

LICN-035

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

between

COUNTY MEDICAL SERVICES PROGRAM
GOVERNING BOARD
("Board")

and

SISKIYOU COUNTY HHSA- PUBLIC HEALTH DIVISION
("Grantee")

Effective as of:
February 1, 2022

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 except as provided herein. Grantee may use an amount of the Grant Funds up to ten percent (10%) of the total Project expenditures 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.

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.

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 12, 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 reports to the Board using the Biannual Progress Report Form on the following dates: August 15, 2022, February 15, 2023, August 15, 2023, February 15, 2024, and August 15, 2024. 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 changes to any key grantee personnel or their responsibilities; (7) describe the Grantee's experience utilizing Technical Assistance; (8) describe any changes in key partnerships; and (9) report on target population impact to date and share significant success stories.

C. Mid-Year Expenditure Reports. Grantees shall submit three (3) mid-year expenditure reports to the Board using the Mid-Year Expenditure Report Template on the following dates: August 15, 2022, August 15, 2023, and August 15, 2024. Each report should: (1) compare budgeted expenditures to actual expenditures for the first-half of the 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 are projected to deviate more than 5% from the most recently approved budget for the given budget year.

D. Year-End Expenditure Reports. Grantees shall submit two (2) Year End-Expenditure reports to the Board using the Year End -Expenditure Report Template on the following dates: February 15, 2023, and February 15, 2024. 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).

E. Final Report. Grantee shall submit a final report to the Board using the Final Report Template on February 17, 2025. The Final Report should: (1) compare project outcomes to the goals posed in the Grantee's application; (2) identify challenges and barriers to meeting Project goals encountered during project implementation; (3) compare Project progress to the Application, Timeline and Work Plan as set forth in Exhibit C; (4) describe the Grantee's experience utilizing Technical Assistance; (5) report on target population impact and share significant success stories; (6) report on Project's evaluation findings; (7) describe the Grantees sustainability efforts to continue the project activities beyond the life of the grant; (8) describe the Project's planned future activities following the Grant Program; (9) describe sustainability of key partnerships post grant; (10) compare budget expenditures to actual expenditures for the entire project period; and (11) detail total grant funds received and expended.

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 February 1, 2022, to May 1, 2025, 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 February 1, 2022.

BOARD:
COUNTY MEDICAL SERVICES
PROGRAM GOVERNING BOARD

GRANTEE:
SISKIYOU COUNTY HHSA- PUBLIC
HEALTH DIVISION

By: _____
Kari Brownstein, Executive Director

By: _____
Brandon A. Criss, Chair, Board of Supervisors

Date: _____

Date: _____

Attest: LAURA BYNUM
County Clerk & Ex-Officio
Clerk of the Board

By: _____
Wendy Winningham, Deputy County Clerk

Date: _____

EXHIBIT A

GRANTEE: SISKIYOU COUNTY HHSA- PUBLIC HEALTH DIVISION

GRANTEE'S PARTNERS UNDER CONTRACT¹

GRANT FUNDS:

Total Amount To Be Paid under Agreement: \$1,203,700.00

1. Amount to Be Paid Upon Execution of This Agreement (10%): \$120,370.00
2. Amount To Be Paid Within 30 Days Following Receipt of Invoice, First Biannual Progress Report and First Mid-Year Expenditure Report (anticipated to be 08/15/22) (16%): \$192,592.00
3. Amount To Be Paid Within 30 Days Following Receipt of Invoice, Second Biannual Progress Report and First Year-End Expenditure Report (anticipated to be 02/15/23) (16%):\$192,592.00
4. Amount To Be Paid Within 30 Days Following Receipt of Invoice, Third Biannual Progress Report and Second Mid-Year Expenditure Report (anticipated to be 08/15/23) (16%): \$192,592.00
5. Amount To Be Paid Within 30 Days Following Receipt of Invoice, Fourth Biannual Progress Report and Second Year-End Expenditure Report (anticipated to be 02/15/24) (16%): \$192,592.00
6. Amount To Be Paid Within 30 Days Following Receipt of Invoice, Fifth Biannual Progress Report and Third Mid-Year Expenditure Report (anticipated to be 08/15/24) (16%): \$192,592.00
7. Amount To Be Paid Within 30 Days Following Receipt of Invoice and Final Grant Report (anticipated to be 02/17/25) (10%): \$120,370.00

¹ Attach copy of any contract.

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

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

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:

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

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NOTICES:

Board:

County Medical Services Program Governing Board
Attn: Meegan Forrest, Director of Finance & Administration
1545 River Park Drive, Suite 435
Sacramento, CA 95815
(916) 649-2631 Ext. 120
(916) 649-2606 (facsimile)

Grantee:

(Insert Grantee name, address, contact person, phone and fax numbers)

Siskiyou County HHSA- Public Health Division

Shelly Davis

810 S Main St

Yreka, CA 96097

530-841-2140 Phone

LICN-035

EXHIBIT B
REQUEST FOR PROPOSAL
BOARD'S REQUEST FOR PROPOSAL



REQUEST FOR PROPOSALS

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

Eligible Applicants: County Agencies and non-profits from the following 16 CMSP counties - Alpine, Amador, Calaveras, El Dorado, Imperial, Kings, Lake, Lassen, Mendocino, Modoc, Napa, Plumas, San Benito, Sierra, Siskiyou, & Tehama.

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 the option of contracting 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 non-exempt income).

The Path to Health Pilot Project was launched in 2019 to test the effectiveness of providing primary and preventive services to low-income, undocumented county residents that are not otherwise eligible for CMSP and are eligible for and enrolled in emergency medical services under the Medi-Cal program. Path to Health serves undocumented adults ages 26 and older that are enrolled in an emergency services only Medi-Cal program aid code and reside in one of the 35 CMSP counties.

Additionally, the Connect to Care Program was launched in December 2020 to provide primary and preventive services to documented and undocumented county residents, ages 21-64, with incomes between 138% and 300% FPL. The goal for the program is the same as for Path to Health – to promote timely delivery of necessary primary and preventive medical services to the target population in order to improve health outcomes for the population and reduce the incidence of emergency services utilization and inpatient hospitalization by the population. Member enrollment in Connect to Care occurs through contracted Community Health Centers, including Federally Qualified Health Centers, Rural Health Clinics, and Tribal Health Program, where many program enrollees will also obtain covered primary care services.

The Governing Board operates other projects, including the Health Systems Development grant program, two healthcare workforce development programs, and the COVID-19 Emergency Response Grant.

II. ABOUT THE CMSP LOCAL INDIGENT CARE NEEDS 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

The LICN Program will be implemented through two (2) separate 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 experience bringing local stakeholders together and their role providing health and/or human services in the community for low-income and/or indigent residents in CMSP counties.

B. Target Populations

The target populations for LICN Implementation 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;
- 3) Adults with complex health or behavioral health conditions that have housing and/or transportation challenges which 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.

Projects do **not** need to only support CMSP members or CMSP-eligible members.

