementation Program Grants: Round 2	June 2020	August 2020	July 2023
Implementation Program Grants: Round 3	April 2021	July 2021	June 2024
Implementation Program Grants: Round 4	October 2021	February 2022	January 2025

Any anticipated timeline is subject to change at the discretion of the Governing Board.

## V. ALLOCATION METHODOLOGY

The Governing Board, within its sole discretion, may fund awards for Planning Project Grants and Implementation Grants in all rounds of funding. Total grant awards and technical assistance provided by the Governing Board may equal up to forty-five million dollars (\$45,000,000) over the life of the program. The Governing Board desires applications from each of the 35 participating CMSP counties or non-profit organizations within the CMSP counties that meet the minimum scoring threshold.

### 1. Planning Project Grants

One-time awards up to \$50,000 per project (or up to \$75,000 if the project serves more than one CMSP county) may be made for Planning Project Grants.

#### ***In-direct Costs/Overhead Expenses***

No project funds shall be used for administrative and/or overhead costs not directly attributable to the project. Administrative and/or overhead expenses shall equal no more than 10% of the total project expenditures. Planning efforts are expected to last no more than twelve (12) months and produce a final Implementation Plan.

#### ***In-Kind/Matching Funds Required***

Awardees are required to provide in-kind and/or matching funds in the amount of no less than ten percent (10%) of the Planning Grant amount. In-kind and/or matching funds may be provided solely by the lead applicant or through a combination of funding sources.

### 2. Implementation Program Grants

## Funding Round 1

Awards up to \$500,000 per year per project may be made for Implementation Program Grants. Grants may be provided for up to three (3) years under all four funding rounds.

### ***In-direct Costs/Overhead Expenses***

No project funds shall be used for administrative and/or overhead costs not directly attributable to the project. Administrative and/or overhead expenses shall equal no more than 10% of the total project expenditures.

### ***In-Kind/Matching Funds Required***

Grant awardees shall be required to provide in-kind and/or matching funds in the amount of no less than ten percent (10%) of the Implementation Grant Program amount per year. In-kind and/or matching funds may be provided solely by the lead applicant or through a combination of funding sources.

### ***Evaluation Expenses***

Implementation Programs shall be required to budget for evaluation expenses (such as time spent performing data collection, analyzing data, or preparing reports) in an amount equal to a minimum of 10% of total project expenditures.

### ***Equipment and Renovation Expenses***

Equipment purchases, expansions of current facilities, and/or renovation/remodeling of current facilities may be considered under this initiative. No LICN Program grant funds may be used for the lease/ purchase of land, buildings or new construction.

## **VI. AWARD METHODOLOGY**

***Planning Project Grant*** applications will be reviewed and scored based upon the following criteria:

- 1) Target Population (10%)
- 2) Planning Questions (15%)
- 3) Planning Goals (15%)
- 4) Proposed Planning Activities (15%)
- 5) Work Plan and Timeline (15%)
- 6) Organization and Staffing (10%)
- 7) Letters of Commitment/ Support (5%)
- 8) Budget (15%)

***Implementation Program Grant*** applications will be reviewed and scored based upon the following criteria:

- 1) Project Narrative (50% in total)
  - Statement of Need (5%)
  - Target Population (10%)
  - Proposed Project/Approach (25%)
  - Organization and Staffing (10%)
- 2) Implementation Work Plan (15%)
- 3) Budget (15%)

## Funding Round 1

- 4) Logic Model (5%)
- 5) Proposed Data Collection and Evaluation Method (10%)
- 6) Letters of Commitment/ Support (5%)

The foregoing criteria are for general guidance only. If the Grant applications are scored, the scoring will be for guidance and informational purposes only. The Governing Board will award Grants based on the applications the Governing Board determines, in its sole discretion, are in the best interest of CMSP and the Governing Board.

Grant applications which, in the Governing Board's sole and absolute discretion, are deficient, are not competitive, are non-responsive, do not meet minimum standards or are otherwise lacking in one or more categories may be rejected without further consideration.

***The grant application process is a competitive process and not all applications may be funded or funded in the amounts requested. All applications will be ranked in order of their ability to promote timely delivery of necessary medical, behavioral health and support services to locally identified target populations, link these populations to other community resources and support, and improve overall health outcomes for these target populations. For the Governing Board to consider approving funding for a Grant application, the applicant's proposal must achieve a minimum score of seventy-five percent (75%) and the proposal must achieve a ranking, in comparison with all other submitted proposals, that merits funding approval.***

## VII. APPLICATION ASSISTANCE

### A. RFP Assistance Webinar Information

To assist potential applicants, Governing Board staff will conduct three RFP assistance webinars with Question and Answer sessions. Applicants are encouraged to participate in at least one of the informational webinars and bring any questions they have regarding LICN Program requirements or the application process. Please use the following information to access each webinar during the specified dates and times below:

#### ***November 21, 2019 from 1:00 – 2:30 PM PST***

**WebEx Link:** <https://cmspcounties-meetings.webex.com/cmspcounties-meetings>

**WebEx Meeting Number:** 808 226 264

**Conference Line:** (888) 296-6500

**Conference Line Participant Code:** 738196

#### ***December 4, 2019 from 10:00 – 11:30 AM PST***

**WebEx Link:** <https://cmspcounties-meetings.webex.com/cmspcounties-meetings>

**WebEx Meeting Number:** 801 154 373

**Conference Line:** (888) 296-6500

**Conference Line Participant Code:** 738196



**December 12, 2019 from 1 – 2:30 PM PST**

**WebEx Link:** <https://cmspcounties-meetings.webex.com/cmspcounties-meetings>

**WebEx Meeting Number:** 808 097 973

**Conference Line:** (888) 296-6500

**Conference Line Participant Code:** 738196

**B. Frequently Asked Questions (FAQ)**

From time to time, responses to frequently asked questions will be posted on the Governing Board's website. The link to the Planning Project FAQ can be found [here](#) and the Implementation Program FAQ can be found [here](#).

**C. Letter of Intent (LOI)**

The Governing Board requests that all likely grant applicants submit a Letter of Intent (LOI) to the Board. While the LOI is not required, receipt of an LOI from all likely applicants will assist the Governing Board in planning for application review and related processing. Please submit the LOI no later than December 6, 2019, by 5:00 p.m. PST. There is no required format or template for the LOI. In the LOI, likely applicants should state whether they intend to apply for a Planning Project Grant or an Implementation Program Grant as well as the CMSP county or counties they anticipate serving. The LOI may be submitted by e-mail or fax to the addresses listed below:

**Via E-Mail:** CMSP Governing Board  
RE: LICN LOI  
aallard@cmspcounties.org

**Via Fax:** CMSP Governing Board  
RE: LICN LOI  
FAX: (916) 649-2606

**D. Project Contact Information**

Please direct any questions regarding the RFP to:

Anna Allard, Grants Manager  
CMSP Governing Board  
1545 River Park Drive, Suite 435  
Sacramento, CA 95815  
(916) 649-2631 ext. 120  
aallard@cmspcounties.org

**VIII. PLANNING PROJECT GRANT PROPOSAL FORMAT AND REQUIREMENTS**

*This section only applies to applicants applying for a Planning Project Grant. Applicants that wish to apply for an Implementation Program Grant should proceed to Section IX for the Implementation Program Grant proposal format and requirement instructions.*

**A. Planning Project Grant Cover Sheet (Required Form)**

Using the "Required Form: Planning Project Grant Cover Sheet" form provided, please include the applicant name(s), address, telephone, and e-mail contact information. The cover

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sheet must be signed.

The Required Form: Planning Project Grant Cover Sheet is available for download at the Governing Board's website [here](#).

### **B. Planning Project Grant Application (Required Form)**

Using the "Required Form: Planning Project Grant Application" template provided, please complete the following items:

1. Applicant Name
2. Project Title
3. Technical Assistance Needs
4. Target Population
5. Planning Questions
6. Planning Goals
7. Proposed Planning Activities
8. Project Partners
9. Work Plan and Timeline
10. Organization and Staffing

The Required Form: Planning Project Grant Application is available as a PDF fill in for download [here](#).

### **C. Letters of Commitment (Required Documents)**

Letters of Commitment will be utilized in scoring and must be submitted as a part of the application. CMSP does **not** provide a Letter of Commitment template. Any letters submitted outside of the application will **not** be considered in scoring the application.

1. Planning Project Grants must have the support, as demonstrated by Letters of Commitment, from at least one (1) local hospital or one (1) primary care provider such as a clinic, private practice physician, or physician group.
2. Planning Project Grants must have the demonstrated support, as demonstrated by Letters of Commitment, from at least two (2) of the following CMSP county agencies or departments: Health/Public Health, Social Services/Welfare, Mental Health, Drug and Alcohol Services, and Probation. Planning Project Grants serving more than one CMSP county will need to obtain the minimum of two Letters of Commitment from CMSP county agencies or departments *within each CMSP county* to be served. Additional letters from other interested agencies and stakeholders may be provided.

### **D. Budget and Budget Narrative (Required Form and Document)**

Complete the Required Form: Planning Project Grant Budget and provide a brief (no more than 2 pages) Budget Narrative detailing all expense components that make up total operating expenses and the source(s) of in-kind and/or direct matching funding. Describe all administrative costs and efforts to minimize use of project funds for administrative and overhead expenses. Grant awardees shall be required to provide in-kind and/or matching funds in the amount of no less than ten percent (10%) of the Planning Grant amount. No project funds shall be used for administrative and/or overhead costs not directly attributable

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to the project. Administrative and/or overhead expenses shall equal no more than ten percent (10%) of the total project expenditures.

The Required Form: Planning Project Grant Budget is available as an Excel spreadsheet for download [here](#).

Please note, prior to contracting, the Governing Board reserves the right to request copies of the applicant's most recent audited financial statements.

#### **E. Other Information**

The Governing Board may request any other information that it deems in its sole discretion is necessary or useful in order to make the award. The Governing Board reserves the right to contact Applicants informally to receive additional information.

### **IX. IMPLEMENTATION PROGRAM GRANT PROPOSAL FORMAT AND REQUIREMENTS**

*This section only applies to applicants applying for an Implementation Program Grant. Applicants that wish to apply for a Planning Project Grant first should follow the Planning Project Grant proposal format and requirement instructions provided in Section VIII.*

#### **A. Implementation Grant Cover Sheet (Required Form)**

Using the "Required Form: Implementation Grant Cover Sheet" form provided, please include the applicant name(s), CMSP count(ies) to be served, address, telephone, and e-mail contact information.

The Required Form: Implementation Grant Cover Sheet is available for download at the Governing Board's website [here](#).

#### **B. Project Summary (Required Document) (no longer than 2 pages)**

Describe the proposed project concisely, including its goals, objectives, overall approach (including target population and key partnerships), anticipated outcomes, deliverables, and sustainability.

#### **C. Implementation Program Grant Proposal Narrative (Required Document) (no longer than 12 pages)**

##### **1. Clear Statement of Problem or Need Within Community**

All Implementation Programs should focus on identified needs of one or more eligible target populations within the community. Please describe the target population, and any sub-populations, to be served in your proposed project. Define the characteristics of the target population and discuss how the proposed project will identify members of the target population. Provide an estimate of the total number of clients that will be served through each year of the Implementation Program Grant. Include background information relating to the

## Funding Round 1

proposed CMSP county or counties to be served, unique features of the community or communities, and other pertinent information that helps shape the problem or need within the community.

Please identify the main sources of health and behavioral health care for the target population(s), strengths in the health care delivery system, and existing or foreseen challenges in the delivery system. Applicants should use county-level and/or community-level data and other relevant data to demonstrate need.

### 2. Description of Proposed Project

Provide a summary of current and/or prior efforts to address the needs of the target population(s) and the expected roles of the applicant and key partners in meeting these needs through the Implementation Program Grant.

Please describe the range of activities to be performed in the Project. All activities discussed should correspond with the items listed in the logic model (see Section IX. D. below) and the Implementation Work Plan. This section should be used to clearly describe all steps necessary for program development efforts to be effectively undertaken and for program implementation to be carried out. This section should also describe which one or more of the following core LICN Program components will be incorporated into the program:

- Local-level Care Management
- Continuity of Care
- Linkages to Enabling Services
- Disease Management

Create an Implementation Work Plan and Timeline for completion of implementation, contracting, consultant/staff recruitment, evaluation, reporting, and sustainability planning activities.

### 3. Organization and Staffing

This section should describe and demonstrate organizational capability to implement, operate, and evaluate the proposed project. In addition, information provided should clearly delineate the roles and responsibilities of the applicant organization(s) and key partners and include the following:

- An organizational chart and description of organizational structure, lines of supervision, and management oversight for the proposed project, including oversight and evaluation of consultants and contractors;
- Identification of a project manager with day-to-day responsibility for key tasks such as leadership, monitoring ongoing progress, preparing project reports, and communicating with other partners; and,
- The roles, qualifications, expertise, and auspices of key personnel.
- Describe the lead agency and all key partners' roles within the delivery system.
- Identify additional organizations and/or agencies with which the lead agency wishes to establish relationships with through the implementation process.

## Funding Round 1

- Identify any staff that will need to be recruited and hired upon Project inception.

