AGREEMENT FOR

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD

HEALTH SYSTEMS DEVELOPMENT GRANT PROGRAM

between

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

and

**SONOMA COUNTY DEPT. OF HEALTH SERVICES
("Grantee")**

Effective as of:
May 1, 2019

AGREEMENT

COUNTY MEDICAL SERVICES PROGRAM
HEALTH SYSTEMS DEVELOPMENT GRANT PROGRAM

FUNDING 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 Health Systems Development 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 Health Systems Development Grant Program in the form attached as Exhibit B ("RFP").

B.   Grantee submitted an Application ("Application") for the CMSP Health Systems Development 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.   <u>Project</u>. 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.   <u>Grant Funds</u>.

A.   <u>Payment</u>. 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 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 Health Systems Development Grant Program or services provided outside the scope of the Grant Program.

B.   <u>Refund</u>. 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.   <u>Possible Reduction in Amount</u>. 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 fifteen percent (15%) of the total Project expenditures may be used to fund Grantee's administrative and/overhead expenses directly attributed to the Project. 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.   Annual Expenditure Reports. The Grantee shall provide the Board with annual expenditure reports documenting the use of Grant Funds in a form as determined by the Board. Such annual expenditure reports shall contain, at a minimum, the information described in Section 7.C of this Agreement.

F.   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 twenty percent (20%) 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 twenty percent (20%) of the Grant Funds) may be provided solely by the Grantee or through a combination of funding sources.

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 paragraph 4 shall survive the termination or expiration of this Agreement.

5.   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.

6.   Data and Project Evaluation. Grantee shall collect Project data and conduct a Project evaluation. 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"). The Grantee may be required to participate in one or more interviews with the Grant Program Evaluator, have a minimum of one (1) representative participate in quarterly web-based technical assistance meetings, and participate in surveys with the Grant Program Evaluator as determined by the Board. 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. Grantee shall cooperate fully with the Board, its agents and contractors, including but not limited to the Grant Program Evaluator, and provide information to any such contractor 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 herein and in the RFP.

       7.   <u>Progress and Final Reporting</u>.

       A.   <u>Notification of Project Changes</u>. 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.   <u>Biannual Progress Reports</u>. Grantee shall submit five (5) biannual progress reports to the Board, and each should: (1) highlight the Project's key accomplishments, to date; (2) identify challenges and barriers encountered during the prior six (6) months; (3) describes what the Project has learned, to date, about the target population; and (4) compare Project progress to the Application, Implementation Work Plan as set forth in Exhibit C; and (5) provide an update on data collection and evaluation efforts as they related to the Application, Grant Project Goals and Outcome Reporting as set forth in Exhibit C. These five (5) biannual progress reports shall be due to the Board on the following dates: November 1, 2019; May 15, 2020, November 2, 2020, May 17, 2021, and November 1, 2021.

       C.   <u>Annual Expenditure Reports</u>.   Grantee shall submit three (3) annual expenditure reports to the Board, each should: (1) compare budget expenditures to actual expenditures for the reporting year and provide an explanation for expenditures that deviate from the original budget; (2) detail total grant funds received and expended to date; and (3) detail any proposed budget modifications for the following grant year(s).   These three (3) expenditure reports shall be due to the Board on the following dates: May 15, 2020, May 17, 2021, and June 29, 2022.

       D.   <u>Final Report</u>. Grantee shall submit a final report to the Board by June 29, 2022, that: (1) highlights the Project's key accomplishments; (2) identifies challenges and barriers encountered during the Project; (3) describes what the Project has learned about the target population; (4) reports the evaluation findings; and (5) thoroughly describes the Project's future activities following the Grant Program. 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 herein and in the RFP.

8. <u>Term</u>. The term of this Agreement shall be from May 1, 2019, to September 30, 2022, unless otherwise extended in writing by mutual consent of the parties.

9. <u>Termination</u>. 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 paragraphs 6, 7 and 8. 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.

10. <u>Costs</u>. 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.

11. <u>Entire Agreement of the Parties</u>. 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.

12. <u>Waiver</u>. 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.

13. <u>No Third-Party Beneficiaries</u>. 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.

14. <u>Notices</u>. 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.

15. <u>Amendment</u>. All amendments must be agreed to in writing by Board and Grantee.

16. <u>Assignment</u>. 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.

17. <u>Governing Law</u>. The validity, interpretation and performance of this Agreement shall be governed by and construed by the laws of the State of California.

18.   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 May 1, 2019.

BOARD:

COUNTY MEDICAL SERVICES
PROGRAM GOVERNING BOARD

GRANTEE:

SONOMA COUNTY DEPT. OF HEALTH
SERVICES

By:_____

Kari Brownstein, Administrative Officer

Date:_____

By:_____

Title: _____

Date:_____

EXHIBIT A

GRANTEE: SONOMA COUNTY DEPT. OF HEALTH SERVICES

GRANTEE'S PARTNERS UNDER CONTRACT[1]

_____

_____

_____

<u>GRANT FUNDS</u>:

Total Amount To Be Paid under Agreement: $300,000.00

1. Amount to Be Paid Upon Execution of This Agreement (10%): $30,000.00

2. Amount To Be Paid Following Receipt of First Biannual Report
(anticipated to be 11/1/19) (16%): $48,000.00

3. Amount To Be Paid Following Receipt of Second Biannual Report and Year 1 Expenditure
Report (anticipated to be 5/15/20) (16%): $48,000.00

4. Amount To Be Paid Following Receipt of Third Biannual Report
(anticipated to be 11/2/20) (16%): $48,000.00

5. Amount To Be Paid Following Receipt of Fourth Biannual Report and Year 2 Expenditure
Report (anticipated to be 5/17/21) (16%): $48,000.00

6. Amount To Be Paid Following Receipt of Fifth Biannual Report
(anticipated to be 11/1/21) (16%): $48,000.00

7. Amount To Be Paid Following Receipt of Final Grant Report and Year 3 Expenditure Report
(anticipated to be 6/29/22) (10%): $30,000.00

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

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[1] Attach copy of any contract.

NOTICES:

Board:
County Medical Services Program Governing Board
Attn: Alison Kellen, Program Manager
1545 River Park Drive, Suite 435
Sacramento, CA 95815
(916) 649-2631 Ext. 119
(916) 649-2606 (facsimile)

Grantee:
Sonoma County Dept. of Health Services
Attn: Ken Tasseff
1450 Neotomas Ave. Suite 200
Santa Rosa, CA 95405
(707) 565-4703
707-565-7849 (facsimile)

EXHIBIT B

REQUEST FOR PROPOSAL

BOARD'S REQUEST FOR PROPOSAL

REQUEST FOR PROPOSALS

CMSP Health Systems Development
Grant Program

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD

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. DHS utilized the administrative infrastructure of Medi-Cal's fee-for-service program to establish and administer the CMSP program.