C. Four Alternative Components for Local Indigent Care Needs Programs

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 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. Linkages may include access to 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, 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. (Further detail is available in the Allowable vs. Unallowable Expenses [Informational Resource](#)).
- Establish effective working relationships with 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

Technical Assistance (TA) services will be available to Planning and Implementation Program Grantees through the following services:

Planning Grants

- Web-based training and feedback.
- Quarterly TA conference calls and/or webinars to foster a “learning community” across grantees.
- Monthly consults (calls, emails, and/or site visits).
- Planning toolkits and relevant resources.

Implementation Grants

- Implementation Program conference.
- Monthly consults (calls, emails, and/or site visits).
- Further Ad Hoc TA Consultant support can be provided upon request.

III. ELIGIBLE APPLICANTS

Eligible applicants for this program are a county or a non-profit organization in one of the following CMSP counties:

- Alpine
- Amador
- Calaveras
- El Dorado
- Imperial
- Kings
- Lake
- Lassen
- Mendocino
- Modoc
- Napa
- Plumas
- San Benito
- Sierra
- Siskiyou
- Tehama

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

- Planning efforts must be focused within one or more of the eligible CMSP counties.
- The lead agency applicant must be either an eligible CMSP county agency or department or a not-for-profit organization and must have 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 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, as 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 or Probation.

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

- Implementation efforts must be focused within one or more of the eligible CMSP counties.
- The lead agency applicant must be either an eligible CMSP county agency or department or a not-for-profit organization. The lead agency does not need to be in a CMSP county; however, all project performance must occur within a CMSP county.
- The lead agency applicant must possess organizational capacity to carry out its Implementation Plan 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.
- Grant applicants must have 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 physician group.
- Grant applicants must have 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 or Probation.

- 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

Following is the anticipated timeline for Round 2 of the Local Indigent Care Needs Grant Program. This timeline is tentative and subject to change at Governing Board discretion.

Local Indigent Care Needs Grant: Round 2 Submission Timeline	
Date	Activity
07/01/21	RFP Released
07/20/21	Replicating Success – Project Highlights Webinar at 1:00 PM PST
08/11/21	Replicating Success – Project Highlights Webinar (repeated) at 1:00 PM PST
08/13/21	Letters of Intent Due by 5:00 PM PST
08/24/21	RFP Assistance Webinar at 1:00 PM PST
09/01/21	Submission Period Opens
09/08/21	RFP Assistance Webinar (repeated) at 10:00 AM PST
09/30/21	<i>Implementation and Planning Grant Applications Due by 3:00 PM PST</i>
Dec '21	Governing Board Application Review and Approval

V. ALLOCATION METHODOLOGY

The Governing Board, in its sole discretion, may fund or not fund Planning or Implementation Grants in this round. This funding round provides an opportunity to award funds to the 16 CMSP counties that have not already received LICN funding. Total Local Indigent Care Needs grant awards and technical assistance provided by the Governing Board may equal up to fifty-million dollars (\$50,000,000) over the life of the program. The Governing Board desires geographic distribution of LICN awards across the 35 participating CMSP counties via awards to CMSP County departments or agency or non-profit organizations within CMSP counties that meet the minimum scoring threshold.

A. 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. Planning efforts are expected to last no more than twelve (12) months and produce a final Implementation Plan.

Allowable vs. Unallowable Expenses

Please refer to the full list of allowable vs. unallowable expenses on the [CMSP Website](#).

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 ten percent (10%) or less of the total project expenditures. Indirect costs also include office expenses attributable to managing an office including photocopies, postage, telephone charges, utilities, facilities, educational materials, and general office supplies.

In-Kind/Matching Funds Required

Awardees are required to provide a minimum of ten percent (10%) in-kind and/or matching funds of the Planning Grant Program award amount per year. In-kind and/or matching funds may be provided solely by the lead applicant or through a combination of funding sources.

B. Implementation Grants

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.

Allowable vs. Unallowable Expenses

Please refer to the full list of allowable vs. unallowable expenses on the [CMSP Website](#).

In-direct Costs/Overhead Expenses

No project funds shall be used for administrative and/or overhead costs not directly attributable to the project. Indirect costs also include office expenses attributable to managing an office including photocopies, postage, telephone charges, utilities, facilities, educational materials, and general office supplies. Administrative and/or overhead expenses shall equal ten percent (10%) or less of the total project expenditures.

In-Kind/Matching Funds Required

Awardees are required to provide a minimum of ten percent (10%) in-kind and/or matching funds of the Implementation Grant Program award 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 are required to budget a minimum of ten percent (10%) total project expenditures for Evaluation Expenses. Evaluation expenses may include time spent performing data collection, analyzing data, or preparing reports.

Equipment and Renovation Expenses

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

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 (20%)
 - Organization and Staffing (15%)
- 2) Implementation Work Plan (15%)
- 3) Budget (15%)
- 4) Logic Model (5%)
- 5) Data Collection and Evaluation Method (10%)
- 6) Letters of Commitment/ Support (5%)

The foregoing criteria are for general guidance 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 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 application process is competitive 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, to link these populations to other community resources and support, and to improve overall health outcomes for these target populations.

An applicants' Planning Project or Implementation Grant proposal must achieve a minimum score of eighty-five percent (85%) and must achieve a ranking, in comparison with all other submitted proposals, that merits funding approval.

VII. PLANNING PROJECT GRANT PROPOSAL FORMAT AND REQUIREMENTS

All proposals must be submitted through the Submittable portal [link](#). Plan to attend one of the RFP Assistance Webinars to learn how to do this (see Section X for participation information),

A. Planning Project Grant Cover Sheet

Please include the applicant's name, CMSP count(ies) to be served, address, telephone, and e-mail contact information.

B. Planning Grant Items

- 1) Applicant Name
 - Please list the organization applying for LICN funding.

- 2) Project Title
 - Please list project title.
- 3) Technical Assistance Needs
 - Please identify Technical Assistance Needs that will be necessary post-award.
- 4) Target Population
 - Please describe the target population, and any sub- populations, to be served in the proposed project.
 - Define the characteristics of the target population and discuss how the proposed project will identify target population members.
 - Include background information relating to the proposed CMSP county or counties to be served, unique features of the community or communities, and other pertinent information that helps explain the problem or need within the community.
- 5) Planning Questions
 - What questions does the Planning Project hope to answer about the target population(s), service delivery, and/or resources through the planning process.
- 6) Planning Goals
 - What are your organization's specific goals during the planning process?
- 7) Proposed Planning Activities
 - Broadly discuss the proposed activities to be performed in the Planning Project.
 - How will your organization effectively complete and produce a framework for an Implementation Grant Program Proposal?
- 8) Work Plan and Timeline
 - Create a Planning Project Work Plan and Timeline using the CMSP provided Work Plan and Timeline template for completion of implementation, contracting, consultant/staff recruitment, evaluation, reporting, and sustainability planning activities.
 - Download the Planning Project Work Plan and Timeline document on the [CMSP website](#).
- 9) Project Partners
 - Who are your proposed key partners?
 - What will your partners role be during this project?
- 10) Organization and Staffing
 - Describe the lead applicant's organizational capacity to bring local stakeholders together to undertake a planning process that leads to the development of a framework for an Implementation Program Proposal.
 - Clearly delineate the roles and responsibilities of the applicant organization(s) and key partner(s).
 - Identify 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.
 - Describe any relevant prior efforts undertaken by the lead applicant and/or partners.
 - 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.