### 4. Sustainability Planning

Awarded Implementation Grant projects will be required to produce a sustainability plan in Year 2 of the grant. Please outline initial ideas about how some or all of the proposed grant activities can be sustained into the future after grant funding ends.

#### **D. Logic Model (Required Document)** (no longer than 2 pages)

All applicants are required to submit a logic model. A logic model is a series of statements linking target population conditions/circumstances with the service strategies that will be used to address the conditions/circumstances, and the anticipated outcomes. Logic models provide a framework through which both program staff and TA consultant can view the relationship between conditions, services and outcomes. An information resource guide on designing logic models is found [here](#). All logic models should include a description of the 1) target population; 2) program theory; 3) activities; 4) outcomes; and 5) impacts.

#### **E. Data Collection and Reporting (Required Document)** (no longer than 2 pages)

All applicants shall present a plan for data collection, analysis and data reporting that specifies the data that will be collected and/or retrieved and reported, and how that data will be used to document the outcomes and impacts expected to be achieved through the Program, as described in the Logic Model. If awarded, the CMSP Governing Board will require each Project to report upon a core set of data elements. Please suggest core data elements that should be collected.

#### **F. Budget and Budget Narrative (Required Form and Document)**

Complete the Required Form: Implementation Grant Budget and provide a brief (no more than 2 pages) budget narrative detailing all expense components that make up total operating expenses and the source(s) of in-kind and/or direct matching funding. Describe all administrative costs and efforts to minimize use of project funds for administrative and overhead expenses. No project funds shall be used for administrative and/or overhead costs not directly attributable to the project. Administrative and/or overhead expenses shall equal no more than ten percent (10%) of the total project expenditures. Briefly explain any expenses listed in the Budget Narrative whose purpose may be ambiguous to a reviewer.

The Required Form: Implementation Grant Budget is available as an Excel spreadsheet for download [here](#).

Please note, prior to contracting, the Governing Board reserves the right to request copies of the applicant's most recent audited financial statements.

#### **G. Letters of Commitment or Memorandums of Understanding (Required Documents)**

Letters of Commitment are required from all key partners and will be utilized in scoring.

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Letters should detail the key partner's understanding of the proposed Implementation Program and their organizations' role in supporting or providing direct services. Implementation Programs must have the support, as demonstrated by either Letters of Commitment or Memorandums of Understanding, from at least one (1) local hospital and one (1) primary care provider such as a clinic, private practice physician, or physician group.

In addition, Implementation Program Grants must have the demonstrated support, as demonstrated by either Letters of Commitment or Memorandums of Understanding, of at least two (2) of the following CMSP county agencies or departments: Health/Public Health, Social Services/Welfare, Mental Health, Drug and Alcohol Services, and Probation.

Implementation Program Grants serving more than one CMSP county will need to obtain the minimum of two Letters of Commitment or Memorandum of Understanding from CMSP county agency or departments *within each county* to be served. Finally, the lead agency applicant should have the support of other local providers of safety-net services. Additional Letters of Commitment or support from other interested agencies and stakeholders may be provided. All letters of commitment or support must be submitted as a part of the application. Any letters submitted outside of the application will **not** be considered in scoring the application.

## X. APPLICATION INSTRUCTIONS

*This section applies to both Planning Project Grant and Implementation Program Grant Applications.*

- A. All Grant applications must be complete at the time of submission and must follow the required format and use the forms and examples provided:
  - 1. The type font must be Arial, minimum 11 point font.
  - 2. Text must appear on a single side of the page only with margins at a minimum of 0.5".
  - 3. Assemble the application in the order and within the page number limits listed with the Proposal Format & Requirements sections.
  - 4. Clearly paginate each page.
- B. Applications transmitted by facsimile (fax) or e-mail will not be accepted.
- C. The application must be signed by a person with the authority to legally obligate the Applicant.
- D. Provide one original hard copy Grant application clearly marked original, and five hard copies.
- E. Provide an electronic copy (flash drive or CD) of the following components of the application:

*Planning Projects:* 1) Required Form: Planning Project Grant Cover Sheet (as an Excel document), 2) Required Form: Planning Project Grant Application (as a PDF document), 3) Required Form: Planning Project Grant Budget (as an Excel document) 4) Budget

## Funding Round 1

Narrative (as a Word document), and 5) Letters of Commitment (as PDF files).

*Implementation Programs:* 1) Required Form: Implementation Grant Cover Sheet (as an Excel document), 2) Grant Project Summary (as a Word document), 3) Grant Project Narrative (as a Word document), 4) Work Plan & Timetable (either Word or Excel document), 5) Required Form: Implementation Grant Budget (as an Excel document), 6), Budget Narrative, 7) Logic Model (either Word, Excel or Power Point document) and 8) Grant Project Goals and Outcome Reporting (as a Word document).

- F. Do not provide any materials that are not requested, as reviewers will not consider those materials.
- G. Folders and binders are not necessary or desired; please securely staple or clip the application in the upper left corner.
- H. All Round 1 Grant applications must be received in the office no later than 2:00 PM on December 20, 2019. Address all applications to:

CMSP Governing Board  
ATTN: Anna Allard, Grants Manager  
1545 River Park Drive, Suite 435  
Sacramento, CA 95815

## **X. GENERAL INFORMATION**

- A. The Governing Board shall have no obligation to provide Grant funding or continue to provide Grant funding at any time.
- B. All applications become the property of the Governing Board and will not be returned to the Applicant unless otherwise determined by the Governing Board in its sole discretion.
- C. Any costs incurred by the responding Applicant for developing a proposal are the sole responsibility of the responding Applicant and the Governing Board shall have no obligation to compensate any responding Applicant for any costs incurred in responding to this RFP.
- D. Proposals may remain confidential during this process only until such time as determined by the Governing Board in its sole discretion. Thereafter, the Governing Board may treat all information submitted by a responding Applicant as a public record. The Governing Board makes no guarantee that any or all of a proposal will be kept confidential, even if the proposal is marked “confidential,” “proprietary,” etc.
- E. The Governing Board reserves the right to do the following at any time, at the Governing Board’s sole discretion:
  - 1. Reject any and all applications, or cancel this RFP.
  - 2. Waive or correct any minor or inadvertent defect, irregularity or technical error in any application.

## Funding Round 1

3. Request that certain or all Applicants supplement or modify all or certain aspects of their respective applications or other materials submitted.
4. Modify the specifications or requirements for the Grant program in this RFP, or the required contents or format of the applications prior to the due date.
5. Extend the deadlines specified in this RFP, including the deadline for accepting applications.
6. Award, or not award, any amount of Grant funding to any Applicant.



**EXHIBIT C**  
**APPLICATION**  
**GRANTEE'S APPLICATION**

**IMPLEMENTATION GRANT COVER SHEET**  
**CMSP Local Indigent Care Needs Grant Program**

**1. CMSP County or Counties to be Served:** County of Sonoma

**2. Project Title:** Local Indigent Care Needs (LICN) Grant Program

**3. Funding:**

Requested Grant Amount:	Year 1	<u>\$500,000</u>	Year 2	<u>\$500,000</u>	Year 3	<u>\$500,000</u>	Total	<u>\$1,500,000</u>
In-Kind or Matching Funds:	Year 1	<u>\$50,000</u>	Year 2	<u>\$50,000</u>	Year 3	<u>\$50,000</u>	Total	<u>\$150,000</u>

**4. Lead Applicant:**

Organization: Sonoma County Dept. of Health Services Tax ID Number: 94-6000539

Applicant's Director/Chief Executive: Barbie Robinson, MPP, JD, CHC

Title: Director of Health Services

Applicant's Type of Entity (Specify county or non-profit): County Department

Address: 1450 Neotomas Ave. Suite 200

City: Santa Rosa State: CA Zip Code: 95405 County: Sonoma

Telephone: (707) 565-4777 Fax: \_\_\_\_\_

Email address: barbie.robinson@sonoma-county.org

**5. Primary Contact Person (Serves as lead contact for the project):**

Name: Ken Tasseff

Title: Healthcare Privacy and Security Officer - IT Manager

Organization: Sonoma County Department of Health Services

Address: 1450 Neotomas Ave. Suite 200

City: Santa Rosa State: CA Zip Code: 95405 County: Sonoma

Telephone: (707) 565-4703 Fax: \_\_\_\_\_

Email address: ken.tasseff@sonoma-county.org

**6. Secondary Contact Person (Serves as alternate contact):**

Name: Rod Stroud

Title: Assistant Director of Health Services

Organization: Sonoma County Department of Health Services

Address: 1450 Neotomas Ave. Suite 200

City: Santa Rosa State: CA Zip Code: 95405 County: Sonoma

Telephone: (707) 565-4918 Fax: \_\_\_\_\_

Email address: rod.stroud@sonoma-county.org

**7. Financial Officer (Serves as Fiscal representative for the project):**

Name: Kelley Naiman

Title: Department Accounting Manager

Organization: Sonoma County Department of Health Services

Address: 1450 Neotomas Ave. Suite 200

City: Santa Rosa State: CA Zip Code: 95405 County: Sonoma

Telephone: (707) 565-4784 Fax: \_\_\_\_\_

Email address: kelley.naiman@sonoma-county.org

Required Form

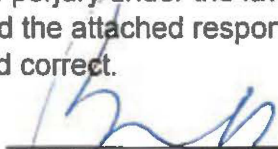
**8. Technical Assistance Needs** (Prioritize the **TOP 3** Technical Assistance needs you have in regards to undertaking an Implementation Grant by placing a 1, 2 and 3 below):

<u>3</u> Data Development and Analysis	<u>        </u> Budgets and Finance
<u>1</u> Identifying Best Practices	<u>2</u> Determining Organizational Capacity
<u>        </u> Collaboration	<u>        </u> Developing program goals, objectives, and metrics for program
<u>        </u> Other (please describe below):	

**Agreement:**

By submitting this application for CMSP Local Indigent Care Grant Program, the applicant signifies acceptance of the applicant's responsibility to comply with all requirements stated in the Request for Proposals (RFP) authorized by the County Medical Services Program Governing Board (Governing Board). Further, the applicant understands that should the Governing Board award grant funding to the applicant, the Governing Board is not obligated to fund the grant until the applicant submits the correct and complete documents as required for the grant agreement; the Governing Board is otherwise satisfied that the applicant has fully met all Governing Board requirements for receipt of grant funding; and the grant agreement between the Governing Board and the applicant has been fully executed. The Governing Board shall have sole discretion on whether or not to award grant funding of any amount of the applicant.

I declare that I am the authorized representative of the applicant described herein. I further declare under penalty of perjury under the laws of the State of California that the information set forth in this Cover Sheet and the attached response to the CMSP Local Indigent Care Program Implementation Grant is true and correct.

Signature:  Date: 12/11/19  
Name: Barbie Robinson, MPP, JD, CHC  
Title: Director of Health Services  
Organization: Sonoma County Department of Health Services  
Address: 1450 Neotomas Ave. Suite 200  
City: Santa Rosa State: CA Zip Code: 95405 County: Sonoma  
Telephone: (707) 565-4777 Fax:           
Email address: barbie.robinson@sonoma-county.org

## **B. Project Summary**

### **Project Goals and Objectives**

The County of Sonoma Department of Health Services (DHS) is requesting \$1,500,000 (\$500,000 per year for three years) to develop and implement coordinated continuity of care services for homeless clients with health, behavioral health, or substance use disorder (SUD) challenges as they are released from the County's Adult Detention Facility and local acute care facilities. The proposed project will support the enhanced coordination of care and provision of supportive housing services for some of Sonoma County's most vulnerable inhabitants. The overarching project goal is to strengthen the coordination of care systems to improve health, behavioral health, criminal justice, and housing outcomes for high needs clients coming out of health and justice systems. The grant will fund a Continuity of Care Navigator to ensure efficient continuity of care planning between ACCESS Sonoma, the county's award-winning interdepartmental safety net collaborative, and discharge planners at the Adult Detention Facility, hospitals, and other acute care facilities. It will also fund 10 supportive housing beds for the target population.

The proposed project will achieve the following objectives:

1. Strengthen health and justice systems to enhance discharge policies, processes, and procedures to ensure continuity of care and maintenance of benefits.
2. Hire a Continuity of Care Navigator ("Navigator") to work with discharge planners and clients to ensure continuity of care and strengthen linkages between discharge planners and ACCESS Sonoma service providers, connecting the target population to enabling services.
3. Expand currently limited housing services by dedicating 10 supportive housing beds for the target population.
4. Continue to strengthen working relationships between county safety net departments through ACCESS Sonoma to facilitate coordinated service delivery, including applications for health coverage and other public assistance.