In April 1995, California law was amended to establish the County Medical Services Program Governing Board (Governing Board). The CMSP 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. This law also authorized the Governing Board to contract with DHS or an alternative contractor to administer the program. Between 1995 and 2005 the Governing Board contracted with DHS to administer CMSP. Between 2005 and 2014, Anthem Blue Cross Life & Health (Anthem) administered CMSP medical, dental, and vision benefits. Today, Advanced Medical Management (AMM) administers CMSP medical, dental and vision benefits. MedImpact Healthcare Systems, Inc. (MedImpact) administers CMSP pharmacy benefits, which it has done since 2003.

Thirty-five counties throughout California now 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 received by the CMSP 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 all of CMSP's eligibility criteria and are not otherwise eligible for Medi-Cal or Covered California. Enrollment in CMSP is handled by county welfare departments located in the 35 participating counties. 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). Depending on individual

circumstances, CMSP members may have a share-of-cost (SOC). Enrollment terms for CMSP members are up to six months. At the end of the enrollment term, CMSP members must reapply for CMSP to continue eligibility for benefits.

II.   ABOUT THE CMSP HEALTH SYSTEMS DEVELOPMENT GRANTS PROGRAM

With the CMSP Health Systems Development Grant Program, the CMSP Governing Board seeks to support local health care systems in CMSP counties develop and implement strategies to reduce barriers between health care providers and systems and promote collaboration and system linkages that facilitate effective delivery of health care services to enrolled CMSP members and potential CMSP members, and to additionally assist other persons receiving publicly funded health coverage.

Under the Program, applicants may seek one-time funding of up to $300,000 over three years for development of health systems linkages across health care providers and/or across the health and behavioral health systems serving CMSP and potential CMSP members. Funding is intended to support activities that can be completed in a maximum of 36 months. Efforts funded by the grants must target persons eligible for or potentially eligible for CMSP, but may also additionally contribute to improvements for populations served by other publicly funded health care programs, such as Medi-Cal. Applicants may apply for grants for a county-wide strategy or a regional strategy that incorporates two or more CMSP counties.

Grants may support CMSP county-specific or multi-county efforts to:

- Expand access to care for primary care, specialty care and/or behavioral health services
- Coordinate and/or integrate health and behavioral health care service systems
- Strengthen the overall health care delivery system in the county across a range of health and behavioral health providers

Proposed activities may include items such as:

- **Planning activities:** organizational assessments; strategic planning; fund development; or communications/outreach.
- **Staff development/training:** relevant training for health care and behavioral health professionals.
- **Strategic relationships/collaboration:** technical assistance; consultant support; restructuring; development of interagency agreements; or business planning.
- **Internal operations:** improvements to financial management; development of evaluation systems and training; or facility planning.
- **Equipment improvements:** improving health care delivery capacity through upgrades to medical and/or dental equipment.

- **Technology improvements:** improving IT capacity through upgrades to hardware and software; networking; updating websites; and staff training to optimize use of technology.
- **Innovation activities:** pilot testing and evaluation of new health care delivery models or programs.

Awarded projects will be required to file five biannual reports and one Final Grant Report which shall address specified reporting on the strategies, collaborations, negotiated and executed agreements, and changes in service delivery that have resulted from Grant activities for enrolled CMSP members, potential CMSP members, and other persons receiving publicly funded health coverage. The Final Grant Report shall be due to the Governing Board within 60 days following the end of the Grant.

III.   ELIGIBLE PROGRAM APPLICANTS

A. Lead Agency Applicant and Partner Requirements

Grant projects may 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 <u>and</u> must have the demonstrated capacity to bring together varied stakeholders within the county or region. The lead agency and all key project partners must be in good standing with the Governing Board. If the lead agency is a health care provider, that provider must be a contracting provider with the Governing Board. The lead agency must have support to submit the proposal from the County Board of Supervisors (in instances where the Lead Applicant is a county) or the organization's Board of Directors (in instances where the Lead Applicant is a not-for-profit organization).

Grant applications must have support from at least one local hospital and at least one primary care provider such as a clinic, private practice physician, or physician group, as demonstrated by Letters of Commitment/Support. Grant applications must also have support from at least two of the following CMSP County agencies or departments: Health/Public Health, Social Services/Welfare, Mental Health, and Drug and Alcohol Services, as demonstrated by Letters of Commitment/Support.

IV.   HEALTH SYSTEMS DEVELOPMENT GRANT PROGRAM TIMELINE

The following tentative timeline shall guide the Grant program:
01/02/19: Grant Request for Proposals (RFP) Released
01/17/19: First RFP Assistance Teleconference at 9:30 AM
          (888) 296-6500, participant code 738196
02/06/19: Second RFP Assistance Teleconference at 9:30 AM
          (888) 296-6500, participant code 738196
03/01/19: Grant Applications due by 12:00 PM
04/04/19: Applications Reviewed and Approved
04/05/19: Awards Announced Via Letter

05/01/19: Grant Agreements Executed and Projects Begin
11/01/19: First Biannual Grant Report due
05/15/20: Second Biannual Grant Report and Year 1 Expenditure Report due
11/02/20: Third Biannual Grant Report due
05/17/21: Fourth Biannual Grant Report and Year 2 Expenditure Report due
11/01/21: Fifth Biannual Grant Report due
04/30/22: Grant Program Ends
06/29/22: Final Grant Report on Program Outcomes and Year 3 Expenditure Report
  due

V. FUNDING AWARDS – ALLOCATION METHODOLOGY

The Governing Board, within its sole discretion, may provide Grant funding to one or more applicants. As approved by the Governing Board on May 31, 2018, total funding for the Health Systems Development Grant Program is up to $9 million over three years, and individual grant amounts shall not exceed $300,000 over three years. The Governing Board shall have no obligation to provide Grant funding or continue to provide Grant funding at any time.

Following the Governing Board's approval of the applicant's Grant application, the successful applicant will receive an allocation, which shall be distributed as follows:

- 10% upon execution of the Grant Agreement
- 16% following receipt of First Biannual Report
- 16% following receipt of Second Biannual Report and Year 1 Expenditure Report
- 16% following receipt of Third Biannual Report
- 16% following receipt of Fourth Biannual Report and Year 2 Expenditure Report
- 16% following receipt of Fifth Biannual Report
- 10% following receipt of Final Grant Report and Year 3 Expenditure Report

Applicants receiving funding under the Grant program shall not be required to provide dedicated matching funds to receive the grant. However, applicants shall be required to provide an in-kind match of a minimum of 20% of the grant award as a means of demonstrating the commitment of the applicant and local partners to implementing the strategies and/or services being developed with grant funding.

Administrative and/or overhead expenses shall not exceed 15% of total Grant funded expenditures.