C. Letters of Commitment

Letters of Commitment will be utilized in scoring and must be submitted as a part of the application. 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.

A suggested Letter of Commitment template “Planning Project Letter of Commitment Template” is available for download on the [CMSP Website](#).

D. Budget and Budget Narrative

Complete the “Required Form: Planning Project Grant Budget and Budget Narrative.” The budget narrative must detail expense components that make up total operating expenses and the source(s) of in-kind and/or direct matching funding. Please 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 not exceed ten percent (10%) of total project expenditures. Briefly explain any expenses listed in the Budget Narrative whose purpose may be ambiguous to a reviewer.

The required form, “Planning Grant Budget and Budget Narrative” is available as an Excel spreadsheet for download on the [CMSP Website](#).

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 necessary or useful to review a proposal or make an award offer. The Governing Board reserves the right to contact applicants informally to receive additional information.

The application period for Planning Grants will begin on **Wednesday, September 1, 2021**, and end on **Thursday September 30, 2021 at 3:00 PM PST**. All grant applications must be complete and submitted via Submittable.

VIII. IMPLEMENTATION PROGRAM GRANT PROPOSAL FORMAT AND REQUIREMENTS

All proposals must be submitted through the Submittable portal link found [here](#). Please plan to attend one of the RFP Assistance Webinars to learn how to do this (see Section X for participation information).

A. Implementation Grant Cover Sheet

Please include the applicant name, CMSP count(ies) to be served, address, telephone, and e-mail contact information.

B. Project Summary

Describe the proposed project concisely and include the following items:

- 1) Project goals,
- 2) Project objectives,
- 3) The project's overall approach (including target population and key partnerships),
- 4) Any prior efforts to address the target population,
- 5) Any previous applicant experience working with CMSP,
- 6) Anticipated outcomes and deliverables,
- 7) The project's sustainability plan once the grant has ended.

C. Implementation Program Grant Proposal Narrative

This is an Word document created by the applicant that may not exceed 10 pages and must include:

- 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 the proposed project. Define the characteristics of the target population and discuss how the proposed project will identify members of the target population. Please include the total estimated number of unduplicated individuals your organization will serve each year over the three-year grant period. Include background information relating to the proposed CMSP county or counties to be served, unique features of the community or communities, and other pertinent information that helps explain the problem or need within the community.

Please identify current 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 prior efforts to address the needs to the target

population(s). Also, describe the range of project activities to be performed to meet the remaining needs of the target population.

All activities discussed should correspond with the items listed in the logic model (see Section VIII D. below) and the *Implementation Work Plan and Timeline*. 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

Using the Required Form noted below, create a workplan and timeline for completion of all implementation, contracting, consultant/staff recruitment, evaluation, reporting, and sustainability planning activities.

The required form, "Implementation Work Plan and Timeline" is available as an Excel spreadsheet for download on the [CMSP Website](#).

3) Description of Planning Efforts

Provide a detailed description of how your organization is adequately prepared to implement this project. List any programmatic changes the organization will need to make or objectives that will need to be met before grant program can be implemented.

4) Organization and Staffing

This section should describe and demonstrate organizational capability to implement, operate, and evaluate the proposed project. Additionally, 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 partner 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.
- Identify any staff that will need to be recruited and hired upon Project inception.

The organizational chart should only include staff, key partners, and additional partners to be recruited for the proposed project.

5) Sustainability Planning

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

Sustainability answers should address:

- What organization or funding sources will the applicant utilize after the three-year grant period ends?
- Which key partners will assist in sustaining this project effort?
- Will the Project rely on any state-funded programs such as CalAIM to support its continuation?

D. Logic Model

This document may not exceed two (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 those conditions/circumstances, and the anticipated measurable outcomes. Logic models provide a framework through which both program staff and the TA consultant can view the relationship between conditions, services, and outcomes. All logic models should include a description of the 1) target population; 2) program theory; 3) activities; 4) outcomes; and 5) impacts. All logic models should include **quantifiable** outcome measures as detailed in the logic model resource.

The required form, "Implementation Logic Model" is available as a Word document for download on the [CMSP Website](#).

E. Data Collection and Reporting

All applicants shall present a plan for data collection, analysis and reporting that specifies data to be collected and/or retrieved and reported, and how that core data set will be used to document the outcomes and impacts expected to be achieved through the Program, as described in the Logic Model. This data set should include demographic data in addition to the project's chosen data sets. Examples of demographic data points could include age, gender, nationality, income-level, and geographic distribution. If awarded, each Project will be required to report upon this core set of data elements.

F. Budget and Budget Narrative

Complete the "Required Form: Implementation Grant Budget and Budget Narrative." The budget narrative must detail expense components that make up total operating expenses and the source(s) of in-kind and/or direct matching funding. Please 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 not exceed ten percent (10%) of total project expenditures. In the Budget Narrative, briefly explain any expenses whose purpose may be ambiguous to a reviewer.

The required form, "Implementation Grant Budget and Budget Narrative" is available as an Excel spreadsheet for download on the [CMSP Website](#).

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

Letters of Commitment are required from all key partners and will be utilized in scoring. 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. If the application organization is a hospital or primary care provider, it does not need to obtain a Letter of Commitment from another hospital or primary care provider or find another partner to fill this role.

In addition, Implementation Program Grants must have demonstrated support, as evidenced 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 a 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.

A suggested Letter of Commitment template "Implementation Letter of Commitment Template" is available for download on the [CMSP Website](#).

IX. APPLICATION INSTRUCTIONS

A. All Grant applications must be completed in Submittable using the Submittable Portal. Applicants 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 section.
- 4) Clearly paginate each uploaded document.

- B. All application documents and forms are available for download via the CMSP Website.
- C. The application must be signed by a person with the authority to legally obligate the Applicant.
- D. Submit all **Planning Project** applications via the Planning Project Submittable Portal.

Planning Project application documents **must be submitted** in the following formats:

- 1) Required Form: Planning Project Cover Sheet (Enter into Submittable)
- 2) Planning Project Items (Enter into Submittable)
- 3) Required Document: Planning Project Work Plan and Timeline (Upload to Submittable as an Excel Document)
- 4) Required Documents: Planning Project Grant Budget and Budget Narrative (Upload to Submittable as an Excel document)
- 5) Required Documents: Planning Project Letter of Commitment (Upload to Submittable as PDF files)
- 6) Required Document: Authorized Signature (Upload to Submittable as a PDF File)

- E. Submit all **Implementation Project** applications via the Implementation Program Submittable Portal.