### **Overall Approach**

The target population will be homeless individuals ages 21 to 64 in Sonoma County with complex behavioral health issues who have recently been discharged by the Sonoma County Adult Detention Center and/or acute care providers. Key to the success of the proposed project is hiring a Navigator to strengthen linkages between inpatient services, outpatient services, health systems, and justice systems of care to enable access to, and delivery of, needed services for the target population. Discharge planners at the local hospitals and jail will refer members of the target population to ACCESS Sonoma for wraparound services and supports. ACCESS Sonoma was established in 2017 by the Sonoma County Board of Supervisors to strengthen the County's safety net system and provides holistic, wraparound services using an Interdepartmental Multidisciplinary Team (IMDT) approach of care coordination and case management. The IMDT will conduct weekly case meetings to coordinate services from safety net departments and community partners, expediting services to the target population and ensuring that care coordinators from the county's safety net departments closely integrate their work. The Navigator will join the IMDT and will serve as a liaison between the IMDT and discharge planners throughout the county. The Navigator will serve as a liaison among the many systems and safety net providers that make up the continuum of care and work with health and justice systems in particular to enhance discharge policies, processes, and procedures to ensure continuity of care and maintenance of benefits for the target population. As part of this work, the Navigator will educate discharge planners throughout the county about the role of the Navigator and the services available for the target population.



DHS will also fund 10 supportive housing beds for members of the target population. DHS will use a Pay-for-Success model to contract with supportive housing service providers. The successful contractor will provide supportive housing, including all staffing, case management, supervision, and data collection through the Pay-for-Success contract. The contracted case managers will be integrated into the ACCESS Sonoma IMDT.

### **Key Partnerships**

DHS's key partners will include the other members of ACCESS Sonoma (Human Services Department, Community Development Commission, Probation Department, Department of Child Support Services, District Attorney's Office, Public Defender's Office, Sheriff's Office, and Superior Courts); discharge planners at the Adult Detention Facility (operated by the Sheriff's Office); St. Joseph Health Santa Rosa Memorial Hospital; and a supportive housing services provider that will be identified through a competitive procurement process and engaged in a pay-for-success contract.

### **Anticipated Outcomes and Deliverables**

DHS will conduct an evaluation of the proposed program based on the Logic Model and as described in the Data Collection and Evaluation Methodology attachment. The DHS evaluator will perform data collection, analyze data, and prepare reports. Specifically, they will track progress towards the following outcomes:

- Discharge planning processes are refined to maximize continuity of care
- Clients maintain uninterrupted health, nutrition, housing, monetary and other benefits through institutional transitions
- Reduction in lapses in health and behavioral health care for chronic and acute conditions among cohort
- Reduction in recidivism in justice system among cohort
- Reduction in emergency department visits among cohort
- Reduction in inpatient hospitalizations among cohort
- Increase in clients achieving stable housing

Deliverables include:

- Enhanced business processes and work flows to improve continuity of care
  - Universal consent forms and memoranda of understanding to enable data sharing between continuity of care providers
  - Provision of supportive housing for the target population
  - Provision of case management services for the target population
- Expansion of the IMDT to include the Navigator and the housing providers' contracted case managers

### **Sustainability**

DHS believes that the proposed project is sustainable beyond the 36-month grant implementation period. The County Board of Supervisors has clearly articulated that its strategic priorities include "Strengthening the County Safety Net" and supporting "Housing for All." The Board also established performance-contracting principles that include pay-for-success strategies. Additional funding streams will be leveraged to continue to strengthen the continuum of care through ACCESS Sonoma. Continuing to better coordinate and deliver services has already proven to provide the county with cost-savings. Cost savings are expected to increase for both health care and criminal justice systems with the additional coordination provided through the proposed project. If this model proves to be successful, the cost-savings will be reinvested to support the work of ACCESS Sonoma and the Navigator position in particular.

## C. Implementation Program Grant Proposal Narrative

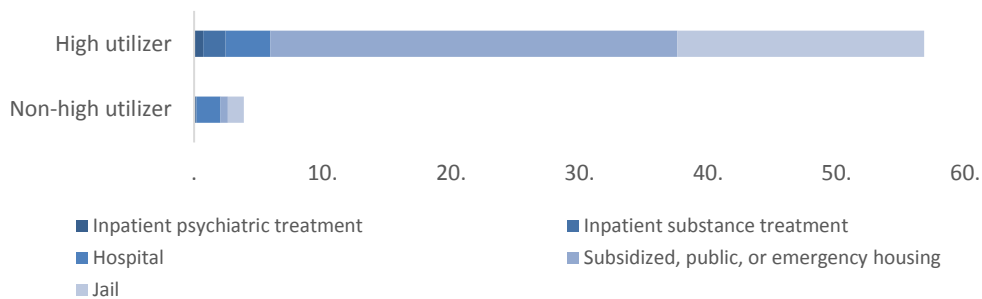
### 1. Clear Statement of Problem or Need Within Community

#### 1.A. Identified Needs

In October 2019, the Sonoma County Department of Health Services (DHS) convened nearly 60 cross-sector participants for a Sonoma County Discharge Planning Meeting to address concerns, challenges, and next steps regarding the current landscape of discharge methods and supports for individuals being released from hospitals and jails. Participants included behavioral health providers, substance use disorder (SUD) and recovery providers, criminal justice system representatives, Federally Qualified Health Centers (FQHC), hospitals, housing providers, DHS, and the Sonoma County Human Services Department.

The meeting was prompted in part because of a study conducted for the County by the California Policy Lab at U.C. Berkeley. The California Policy Lab (CPL) pairs trusted experts from UCLA and UC Berkeley with policymakers to help the County solve our most urgent social problems, including homelessness, poverty, crime, and education inequality. That study evaluated 5 years of de-identified information on over 420,000 residents to shed light on the utilization of services across multiple systems including health care, social services, housing, and criminal justice. The study placed particular emphasis on identifying utilization and trends of the top 1% of service utilizers. The top 1% of service utilizers were 6,591 individuals who used services over ten times more frequently than other utilizers of public services.

Figure 1) Average service days per year by utilization group.



Consistent with the high utilization of services in general, the study found that these high utilizers also had over ten times the incidence of relapse, re-admission, and recidivism. For example:

- Health high utilizers averaged 19 days in the hospital and paid six visits to the emergency room every year. They accrued average hospital charges of over \$130,000 and received treatment for an average seven diagnoses every year. Their admission and readmission rate was over five times higher than average.
- Average readmission rate for high utilizers is four to eight times higher than average and account for over half of all 30-day readmissions.
- High utilizers averaged 19 days in jail annually versus 1.2 days for non-high utilizers. 22% of inmates released for drug offenses are re-arrested within the first year.

Meeting participants identified the lack of effective communication across systems and the lack of navigation resources and processes as high priority issues affecting homeless individuals recently discharged from hospitals and jails in Sonoma County. This misaligned

communication creates dire consequences for homeless individuals experiencing complex health, behavioral health issues, and SUD challenges. Without seamless transfer from hospitals and jails to the appropriate agencies and services, discharged homeless individuals undergo a break in treatment, care, and support. Repeatedly, meeting participants described common ways the high utilizers experience relapse, readmission, or recidivism include:

- An individual is receiving SUD services in jail and is released. They qualify for SUD services outside of jail, but because there is no discharge coordination with those services, they instead relapse and repeat the cycle of relapse and re-arrest.
- An individual is released in stable condition from a local hospital with orders for outpatient follow-up for wound and infection control. The individual is living in their car and does not have ability to change dressings and has no gas to go to appointment. Wound becomes infected and individual is readmitted.
- A mental health patient is released from a MH inpatient facility in stable condition and has medication. They return to their homeless encampment where they lose their meds or forget to take them resulting in voluntary or involuntary readmission.

Universally, the meeting participants explained that many of these relapses, readmissions and re-arrests could have been prevented with a unified continuity of care program and a navigator that can help the clients move between inpatient (including incarceration) and outpatient systems.

The participants in the Discharge Planning Meeting described this unified continuity of care program as providing support for indigent populations, where successful pathways to health and recovery are ensured through linkages to enabling services, like nutritional support (e.g. food stamps), housing, transportation, legal assistance, and income assistance immediately upon discharge. Without such support, service providers have found that many clients will end up back on the street, without access to supportive housing beds, and, ultimately, back in hospitals or jail. Currently, service providers are unaware of when clients enter or leave jail, effectively placing the responsibility of identifying eligible services on the recently discharged individual. Additionally, delays in medical clearances, medical approval, and appointment confirmation contribute to the obstacles already in place for clients who require immediate SUD and behavioral health treatment, causing a break in treatment, a loss of clients, and probable relapse.

In addition to needing help navigating the continuum of care, indigent individuals recently discharged from jails and hospitals face significant barriers in attempting to gain access to supportive housing and suitable treatment options. In December 2018, the U.S. Department of Housing and Urban Development Annual Homeless Assessment Report to Congress recognized Sonoma County as one of the top five largely suburban counties with the largest number of homeless residents in the nation.<sup>1</sup> In fact, Sonoma County is 77% higher in per-capita homelessness than the next highest largely suburban county in America. Sonoma County has a total of 500,943 residents.<sup>2</sup> Of those residents, 2,951 of those residents are homeless, with negligible change in population from the previous year (2,996 homeless residents in 2018).<sup>3</sup> A number of factors drive these high rates of homelessness in Sonoma County,

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<sup>1</sup> The U.S. Department of Housing and Urban Development, “HUD Annual Homeless Assessment Report to Congress, Part 1: Point-in-Time Estimates of Homelessness” (December 2018), p. 31.

<sup>2</sup> United States Census Bureau, 2017 American Community Survey 5-Year Estimates.

<sup>3</sup> Jaross, M., Kwak, Y., & Gallant, J. (2019). Sonoma County Homeless Census and Survey Comprehensive Report 2019. Applied Survey Research.

including: rapidly increasing housing costs in a county where the cost of living is already high and the median household income is \$71,769 (in 2017 dollars); the loss of over 5,000 housing units in the 2017 Sonoma Complex Fires; and competition from residents fleeing nearby higher cost cities such as San Francisco.

The Sonoma County Complex Fires of 2017 and 2019 (Tubbs, Nuns, Pocket, and Kincade) exacerbated the lack of reliable and safe forms of shelter for homeless individuals, already impacted by the county's rising rents and historically low-vacancy levels. In the 2019 Sonoma County Homeless Census and Survey (Homeless Census and Survey), 19% of survey respondents indicated that their previous housing or sleeping locations had been affected by the fires.<sup>4</sup> The fires had widespread and pervasive impact in Sonoma County, destroying the largest medical campus of Santa Rosa Community Health (one out of six community health centers in the county) due to the Tubbs fire in 2017.<sup>5</sup> The resultant surge in residents in need of housing, social, and health services has strained an already overburdened system of care; the 2019 Homeless Census and Survey indicated that the final impact of the fires on homelessness in Sonoma County is yet to be fully recognized. As a result, there is a critical demonstrated need to support the enhanced coordination of care and provision of supportive housing services for some of Sonoma County's most vulnerable inhabitants.

### 1.B. Target Population

The target population of Sonoma County's Local Indigent Care Needs Program (LICN Program) will be the 6,591 high utilizers of services identified in the California Policy Lab study. Among these individuals, we will work with community partners to provide continuity of care services to homeless individuals ages 21 to 64 in Sonoma County with complex physical and/or behavioral health issues who have recently been discharged by the Sonoma County Adult Detention Center and/or acute care providers. Our goal is to serve a minimum of 420 and up to 600 of these high utilizers through direct referral from discharge planners at our community partners over the three-year grant period.

The algorithm that identified the high-utilizer population (top1% scores) looked at individuals who used multiple systems, multiple times. Among individuals in this multi-system population, 78% have been in behavioral health programs, 53% received benefits through Human Services programs, 35% have been in the criminal justice system, and 77% are in housing assistance systems. The Homeless Census and Survey found that the most common health condition expressed among participants was alcohol and drug use, rising from 33% in 2018 to 38% in 2019.<sup>6</sup> Additionally, in response to the aforementioned question, 35% reported psychiatric or emotional conditions, 25% reported physical disability, 25% reported post-traumatic stress disorder, 23% reported chronic health problems, nine percent (9%) reported traumatic brain injury, and three percent (3%) reported HIV/AIDS related illnesses.<sup>7</sup>

Currently, Sonoma County health providers serve the target population through multiple health care providers. The county has six FQHCs geographically dispersed in major population regions. This network of FQHCs serves as the primary physical health care provider system for MediCal and County Medical Services Program (CMSP) clients. In addition to community health centers, partner hospital systems include Kaiser Permanente, Sutter Health, and St. Joseph Health Santa Rosa Memorial Hospital (Memorial Hospital); Memorial Hospital serves as the

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<sup>4</sup> Ibid.

<sup>5</sup> The Vista campus has been newly rebuilt and was reopened in the fall of this year.

<sup>6</sup> Ibid.

<sup>7</sup> Multiple response question; results may not equal one hundred percent (100%).



primary provider of inpatient care to the majority of MediCal clients, indigent clients, and recently discharged individuals. Discharge planners at both the jail and at Memorial Hospital and other area hospitals utilize referral pathways through which clients are put in touch with available resources and supports.

The Human Services Department (HSD) and its partners will serve the target population by developing and implementing coordinated continuity of care services for homeless clients with health, behavioral health, or SUD challenges as they are released from the County's Adult Detention Facility and local acute care facilities and by providing dedicated supportive housing beds.