VI. FUNDING AWARDS – METHODOLOGY FOR REVIEW AND SCORING

The Governing Board shall have sole discretion on whether or not to award Grant funding for a proposed project. Project proposals shall be reviewed and scored to assure that the projects meet minimum standards for receipt of funding. Grant applications will be reviewed and scored based upon the following criteria:

1) Project Narrative (70% in total)
   - Statement of Need (10%)
   - Target Population (5%)
   - Proposed Project/ Approach (20%)
   - Capacity (10%)
   - Organization and Staffing (5%)
   - Project Implementation (20%)
2) Budget (15%)
3) Letters of Commitment/Support (15%)

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 quality and potential impact for CMSP members and potential members. In order for the Governing Board to consider approving funding for a Grant application, the applicant's proposal must achieve a minimum score of 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 Teleconference Information

To assist potential applicants, Governing Board staff will conduct Health Systems Development Grant RFP teleconferences on 01/17/19 at 9:30 AM and repeated on 02/06/19 at 9:30 AM to present RFP requirements and answer questions. Applicants are encouraged to participate on a call and bring any questions they have regarding Grant requirements and the application process. The RFP assistance teleconferences can be accessed by dialing (888) 296-6500, participant code 738196.

B. Frequently Asked Questions (FAQ)

Once the Health Systems Development Grant application process gets underway, questions that are received by the Governing Board within the time period indicated by the Governing Board will be given written answers. These questions and answers will be organized into a Frequently Asked Questions (FAQ) document that will be posted on the Governing Board's website here.

C. Grant Program Contact Information

Please direct any questions regarding the RFP to Laura Moyer, Program Analyst at lmoyer@cmspcounties.org or (916) 649-2631 ext. 110.

VIII. PROPOSAL FORMAT AND REQUIREMENTS

A. Application Cover Sheet

Using the *Attachment A* Excel spreadsheet available [here](), please provide the county name or names if counties are acting jointly or the Not-for-Profit Organizations' name, requested and in-kind funding amounts, Primary Contact, Secondary Contact and Financial Officer contact information, confirm area(s) of focus, and complete the signature section.

B. Grant Project Summary (no longer than one page)

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

C. Grant Project Narrative (no longer than five pages)

1. Clear Statement of Problem or Need Within Community

All projects should be based upon identified needs of the target population(s) within the community. Please describe the target population(s) to be served by your proposed project. Define the characteristics of the target population(s) and discuss how the proposed project will identify members of the target population(s). Include any background information relating to the proposed county or counties to be served, geographical location, unique features of the community, or other pertinent information that helps shape the target population's need within the community.

2. Local Health Care Delivery System Landscape

Describe how medical care is delivered within the proposed county or counties. Identify the main sources of care for the target population as well as strengths and existing challenges in the health care delivery system. Describe the Lead Applicant role and the roles of other counties, if acting jointly, as well as all key project partners' roles within the health care delivery system. Please describe any prior or current efforts to develop health systems linkages across health care providers and/or the health and behavioral health systems serving CMSP and other publically funded populations.

3. Description of Proposed Grant Project

Describe and discuss the proposed activities to be performed in the project. All activities should be incorporated into the Implementation Work Plan*.*

4. Organization and Staffing

Describe and demonstrate the Applicant's organizational capability to implement, operate, and evaluate the impact and effectiveness of the proposed project. Further, clearly delineate the roles and responsibilities of the Lead Applicant, the county, other counties if acting jointly, and key project partners.

5. Implementation Work Plan

This section should include a project Implementation Work Plan and timetable for completion of project activities.

D. Grant Project Goals and Outcome Reporting (no longer than two pages)

Please provide specific policy, program, organizational, service delivery, and/or financial goals that the project intends to accomplish during the Grant period. Describe what records or metrics the project intends to collect to assess the progress and success of the Grant efforts.

E. Budget and Budget Narrative (no longer than two pages)

Complete the Detail & Summary Budget Templates (See Attachments B1 and B2) and provide a brief budget narrative detailing all expense components that make up total operating expenses and the source(s) of in-kind and/or direct matching funding. As a reminder, applicant and/or partners must provide an in-kind match of a minimum of 20% of the grant award. These Budget Templates are available as an Excel spreadsheet for download here.

As part of the budget narrative, describe all administrative costs and efforts to minimize use of project funds for administrative and overhead expenses. Please note: No project funding shall be used for administrative and/or overhead costs not directly attributed to the project. In addition, administrative and/or overhead expenses shall not exceed 15% of the total project expenditures.

F. Letters of Commitment and/or Support

Letters of Commitment and/or Support from key partners should be included and will be utilized in scoring (15%). Letters should describe the key partner's understanding of the proposed project and their organizations' role in the project.

Grant applications must have the support, as demonstrated by Letters of Commitment, from at least one local hospital and at least one primary care provider such as a clinic, private practice physician, or physician group; and, must have the demonstrated

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support, as demonstrated by Letters of Commitment, from at least two of the following CMSP County agencies or departments: Health/Public Health, Social Services/Welfare, Mental Health, and Drug and Alcohol Services. Throughout the project, the lead agency shall make efforts to establish relationships and garner the support of additional community resources.

G. County Board of Supervisors or Board of Directors Approval

Documentation must be provided showing that the Grant application was approved by the County Board of Supervisors (in instances where the Lead Applicant is a county) or the organization's Board of Directors (in instances where the Lead Applicant is a not-for-profit organization).

H. 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.   APPLICATION INSTRUCTIONS

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, size 12 point.
   2. Text must appear on a single side of the page only.
   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 <u>will not be accepted</u>.

C. The application shall 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 three hard-copies.

E. Provide an electronic copy (flash drive or CD) of the following components of the application: 1) Application Cover Sheet (as an Excel Document), 2) Grant Project Summary (as a Word Document), 3) Grant Project Narrative (as a Word Document), 4) Detailed and Summary Budget (as an Excel Document), and 5) Grant Project Goals and Outcome Reporting (as a Word Document).

F. Do not provide any materials that are not requested as the materials will not be considered by reviewers.

G. Folders and binders are not necessary or desired; please securely staple or clip the application in the upper left corner.

H. Grant applications must be received in the office no later than 12:00 PM on 03/01/19. Address all applications to:

> CMSP Governing Board
> ATTN: Laura Moyer, Program Analyst
> 1545 River Park Drive, Suite 435
> Sacramento, CA 95815

X.   GENERAL INFORMATION

A. 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.

B. 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.

C. Proposals may remain confidential during this process only until such time as determined by the Governing Board in its sole discretion. Thereafter, all information submitted by a responding Applicant may be treated as a public record by the Governing Board. 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.

D. 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.
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.

APPLICATION COVER SHEET
CMSP Health Systems Development Grant Program

1. CMSP County, Counties, or Not-For-Profit Organization Included in the Project:

_____

2. Funding:
Requested Grant Amount (3-year total): _____
In-Kind and/or Other Matching Funds Provided by Applicant: _____

3. Lead Applicant:
Organization: _____ Tax ID Number: _____
Applicant's Director or Chief Executive: _____
Title: _____
Applicant's Type of Entity (S*pecify county department or non-profit*): _____
Address: _____
City: _____ State: _____ Zip Code:_____ County: _____
Telephone: _____ Fax: _____
Email address: _____

4. Primary Contact Person (*Serves as lead contact person during the application process):*
Name: _____
Title: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip Code:_____ County: _____
Telephone: _____ Fax: _____
Email address: _____

5. Secondary Contact Person (*Serves as alternate contact during the application process):*
Name: _____
Title: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip Code:_____ County: _____
Telephone: _____ Fax: _____
Email address: _____

6. Financial Officer *(Serves as Fiscal representative for the project):*
Name: _____
Title: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip Code:_____ County: _____
Telephone: _____ Fax: _____
Email address: _____

7. Focus Area(s) *(Check all that apply):*

☐   Expand access to care for primary care, specialty care and/or behavioral health services

☐   Coordinate and/or integrate health and behavioral healthcare service systems

☐   Strengthen the overall health care delivery system in the county across a range of health and behavioral health providers

Agreement:

By submitting this application for CMSP Health Systems Development Grant Program, the applicant signifies acceptance of the appliant'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 Health Systems Development Grant Program is true and correct.