Implementation Program application documents **must be submitted** in the following formats:

- 1) Required Form: Implementation Grant Cover Sheet (Enter into Submittable)
- 2) Grant Project Summary (Enter into Submittable)
- 3) Grant Project Narrative (Upload to Submittable as a Word document)
- 4) Required Document: Implementation Work Plan & Timeline (Upload to Submittable as an Excel document)
- 5) Required Document: Implementation Grant Budget and Budget Narrative (Upload to Submittable as an Excel document)
- 6) Required Document: Logic Model (Upload to Submittable as a Word document)
- 7) Required Form: Data Collection and Reporting (Enter into Submittable)
- 8) Required Documents: Letter of Commitment (Upload to Submittable as a as PDF files)
- 9) Required Documents: Authorized Signature (Upload to Submittable as a PDF File)

- F. Do not provide any materials that are not requested, as reviewers will not consider those materials.
- G. The application period for Implementation Grants will begin on **Wednesday, September 1, 2021**, and end on **Thursday September 30, 2021 at 3:00 PM PST**. All grant applications must be complete and submitted via Submittable.

X. APPLICATION ASSISTANCE

A. RFP Assistance Webinar Information

Governing Board staff will conduct two types of webinars to assist potential applicants. The first set of webinars will focus on current and past successful projects in CMSP counties. The second set of webinars will walk through the RFP requirements and submission process. Dates, times, and links to the webinars are as follows:

Replicating Success – Project Highlights from CMSP Counties

Project Highlight Webinar

Tuesday, July 20, 2021 at 1:00 PM PST

<https://us06web.zoom.us/j/81502531405?pwd=dUhQeHJwciNRQ3pSU2E2QTZ6RXQ0dz09>

Zoom Meeting Number: 815 0253 1405

Zoom Password: 083698

Project Highlight Webinar (repeated)

Wednesday, August 11, 2021 at 1:00 PM PST

<https://us06web.zoom.us/j/84823213879?pwd=S21oZUZtdUIFV3dBUDZxUFNtVFFYZz09>

Zoom Meeting Number: 848 2321 3879

Zoom Password: 785083

RFP Assistance Webinars

RFP Assistance Webinar

Tuesday, August 24, 2021 at 10:00 AM PST

<https://us06web.zoom.us/j/83287801732?pwd=WGU5ZWFPUEV4eUpvNUg3R0c4dmhpUT09>

Zoom Meeting Number: 832 8780 1732

Zoom Password: 616592

RFP Assistance Webinar (repeated)

Wednesday, September 8, 2021 at 10:00 AM PST

<https://us06web.zoom.us/j/84572588029?pwd=eVB4c2gyL3BUK0t1dGJSTHhFYStSdz09>

Zoom Meeting Number: 845 7258 8029

Zoom Password: 658757

B. Frequently Asked Questions (FAQ)

Periodically, 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 **August 13, 2021, by 5:00 PM. 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 to Laura Moyer at lmoyer@cmspcounties.org.

D. Project Contact Information

Please direct any questions regarding the RFP to:

Laura Moyer, Program Analyst
CMSP Governing Board
1545 River Park Drive, Suite 435
Sacramento, CA 95815
(916) 649-2631 ext. 110
lmoyer@cmspcounties.org

XI. 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 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 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.

Appendix A Grant Terminology Glossary

Allowable Expense – an expense that is allowable per the terms of the RFP and aligns with goals and mission of the grant. It is ultimately up to the discretion of CMSP staff to determine what expenses are allowable or unallowable. Also see the Allowable vs. Unallowable Informational Resource.

Unallowable Expense – an expense that is unallowable per the terms of the RFP and does not align with the goals and mission of the grant. It is ultimately up to the discretion of CMSP staff to determine what expenses are allowable or unallowable. Also see the Allowable vs. Unallowable Informational Resource.

Indirect Cost (Overhead/Administrative Cost) – a cost that is not directly attributed to a single project cost but encompass multiple other costs that accrue while completing the project. This may include items such as rent and utilities, accounting and other program administration costs, legal expenses, Internet costs, and office supplies.

Direct Cost (Direct Service Cost) – a direct service expense that contributes to the success of a project. This may include direct expenses attributable to the project of a program manager's salary and fringe benefits, those of other direct service providers, subcontracted service providers, and travel, training or equipment costs directly related to the provision of services.

Equipment – a *single* item that costs \$5,000 or greater at the time of purchase.

Fringe Benefits – an Allowable Expense meant to cover the cost of an employee's benefits package. This may include worker's compensation, vacation, sick time, etc.

Matching/In-Kind Funds – a portion of the project or program costs not covered by funds to be awarded by the CMSP Governing Board, and therefore covered or contributed by another funding source.

Key Personnel – any project staff that will be paid out of the potential grant funding and/or will be directly contributing to the success of the project.

Key Partner – any organization whose contributions to the project are necessary for successful project implementation. Key partner contributions may include collaboration, shared resources or shared talents.

Sub-Contractor/Sub-Awardee – a contract administered by the Prime/Lead applicant to provide funding to another organization or independent contractor/consultant.

Prime/Lead Applicant – the applicant who will act as the primary contact for all CMSP communication and is responsible for completing all necessary grant administrative duties.

Grant Agreement – an agreement with the CMSP Governing Board setting forth the terms of the award and the obligations of the grantee. Awarded applicants are required to execute a Grant Agreement to receive grant funding.

Project Period – the term of the Grant Agreement (i.e., commencing the effective date of the Grant Agreement and ending the expiration or termination date of the Grant Agreement).

Authorizing Official – the applicant’s authorized representative that has been duly authorized by the applicant to execute the Grant Agreement on behalf of the applicant. This is typically the Chief Executive Officer or Agency Director.

Budget Revision – a formal change in the originally submitted budget spend-down plan. Any budget revision over 5% of the total costs must be approved by CMSP staff in writing prior to implementation.

Budget Roll-over – the carry-over of unobligated funds from one budget period to the subsequent budget period.

Letter of Intent (LOI) – a letter submitted to CMSP prior to a grant due date stating the applicant intends to apply.

Letter of Support/Commitment – a letter included in the grant application from an organization or county, other than the lead applicant, expressing support or commitment to the project. Also see Letter of Support Template.

Memorandum of Understanding (MOU) – a document describing an agreement that two or more parties have reached.

No-Cost Extension – Any extensions must be approved in writing by the Governing Board, including No-Cost Extensions.

Appendix B

USE OF GRANT FUNDS

1. Use of Grant Funds. Grantee shall use the Grant Funds solely for the purpose to 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 conclusion.

****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.*

Appendix C

Data Collection Guide

All potential applicants are **required** to track demographic data within their core data set. Examples of potential demographic data measures include:

1. Race or Ethnicity
2. Age Range
3. Gender or Gender Identifier
4. Income Level
5. Geographic Distribution within County

In addition to demographic data, projects should collect additional data that will help assess project progress and success. Below are suggested data sets of common LICN themes and projects. These data sets *are not* required but can be used as a helpful tool if your organization is struggling to determine what information to collect.