## 2. Description of Proposed Project

### 2.A. Current and Prior Efforts to Address the Needs of the Target Population

In April 2017, the Sonoma County Board of Supervisors established ACCESS Sonoma County (Accessing Coordinated Care to Enable Self Sufficiency) to strengthen the county's safety net system. The award-winning ACCESS Sonoma identifies the most vulnerable residents, often high-utilizers of county services across the County's safety net departments (Health Services, Human Services, Community Development Commission (housing), Probation, Child Support Services, District Attorney, Public Defender, Sheriff's Office, and the Superior Courts), and provides holistic, wraparound services using an Interdepartmental Multidisciplinary Team (IMDT) approach of care coordination and case management (see Section 3.D for additional information about IMDT partners). The Safety Net Collaborative, comprised of the department heads of the participating safety net departments, governs ACCESS Sonoma. In support of the ACCESS initiative, Sonoma County partnered with IBM Corporation to develop an Integrated Data Hub that combines data from the county's Mental Health, Drug and Alcohol Services, Social Services, housing, and criminal justice databases. The system provides the IMDT with care management tools such as care planning, client goal setting, progress monitoring, system alerts, communication tools, and one-stop access to client information from all of the source systems. Since July 2018, County staff assigned to the IMDT meet several times each week and use the Data Hub daily to coordinate the care of the complex and integrated health and human services needs of the county's most vulnerable clients.

In October 2017 the Sonoma Complex fires left thousands homeless. Weeks after the fires were extinguished, over 100 residents remained in the evacuation shelters with nowhere to go. This was the first cohort of high-needs residents that the IMDT served. The case managers worked to find housing, healthcare, social service benefits, and other services in an effort to help stabilize these victims lives. They found housing and shelter for over half of their clients and enrolled most of the clients in one or more benefits.

The work with the fire victims was so successful that the County used the IMDT model to manage our Whole Person Care (WPC) pilot starting in early 2018. This pilot coordinates health, behavioral health, and social services in a patient-centered manner with the goals of improved beneficiary health and wellbeing through more efficient and effective use of resources. The WPC targets homeless and/or at-risk of being homeless Medi-Cal recipients with serious mental illness in addition to at least one of the following characteristics: having co-occurring health conditions, such as substance abuse; using emergency services at a high rate; and receiving services from multiple agencies.

Since the inception of ACCESS Sonoma, the County has successfully used the IMDT concept for other programs such as:

- Justice Diversion Program, working to treat mental health clients who are eligible for diversion from the justice system.
- Homeless Encampment Assistance program, reaching out to homeless individuals who are in encampments and looking for stable housing and other services.
- High E.D. Utilizers – Individuals who use the regional emergency rooms monthly or more frequently.

The IMDT concept, along with the power of the IBM Integrated Data Hub has proven to be very successful in serving high-needs, high-utilizing clients. One challenge for the IMDT has been the lack of discharge coordination between the community partners and the IMDT and/or other community partners. Several of the participants in the discharge planning meeting regularly participate in IMDT case management meetings and based on their experience, they have consistently ranked a Continuity of Care Navigator as one of the highest priorities for improving client outcomes.

### 2.B. Project Activities

The Department of Health Services requests \$1,500,000 from CMSP to strengthen enabling services and improve client care for Sonoma County's most vulnerable residents. Specifically, the proposed project will:

- Hire a Continuity of Care Navigator (“Navigator”) to provide ongoing navigation for clients being discharged from health and justice systems to ensure continuity of care for clients while strengthening linkages between discharge planners and the IMDT to connect the target population to enabling services. The Navigator will also work with health and justice systems to enhance discharge policies, processes, and procedures to ensure continuity of care and maintenance of benefits;
- Expand currently limited housing services by dedicating 10 supportive housing beds for the target population; and
- Continue to strengthen working relationships between county safety net departments through ACCESS Sonoma to facilitate coordinated service delivery, including applications for health coverage and other public assistance.

The proposed project incorporates the **linkages to enabling services** LICN Program component by hiring a Navigator to strengthen linkages between inpatient and outpatient services and health and justice systems of care to enable access to, and delivery of, needed services for the target population. The Navigator job will have two primary elements. First is client navigation, ensuring that the client moves from discharge to the next step in their recovery in a seamless manner that supports recovery and continuity of care. Second, the Navigator will work with the Discharge Planners and their health systems to develop policies, processes and procedures that support successful outcomes.

The Discharge Planners will refer eligible clients to the Navigator who will work with clients to ensure the discharge plan is completed. We expect most of these referrals to come from the County Detention Center, the county regional hospitals, the County's M.H. Crisis Stabilization Unit, Aurora M.H. Inpatient Hospital, and the regional SUD residential treatment providers. This type of navigation may include bringing the client directly from jail release to residential treatment facility; ensuring the client has current benefits and transportation to support outpatient treatment; and connecting clients with an ACCESS Sonoma IMDT case manager for intensive case management. The Navigator will also serve as a liaison among the many systems and safety net providers that make up the continuum of care and work with health and justice systems. They will work with providers to develop discharge policies, processes, and procedures to ensure continuity of care and the maintenance of benefits for the

target population. As part of this work, the Navigator will educate discharge planners throughout the county about the role of the Navigator and the services available for the target population. The enhanced continuity of care and coordinated case management for the target population will result in improved health, behavioral health, criminal justice system, and housing outcomes.

The proposed project will leverage the structure and capacity established by ACCESS Sonoma, including IMDT case management support, access to the IBM case management systems, and governance provided by the Safety Net Collaborative. Discharge planners at the local hospitals and jail will refer members of the target population to ACCESS Sonoma for wraparound services and supports. The IMDT will conduct weekly case meetings to coordinate services from safety net departments and community partners, expediting services to the target population and ensuring that care coordinators from safety net departments closely integrate their work. The Continuity of Care Navigator will join the IMDT and will serve as a liaison between the IMDT and discharge planners throughout the county. Through ACCESS Sonoma and the ACCESS Sonoma member agencies, members of the target population will have access to a comprehensive range of enabling services including health, behavioral health, and SUD treatment services and additional enabling services as needed/eligible, including: nutritional support, housing, transportation, legal assistance, income assistance, and assistance applying for public benefits. The Navigator will work with the IMDT partners to build on existing protocol and criteria at the outset of the project period to guide the IMDT's review of LICN cases.

Additionally, DHS will use LICN funds to provide access to supportive housing services, which are currently limited in Sonoma County. Specifically, DHS will fund 10 supportive housing beds for members of the target population. DHS will use a Pay-for-Success model to contract with supportive housing service providers. The proposed outcomes-based contract model with a supportive housing service provider will require the contractor to provide evidence-based supportive services and programming intended to aid members of the target population towards recovery and self-sufficiency. The successful contractor will provide the supportive housing, including all staffing, supervision, and data collection through the Pay-for-Success contract. (See Logic Model and Data Collection sections for more information on Pay-for-Success) Case management support will be provided on a regular basis by contractor staff and care plans will be reviewed by the ACCESS Sonoma IDMT for effectiveness. The contractor will be required to provide quarterly status update reports, including successes and obstacles, to the Safety Net Collaborative and the DHS Evaluator. The successful supportive housing provider will have experience providing mental health counseling and supportive living services, comprehensive case management, counseling, wraparound supportive services, and rehabilitation.

Finally, DHS will also conduct an evaluation of the proposed program based on the Logic Model and as described in the Data Collection and Reporting attachment. DHS Personnel will perform data collection, analyze data, and prepare reports (see Section 3.B and 3.C). Specifically, DHS personnel will track progress towards the following outcomes:

- Discharge planning processes are refined to maximize continuity of care
- Clients maintain uninterrupted health, nutrition, housing, monetary and other benefits through institutional transitions
- Reduction in lapses in health and behavioral health care for chronic and acute conditions among cohort
- Reduction in recidivism in justice system among cohort
- Reduction in emergency department visits among cohort
- Reduction in inpatient hospitalizations among cohort
- Increase in clients achieving stable housing

This work will result in the following deliverables:

- Enhanced business processes and work flows to improve continuity of care
- Universal consent forms and memoranda of understanding to enable data sharing between continuity of care providers
- Provision of supportive housing for the target population
- Provision of case management services for the target population
- Expand the IMDT to include the Navigator and the housing providers' case managers

### 3. Organization and Staffing

#### 3.A. An organizational chart and description of organizational structure, lines of supervision, and management oversight for the proposed project, including oversight and evaluation of consultants and contractors

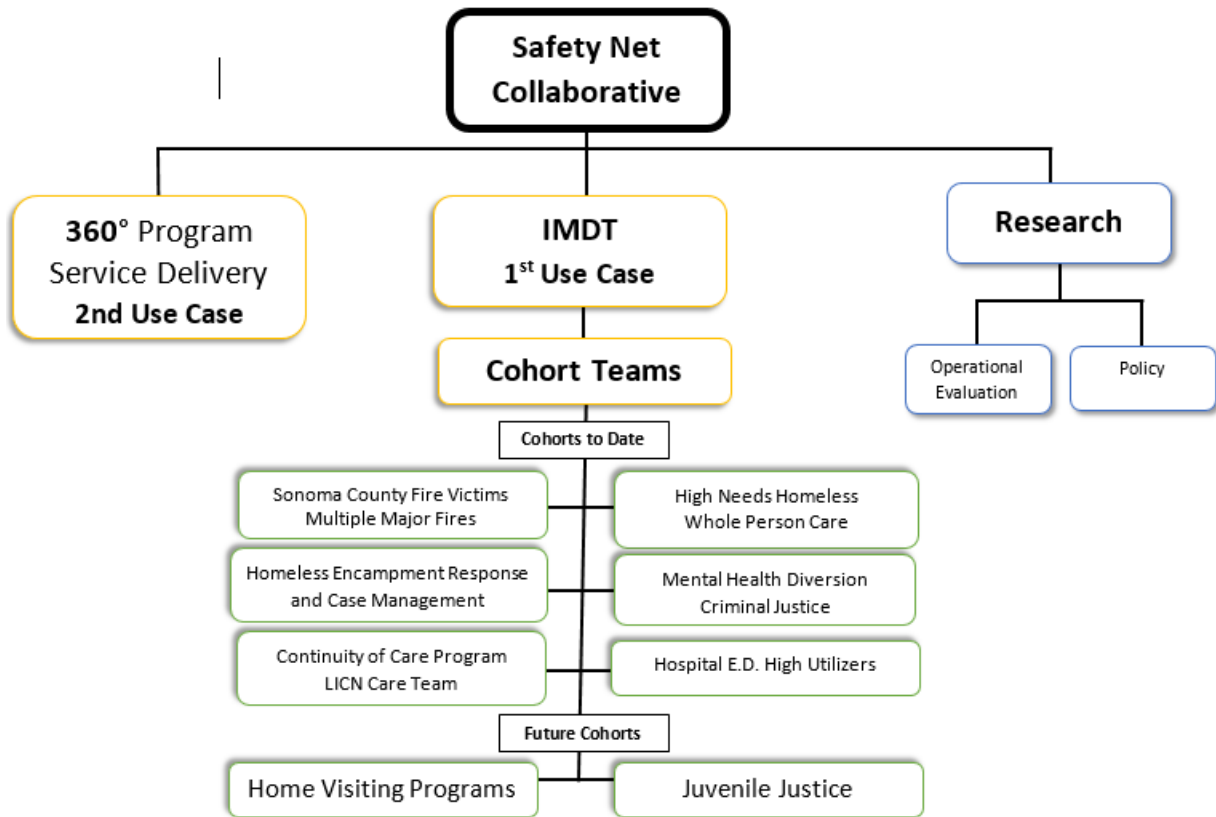
The proposed program will be managed and overseen through the ACCESS Sonoma Program. This program is an established program with governance by the Safety Net Collaborative and management by the Interdepartmental Multidisciplinary Team (IMDT) Program Manager. This manager ensures that all cohort teams (Supervised by Cohort Team Managers) work to provide wrap-around case management, outreach and engagement. While the Cohort Team Managers have case workers and outreach specialists that engage directly with their target population, the IMDT Team Manager has specialists in the area of benefits, housing, employment assistance, law enforcement, legal, child support, adult abuse, and hopefully discharge coordination that meet with and support the cohort teams weekly.

The Continuity of Care Navigator will report to the IMDT Program Manager as part of that support team and will coordinate shared clients between the community discharge planners and the cohort case managers as well as other community care programs. The case managers from the permanent supportive housing contractor will also attend IMDT meetings with the Continuity of Care Navigator who will receive progress reports, check on contractual performance, and report up to the IMDT Team Manager.

The permanent supportive housing contractor will provide housing to 10 clients (likely two, 5-bedroom homes). Contractor case managers will be present six days per week and a minimum of 8 hours per day, with 24-hour on-call support. The contractor will provide specialty mental health services as required, coordination with SUD Services and related case manager support, and physical health support and coordination with primary care providers. The contractor will do assessment, plan development, therapy, rehabilitation, and targeted case management. The contractor will evidence based practices such as ANSA assessments, SAMHSA supportive housing models and Wellness Recovery Action Plans (Wraps). Contractor will coordinate case management services with the IMDT and will provide complete reporting to support pay for success and evaluation of outcomes as described in this proposal.

The County proposes a pay-for-success outcomes-based contract model with our permanent supportive housing contractor. On September 16, 2019, the Safety Net Collaborative committed full support to the use of outcomes-based contracting on ACCESS Sonoma contracts when appropriate and authorized a subcommittee of representatives from the Department of Health Services, Probation Department, and Housing Department to have high-level oversight of the contracting process. A portion of the contract will be tied to benchmarks have been described in the logic model and data collection/reporting sections of this proposal and the at-risk portion of payments will be tied to success with those benchmarks. The Department of Health Services Administrative Division has experience with performance contracting models and will oversee the integrity of data and reporting by the contractor.