Signature: _____ **Date:** _____

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone: _____ Fax: _____

Email address: _____

CMSP Health Systems Development Grant Program Budget Guidelines

Applicants must use the budget summary and detail formats provided in Attachment B2. Grant amounts shall not exceed a total of $300,000 over three years.

The Summary Budget is a summary of *all* project related costs and funding sources for each year of the project. Budgets must include 20% in-kind and/or matching funding which is to be shown on the Summary Budget.

The Detail Budget is a breakdown of *only* CMSP funded expenses for each year of the project.

Administrative and/or overhead expenses shall not exceed 15% of total grant funded expenditures.

Budget items should be placed into one of six categories. A brief description of each category is listed below. Any expenses that are categorized within "Other" should be explained in the budget narrative.

Personnel
Gross salary and fringe benefits related to staff or funded project. Fringe benefits include employer FICA, unemployment and workers compensation taxes, medical insurance, vacation/sick leave and retirement benefits.

Contractual Services
Payments related to subcontractors and consultants who provide services to the project. Includes all expenses reimbursed including salaries, office expenses, travel.

Office Expenses
Expenses attributable to managing an office including photocopies, postage, telephone charges, utilities, facilities, educational materials and general office supplies.

Travel
Actual project-related travel expenses, including airfare, meals, hotels, mileage reimbursement, parking and taxis. If the organization has an established per diem policy, per diem may be charged to the grant in lieu of actual incurred expenses.

Equipment
Items purchased, leased or upgraded which improve health care delivery capacity such as computer hardware and software, medical exam room equipment, diagnostic equipment and dental operatories.

Other
Items that do not fall into any of the other categories listed above. Each item listed in other should be noted briefly in budget summary and explained in the budget narrative.

No grant funding should be used for administrative and/or overhead costs not directly attributable to the project.

Budget Narrative
Provide a brief (no more than two pages) written description detailing all expense components and the source(s) of in-kind and/or direct matching funding. Describe all administrative costs and efforts to minimize use of grant funds for administrative and overhead expenses.

Budget Template - Summary Budget
CMSP Health Systems Development Grant Program

Applicant:

3 Year Summary Budget   Includes a summary of CMSP Funds, In-Kind Funds and Total Funds.

Category	CMSP Funding (Year 1)	In-Kind Funding (Year 1)	Total Funds (Year 1)
Personnel			0
Contractual Services	0	0	0
Office Expenses	0	0	0
Travel	0	0	0
Equipment	0	0	0
Other	0	0	0
TOTAL YEAR 1	0	0	0

Category	CMSP Funding (Year 2)	In-Kind Funding (Year 2)	Total Funds (Year 2)
Personnel			0
Contractual Services	0	0	0
Office Expenses	0	0	0
Travel	0	0	0
Equipment	0	0	0
Other	0	0	0
TOTAL YEAR 2	0	0	0

Category	CMSP Funding (Year 3)	In-Kind Funding (Year 3)	Total Funds (Year 3)
Personnel	0	0	0
Contractual Services	0	0	0
Office Expenses	0	0	0
Travel	0	0	0
Equipment	0	0	0
Other	0	0	0
TOTAL YEAR 3	0	0	0
TOTAL PROJECT COST	0	0	0

Budget Template - Summary Budget
CMSP Health Systems Development Grant Program

Applicant:

3 Year Summary Budget   Includes a summary of CMSP Funds, In-Kind Funds and Total Funds.

Category	CMSP Funding (Year 1)	In-Kind Funding (Year 1)	Total Funds (Year 1)
Personnel			0
Contractual Services	0	0	0
Office Expenses	0	0	0
Travel	0	0	0
Equipment	0	0	0
Other	0	0	0
TOTAL YEAR 1	0	0	0

Category	CMSP Funding (Year 2)	In-Kind Funding (Year 2)	Total Funds (Year 2)
Personnel			0
Contractual Services	0	0	0
Office Expenses	0	0	0
Travel	0	0	0
Equipment	0	0	0
Other	0	0	0
TOTAL YEAR 2	0	0	0

Category	CMSP Funding (Year 3)	In-Kind Funding (Year 3)	Total Funds (Year 3)
Personnel	0	0	0
Contractual Services	0	0	0
Office Expenses	0	0	0
Travel	0	0	0
Equipment	0	0	0
Other	0	0	0
TOTAL YEAR 3	0	0	0
TOTAL PROJECT COST	0	0	0

EXHIBIT C

APPLICATION

GRANTEE'S APPLICATION

Attachment A

APPLICATION COVER SHEET
CMSP Health Systems Development Grant Program

1. CMSP County, Counties, or Not-For-Profit Organization Included in the Project:
County of Sonoma

2. Funding:
Requested Grant Amount (3-year total): $300,000
In-Kind and/or Other Matching Funds Provided by Applicant: $60,000

3. Lead Applicant:
Organization: Sonoma County Dept. of Health Services Tax ID Number:
Applicant's Director or Chief Executive: Barbie Robinson, MPP, JD, CHC
Title: Director of Health Services
Applicant's Type of Entity (*Specify county department or non-profit*):   County Departent
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

4. Primary Contact Person (*Serves as lead contact person during the application process*):
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: 95495 County: Sonoma
Telephone: (707) 565-4703   Fax:
Email address: ken.tasseff@sonoma-county.org

5. Secondary Contact Person (*Serves as alternate contact during the application process*):
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

6. 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

7. Focus Area(s) *(Check all that apply):*

☑   Expand access to care for primary care, specialty care and/or behavioral health services

☑   Coordinate and/or integrate health and behavioral healthcare service systems

☑   Strengthen the overall health care delivery system in the county across a range of health and behavioral health providers

Agreement:

By submitting this application for CMSP Health Systems Development Grant Program, the applicant signifies acceptance of the appliant'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 Health Systems Development Grant Program is true and correct.

Signature: _____   **Date:**   Feburary, 27, 2019

Name: Barbie Robinson, MPP, JD, CHC

Title: Director of Health Services

Organization: Sonoma County Deptartment 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

Grant Project Summary

The County of Sonoma respectfully requests funding through the CMSP Health Systems Development Grant Program to support a project that will result in sharing integrated health and human services data with Sonoma County community clinics, hospitals and other key health and human service stakeholders. The objective of the project is to promote integrated care coordination between health providers, support improved health care delivery, and improve linkages between health care systems.