If your project focuses on securing housing and improving respite care:

- Number of individuals experiencing homelessness
- Number of client referrals and where they come from
- Number of clients who received permanent housing
- Number of hospitalizations
- Percent reduction in hospital re-admission rates compared to baseline
- Number of emergency department visits and/or percent reduction
- Number of participants in temporary housing and duration of their stay
- Number of linkages to community resources

If your project focuses on improving linkages to enabling services and providing case management:

- Number of client referrals and where they come from
- Type of services clients are seeking
- Number of clients receiving case management
- Number of linkages to community resources
- Number of clients screened for behavioral health, substance abuse, medical treatment or other needs
- Number of clients establishing and/or maintaining primary care, specialty care, substance use services, behavioral health services or other referred services
- Number of individuals acquiring Medi-Cal, CalFresh, or disability or retirement benefits

LICN Implementation Grants
Informational Resource

If your project focuses on care coordination through improving client transportation:

- Number of client referrals
- Type of services clients require transport for
- Average travel time to appointments
- Cost of miles per transport
- Average wait time between initial client contact and provider visit
- Number of linkages to community resources
- Number of provider visits required per client
- Commonly reported barriers to transportation

Other common data metrics that can be applied to most projects include:

- No-show rates for services
- Health status indicators
- Patient testimonials
- Key Partner meeting minutes
- Number of outreach materials created and distributed
- Number of in-person connections made with target population members
- Number of digital connections made with target population members
- Number of health professionals trained (and type of training provided)
- Responses from client or health professional surveys
- Client satisfaction rating



**Implementation Program Grant
Work Plan and Timeline Guidelines and Instructions**

Please open the Implementation Program Work Plan and Timeline Template by clicking on the Work Plan and Timeline tab. Please make sure to list out the completion of all essential contracting, consultant/staff recruitment, collaboration, planning and reporting activities. The Work Plan should not exceed twelve (12) months per years 1-3. Please make sure the first month of your start date is February 2022.

1. Please list the responsible parties or personnel involved under the Key Personnel column.
2. Please list the month and year of each activity under the Month and Year column.
3. Please list the description of each activity, under the Activity column.

Logic Model Template



Logic Model Instructions

- Fill out the logic model template provided by the CMSP Governing Board. ***Please remove all red text before entering your own project information.***
- Each section should address the following five (5) areas related to your project: Target Population, Theory of Change, Activities, Outcomes, and Impact.
- Please make sure to address each section as thoroughly as possible. Your logic model will help to better address the connection between your target population, the project activities, and specific data and collection efforts.

Questions to consider when developing your logic model:

Target Population:

- *Is this population already being served by a separate organization?*
- *Why is this population in need?*

Program Theory

- *What approach will you use to accomplish these goals?*
- *Why is this approach relevant to your target population?*
- *Is there a clear connection between the target population and the issues to be addressed?*

Activities

- *What activities will you use to accomplish using these goals?*
- *Is it clear what data collection and evaluation strategies will be appropriate for each activity?*

Outcomes

- *What measurable outcomes will be accomplished through these activities?*
- *Are these outcomes achievable within the project period?*

Impact

- *What is the long-term and short-term impacts of your project?*
- *Do these impact goals go beyond the original scope of work?*

Applicant: Butte County Public Health

Count(ies) Served: Butte County

Please remove all red text before entering your own project information.

Target Population	Program Theory	Activities	Outcomes	Impact
<p><i>The target population consist of:</i></p> <ul style="list-style-type: none"> • <i>Adults Experiencing Homelessness (AEH) in Butte County</i> 	<p><i>If the services are:</i></p> <ul style="list-style-type: none"> • <i>Deliver HIV education to areas where AEH are present and increase access to HIV services.</i> • <i>Promote linkage to care through the formation of a collaboration circuit with other service providers focused on the same target population.</i> • <i>Services delivered in a culturally competent manner that will improve patient cooperation and accessibility.</i> 	<p><i>And if the program provides:</i></p> <ul style="list-style-type: none"> • <i>Purchase a mobile clinic and administer HIV testing to AEH in Butte County.</i> • <i>Partner with local service organizations to identify primary mobile clinic locations.</i> • <i>Provide HIV prevention outreach and education to underserved adults in Butte County.</i> • <i>Increase communication between target population and providers through evaluation methods.</i> • <i>Provide referrals to additional supportive services.</i> 	<p><i>Then,</i></p> <ul style="list-style-type: none"> • <i>Administer 100 HIV tests to 100 AEH in Butte County.</i> • <i>Identify 3 new mobile clinic locations not previously utilized in Butte County.</i> • <i>Provide HIV prevention outreach and education to 250 underserved adults in Butte County.</i> • <i>Increase communication between target population and providers through evaluation methods.</i> 	<p><i>Ultimately,</i></p> <ul style="list-style-type: none"> • <i>Increase reported knowledge of HIV education and prevention methods by 15% by the end of the project period.</i>

Implementation Grant Budget Instructions

Applicants must use this Excel Workbook to submit a budget for their proposed LICN Implementation project. Grant amounts shall not exceed \$500,000 per year per project. Grants may be provided for up to three (3) years. Maximum award amount is \$1,500,000.

The Proposal Budget Tab is a summary of all project related costs and funding sources for the Implementation grant. In-Kind and/or matching funding must equal 10% or more of the grant funded expenditures. Evaluation expenses must equal 10% or more of the grant funded expenditures. Administrative and/or overhead expenses may not exceed 10% of total grant funded expenditures.

Budget items should be placed into one of the eight (8) categories listed below:

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.

Training

Staff, consultant and/or stakeholder training expense.

Contractual Services

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

Travel

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

Equipment

Any item purchased for project related activities that costs over \$5,000.

Other

Items that do not fall into any of the categories above should be placed under other. Each item listed in Other should be explained briefly in the Budget Narrative.

Administrative/Overhead Expenses

Ongoing business expenses related to the project that are not directly attributable to creating a product or services and do not fall into any of the categories listed above. These costs do not require explanation in the Budget Narrative. Additionally, office expenses attributable to managing an office including photocopies, postage, telephone charges, utilities, facilities, educational materials, and general office supplies. Single items costing over \$5,000 are best placed in the equipment category.

Quality Columns

If an item is quantifiable, place the quantity of the item in its respective quantity column. (Example: the quantity for a half-time employee is .5 FTE).

CMSP and In-Kind Columns

All expenses to be paid with CMSP funds should be listed in the CMSP cost columns. All expenses to be covered In-Kind or with matching funds should be placed in the In-Kind columns.

Editing the Spreadsheet

Portions of the spreadsheet are locked to protect its nature. Totals will tally automatically.



Budget Narrative Tab instructions

The Budget Narrative tab should be used to justify and provide detail on all proposed expenditures.

Complete the Budget Narrative tab by providing a brief explanation of all expense components and other funding source(s) of in-kind and/or direct matching funding, including the organization's name and the amount awarded. Describe all administrative costs and effort to minimize use of grant funds for administrative and overhead expenses.

Personnel

Applicants must include all key personnel's name, job title, job duties, gross salary and FTE percentage allotted to the project.

Fringe Benefits

Applicants must describe their organization's fringe benefits and describe the basis for which this rate is decided upon. Fringe benefits can include employer FICA, unemployment and workers compensation, taxes, medical insurance, vacation/sick leave, and retirement benefits.