**Organizational Chart**



- Sonoma County Safety Net Collaborative**
- Director, Dept. of Health Services
  - Director, Human Services Dept.
  - Director, Community Development Commission
  - Director, Dept. of Child Supportive Services
  - Chief Probation Officer
  - District Attorney
  - Public Defender
  - Sheriff
  - Superior Courts

- ACCESS Sonoma Interdepartmental Multidisciplinary Team (IMDT)**
- Dept. of Health Services
  - Human Services Dept.
  - Community Development Commission
  - Dept. of Child Supportive Services
  - Probation Dept.
  - District Attorney's Office
  - Public Defender's Office
  - Sheriff's Office
  - Superior Courts

*.B. Identification of a project manager with day-to-day responsibility for key tasks such as leadership, monitoring ongoing progress, preparing project reports, and communicating with other partners*

DHS is in the process of hiring a Program Manager for ACCESS Sonoma who will serve as the project manager for DHS. The LICN project manager will provide oversight, leadership, and general direction to the ACCESS Sonoma IMDT, including scheduling and facilitating IMDT meetings and care coordination sessions and coordinating IMDT technology activities. The project manager will lead LICN implementation, monitor ongoing progress, prepare project reports, and communicate with key partners. Additional project manager responsibilities include:

- Training and managing the Continuity of Care Navigator;
- Working with the evaluator to establish and track performance-based metrics to evaluate processes and interventions to inform quality improvement activities;
- Working with the Navigator to conduct outreach and education activities; and
- Developing and implementing work plans to monitor and track the status of the project.

The project manager's qualifications include: a Baccalaureate Degree from an accredited college or university, or employer approved training in psychology, sociology, counseling, health care administration, public administration, business administration, management, accounting, statistics, personnel or closely related courses, as well as three years of full time, paid experience in a position that provided the opportunity to perform professional clinical, counseling, and/or managerial services with a public or private organization engaged in the provision of health services, and/or counseling.

*3.C. The roles, qualifications, expertise, and auspices of key personnel.*

Key personnel for the proposed project include the LICN project manager, Continuity of Care Navigator, and the DHS evaluator.

A description of the project manager's roles and qualifications is included in 3.B.

The **Continuity of Care Navigator** will strengthen linkages between discharge planners and service providers. Specifically, the Navigator will work with health and justice systems to enhance discharge policies, processes, and procedures to ensure continuity of care and maintenance of benefits for the target population (see Section 2.B for additional roles and responsibilities of the Navigator). DHS will hire and train the Navigator at the outset of the project period. The ideal candidate will have a degree from a college or university in a closely related area and at least two years of experience in program planning, staff development, program supervision, community organization, and/or analysis of human and/or health services programs.

The **DHS evaluator**, Kathryn Pack, Ph.D., will be responsible for measuring outcomes and changes in participants' lives and/or community conditions based on the outcomes outlined in the Logic Model. The proposed evaluation methods are described in 2.B and the Data Collection and Reporting attachment. Dr. Pack holds a Ph.D., M.S., and B.A. in Human Development and Family Studies and has served as a Health Program Manager in the DHS Health Policy, Planning, and Evaluation Team since 2016 and has worked for the county since 2013. Amongst other roles, Dr. Pack provides data analysis, reports, evaluation guidance, and technical support to DHS programs and community partners.

3.D. Describe the lead agency and all key partners' roles within the delivery system.

The lead agency for the proposed project will be the **Sonoma County Department of Health Services**. The County of Sonoma Department of Health Services (DHS) leverages more than 700 staff and dozens of community partners to provide a broad range of innovative programs and services designed to promote, develop, and sustain the health of individuals, families, and communities. DHS is a critical leader in the county's service delivery system. The DHS Public Health Division provides public health services, including education and outreach, disease control, maternal child adolescent health, field nursing, children's medical services, vaccinations, adult and aging services, foster care nursing, and environmental health services. The Behavioral Health Division provides mental health services and substance abuse services to MediCal and other clients. As sponsoring agency for ACCESS Sonoma, DHS is responsible for coordinating the IMDT. Additionally, DHS Director Barbie Robinson sits on the Safety Net Collaborative which governs ACCESS Sonoma.

In addition to DHS, core members of ACCESS Sonoma include the Human Services Department, Community Development Commission, Probation Department, Department of Child Support Services, District Attorney's Office, Public Defender's Office, Sheriff's Office, and Superior Courts. All ACCESS Sonoma members participate in the IMDT and share data using the IBM system to help identify the most vulnerable residents in the community and help them receive the support they need. The ACCESS Sonoma IMDT will work to connect members of the target population to comprehensive supportive services and assistance with applications for health coverage and other public assistance. Additionally, each partner plays a vital role in the service delivery system:

- The Human Services Department (HSD) provides social services including, but not limited to, health care benefits, CalFresh (SNAP), support for U.S. military veterans filing benefit claims, and support finding a job or job training. The Human Services representatives on the IMDT provide assistance and direct service to clients and case managers to ensure that our most vulnerable clients are fast-tracked into general benefits and food support services. They also track active client participation to ensure no lapse in eligibility or services.
- The Community Development Commission (CDC) is the county's public housing authority and provides rental assistance, housing programs, and homeless services and information. The Community Development Commission representative on the IMDT provides case managers with assistance in navigating housing programs, connecting them with housing navigators, assisting with vouchers, providing links to community resources and community partners, and communicating upcoming housing initiatives.
- The Probation Department helps clients learn skills to overcome obstacles, promote positive behavior, change client thinking, and improve quality of life; and keeps people out of the justice system who are not dangerous to society while identifying those who pose a risk to community safety and ensuring they receive needed intervention services and treatment. The Probation Department representative on the IMDT provides guidance and assistance to case managers with the goal of preventing recidivism, encouraging positive social interactions and providing access to information that will help the client be successful in their rehabilitation.
- The Department of Child Support Services (DCSS) ensures that children receive the services regarding parentage and financial support to which they are legally entitled.
- The District Attorney's Office (DA) applies equal justice under the law to protect the community and serves victims of crime through the Victim/Witness Division and Family Justice Center Sonoma County.

- The Public Defender’s Office (PD) has the mandated responsibility of defending any person who is not financially able to employ counsel and who is charged with the commission of any contempt or offense triable in the superior or municipal courts.
- The Superior Courts resolve disputes and provide fair and equal justice to the community, specifically through strengthening linkages between the Adult Detention Facility and outpatient services and supports.
- The Sheriff’s Office provides law enforcement, court security services, and detention services.

In addition to serving on the IMDT, the Sheriff’s Office will support connections between discharge planners at the Adult Detention Centers and the Navigator to strengthen continuity of care for formerly incarcerated members of the target population.

The Navigator will also work with discharge planners at St. Joseph Health Santa Rosa Memorial Hospital to strengthen the continuity of care for members of the target population before and after discharge and to ensure efficient continuity of care planning between the County and community service partners.

Additional details on key partner agencies are included in the enclosed letters of support.

*3.E. Identify additional organizations and/or agencies with which the lead agency wishes to establish relationships with through the implementation process.*

At the outset of the project, DHS will initiate a contracting process to identify a contractor to provide supportive housing for the target population. This contractor will be a key partner in project implementation and will be responsible for providing supportive housing to members of the target population. The contractor selected to provide supportive housing under the CMSP LICN Grant Program will be selected based on an open and competitive contract process overseen by the DHS contracts unit. In order to gauge interest and capacity, DHS contacted a major contractor currently providing supportive housing, Buckelew Programs. Buckelew Programs helps people with behavioral health challenges lead healthier, more independent lives, strengthening families and communities in the process. Their wide range of services for adults and children in Sonoma County and surrounding areas includes supported housing and employment for people living with mental illness, family support, outpatient counseling, substance use treatment, outreach, education, and suicide prevention. Buckelew Programs is interested in entering into an outcomes-based contract to provide these services and submitted a letter of support for the proposed project.

Additionally, DHS wishes to continue to strengthen relationships with discharge planners from different organizations throughout the county to strengthen continuity of care for the target population. To do this, DHS will hold additional convenings of the discharge planning group referenced in Section 1.A.

*3.F. Identify any staff that will need to be recruited and hired upon Project inception.*

DHS will solicit interest internally, and if not filled, will recruit and hire the Continuity of Care Navigator upon project inception. DHS has an internal HR unit that can recruit and onboard this position quickly. All other staff are already in place.



#### **4. Sustainability Planning**

DHS believes that the proposed project is sustainable beyond the 36-month grant implementation period. The County Board of Supervisors has clearly articulated that its strategic priorities include “Strengthening the County Safety Net” and supporting “Housing for All.” The Board also established performance-contracting principles that include pay-for-success strategies. Additional funding streams will be leveraged to continue to strengthen the continuum of care through ACCESS Sonoma. Continuing to better coordinate and deliver services has already proven to provide the county with cost-savings. Cost savings are expected to increase for both health care and criminal justice systems with the additional coordination provided through the proposed project. If this model proves to be successful, the cost-savings will be reinvested to support the work of ACCESS Sonoma and the Navigator position in particular.

County of Sonoma CMSP LICN Grant Proposal Work Plan & Timeline													
Activity	Quarters - Year 1			Quarters - Year 2			Quarters - Year 3				Primary Responsibility		
	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd		3rd	4th
<b>A Communications and Coordination</b>													
A.1	Work with ACCESS Sonoma IMDT to review, revise as necessary, and agree upon a detailed work plan and timeline										DHS Project Manager		
A.2	Establish regular agenda item at standing IMDT meetings (and additional meetings as necessary) to provide ongoing project coordination										DHS Project Manager		
A.3	Finalize referral pathways into IMDT for new cohort										DHS Continuity of Care Navigator and IMDT		
A.4	Finalize referral pathways into supportive housing for target population and housing contractor										DHS Continuity of Care Navigator and IMDT		
<b>B Continuity of Care Navigator</b>													
B.1	Develop job description for Continuity of Care Navigator ("Navigator") position										DHS		
B.2	Work with ACCESS Sonoma and IMDT to leverage networks and advertise Navigator position										DHS Project Manager		
B.3	Interview and hire a Continuity of Care Navigator										DHS		
B.4	Integrate Navigator into weekly ACCESS Sonoma Interdepartmental Multi-disciplinary Team (IMDT) meetings										DHS Project Manager, IMDT		
B.5	Navigator works directly with Discharge Planners and Clients to ensure continuity of care and improve client outcomes. Ongoing Case Management.										DHS Continuity of Care Navigator		
B.6	Educate discharge planners throughout Sonoma County about role of Navigator and available services										DHS Continuity of Care Navigator		
B.7	Convene key continuity of care partners to identify opportunities to enhance current discharge and continuity of care processes at the organizational and systems levels										DHS Continuity of Care Navigator		
B.8	Develop new discharge and continuity of care processes and share with continuity of care partners										DHS Continuity of Care Navigator		
<b>C Supportive Housing</b>													
C.1	Administer competitive procurement process to identify supportive housing provider(s)										DHS		
C.2	Execute pay-for-success contract with supportive housing provider(s)										DHS		
C.3	Contractor(s) provides 10 supportive housing beds for members of the target population										Contractor(s)		
C.4	Contractor provides intensive case management for members of the target population										Contractor(s)		
C.5	Contractor provides quarterly status update reports, including successes and obstacles, to the Safety Net Collaborative and the DHS Evaluator.										Contractor(s)		

D Support Services												
D.1	Integrate Navigator into weekly ACCESS Sonoma Interdepartmental Multi-disciplinary Team (IMDT) meetings to review and coordinate complex cases involving the target population											DHS Project Manager, IMDT
D.2	Use IBM system created for ACCESS Sonoma to integrate data from safety net providers into a single client record, accessible by the entire care team											DHS Project Manager, IMDT
D.3	Establish protocol and criteria for reviewing LICN cases at IMDT											DHS Project Manager, DHS Navigator, IMDT
D.4	Case managers attend weekly IMDT meetings to coordinate services, receive referrals and discuss progress											Contractor
D.5	Connect clients with behavioral health and SUD treatment services and additional support services as needed/eligible, including: nutritional support, housing, transportation, legal assistance, and income assistance through referrals to existing service providers											Contractor and IMDT
E Evaluation												
E.1	Develop a tracking system for the Navigator to log meetings and outreach											DHS Evaluator
E.2	Meet with law enforcement, hospital and acute care facilities to identify data extraction and data sharing processes											DHS Evaluator
E.3	Develop case manager survey											DHS Evaluator
E.4	Develop data request templates											DHS Evaluator
E.5	Gather and analyze data quarterly											DHS Evaluator
E.6	Complete and submit quarterly reports											DHS Evaluator
E.7	Meet with Navigator, IMDT and justice, health care providers to discuss findings and engage in continuous quality improvement											DHS Evaluator