In April 2017, the Sonoma County Board of Supervisors established ACCESS Sonoma County (Accessing Coordinated Care to Enable Self Sufficiency), a strategic priority intended to strengthen the County's safety net system. ACCESS Sonoma includes an Interdepartmental Multi-Disciplinary Team (IMDT) supported by the data and care management tools of our Integrated Data Hub. ACCESS Sonoma was prioritized by the Board to address the siloed nature of health care and other safety net services. The Sonoma Complex Fires in October of 2017 exacerbated the problem by complicating the health care system with increased homelessness, unemployment, displacement and financial insecurity.

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. Since July 2018, County staff assigned to the Interdepartmental Multi-Disciplinary Team (IMDT) meet several times each week and use the Data Hub daily to care coordinate the complex and integrated health and human services needs of our most vulnerable clients. Currently, only county staff assigned to the IMDT have access to the Data Hub.

The County contracts with the six Federally Qualified Health Clinics in the county to provide outreach and engagement to their clients, identifying those who may qualify for care coordination services with our IMDT. The clinics believe that access to information in the Data Hub will promote better integrated care coordination, support improved health care delivery, and improve linkages between health care systems. Our local hospitals, including Kaiser Permanente and St. Joseph Health also support access to the Data Hub.

The Data Hub is fully functioning and is currently being used by our IMDT to improve client outcomes. Funding for the proposed project will support the addition of data interfaces, system security, client authorization, and system access for our community clinic partners, hospitals and other stakeholders in the Sonoma County health care continuum. The county has a stable, established project management team and a committed partner in IBM to complete the proposed project.

The County seeks $300,000 to support software development costs. The cost of project management will be borne by the County and will exceed the 20% in-kind match requirement. Our partners in the project will be the County's six FQHC's as well as the County's three hospital systems. The deliverable will be access by our partners to the Integrated Data Hub and permitted client data.

Grant Project Narrative

The Need within Our Community

Over the past two decades, the healthcare community has experienced an evolution in its understanding of how interrelated health, social, economic and environmental factors impact individual and community health. Today in Sonoma County, health and human service organizations recognize that these factors have the greatest impact on the most vulnerable citizens we serve. Health and social service providers across the county have worked together for years to implement strategies to address these interrelated factors and promote effective health care delivery. Many of these strategies involve information sharing, however the data sharing models are generally limited to physical health, mental health and substance use information while failing to include important social services data and when appropriate criminal justice sources. Healthcare providers have found that understanding a client's economic instability, food instability, housing status, criminal justice challenges and environmental risks can be equally as important as health factors, however they don't have the tools to access that information effectively. Sonoma County is solving that problem by bringing siloed health, social services, housing and criminal justice information together in an Integrated Data Hub.

The Sonoma Complex fires of October 2017 significantly increased the complexity and impact of these factors while simultaneously exploding the number of residents needing complex public health and human services. In April 2017, the Sonoma County Board of Supervisors established ACCESS Sonoma County (Accessing Coordinated Care to Enable Self Sufficiency), a strategic priority intended to strengthen the County's safety net system. In response to the needs created by the fire, and recognizing the need to coordinate data across the health, social services and criminal justice safety-net, the County partnered with IBM Corporation to create the Integrated Data Hub. The Data Hub brings together mental health, SUD, CalWin, housing, probation and other safety-net information into a single client record that our Interdepartmental Multidisciplinary Team (IMDT) uses daily to coordinate services for our most vulnerable clients. But we recognize that in order to have an effective community-wide health delivery system that addresses the needs of the most vulnerable and underserved, we need to share this information with our community partners.

The County's proposed project provides software enhancements to our working Integrated Data Hub resulting in system access for our community clinics, partner hospitals and other stakeholders. The community clinics are six Federally Qualified Health Centers (Santa Rosa Community Health, Petaluma Health Center, West County Health Centers, Sonoma Valley Community Health Center, Alliance Medical Center, and Alexander Valley Health Care). The partner hospital systems include, Kaiser Permanente, Sutter Health and St. Joseph Health. With access to the Data Hub, our community partners can use the broad spectrum of client information across the safety net as well as the care management tools built into the system. The project will also provide a portal for our clients to participate in their care and track progress towards goal.

Prior to developing the Integrated Data Hub, clients who received safety net services across multiple agencies received those services in a siloed manner. By using integrated data in a multi-disciplinary team format, we have seen success with clients are less likely to slip through gaps in service. In siloed models of care delivery, clients are much more susceptible to missing a "hand-off" which often results in relapse, recidivism, hunger and a return to square one.

In addition to integrated data, the existing system provides tools such as care management planning, shared team notes, client goal setting and an innovative client progress dashboard.

Local Health Care Delivery Landscape

Within Sonoma County, the target population of CMSP eligible clients and potential CMSP eligible clients are served by multiple health care providers. The primary physical health care provider system in the county for MediCal and CMSP clients is a network of six Federally Qualified Health Centers geographically dispersed in major population centers. Kaiser Permanente, Sutter Health and St. Joseph Health are the three largest hospital systems serving the county with St. Joseph Health providing the majority of MediCal and indigent inpatient care.

Mental Health Services and Substance Use Disorder services are primarily provided to MediCal and other clients through the Sonoma County Department of Health Services Behavioral Health Division. The County has a Crisis Stabilization Unit and is contracting to have an inpatient Psychiatric Health Facility opened by Winter 2019. Data from the Mental Health and SUD electronic health record systems populate the Integrated Data Hub.

The Sonoma County Department of Health Services 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.

Healthcare providers work together to promote person-centered care delivery through a number of coordination groups including the Health Action Council, the Health Alliance, the Committee for Healthcare Improvement and other health coordination groups. Partnership Health Plan serves as the County's Organized Health System (COHS).

The October 2019 Sonoma Complex fires significantly increased demand and pressure on health care systems across all disciplines. The impact of the fires exposed the need for improved health care coordination, better communication and data sharing, and effective disaster planning. Health care coalitions and coordination groups are working to address the disaster planning and coordination needs. This proposed project is aimed to help improve communication and data sharing between community health care providers.

Description of Proposed Grant Project

Over the past year, the County has partnered with IBM to develop the Integrated Data Hub that brings together data from the County's mental health, SUD, CalWin, housing, criminal justice and other siloed databases, and masters it into a single client record.

The front end of the data hub is the IBM Watson Care Manager that gives the County's Interdepartmental Multidisciplinary Team (IMDT) a 360 degree view of information affecting a client's well-being and self-sufficiency. The core system was developed over two phases and was funded by a combination of grant funding from the Well Being Trust and St. Joseph Health as well as participating department's support. The system provides client information from the source databases, but equally as important, it provides care management tools such as case planning, goal setting, risk assessment, shared notes, and communication tools. The Integrated Data Hub has been used in practice since July 2018, and the IMDT has been using the system to care manage our most vulnerable clients with complex health, housing, economic, legal, social and environmental challenges. The home page for the Integrated Data Hub is shown below. (Not actual client data).

Today, the project implementation team is working with IBM on Phase 3 of the project. This phase integrates additional data from the source databases, develops basic referral capability, configures the foundation for a client portal, and develops security rules for client authorization. Phase 3 system development was funded by a combination of grant funding from the Hewlett Foundation and participating department support. Phase 3 is expected to be completed by August 2019.