Training, Meeting or Convening

Applicants must describe any staff, consultant and/or stakeholder training, meeting, or convening expenses.

Contractual Services

Applicants must provide the consultant, independent contractor, or sub-contractor's organizational name and describe the duties they will be performing on the project.

Travel

Applicants must describe any project-related travel expenses, including airfare, meals, hotels, mileage reimbursement, parking, and taxis. If the applicant organization has an established per diem policy, per diem may be charged in lieu of actual incurred expenses. Please use GSA standard rates.

Equipment

Applicant must describe the purpose and use of any project-related item purchased that exceeds \$5,000.

Other

Applicants must describe any additional expenses that do not fall into any of the other categories listed above and state their purpose in relation to the project.

Administrative/Overhead Expenses

Applicants must include a description of administrative/overhead expenses. That includes ongoing business expenses related to the project that do not fall into any of the categories listed above. Administrative Overhead Expenses may not exceed 10% of total grant-funded expenditures. Additionally, applicants must describe any expenses attributable to managing an office including photocopies, telephone charges, utilities, facilities, educational materials, and general office supplies.

Editing the Spreadsheet

Portions of this spreadsheet are locked to protect its structure. On the Budget Narrative tab, examples are given in red to aid applicants in completing the tab. Please remove examples before submitting this workbook in submittable.



Implementation Grant Budget Narrative



Key Personnel				
Staff	Job Description	Salary	FTE	CMSP In-Kind
Program Manager	Manages the project staff and timeline, completes all grant reporting requirements, coordinates meetings with key partner organizations.	\$50,000/annually	1.0 FTE	
Case Manager	Assists in connecting clients to enabling services including housing, CalFresh, primary, dental and behavioral health care. Half of this position will be funded in-kind via Dental Care Funding.	\$64,000/annually	1.0 FTE	X
Fringe Benefits				
Staff	Description		CMSP	In-Kind
Program Manager	The cost of Fringe Benefits is included in the personnel costs for each of the above staff and is calculated at 27% of salaries. Fringe includes health, vision and dental insurance, workers compensation, short and long-term disability and 401k retirement contributions. Total fringe 3 years = \$47,500.		X	
Training Meeting or Convening				
Staff	Description		CMSP	In-Kind
Project Coordinator	The Project Coordinator will attend the P.A.T.H. training in Anaheim, Mar, 2022. This training will aid in completion of our goal to house 25 individuals in respite care. Expense includes registration fees.		X	
Contractual Services				
Contractor Name	Description		CMSP	In-Kind
A.I.M.H.	We will contract with the Advanced Institute of Mental Health to present annually at County Steering Committee Meetings. \$225/hr X 40 hours X 3years=\$27,000.		X	
Travel				
Staff	Description		CMSP	In-Kind
Project Coordinator	Flight, hotel, meal and Uber expenses to attend P.A.T.H. training in Anaheim, CA, March 4-8 2022. Individual expenses listed in Proposal Budget tab.		X	
Equipment				
Item	Description		CMSP	In-Kind
Stylus 6000 Medical Device	Individual item purchase that will cost \$6,500. This mobile device that will store medications for use in our SUD treatment expansion. Related goal- expand SUD treatment to another portion of county via mobile health clinic.		X	
Other				
Title	Description		CMSP	In-Kind
Evaluation	Project evaluation expenses at 10%. Includes time spent gathering data, evaluating and preparing reports. Also includes \$3,000 as per EHR configuration expenses for additional data point collection. Total \$29,500.		X	X
Administrative Overhead Expenses				
Percentage	Description		CMSP	In-Kind
Admin Overhead 15%	Ongoing operational expenses related to implementation of this grant.		X	



The verbiage below may be used as a template in writing a letter of commitment.
Please submit letters of commitment on letterhead.

County Medical Services Program Local Indigent Care Needs Grant

Letter of **Commitment**

RE: **Grant Applicant**

Date: **XX/XX/XXXX**

To Whom It May Concern:

This **letter of support/letter of commitment**, confirms **organization supports/is committed to partnering with the applicant** in their pursuit of a Local Indigent Care Needs **Implementation/Planning** Grant.

As a supporter of this application, **the organization** confirms:

- **Detail the organization's understanding of the proposed project**
- **Describe prior working relationships or partnerships with the applicant**
- **Explain what makes the applicant qualified to implement the proposed project**

As a key partner listed on the proposal, **the organization** agrees to participate in the following ways:

- **Detail the organization's understanding of the proposed project**
- **Describe prior working relationships and partnerships with the applicant**
- **Confirm if an MOU is in place, in discussion, or will not be pursued**
- **Present the organization's planned roles and responsibilities on the project**
- **Detail the organization's capability and willingness to implement their portion of the project**

We do hereby commit to **support/partner with applicant** as described above.

For questions, please contact **Name, Title, phone, and email**.

Sincerely,

EXHIBIT C
APPLICATION
GRANTEE'S APPLICATION

Title **Siskiyou County HHSA- Public Health Division** 09/30/2021
 id. 21386236
 by **Michelle Line** in **Local Indigent Care Needs Grant Round 2 - Implementation Grant Submission**
 mline@co.siskiyou.ca.us

Original Submission 11/24/2021

Lead Applicant **Siskiyou County HHSA- Public Health Division**
 Organization Name

RFP and Associated Documents Available for Download Here: **Please make sure to Save your LICN proposal periodically throughout your application process.**
<https://cmspcounties.org/local-indigent-care-needs/>

Project Title: **Siskiyou County Chronic Disease Reduction Program**

CMSP County or Counties to be served: (Check all that apply) **Siskiyou**

Total Amount Requested Year 1: **415420.0**

Total In-Kind Year 1: **44582.0**

Total Amount Requested Year 2: **396415.0**

Total In-Kind Year 2: **44582.0**

Total Amount Requested Year 3: **391865.0**

Total In-Kind Year 3: **44582.0**

Lead Applicant Organization: **Siskiyou County HHSA- Public Health Division**

What type of entity is your organization applying as? **County**

Tax ID Number: **946000537**

Lead Applicant
Address: **810 S Main St
Yreka
CA
96097
US**

Lead Applicant
Director/Chief
Executive: **Shelly Davis**

Director/Chief
Executive Title: **Director**

Director/Chief
Executive Phone: **+15308412140**

Director/Chief
Executive Email: **sdavis@co.siskiyou.ca.us**

Primary Contact
Name: (The Primary
Contact will be the
ONLY person who
receives
correspondence via
Submittable): **Michelle Line**

Primary Contact
Title: **Project Coordinator**

Please enter the
Primary Contact's
Address: **810 S Main St
Yreka
CA
96097
US**

Primary Contact
Phone: (The Primary
Contact will be the
ONLY person who
receives
correspondence via
Submittable): **+15308412127**

Primary Contact
Email (The Primary
Contact will be the
ONLY person who
receives
correspondence via
Submittable): **mline@co.siskiyou.ca.us**