**CMSP Local Indigent Care Needs Program  
Implementation Grant - Budget Template**

Applicant **Sonoma County Department of Health Services**

Period **March 1, 2020 - February 28, 2023**

**CMSP Local Indigent Care Needs Program  
Implementation Grant - Budget Template**

Applicant **Sonoma County Department of Health Services**

Period **March 1, 2020 - February 28, 2023**

	Year 1: Mar '20-Feb'21			Year 2: Mar '21-Feb'22			Year 3: Mar '22-Feb'23			Project Totals					
	Quantity	CMSP	In-Kind	Total	Quantity	CMSP	In-Kind	Total	Quantity	CMSP	In-Kind		Total		
<b>Personnel</b>		\$216,700	\$50,000	\$266,700		\$216,700	\$50,000	\$266,700		\$216,700	\$50,000	\$266,700	\$650,100	\$150,000	<b>Personnel</b>
Continuity of Care Navigator	1	\$161,700	\$12,487	\$174,187	1	\$161,700	\$12,487	\$174,187	1	\$161,700	\$12,487	\$174,187	\$485,100	\$37,461	Continuity of Care Navigator
Evaluator	1	\$55,000		\$55,000	1	\$55,000		\$55,000	1	\$55,000		\$55,000	\$165,000		Evaluator
Program Manager	1		\$37,513	\$37,513	1		\$37,513	\$37,513	1		\$37,513	\$37,513		\$112,539	Program Manager
<b>Training</b>															<b>Training</b>
<b>Contractual Services</b>		\$250,000		\$250,000		\$250,000		\$250,000		\$250,000		\$250,000	\$750,000		<b>Contractual Services</b>
Housing Contractor (TBD)	1	\$250,000		\$250,000	1	\$250,000		\$250,000	1	\$250,000		\$250,000	\$750,000		Housing Contractor (TBD)
<b>Office Expenses</b>															<b>Office Expenses</b>
<b>Travel</b>															<b>Travel</b>
<b>Equipment</b>															<b>Equipment</b>
<b>Other</b>															<b>Other</b>
<b>Admin/Overhead ≤ 10%</b>		\$33,300		\$33,300	1	\$33,300		\$33,300		\$33,300		\$33,300	\$99,900		<b>Admin/Overhead ≤ 10%</b>
Indirect Costs	1	\$33,300		\$33,300	1	\$33,300		\$33,300	1	\$33,300		\$33,300	\$99,900		Indirect Costs
<b>Total</b>		\$500,000	\$50,000	\$550,000		\$500,000	\$50,000	\$550,000		\$500,000	\$50,000	\$550,000	\$1,500,000	\$150,000	
												<b>Project Total</b>		<b>\$1,650,000</b>	

## F. Budget Narrative

The total budget for the three-year project period is \$1,650,000 including \$1,500,000 in CMSP Budget Request and \$150,000 in In-Kind Match.

### CMSP Budget Request

The total CMSP Budget for the three-year project period is \$1,500,000 including \$500,000 per year in Years 1-3. The CMSP budget includes Personnel, Contractual Services, and Administrative/Overhead Expenses.

#### Personnel

A **1.0 Full Time Equivalent (FTE) Continuity of Care Navigator** (Program Planning and Evaluation Analyst) will support the LICN project. The Continuity of Care Navigator will strengthen linkages and ensure there is a warm handoff between health and justice systems' discharge planners and service providers to strengthen the safety net for the target population. The annual cost for the 1.0 FTE Continuity of Care Navigator is \$174,187 = \$102,024 salary + \$72,163 benefits. The annual CMSP Budget for the 1.0 FTE Continuity of Care Navigator in Years 1-3 is \$161,700 in CMSP Budget. The remaining cost will be provided as In-Kind match from the Sonoma County Department of Health Services (DHS) as described in the In-Kind Match section below. The total CMSP budget for the 1.0 FTE Navigator in Years 1-3 is \$485,100.

A **0.27 FTE Evaluator** will support the LICN project. The Evaluator will be responsible for conducting evaluation activities for the LICN project, including performing data collection, analyzing data, and preparing reports. The annual cost for the 0.27 FTE Evaluator is \$55,000 = 0.27 FTE x (\$115,210 salary + \$87,390 benefits). The annual CMSP budget for the 0.27 FTE Evaluator in Years 1-3 is \$55,000. The total CMSP budget for the 0.27 FTE Evaluator in Years 1-3 is \$165,000.

#### Contractual Services

DHS will use a Pay-for-Success model to contract with a **supportive housing service provider(s)** during the project period. The contract(s) will fund 10 supportive housing beds at a rate of \$25,000 per bed per year. The County currently has several contracts with organizations that provide and manage permanent supportive housing. Those existing contracts support a budget estimate of \$25,000 per bed per year. The annual cost for supportive housing is \$250,000. The total CMSP Budget for the supportive housing service provider(s) in Years 1-3 is \$750,000.

#### Administrative / Overhead Expenses

The budget includes a total of \$99,900 in **Indirect Costs**, including \$33,300 per year in Years 1-3. An indirect cost rate of approximately 20% was applied to the CMSP Budget for the Continuity of Care Navigator position only: \$33,000 = \$166,700 x ~20%. The Department of Health Services Indirect costs include the Sonoma County Countywide Cost Plan, Sonoma County Department of Health Services' allocation of administrative services, the operation and maintenance of the Enterprise Financial System, the operation and maintenance of the Human Resources Management System, liability insurance, and County Counsel (legal support). Administrative costs only represent 6% of the total project budget.

### In-Kind Match

#### Personnel

The total In-Kind match for the three-year project period is \$150,000. The Department of Health Services will provide \$50,000 in In-Kind match per year. This includes \$12,487 per year for the 1.0 FTE **Continuity of Care Navigator** (see Personnel section above for details) and \$37,513 per year for a

**0.19 FTE Program Manager** who will serve as the LICN Project Manager and coordinate ACCESS Sonoma.

The **Program Manager** has administrative oversight of the entire ACCESS Sonoma program, and provides support for all of the Cohort Managers as well as the Discharge Navigator. This position is expected to spend approximately one day per week (19%) providing administrative support to the LICN Continuity of Care cohort and will coordinate the IMDT in support of the Navigator and Continuity of Care program. The budgeted cost of time dedicated to the LICN Cohort is \$37,513 per year.

**D. Logic Model**

<p><b>Target Population:</b> Homeless individuals ages 21 to 64 in Sonoma County with complex health, behavioral health, or SUD challenges who have recently been discharged by the County’s Adult Detention Center and/or acute care providers.</p>		
<p><b>Program Theory:</b> Case management of high-needs, high-risk clients from correctional facilities and acute care providers requires a managed, effective discharge processes to ensure continuity of care and coordinated case management. Managed coordination of discharging and receiving care systems will improve health, behavioral health, legal, and housing outcomes for high needs clients coming out of health and justice systems.</p>		
Activities	Outcomes	Impact
<p><u>Continuity of Care Activities</u></p> <ul style="list-style-type: none"> <li>● Hire a Continuity of Care Navigator (“Navigator”) to act in the dual role of developing a system wide discharge coordination program while also acting in the role of high-level Case Manager / Liaison.</li> <li>● Navigator will work with health and justice systems to enhance discharge policies, processes, and procedures to ensure continuity of care and maintenance of benefits</li> <li>● Integrate Navigator into weekly ACCESS Sonoma Interdepartmental Multi-disciplinary Team (IMDT) meetings to review and coordinate complex cases involving the target population</li> <li>● Navigator conducts case management, connecting clients with health, behavioral health, and SUD treatment services and additional enabling services as needed/eligible, including: nutritional support, transportation, legal assistance, and income assistance through referrals to existing service providers</li> <li>● Educate discharge planners and IMDT Case Managers throughout Sonoma County about role of Navigator and available services</li> </ul>	<p><u>Continuity of Care Outcomes</u></p> <ul style="list-style-type: none"> <li>● Discharge planning processes are refined to maximize continuity of care</li> <li>● 100% of clients accepting case management maintain uninterrupted health, nutrition, housing, monetary and other benefits via case management.</li> <li>● Reduction in lapses in health and behavioral health care for chronic and acute conditions among cohort</li> <li>● 50% reduction in recidivism in justice system among cohort</li> <li>● 50% reduction in emergency department visits among cohort</li> <li>● 50% reduction in inpatient hospitalizations among cohort</li> <li>● Increase in clients achieving stable housing</li> </ul>	<ul style="list-style-type: none"> <li>● Improved well-being for target population</li> <li>● Increased self-sufficiency for target population</li> <li>● Strengthened ability of Sonoma County departments and direct care providers to coordinate and serve target population</li> </ul>

Proposal from the County of Sonoma Dept. of Health Services to County Medical Services Program  
Local Indigent Care Needs Implementation Grant Program—Logic Model

<p><u>PSH Activities</u></p> <ul style="list-style-type: none"> <li>• Contract and fund 10 permanent supportive housing (PSH) beds for members of the target population</li> <li>• Navigator places high-needs mental health clients into permanent supportive housing and assigns IMDT member to report on client progress.</li> <li>• IMDT discusses client progress with contractor case managers during weekly ACCESS Sonoma Interdepartmental Multi-disciplinary Team (IMDT) meetings to ensure progress.</li> </ul>	<p><u>PSH Outcomes</u></p> <ul style="list-style-type: none"> <li>• 100% of all clients in program will be referred to a community-based program during and upon exit as tracked by PHS contractor</li> <li>• 60% of clients in program for 2+ months will not return to homelessness as evidenced by remaining in the house as tracked by PHS contractor</li> <li>• 50% of clients in program for 4+ months can articulate five triggers that lead to substance use as tracked by SUD meeting attendance and contractor.</li> <li>• 90% of clients completing 4+ months will learn at least two skills to manage mental health symptoms as evidenced by zero re-hospitalizations for next six months.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved stability of our highest need, highest service utilizing clients that have physical health, mental health and/or SUD disorders and were homeless.</li> </ul>
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## **E. Data Collection and Reporting**

Sonoma County Department of Health Services (DHS) will provide process and outcome measures as specified below. DHS either already collects the data outlined below or will develop indicators to provide the data necessary to evaluate the outcomes and impact of the proposed project. An advantage to working within and leveraging ACCESS Sonoma and its data hub is the ability for the contractor and county to use the same ACCESS data hub to store and report the required data. Recognizing that some of these may change upon grant award, below is a listing of measures and the DHS's demonstrated ability to report.

### Process Measures

1. Number of clients in cohort (Source: ACCESS Data Hub)
2. Number of referrals made to Navigator by community Discharge Planners by the Navigator to other health systems and to IMDT case managers (Source: Excel spreadsheet)
3. Supportive housing bed utilization (Source: Partner agency records)
4. Attendance of Navigator at Interdepartmental Multidisciplinary Team (IMDT) meetings (Source: IMDT meeting rosters and agendas)
5. Number of cohort clients with active profiles in Watson Care Manager (Source: Watson Care Manager)
6. Percent of client who complete Universal Consent to allow data sharing and coordinated case management (Sonoma Web Infrastructure for Treatment Services [SWITS])
7. Percent of clients screened for benefit eligibility (Source: Human Services Eligibility Reports)
8. Percent of clients who enroll in and/or maintain benefits (Source: Human Services Eligibility Reports)
9. Dates of Navigator meetings with health and justice systems representatives regarding discharge planning process and procedures (Source: Excel tracking spreadsheet)
10. Dates of Navigator Outreach Education meetings (Source: Excel tracking spreadsheet)
11. Number of clients receiving different types of services. (Source: The County will use the ACCESS Sonoma Data Hub to record, maintain and report services provided to clients including housing, reentry or recovery support, Substance Use Disorder Treatment services, Behavioral Health Services, job training and support, and other services supporting self-sufficiency and reduced recidivism)

### Outcomes and Associated Data Sources

#### Continuity of Care Navigation:

1. Discharge planning processes are refined to maximize continuity of care (Source: Navigator documentation of process and procedure changes implemented during each reporting period with attached supporting documentation, as available)
2. 100% of clients accepting case management and continuity of care navigation maintain uninterrupted health, nutrition, housing, monetary and other benefits through institutional transitions (Source: Sonoma County Human Services data [California Work Opportunity

Proposal from the County of Sonoma Dept. of Health Services to County Medical Services Program  
Local Indigent Care Needs Implementation Grant Program—Data Collection and Reporting

and Responsibility to Kids Information Network/CalWIN database], Partnership Health Plan and Sheriff's Office database)

3. Reduction in lapses in health and behavioral health care for chronic and acute conditions among cohort (Source: Survey of IMDT case managers regarding the occurrence of lapses among eligible clients)
4. 50% reduction in recidivism in justice system among cohort (Measure: #/% reduction in 6 month pre-discharge vs. 6 month post discharge incarceration during contract year; Source: Sheriff's Office database)
5. 50% reduction in emergency department visits among cohort (Measure: #/% reduction in 6 month pre-discharge vs. 6 month post discharge Emergency Department use during the contract year, Source: Partnership Health Plan)
6. 50% reduction in inpatient hospitalizations among cohort (Measure: Measure: #/% reduction in 6 month pre-discharge vs. 6 month post discharge in-patient hospital stays during the contract year; Source: Partnership Health Plan)
7. 50% placement rate of homeless clients in stable housing (Measure: #/% of eligible IMDT clients who are stably housed during reporting period; Source: Homeless Management Information System [HMIS])

#### Permanent Supportive Housing

1. Each individual will be referred to a community-based program during and upon exit as a means to connect the individual to available community services as evidenced by data tracking by contractor.
2. 60% of individuals who utilize the program for at least two months will not return to homelessness as evidenced by remaining in the house and clinical records kept by contractor.
3. 50% of discharged clients who complete at least six months will engage in or enroll in pre-vocational or vocational training as evidenced by employment, volunteering, and/or Department of Rehabilitation assistance.
4. 50% of individuals who complete at least four months of the program will be able to identify and articulate at least five triggers that led to substance use as evidenced by attendance in community support meetings and clinical records kept by a contractor case manager.
5. 90% of the clients who complete four months or longer of the program will learn at least two positive copings skills to manage mental health symptoms as evidenced by zero hospitalizations and clinical record kept by a contractor case manager.