The County is asking the CMSP Governing Board for $300,000 to fund software development in support of Phase 4 of the project. The primary focus of Phase 4 will be creating access to the Integrated Data Hub for our community clinics, partner hospitals

and other stakeholders as well as expanding the client portal. The funding will be 100% dedicated to IBM software development that will:

- Develop an interface to allow external access to the Integrated Data Hub.
- Expand security roles to ensure data protection.
- Enhance functionality of the client portal.
- Expand the client referral system.
- Integrate additional data from the source databases.

The Watson Care Manager front end is a web based software and once security roles are assigned, the clinics will have immediate access to the system. Upon completion of the software development and roll-out, the clinics will receive training by the County implementation team. Phase 4 of the project is scheduled to begin in September 2019, and is anticipated to take 20 weeks to complete. At the inception of the ACCESS program, the County committed ongoing resources to the Integrated Data Hub. The working system is being supported today, and we will continue to provide support to all users after roll-out to the clinics, hospitals and other stakeholders.
Beyond providing our valued community partners access to important client information that they could not get elsewhere, this project distinguishes itself by delivering these other benefits:

- The grant funding will provide long-term results and system access that does not require additional investment after the grant funding is spent.
- Project development is supported by an experienced County implementation team that has worked together on the Integrated Data Hub development for over a year.
- The project will deliver access to the Data Hub that has already shown to improve the efficiency and effectiveness of the IMDT Care Team resulting in better client outcomes, more efficient communication, and better decision making.
- Stakeholders will have access to a far greater spectrum of client data than they would using only a traditional Health Information Exchange.
- It is a quick delivery project with long-term support commitments and established infrastructure.
- There is no administrative overhead paid by the grant. 100% of the grant funding will be expended on software development services provided by IBM.

During Phase 4, the County will be doing concurrent system enhancement that will support care management of mentally ill criminal offenders with the goal of diverting them from jail and into intensive care management. The County has approved using $514,000 of Homeless Mentally Ill Outreach and Treatment Program (HMIOT) funding (Senate Bill 840) funding to support software development directly related to that program. The CMSP funding stream and expenditures will remain separate from the HMIOT funding stream, however the system benefits from each project will complement and add value to the other.

Organization and Staffing

The IBM software development team will be supported by the County funded implementation team consisting of an IT Project Manager, the Department of Health Services IT Manager/Privacy Officer, two Health Care Program Managers (1 clinical, 1 administrative), and the 10 member IMDT. This team has worked together with IBM on the Data Hub project for over a year and has demonstrated the ability to deliver on-time, on-budget, high-quality results. Representatives from the community clinics and hospitals will participate in design, evaluation, user acceptance testing and training. St. Joseph Health, one of the key hospitals systems that will get Data Hub Access, is very familiar with the system as they provided grant funding for Phase 1 system development. To date, staff have processed two supporting grants with on-time, high-quality reports and documentation.

Implementation Work Plan

The project is anticipated to begin in September 2019 and is scheduled to take approximately 5 months.

Task	Name	Timing
Task 1: Project Initiation and Planning	Project Phase 4 Kick-off Presentation	Week 1 - 4
	Project Management Plan	
	Project Workplan	
	Monthly Project Status Reports	
	System Design and Dev. Strategy	
	Master Testing Strategy	
Task 2: Requirements and Sys. Design	Validation and Traceability Matrix	Week 1 - 4
	Functional Design	
	System Architecture	
	Technical Design Document	
Task 3: Development	Data Integration and Sync. Plan	Week 3 - 17
	Configured and Developed System ready for System Testing	
	System Maintenance, Support, and Transition Plan	
Task 4: Testing	Test Plan including Test Scenarios, Test Cases, and Scripts for UAT	Week 16 - 18
	System Integration Testing	
	UAT Completion	
Task 5: Training	Training Plan Curricula and Materials	Week 18 - 20
	End-User Training Completion	
Task 6: Deployment	Deployment Plan	Week 18 – 20
	System Document and Custom Code	
	Go Live Checklist and Readiness	
Task 7: Closeout	Project Closeout Document	Week 20 - 24
	Follow-up with Clinics and Hospitals	

Grant Project Goals and Outcomes

Project Goals

With a long history of collaboration in Sonoma County between primary health, behavioral health, human services and criminal justice partners, the ACCESS Sonoma initiative is combining the efficiencies of a coordinated multidisciplinary team with the power of shared client information to improve care coordination and client outcomes. By extending the benefits of multi-agency information sharing to our community partners through access to the Integrated Data Hub, we will achieve the goal of reducing barriers between the County and our community partners, improve communications and strengthen the safety net support for our most vulnerable residents.

The initial rollout and use of the Data Hub by the IMDT has resulted in far more efficient care coordination meetings, significant time saved trying to get critical data, and improved outcomes for our clients. We believe that by bringing this tool to our primary health care partners and other social service agencies, they will experience similar efficiencies and improvements in client outcomes.

Outcomes for participating clients	Efficiencies for participating agencies
Improve physical health outcomes, including substance use disorders and chronic disease	Improved information sharing across departments and community partners
Improve mental health outcomes	Improved and expanded service integration
Increased access to needed services	Improved referral and client tracking mechanisms
Secure jobs due to health stability	Access to a single record system with a 360 degree view of the client.
Increase in assets and income	Expanded capacity of staff
Reduced reliance on emergency services and public benefits	Reduction in paperwork, gaps and duplication of services
Housing stability	Improved evaluation to assess outcomes

Outcome Reporting

Upon completion of the program and access to the Data Hub by our community partners, we will track and report upon key metricsoutcomes throughout the three-year grant payment schedule as follows:

1) Clients will have improved health and well-being through better coordinated care and easier referral to appropriate healthcare and human services partners. This will be measured by the increase in number of client referrals to healthcare providers.

2) The participating agencies will access the system to provide integrated client services and use coordinated client tracking. This will be measured by monitoring system logs of agency access.

3) Clients will experience reduced reliance on hospital emergency room services due to coordinated preventative care and referral to appropriate health partners. This will be measured by reductions in client ER visits after care team engagement.

4) Clients will have a reduced long-term dependence on public benefits due to the coordinated multi-disciplinary approach to service delivery. This will be measured by reduction in utilization of services analysis.

5) The participating agencies will experience greater clinical savings and improved administrative efficiencies as participating agencies work collaboratively to reduce overlapping services and refer clients to the most cost efficient services.