Secondary Contact Name: **Shelly Davis**

Secondary Contact Title: **Director**

Secondary Contact Address: **810 S Main St
Yreka
CA
96097
US**

Secondary Contact Phone: **+15308412127**

Secondary Contact Email: **sdavis@co.siskiyou.ca.us**

Fiscal Contact Name: **Dawn Walton**

Fiscal Contact Title: **Program Manager**

Fiscal Contact Address: **810 S Main St
Yreka
CA
96097
US**

Fiscal Contact Phone: **+15308412184**

Fiscal Contact Email: **dwalton@co.siskiyou.ca.us**

Technical Assistance Needs: (Please check the top three Technical Assistance needs you have in regards to undertaking an Implementation Grant). **Data Development and Analysis
Developing Programs Goals, Objectives, and Metrics for Program**

How many total UNDUPLICATED individuals is your project estimated to serve? **6300.0**

Project Summary

Following the questions below, please describe the proposed project concisely and include the following items: 1) Project goals, 2) Project objectives, 3) The project's overall approach (including target population and key partnerships), 4) Any prior efforts to address the target population, 5) Any previous applicant experience working with CMSP, 6) Anticipated outcomes and deliverables, 7) The projects' sustainability plan once the grant has ended

Please briefly describe your project goals.

The overall goal of the project is to provide accessible chronic disease prevention, screening, and self-management services to reduce the burden of disease in our community.

Please briefly describe your project objectives.

The key objectives of the project are to establish a mobile clinic that provides a range of chronic disease services. Program staff will provide screenings and risk assessments, self-management and prevention education, and contract with a CBO to conduct a diabetes prevention program in a minimum of five locations throughout the county. The program will support the continuum of care in the county by increasing community partner referral, connections, and linkages to care.

Please briefly describe your project's overall approach (including target population and key partnerships).

The project's overall approach is to provide chronic disease self-management, screenings, and education through the Siskiyou Mobile Clinic, and fund a community-based organization to conduct a diabetes prevention program. The program will focus on reducing barriers to access these services to the target population by offering program services where the individuals are located. The target population includes all four populations outline in the RFP: adults that need support services following an inpatient hospital stay, adults receiving inpatient hospital care that have limited home or community support to facilitate recovery, adults with complex health/behavioral health conditions which have housing and/or transportation challenges, and adults with health/ behavioral health conditions recently released from incarceration. Key partnerships currently include Siskiyou County Behavioral Health, Siskiyou Community Resource Collaborative, and the selected CBO. Each of these key partners will assist in referring individuals to the program as well as provide services to which program participants may be referred, enforcing the continuum of care in the county. Additional key partners will be sought, including local hospitals and providers, to continue building the program and resources and referrals network.

Please briefly describe any prior efforts to address the target population.

Efforts to reach the target population include the Healthy Siskiyou Mobile Unit, a mobile resources van that provides harm reduction services and community linkages to care and outreach, care coordination services program upon exiting the jail, multidisciplinary teams for individuals with severe co-occurring mental health and medical needs, and hospital-sponsored medical transportation services. While efforts have been made to improve the health of a portion of the target population, the program is necessary to promote further access and the continuum of care in the community.

Please briefly describe any previous applicant experience working with CMSP.

The SCPHD has received funding from CMSP under the Wellness and Prevention project, Health Systems Development, and COVID-19 Emergency Response Grant

Please briefly describe any anticipated outcomes and deliverables to be accomplished under this grant.

Intended program outcomes include reducing the perceived burden of chronic disease in Siskiyou County by 5%, as measured in the community health survey, reduce diagnosed diabetes prevalence by .5%, and increase the ability to self-manage chronic illnesses in 80% of participants. Through data collection efforts and partnering with community organizations, we will share actionable data to our community, self-management, and prevention education materials, and increase risk and health-related screenings.

Please briefly describe the project's sustainability plan once the grant has ended.

The SCPHD participates in the California Medi-Cal Administrative Activities (MAA) in which we receive reimbursement for performing qualifying activities. SCPHD will be able to utilize dollars generated from the MAA program in program sustainability efforts. SCPHD also intends to actively seek out new funding sources throughout the duration of the grant which would allow for the continuity of services. The department will explore creative uses of funding sources, including leveraging community resources and braiding funding streams, in order to ensure the sustainability of the program.

Implementation Programs shall incorporate at least one (1) of the following four (4) program components into their program strategies. (Please select all that apply).

**Disease Management
Continuity of Care**

Target Population Questions

Select any of the following populations that will be addressed through your program.

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

**Adults that need follow up specialty services and/or other support services following an inpatient hospital stay
Adults receiving inpatient hospital care that have limited home or community support to facilitate healing and recovery
Adults with complex health or behavioral health conditions that have housing and/or transportation challenges which impede their ability to obtain necessary health care services
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:

n/a

Narrative (Must be no longer than 10 pages).

Detailed instructions on how to complete the Narrative are found in the RFP here: <https://cmspcounties.org/local-indigent-care-needs/>

Narrative Upload:

Siskiyou_LICN_Narrative.docx

Siskiyou_Feasibility_Concern-_Additional_Narrative.docx

Work Plan and Timeline

Applicants are required to use the Work Plan and Timeline Template available here: <https://cmspcounties.org/local-indigent-care-needs/>

Workplan/Timeline Upload:

Siskiyou_LICN-Implementation-Workplan-and-Timeline-FINAL.pdf

Logic Model

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 those conditions/circumstances, and the anticipated measurable outcomes. Logic models provide a framework through which both program staff and TA consultant can view the relationship between conditions, services, and outcomes. All logic models should include a description of the 1) target population; 2) program theory; 3) activities; 4) outcomes; and 5) impacts. All logic models should include quantifiable outcome measures as detailed in the logic model resource. Applicants are required to use the Logic Model Template available here: <https://cmspcounties.org/local-indigent-care-needs/>

Logic Model Upload:

Siskiyou_LICN-Logic-Model.docx

Data Collection and Reporting

All applicants shall present a plan for data collection, analysis and reporting that specifies data to be collected and/or retrieved and reported, and how that core data set will be used to document the outcomes and impacts expected to be achieved through the Program, as described in the Logic Model. Applicants are also required to track demographic data in addition to the project's chosen data sets. Optional demographic data points include age, gender, race, income-level, and geographic distribution. If awarded, each Project will be required to report upon this core set of data elements.

Please select which demographic data points your organization will be collecting (Check all that apply).

- Age**
- Gender**
- Nationality**
- Income-level**
- Geographic Distribution**
- Other**

Please list out any other data metrics you will be collecting throughout this project.

Other data to be collected: ethnicity, chronic disease diagnosis, diseases the individual is at risk for, services rendered, services referred to, gaps in services, number of times client has received services from the program, health behavior data, consumer satisfaction, social media engagement, educational materials produced and distributed. Population health data to be monitored include chronic disease morbidity and mortality data and demographics.

Please describe how this data will be collected, and what metrics you will be tracking.