DHS has an internal data analytics team (Policy, Planning, and Evaluation Team) staffed with epidemiologists and other data evaluators with ability to access all required data and extensive experience in data analyses and reporting. This team will evaluate and validate process measures and project outcomes.

## **G. Letters of Commitment**

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#### Local Hospital

1. St. Joseph Health - Santa Rosa Memorial Hospital

#### Primary Care Provider

2. Santa Rosa Community Health

#### CMSP County Agencies

3. Sonoma County Department of Health Services
4. County of Sonoma Human Services Department
5. Sonoma County Probation Department

#### Local Providers of Safety Net Services

6. Sonoma County Community Development Commission
7. Sonoma County Department of Child Support Services
8. County of Sonoma Office of the District Attorney
9. Sonoma County Sheriff's Office
10. Sonoma County Superior Court
11. Buckelew Programs

December 11, 2019

CMSP Governing Board  
1545 River Park Drive, Suite 435  
Sacramento, CA 95815

Dear CMSP Governing Board,

St. Joseph Health would like to share our support for the Sonoma County Department of Health Services' grant application for the Local Indigent Care Needs (LICN) Grant Program to the California State County Medical Service Programs Governing Board. We understand the project proposed by the Department of Health Services will strengthen existing mechanisms to enable services for local indigent adults with health and/or behavioral health conditions upon discharge from our hospital. St. Joseph Health provides care to a large portion of the local indigent population. We understand the project proposed by the Department of Health Services will extend access to ACCESS Sonoma and create a Coordinated Care Navigator position to work with our Discharge Planner to enable a "warm hand-off" for clients to obtain needed housing, nutritional, transportation and legal services.

The ACCESS Sonoma County initiative identifies the most vulnerable residents, often high utilizers of County services across multiple county departments, and provides holistic, wraparound services using an Interdepartmental Multidisciplinary Team (IMDT) approach of care coordination and case management. At the core of ACCESS Sonoma County initiative's IMDT is the innovative technology of the IBM Connect360 integrated data hub that allows for data sharing.

St Joseph Health provided financial support for the initial development of the data hub and supports this proposed project which will contribute to enabling services, better care coordination and client outcomes for our most vulnerable and resource dependent clients.

If there are any questions, please contact me at [tyler.hedden@stjoe.org](mailto:tyler.hedden@stjoe.org).

Sincerely,



Tyler Hedden  
Interim Chief Executive



December 11, 2019

CMSP Governing Board  
1545 River Park Drive, Suite 435  
Sacramento, CA 95815

Dear CMSP Governing Board,

Santa Rosa Community Health (SRCH) would like to share our support for the Sonoma County Department of Health Services' grant application for the Local Indigent Care Needs (LICN) Grant Program to the California State County Medical Service Programs Governing Board. We understand the project proposed by the Department of Health Services will strengthen existing mechanisms to enable services for local indigent adults with health and/or behavioral health conditions upon discharge from hospitals or release from incarceration. Serving greater Santa Rosa, SRCH provides care for the greatest number of the indigent population in Sonoma County. We understand the project proposed by the Department of Health Services will utilize ACCESS Sonoma and create a Coordinated Care Navigator position to work with our Discharge Planner to enable a "warm hand-off" for clients to obtain needed housing, nutritional, transportation and legal services.

The ACCESS Sonoma County initiative identifies the most vulnerable residents, often high utilizers of County services across multiple county departments, and provides holistic, wraparound services using an Interdepartmental Multidisciplinary Team (IMDT) approach of care coordination and case management. At the core of ACCESS Sonoma County initiative's IMDT is the innovative technology of the IBM Connect360 integrated data hub that allows for data sharing.

Santa Rosa Community Health supported the initial development of the data hub and believes that this proposed project will contribute to enabling services, better care coordination and client outcomes for our most vulnerable and resource dependent clients. We look forward to collaborating with the Department during project development and coordinating our proposed LICN Planning Grant efforts to detail best models, roles and workflows between SRCH and St. Joseph's Memorial Hospital in Santa Rosa.

Sincerely,

A handwritten signature in black ink that reads "Naomi Fuchs". The signature is written in a cursive, flowing style.

Naomi Fuchs  
Chief Executive Officer  
Santa Rosa Community Health





December 20, 2019

Re: Letter of commitment for Sonoma County's Application to CMSP the for the Local Indigent Care Needs (LICN) Grant

The County of Sonoma is pleased to apply for the Local Indigent Care Needs (LICN) Grant. As Lead Agency, we are fully committed to implementing this highly collaborative and innovative effort. As described in the grant application, the Sonoma County Department of Health Services (DHS) will administer the LICN grant and the Sonoma County Safety Net Collaborative will guide the project. The Collaborative consists of the department heads from the Health Services Department, Human Services Department, Community Development Commission, Probation Department, Child Support Services, District Attorney, Public Defender, County Sherriff and Superior Court.

The Safety Net Collaborative works together to eliminate barriers and find solutions to the problems facing our highest needs, most vulnerable residents. Through our ACCESS Sonoma Initiative, we have adopted a care coordination model supported by innovative technology to achieve results, not possible in a siloed, environment.

On behalf of the Department of Health Services project team and the Safety Net Collaborative, please consider this letter our full support of the project and our commitment to achieve CSMP's goals as you evaluate Sonoma County's application.

Sincerely,

A handwritten signature in blue ink that reads "Barbie L. Robinson".

Barbie Robinson, MPP, JD, CHC

Director

Department of Health Services



## Human Services Department COUNTY OF SONOMA



County of Sonoma  
Human Services Department  
(707) 565-5800

December 11, 2019

Karen Fies, Director  
kfies@schsd.org

CMSP Governing Board  
1545 River Park Drive, Suite 435  
Sacramento, CA 95815

Dear CMSP Governing Board,

Oscar Chavez, Asst. Director  
Oochavez@schsd.org

The Sonoma County Human Services Department would like to share our support for the Sonoma County Department of Health Services' grant application for the Local Indigent Care Needs (LICN) Grant Program to the California State County Medical Service Programs Governing Board. We understand the project proposed by the Department of Health Services will strengthen existing mechanisms and/or create new mechanisms to enable services for local indigent adults with health and/or behavioral health conditions upon discharge from hospitals or release from incarceration.

Angela Struckmann, Asst. Director  
astruckmann@schsd.org

Tina Rivera, Fiscal Director  
Finance & Operations  
trivera@schsd.org

The Human Services Department works in close partnership with the Department of Health Services and other stakeholders in working with the local indigent population access to much needed services. We understand the project proposed by the Department of Health Services will utilize ACCESS Sonoma and create a Coordinated Care Navigator position to work with our Discharge Planner to enable a "warm hand-off" for clients to obtain needed housing, nutritional, transportation and legal services.

Paul Dunaway, Division Director  
Adult & Aging Division  
(707) 565-5900  
dunawp@schsd.org

Felisa Pinson, Division Director  
Economic Assistance Division  
(707) 565-3165  
fpinson@schsd.org

The ACCESS Sonoma County initiative identifies the most vulnerable residents, often high utilizers of County services across multiple county departments, and provides holistic, wraparound services using an Interdepartmental Multidisciplinary Team (IMDT) approach of care coordination and case management. At the core of ACCESS Sonoma County initiative's IMDT is the innovative technology of the IBM Connect360 integrated data hub that allows for data sharing.

Katie Greaves, Division Director  
Employment & Training Division  
(707) 565-8500  
greavk@schsd.org

The Human Services Department supported the initial development of the data hub and believes that this proposed project will contribute to enabling services, better care coordination, and client outcomes for our most vulnerable and resource dependent clients.

Nick Honey, Division Director  
Family, Youth & Children Division  
(707) 565-4300  
honeyn@schsd.org

Sincerely,

Karen Fies  
Director

# SONOMA COUNTY

## PROBATION DEPARTMENT

Changing Lives, Reducing Crime, Restoring Community

David M. Koch  
Chief Probation Officer



December 18, 2019

County Medical Services Program  
1545 River Park Drive, Suite 435  
Sacramento, CA 95815

RE: Letter of Support for Sonoma County's Application to the County Medical Services Program (CMSP) Local Indigent Care Needs (LICN) Grant Program

To Whom It May Concern,

The Sonoma County Probation Department offers its support of Sonoma County's Application to CMSP for the Local Indigent Care Needs (LICN) Grant to implement both permanent supportive housing along with a Continuity of Care Navigator to strengthen linkages between our Adult Detention Facility, hospitals, acute care facilities and outpatient services and supports. By enhancing discharge processes to ensure continuity of care and coordinated case management, health, behavioral health, legal and housing outcomes will improve for indigent, high needs clients coming out of the health and justice systems.

An October 24, 2019 discharge planning and coordination meeting hosted by the Department of Health Services and attended by over 60 community partners identified a Continuity of Care Navigator as a key strategy for integrating the currently siloed discharge planning system.

Probation is proud to be a member agency of the Sonoma County Safety Net Collaborative, and contribute staff to the operation of ACCESS Sonoma through participation on the Interdepartmental Multi-Disciplinary Team (IMDT). The Safety Net Collaborative understands that due to the combination of high housing costs, loss of housing due to the 2017 Sonoma Complex fires, and competition from other individuals with greater resources, our highest needs and most vulnerable residents need help now more than ever before. With support from the LICN Grant, the County can use the ACCESS Sonoma award winning system of care to maximize CMSP's investment in

**Adult Probation Services/SAC**

600 Administration Drive,  
Room 104-J  
Santa Rosa, CA 95403  
(707) 565-2149  
FAX (707) 565-2504

**Juvenile Probation Services**

7425 Rancho Los Guillicos Road,  
Dept. B  
Santa Rosa, CA 95409  
(707) 565-6229  
FAX (707) 565-6329

**Juvenile Hall**

7425 Rancho Los Guillicos Road,  
Dept. A  
Santa Rosa, CA 95409  
(707) 565-6300  
FAX (707) 565-6393

**Probation Camp**

7400 Steve Olson Lane  
Forestville, CA 95436  
(707) 565-8900  
FAX (707) 565-8903

**Administrative Services**

370 Administration Drive,  
2<sup>nd</sup> Floor  
Santa Rosa, CA 95403  
(707) 565-2731  
FAX (707) 565-2878

**Day Reporting Center**

2400-A County Center Drive  
Santa Rosa, CA 95403  
(707) 565-8041  
FAX (707) 565-2009



helping to house these individuals while concurrently reducing recidivism in our at-risk communities.

We are excited to work with our partners through ACCESS Sonoma to implement a plan that addresses several of our most critical issues. Please accept this letter as our full support of this project as you consider Sonoma County's application.

Thank you,



David M. Koch  
Chief Probation Officer



**Sonoma County Community Development Commission**  
1440 Guerneville Road, Santa Rosa, CA 95403-4107

*Members of the  
Commission*

**David Rabbitt**  
Chair

**Susan Gorin**  
Vice Chair

**Shirlee Zane**  
**James Gore**  
**Lynda Hopkins**

**Geoffrey M. Ross**  
Executive Director

December 18, 2019

Re: Letter of Support for Sonoma County's Application to the County Medical Services Program (CMSP) Local Indigent Care Needs (LICN) Grant Program

To County Medical Services Program:

The Community Development Commission expresses its support of Sonoma County's Application to CMSP for the Local Indigent Care Needs (LICN) Grant to implement both permanent supportive housing along with a Continuity of Care Navigator to strengthen linkages between our Adult Detention Facility, hospitals, acute care facilities and outpatient services and supports. By enhancing discharge processes to ensure continuity of care and coordinated case management, health, behavioral health, legal and housing outcomes will improve for indigent, high needs clients coming out of the health and justice systems.

An October 24, 2019 discharge planning and coordination meeting hosted by the Department of Health Services and attended by over 60 community partners identified a Continuity of Care Navigator as a key strategy for integrating the currently siloed discharge planning system.

As a part of the Sonoma County Safety Net and a core member of the ACCESS Sonoma Safety Net Collaborative, it is our understanding that due to the combination of high housing costs, loss of housing due to the 2017 Sonoma Complex fires, and competition from others with greater resources, our highest needs and most vulnerable residents need help now more than ever before. With support from the LICN Grant, the County can use the ACCESS Sonoma award winning system of care to maximize CMSP's investment in helping to house these individuals while concurrently reducing recidivism in our at-risk communities.