Budget Template - Detail Budget
CMSP Health Systems Development Grant Program

Applicant: County of Sonoma

3 Year Detail Budget   Breaks down planned CMSP fund expenditures in detail.

Category Item/Service	Qnty (Year 1)	Cost (Year 1)	Qnty (Year 2)	Cost (Year 2)	Qnty (Year 3)	Cost (Year 3)	Total Cost
Personnel							
		0		0		0	0
		0		0		0	0
		0		0		0	0
Contractual Services							
IBM Software Development	1	$300,000		0		0	300000
		0		0		0	0
		0		0		0	0
Office Expenses							
		0		0		0	0
		0		0		0	0
		0		0		0	0
Travel							
		0		0		0	0
		0		0		0	0
		0		0		0	0
Equipment							
		0		0		0	0
		0		0		0	0
		0		0		0	0
Other							
		0		0		0	0
		0		0		0	0
		0		0		0	0
TOTAL CMSP Funding		300000		0		0	300000

Grant Project Budget Narrative

<u>Budget Details</u>

To date, Sonoma County has contracted with IBM Corporation for three phases of Integrated Data Hub development. On December 11, 2018, the Sonoma County Board of Supervisors approved the Phase 3 contract with IBM, and concurrently approved Phase 4 in concept. In addition, on February 26, 2019, the Board unanimously approved support of this grant application requesting $300,000 to fund Phase 4 of the project. If approved, 100% of the CMSP Health Systems Development Grant funding will be used to pay for IBM software development costs. <u>The County understands that grant funding will be disbursed by CMPS over the course of three years consistent with section V. of the grant Request for Proposals.</u>

<u>IBM Contract Expenditure Details</u>

<u>IBM will provide project management and technical staff to complete the system enhancements described below and in the Grant Project Narrative. The CMSP will fund the following portion of the IBM contract:</u>

Staff Title	Role	Approximate Cost
IBM Project Manager	Project Manage overall software development project.	70,000
IBM Software Programmers	Design, Code and Test new software functionality.	110,000
Watson Care Development Lead	Integrate data functionality with the Watson Care Manager	40,000
Systems Business Analyst	Translates Client requirements into technical solutions.	40,000
Training Lead	Trains on new system functionality	20,000
Misc. IBM Support Staffing	Provides support for project team	20,000
Details of IBM staffing costs attributed to CMSP Funding.		**$300,000**

<u>The staffing described above will be dedicated to design and implementation of the following enhancements to the Data Hub and Watson Care Manager.</u>

- <u>Develop an interface to allow external access to the Watson Care Manager.</u>
- <u>Expand security roles to ensure data protection.</u>
- <u>Enhance functionality of the client portal.</u>
- <u>Expand the client referral system.</u>
- <u>Integrate additional data from the source databases.</u>

In-Kind Support

The County will pay for project support and overhead through participating Safety Net Department staff support. This project support and overhead exceeds the 20% in-kind requirement articulated in the grant instructions.

In-kind support during the 20 week project schedule is calculated as follows:

Staff Title	Role	Hours/Wk. Total hours	Loaded Hourly Cost	Total Project Cost
IT Project Manager 1.0 FTE	Project Manage overall software development project.	30 Hours/week 20 Weeks Total 600 hrs.	102.81	61,686
Health Program Manager 2.0 FTE	1 Clinical Manage and 1 Admin. Manager to coordinate IBM staff and IMDT project implementation staff.	15 Hours/week X 2 FTE 20 Weeks Total 600 Hrs.	90.59	54,354
Health IT Manager – Privacy Officer	Overall Access Sonoma Coordination. Health information privacy and security	10 Hours/week 20 Weeks Total 200 Hrs.	96.18	19,236
Project Implementation Team	End-user direction, design, use-case development, and user acceptance testing	10 Hours/week X 10 FTE 15 Weeks Total 1500Hrs.	Ave. 70.00	105,000
Total County in-kind match				**$240,276**

Concurrent Software Development

During Phase 4, the County will be doing concurrent system enhancement that will support care management of mentally ill criminal offenders with the goal of diverting them from jail and into intensive care management. The County has approved using $514,000 of Homeless Mentally Ill Outreach and Treatment Program (HMIOT) funding (Senate Bill 840) funding to support software development directly related to that program. The HMIOT funding requires no matching or in-kind support. The CMSP grant funding and expenditures will remain separate from the HMIOT funding stream, however the system benefits from each project will complement and add value to the other.

Concurrent Software Development

During Phase 4, the County will be doing concurrent system enhancement that will support care management of mentally ill criminal offenders with the goal of diverting them from jail and into intensive care management. The County has approved using $514,000 of Homeless Mentally Ill Outreach and Treatment Program (HMIOT) funding (Senate Bill 840) funding to support software development directly related to that program. The HMIOT funding requires no matching or in-kind support. The CMSP grant funding and expenditures will remain separate from the HMIOT funding stream, however the system benefits from each project will complement and add value to the other.

Letter of Support

Sonoma County

St. Joseph Health

Kaiser Permanente

Santa Rosa Community Health

Petaluma Health Center

Sonoma County Human Services Department

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

Karen Fies, Director
kfies@schsd.org

Oscar Chavez, Asst. Director
Oochavez@schsd.org

Angela Struckmann, Asst. Director
astruckmann@schsd.org

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

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

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

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

February 27, 2019

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

Dear CMSP Governing Board:

The Sonoma County Human Services Department supports the Sonoma County Department of Health Services' grant application to the California State County Medical Services Program Governing Board. We understand the project proposed by the Department of Health Services will extend access for use of their Integrated Data Hub to community clinics, hospitals and other community partners resulting in better care coordination and client outcomes for our clients.

The Human Services Department works in close partnership with the Department of Health Services and other stakeholders in supporting the ACCESS Sonoma Project, staffing the Interdepartmental Multi-Disciplinary Team and developing the Integrated Data Hub. We look forward to continuing our work with the Department of Health Services and other stakeholders on the next step of data hub development which will contribute to better care coordination and client outcomes for our most vulnerable and resource dependent clients.

Please accept this letter of support for the Sonoma County Department of Health Services' grant application.

Sincerely,

Karen Fies
Director

February 25, 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 to the California State County Medical Services Program Governing Board. We understand the project proposed by the Department of Health Services will extend access for use of their Integrated Data Hub to community clinics, hospitals and other community partners resulting in better care coordination and client outcomes for our clients. St. Joseph Health provided financial support for the initial development of the data hub and supports the next step in its development which will contribute to better care coordination and client outcomes for our most vulnerable and resource dependent clients.

Please accept this letter of support for the Sonoma County Department of Health Services' grant application.

Sincerely,

Tyler Hedden
Interim Chief Executive
St. Joseph Health – Sonoma County

February 25, 2019

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

Dear CMSP Governing Board:

Kaiser Permanente would like to share our support for the Sonoma County Department of Health Services' grant application to the California State County Medical Services Program Governing Board. We understand the project proposed by the Department of Health Services will extend access for use of their Integrated Data Hub to community clinics, hospitals and other community partners resulting in better care coordination and client outcomes. Kaiser Permanente works with Sonoma County to strengthen community systems of care and we recognize that the County's efforts to provide community partners with access to a broad-spectrum of client information supports better access to and delivery of health care services.

Please accept this letter of support for the Sonoma County Department of Health Services' grant application.