We are excited to work through ACCESS Sonoma to implement this plan that addresses several of our most critical issues. Please accept this letter as our full support of this project as you consider Sonoma County's application.

Thank you,

Geoffrey Ross, Executive Director  
Sonoma County Community Development Commission





## Child Support Services

Jennifer Traumann, Director  
Brett Williams, Assistant Director

3725 Westwind Blvd., Ste. 200  
Santa Rosa, CA 95403  
Phone: 1-866-901-3212  
Fax: 707-565-4018  
[www.sonoma-county.org/dcsc/](http://www.sonoma-county.org/dcsc/)

December 18, 2019

Department of Child Support Services  
3725 Westwind Blvd., Ste 200  
Santa Rosa, CA 95403

Re: Letter of Support for Sonoma County's Application to the County Medical Services Program (CMSP)  
Local Indigent Care Needs (LICN) Grant Program

To County Medical Services Program:

The Sonoma County Department of Child Support Services expresses its support of Sonoma County's Application to CMSP for the Local Indigent Care Needs (LICN) Grant to implement both permanent supportive housing along with a Continuity of Care Navigator to strengthen linkages between our Adult Detention Facility, hospitals, acute care facilities and outpatient services and supports. By enhancing discharge processes to ensure continuity of care and coordinated case management, health, behavioral health, legal and housing outcomes will improve for indigent, high needs clients coming out of the health and justice systems.

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As a part of the Sonoma County Safety Net and a core member of the ACCESS Sonoma Safety Net Collaborative, it is our understanding that due to the combination of high housing costs, loss of housing due to the 2017 Sonoma Complex fires, and competition from others with greater resources, our highest needs and most vulnerable residents need help now more than ever before. With support from the LICN Grant, the County can use the ACCESS Sonoma award winning system of care to maximize CMSP's investment in helping to house these individuals while concurrently reducing recidivism in our at-risk communities.

We are excited to work through ACCESS Sonoma to implement this plan that addresses several of our most critical issues. Please accept this letter as our full support of this project as you consider Sonoma County's application.

Thank you,

A handwritten signature in blue ink, appearing to read "Jennifer Traumann", with a long, sweeping horizontal flourish extending to the right.

Jennifer Traumann, Director

Sonoma County Department of Child Support Services (DCSS)





COUNTY OF SONOMA  
**OFFICE OF THE DISTRICT ATTORNEY**

Hall of Justice • 600 Administration Drive, Room 212-J • Santa Rosa, CA 95403  
707.565.2311 • FAX 707.565.2762 • [www.sonoma-county.org/da/](http://www.sonoma-county.org/da/)

**JILL RAVITCH**  
District Attorney

December 18, 2019

Re: Letter of Support for Sonoma County's Application to the County Medical Services Program (CMSP) Local Indigent Care Needs (LICN) Grant Program

To County Medical Services Program:

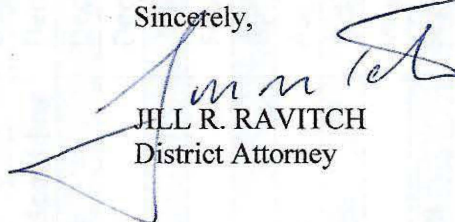
I am pleased to express my support of Sonoma County's Application to CMSP for the Local Indigent Care Needs (LICN) Grant to implement both permanent supportive housing along with a Continuity of Care Navigator to strengthen linkages between our Adult Detention Facility, hospitals, acute care facilities and outpatient services and supports. By enhancing discharge processes to ensure continuity of care and coordinated case management, health, behavioral health, legal and housing outcomes will improve for indigent, high needs clients coming out of the health and justice systems.

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As a part of the Sonoma County Safety Net and a core member of the ACCESS Sonoma Safety Net Collaborative, it is our understanding that due to the combination of high housing costs, loss of housing due to the 2017 Sonoma Complex fires, and competition from others with greater resources, our highest needs and most vulnerable residents need help now more than ever before. With support from the LICN Grant, the County can use the ACCESS Sonoma award winning system of care to maximize CMSP's investment in helping to house these individuals while concurrently reducing recidivism in our at-risk communities.

My office is excited to work through ACCESS Sonoma to implement this plan that addresses several of our most critical issues. Please accept this letter as our full support of this project as you consider Sonoma County's application.

Sincerely,



JILL R. RAVITCH  
District Attorney



# Sonoma County Sheriff's Office

*MARK ESSICK*  
Sheriff-Coroner

*JAMES NAUGLE*  
Assistant Sheriff  
Law Enforcement Division

*ALAN VERNON*  
Assistant Sheriff  
Detention Division

December 18, 2019

Re: Letter of Support for Sonoma County's Application to the County Medical Services Program (CMSP) Local Indigent Care Needs (LICN) Grant Program

To County Medical Services Program:

The Sonoma County Sheriff's Office expresses its support of Sonoma County's Application to CMSP for the Local Indigent Care Needs (LICN) Grant to implement both permanent supportive housing along with a Continuity of Care Navigator to strengthen linkages between our Adult Detention Facility, hospitals, acute care facilities and outpatient services and supports. By enhancing discharge processes to ensure continuity of care and coordinated case management, health, behavioral health, legal and housing outcomes will improve for indigent, high needs clients coming out of the health and justice systems.

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We are excited to work through ACCESS Sonoma to implement this plan that addresses several of our most critical issues. Please accept this letter as our full support of this project as you consider Sonoma County's application.

Thank you,

A handwritten signature in black ink, appearing to read "Mark Essick".

Sheriff Mark Essick

---

*Administration*

*2796 Ventura Avenue*

*Santa Rosa, CA 95403*

*707.565.2781*

*Law Enforcement Division*

*2796 Ventura Avenue*

*Santa Rosa, CA 95403*

*707.565.2511*

*Detention Division*

*2777 Ventura Avenue*

*Santa Rosa, CA 95403*

*707.565.1422*

*Coroner*

*3336 Chanate Road*

*Santa Rosa, CA 95404*

*707.565.5070*



# Superior Court State of California

GARY NADLER  
PRESIDING JUDGE  
(707) 521-6726  
FAX (707) 521-6754

COUNTY OF SONOMA  
HALL OF JUSTICE  
600 ADMINISTRATION DRIVE  
SANTA ROSA, CA 95403



December 12, 2019

Re: Letter of Support for Sonoma County's Application to the County Medical Services Program (CMSP) Local Indigent Care Needs (LICN) Grant Program

To County Medical Services Program:

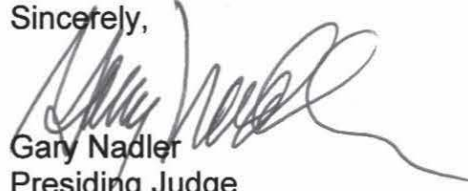
As Presiding Judge of the Sonoma County Superior Court, I am acutely aware of the impact of safe and permanent housing, coordinated health and social services, and recidivism reduction strategies to the recovery and integration of the previously incarcerated population with behavioral health and other complex challenges. I am also aware that a coordinated hand off between the courts and members of the continuum of care is key for avoiding a break in treatment, care, and support for this population as they transition out of the justice system. On behalf of the court, I greatly appreciate that a Continuity of Care Navigator will be integrated into the ACCESS Sonoma Inter-departmental Multidisciplinary Team, providing the greatest opportunity for successful outcomes.

The Sonoma County Superior Court expresses its support of Sonoma County's Application to CMSP for the Local Indigent Care Needs (LICN) Grant to implement both permanent supportive housing along with a Continuity of Care Navigator to strengthen linkages between our Adult Detention Facility and outpatient services and supports. By enhancing discharge processes to ensure continuity of care and coordinated case management, health, behavioral health, legal and housing outcomes will improve for high needs clients coming out of health and justice systems.

As a part of the Sonoma County Safety Net and a core member of the ACCESS Sonoma Safety Net Collaborative, it is the court's understanding that because of the combination of high housing costs, loss of housing due to the 2017 Sonoma Complex fires, and competition from others with greater resources, our highest needs and most vulnerable residents need help now more than ever before. With support from the LICN Grant, the County can use ACCESS Sonoma award winning system of care to maximize CMSP's investment in helping to house these individuals while concurrently reducing recidivism in our at-risk communities.

We are excited to work with the members of the Safety Net Collaborative to implement this plan that addresses several of our most critical issues. Please accept this letter as our full support of this project as you consider Sonoma County's application.

Sincerely,



Gary Nadler  
Presiding Judge

GN/ml



**EXHIBIT D****COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD  
GRANTEE DATA SHEET**

Grantee's Full Name:	SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES
Grantee's Address:	SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES 1450 NEOTOMAS AVE, SUITE 200 SANTA ROSA, CA 95405
Grantee's Executive Director/CEO: (Name and Title)	Barbie Robinson, MPP, JD, CHC Director of Health Services
Grantee's Phone Number:	(707) 565-4703
Grantee's Fax Number:	(707) 565-7055
Grantee's Email Address:	ken.tassef@sonoma-county.org
Grantee's Type of Entity: (List Nonprofit or Public)	Public
Grantee's Tax Id# [EIN]:	94-6000539

I declare that I am an authorized representative of the Grantee described in this Form. I further declare under penalty of perjury under the laws of the State of California that the information set forth in this Form is true and correct.

GRANTEE: Sonoma County Department of Health Services

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

## EXHIBIT E

### USE OF GRANT FUNDS

1. Use of Grant Funds. Grantee shall use the Grant Funds solely for the purpose of performance of the Project.

2. Allowable Expenses. Grant Funds may be used to fund allowable expenses. Grantee shall provide Board with reasonable proof that Grantee has dedicated the Grant Funds to allowable expenses. Allowable expenses must be *appropriate, necessary, reasonable and applicable to the Grant Program* and may include but are not limited to:

- Costs that comply with the limitations of the Grant Agreement as well as other applicable federal, state, and county laws and regulations
- Costs that are accounted for consistently and in accordance with generally accepted accounting principles
- Rental or purchase of necessary equipment, expansions of current facilities, and/or renovation/remodeling of current facilities
- Speaker fees for services rendered
- Purchase of supplies for scheduled training if the supplies are received and used during the budget period
- Food and non-alcoholic refreshments for scheduled training events up to \$15 per individual total for the duration of the Project when justified as an integral and necessary part of a training event (i.e., a working meal where business is transacted)
- Food and non-alcoholic refreshments for client incentives up to \$15 per individual total for the duration of the Project when justified as an integral and necessary part of the Project
- Gift Cards and Gas Cards or Vouchers up to \$30 per client total for the duration of the Project when justified as an integral and necessary part of the Project
- Stipends for non-salary employees\*\*
- Travel costs for both patients and staff. Travel shall be limited to the relevant days plus the actual travel time to reach the destination location by the most direct route and shall not include first class travel. Local mileage costs only may be paid for local participants. No per diems for meals or lodging shall be included.
- All or part of the reasonable and appropriate salaries and benefits of professional

personnel, clerical assistants, editorial assistants, and other non-professional staff in proportion to the time or effort directly related to the Project

- Medical Supplies
- Conferences and trainings, including necessary recording of proceedings, simultaneous translation, and subsequent transcriptions
- IT Expenses

*\* All expenses must be comprised in a budget previously approved by Board staff.*

*\*\*Common stipend recipients include Clinical Interns, Volunteers or Community Partners.*

3. Unallowable Expenses. Grant Funds shall not be used to fund unallowable expenses. Grantee shall refund to the Board any Grant Funds expended for unallowable expenses. Unallowable expenses include but are not limited to:

- Alcohol
- Bad debt expenses
- Defense and prosecution expenses, including but not limited to prosecuting claims against the Board or defending or prosecuting certain criminal, civil or administrative proceedings and related legal fees and costs
- Entertainment costs (unless specifically written into the budget and approved by the Board), including costs of amusement, diversion, social activities, ceremonials, and related incidental costs, such as bar charges, tips, personal telephone calls, and laundry charges of participants or guests
- Fines and penalties
- Traffic citations, including but not limited to parking citations
- Fundraising or lobbying costs
- Advertising (unless specifically written into the budget and approved by the Board)
- Memorabilia or promotional materials
- Honoraria or other payments given for the purpose of conferring distinction or to symbolize respect, esteem, or admiration
- Goods or services for personal use, including automobiles housing and personal living expenses or services
- Per diem or expenses for participants in a scheduled training event

- Investment management fees
- Losses on other sponsored projects
- Lease/purchase of land, buildings, or new construction
- Firearms
- Signing and Retention Bonuses
- Membership dues, including but not limited to memberships in civic, community or social organizations, or dining or country clubs
- Direct legal fees and costs incurred in development and implementation of the Project provided by individuals who are not employees of Grantee.\*\*\*

4. Determination of Allowable and Unallowable Expenses. It is recommended that expenses be included in Grantee's budget with sufficient detail and that such budget is approved by Board staff prior to expenditure or, alternatively, expenditures be otherwise approved by the Board staff prior to expenditure. The Board shall determine whether an expense is an allowable or unallowable expense as provided in this Agreement. The Board's determination shall be in its sole discretion and shall be final.

*\*\*\*Such direct legal fees and costs that are both appropriate and reasonable may be included in Grantee's administrative and/overhead expenses directly attributed to the Project as set forth in Section 2.D of the Agreement.*