Sincerely,

Judy Coffey, RN
SVP/Area Manager
Marin-Sonoma Service Area

Santa Rosa COMMUNITY HEALTH

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

February 25, 2019

Dear CMSP Governing Board:

Santa Rosa Community Health would like to express our full support for the Sonoma County Department of Health Services' grant application to the California State County Medical Services Program Governing Board. We understand the project proposed by the Department of Health Services will extend access for use of their Integrated Data Hub to community clinics, hospitals and other community partners resulting in better care coordination and client outcomes. Santa Rosa Community Health Centers works with Sonoma County to strengthen community systems of care and we recognize that the County's efforts to provide community partners with access to a broad-spectrum of client information supports better access to and delivery of health care services.

Please accept this letter of support for the Sonoma County Department of Health Services' grant application.

Sincerely,

Naomi Fuchs, CEO

February 25, 2019

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

Dear CMSP Governing Board:

Petaluma Health Center would like to share our support for the Sonoma County Department of Health Services' grant application to the California State County Medical Services Program Governing Board. We understand the project proposed by the Department of Health Services will extend access for use of their Integrated Data Hub to community clinics, hospitals and other community partners resulting in better care coordination and client outcomes. Petaluma Health Center works with Sonoma County to strengthen community systems of care and we recognize that the County's efforts to provide community partners with access to a broad-spectrum of client information supports better access to and delivery of health care services.

Please accept this letter of support for the Sonoma County Department of Health Services' grant application.

Sincerely,

Kathryn Powell
Chief Operating Officer

Letter of Support
Sonoma County
Board of Supervisors

575 ADMINISTRATION
DRIVE, ROOM 102A
SANTA ROSA, CA 95403
THE WITHIN INSTRUMENT IS A
CORRECT COPY OF THE ORIGINAL
ON FILE IN THIS OFFICE.

ATTEST: FEB 2 6 2019

SHERYL BRATTON, Clerk/Secretary

BY _____
DEPUTY CLERK/ASST. SECRETARY

Agenda Date: 2/26/2019 **Agenda Item:** 17

	AYE	NO
GORIN	✔	
RABBITT	✔	
ZANE	✔	
GORE	✔	
HOPKINS	✔	

To: Board of Supervisors of Sonoma County
Department or Agency Name(s): Department of Health Services
Staff Name and Phone Number: Barbie Robinson, 565-7876
Vote Requirement: Majority
Supervisorial District(s): Countywide

Title:

County Medical Services Program Health Systems Development Grant Program

Recommended Actions:

Approve the submission of a grant application to the California State County Medical Services Program Governing Board requesting $300,000 to develop and implement strategies to improve delivery of health care services to current and potential County Medical Services Program members.

Executive Summary:

California State County Medical Services Program Governing Board recently issued a letter to local health care systems announcing the availability of grant funding for projects that support improved access and delivery of health care services to current and potential County Medical Services Program members. The Sonoma County Department of Health Services is eligible to request $300,000 of this grant funding. Board of Supervisors support, as requested in this report, is required for submission of the grant application.

Under the Program, applicants may seek one-time funding to be paid over three years for development of health systems linkages across health care providers and/or across the health and behavioral health systems. Efforts funded by the grants must target persons eligible for or potentially eligible for the County Medical Services Program, but may also additionally contribute to improvements for populations served by other publicly funded health care programs, such as Medi-Cal.

No matching funds are required as a condition of this grant. However, the grant requires the County to provide an in-kind support match of at least 20 percent of the grant award. Prior Board actions on the Access Sonoma project included staff support and project management as in-kind support provided by the participating Safety Net Departments. For this phase of the project, the County Medical Services Program analyst has confirmed that similar use of county staff to support the project meets the grant requirement. Other current funding sources for this project do not require matching or in-kind support from the County.

The Department of Health Services intends to request $300,000 to support the ACCESS Sonoma Program, including Phase 4 which is scheduled to begin this year. This use is consistent with the grant goals. The funding will be used to enhance system capabilities of the IBM data hub and integrated case management system. The grant application is due to the California State County Medical Services Program Governing Board on March 1, 2019.

Discussion:

The California State County Medical Services Program Governing Board recently issued a letter to local health

care systems announcing the availability of grant funding for projects that support improved access and delivery of health care services to current and potential County Medical Services Program members. The Sonoma County Department of Health Services is eligible to request up to $300,000 of this grant funding.

Under the Program, applicants may apply for one-time funding to be paid over three years for development of health system linkages across health care providers and/or across the health and behavioral health systems. Efforts funded by the grants must target persons eligible for or potentially eligible for the County Medical Services Program, but may also additionally contribute to improvements for populations served by other publicly funded health care programs, such as Medi-Cal. One of the grant requirements is to obtain Board of Supervisors support to submit the grant application. The grant application is due to the California State County Medical Services Program Governing Board on March 1, 2019.

The Department of Health Services intends to request $300,000 to support the ACCESS Sonoma Program, including Phase 4 which is scheduled to begin this year. The funding of the ACCESS Sonoma Program is consistent with the grant goals in that it continues to enhance system capabilities of the IBM data hub and integrated case management system. Specifically, the grant will fund:

1)   Enhanced referral capability that will engage community partners in client care.

2)   Enhanced alert capabilities that notify care team members of important issues and events.

3)   Client portal enhancements that allow the client to track progress towards achieving their goals.

4)   Expanded security roles to support community partner access.

5)   Basic community partner access to information based on client authorization.

6)   Additional data from Safety Net Departments.

Enhancement of this system will allow many partner providers across the county to share County Medical Services Program client information in an integrated way that will improve client care and outcomes. In addition, it will allow clients, including County Medical Services Program members, to participate in their care management via a client portal.

Prior Board Actions:
None

FISCAL SUMMARY

Expenditures	FY 18-19 Adopted	FY19-20 Projected	FY 20-21 Projected
Budgeted Expenses	0	100,000	100,000
Additional Appropriation Requested	50,000		
Total Expenditures	**50,000**	**100,000**	**100,000**
Funding Sources			
General Fund/WA GF			
State/Federal	50,000	100,000	100,000
Fees/Other			

Use of Fund Balance			
Contingencies			
Total Sources	**50,000**	**100,000**	**100,000**

Narrative Explanation of Fiscal Impacts:
Appropriations and expenditures related to funding received through the County Medical Services Program Health Systems Development Grant Program will be added to the fiscal year 2018-2019 budget via the third quarter consolidated budget adjustments process. Future year funding will be included in the appropriate year budgets. It is anticipated that funding will be received as follows: FY 18-19 - $50,000; FY 19-20 - $100,000; FY 20-21 - $100,000; and FY 21-22 - $50,000.

Staffing Impacts:			
Position Title (Payroll Classification)	Monthly Salary Range (A - I Step)	Additions (number)	Deletions (number)

Narrative Explanation of Staffing Impacts (If Required):
N/A

Attachments:
None

Related Items "On File" with the Clerk of the Board:
None

EXHIBIT D

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD
GRANTEE DATA SHEET

Grantee's Full Name:	SONOMA COUNTY DEPT. OF HEALTH SERVICES
Grantee's Address:	SONOMA COUNTY DEPT. 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:	707-565-7849
Grantee's Email Address:	barbie.robinson@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:

By:_____
Title: _____
Date: _____