Primary client data collection will take place at the beginning of the client encounter via questionnaire. Consumer satisfaction data, including gaps in services, will be collected at the end of the client encounter. The HA will be responsible for inputting collected data into Excel files where the data will be grouped into monthly, quarterly, and annual breakdowns. Social media engagement and educational materials produced and distributed will be collected per encounter and reported to the HA. Population health data will be monitored for annual updates through sources such as CDPH and RWJF by the PHN/HE and project coordinator and reported out to key stakeholders. Metrics the program will be tracking: number of unique encounters per location site per month, services rendered, client satisfaction, and demographics. Targets will be set and tracked through the department performance management platform Clear Impact, and quality improvement initiatives will

Please describe who will be responsible for collecting and reporting on your data.

Main program staff (PHN/HE, COC, and HA) will be primarily responsible for collecting data, including ensuring the collection of data from subgrantees. With the assistance of the project coordinator, the PHN/HE will be responsible for reporting data to both CMSP and to community partners and key stakeholders.

OPTIONAL: Data Metrics Document Upload (Limit to 1 Page)

n/a

Budget and Budget Narrative

The budget narrative must detail expense components that make up total operating expenses and the source(s) of in-kind and/or direct matching funding. Please 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 not exceed ten percent (10%) of total project expenditures. Briefly explain any expenses listed in the Budget Narrative whose purpose may be ambiguous to a reviewer. Please note, prior to contracting, the Governing Board reserves the right to request copies of the applicant's most recent audited financial statements Applicants are required to use the Budget and Budget Narrative Template available here: <https://cmspcounties.org/local-indigent-care-needs/>

Budget and Budget Narrative

Sikiyou_LICN_Budget.pdf

Sikiyou_LICN_Budget_Narrative-_Revised.pdf

Letters of Commitment or Memorandums of Understanding

Letters of Commitment are required from all key partners and will be utilized in scoring. 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. If the application organization is a hospital or primary care provider, it does not need to obtain a Letter of Commitment from another hospital or primary care provider or find another partner to fill this role. 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. Applicants may use the available Letters of Commitment Template available here: <https://cmspcounties.org/local-indigent-care-needs/>

Letters of Commitment or Memorandums of Understanding Upload:

Letter_of_support-_FRCs.pdf

Letter_of_Support-_AOD.pdf

Letter_of_Support-_BH.pdf

Letter_of_Support-_FMC_Signed.pdf

Letter_of_support-_MMCMS_signed.pdf

Letter_of_Support-_YMCA_signed.pdf

Authorized Signature Required **Required Template available for download here:**
Required **<https://cmspcounties.org/local-indigent-care-needs/>**

Authorized Signature Document Upload:
Siskiyou-Authorized-Signatory-Document.pdf



Local Indigent Care Needs Grant

Round 2 Grant Application Signature Page

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.

County of Siskiyou/ Siskiyou County HHSA- Public Health Division

Organization _____

A handwritten signature in black ink, appearing to be "J. B. [unclear]", written over a horizontal line.

Authorized Signatory _____

Date _____

Name _____

Title _____

Implementation Grant Budget Narrative



Key Personnel						
Staff	Job Description	Salary	FTE	CMSP	In-Kind	
Public Health Nurse/Health Educator	Manages the project staff and timeline, completes all grant reporting requirements, coordinates meetings with key partner organizations, executes nursing/health education activities on the mobile clinic. Provides health coaching and chronic disease management services to clients, works with other program staff to establish location schedule. The PHN/HE will spend a minimum of 10% of their time (\$13,470.5 per year/ \$40,411.5 total) on data collection, evaluation, and program/data analysis in collaboration with other program staff to meet the evaluation requirement. Annual cost includes salaries (\$78,787) and benefits (\$54,918) at a projected step three.	\$134,705/annually	1.0 FTE	x		
Community Outreach Coordinator	The community outreach coordinator will lead community and partner engagement efforts, client referrals, and assist the PHN/HE with executing health education activities on the mobile clinic. The COC will complete trainings listed below which will enable the program to serve multiple clients at once on the mobile unit. The COC will continue to build relations in the community to strengthen client referrals to services and linkages to care for the duration of the grant. The COC will also dedicate a minimum of 10% of their time (\$7,968.9 annually/ \$23,907 total) to data collection and analysis, as well as assisting with program evaluations and quality improvement projects. Annual cost includes salaries (\$41,941) and benefits (\$38,028) at a projected step three.	\$79,969/annually	1.0 FTE	X		
Health Assistant	The health assistant will assist in the daily functions of the program, including answering program inquiries, collecting participant data and feedback, community outreach activities, ordering/maintaining supplies ensuring mobile clinic is properly cleaned and stocked, and development of program outreach and education materials. This position will spend a minimum of 10% of their time (\$7,371.6 per year/ \$22,114.8 total) on data collection efforts and the collaborative data analysis and program evaluation, as well as assist in executing any quality improvement efforts. Annual cost includes salaries (\$37,277) and benefits (\$36,089) at a projected step three.	\$73,719/annually	1.0 FTE	x		
Project Coordinator	The project coordinator will be designated to the program for .1 FTE to assist with data evaluation and program analysis (\$11,380.7 per year/ \$34,142.1 total). The PC will suggest and guide program staff through quality improvement projects based on data collected, as well as monitor and evaluate sub contractor performance and data metrics. Annual cost includes salaries (\$6,840.20) and benefits (\$4,540.50)	\$11,381/annually	1 FTE	x		
Deputy Director/ Supervising PHN	The deputy director/ supervising PHN will allocate minimum .05 FTE to conducting program evaluation (\$8,882.5 per year/ \$26,047.5 total). The deputy director will participate in the collaborative analysis of program data and evaluations, as well as conducting quality assurance visits for mobile clinic services and assist in the collection of community partner feedback.	\$8,883/annually	.05 FTE	x		
Evaluation	The evaluation requirement of 10% total project expenditures (\$139,469.40) will be met through program staff dedicating a portion of their time to collecting program data and collaboratively conducting data analysis and program evaluation with other program staff. All staff funded by the project will participate in project evaluation and data analysis. PHN/HE, COC, HA, and PC are allocated at .1 FTE, and deputy director at .05 FTE for evaluation. Individual salary/benefits evaluation expenses are calculated in the job descriptions narrative.					
Fringe Benefits						
Staff	Description			CMSP	In-Kind	
Public Health Nurse/Health Educator	The cost of Fringe benefits is included in the personnel costs for each of the above staff and is calculated individually based on state and federal formulas. Fringe includes O. A. S. D. I., retirement, person liability, OPEB liability, and other insurance. Fringe benefits cost \$54,918 annually/ \$164,754 total			X		
Community Outreach Coordinator	Fringe benefits cost \$38,028 annually/ \$114,084 total			X		
Health Assistant	Fringe benefits cost \$36,089 annually/ \$108,267 total			X		
Project Coordinator	Fringe benefits cost \$4,540.50 annually/ \$13,621.50 total			X		
Deputy Director/ Supervising PHN	Fringe benefits cost \$3,456.05 annually/ \$10,368.15 total			X		
Training Meeting or Convening						
Staff	Description			CMSP	In-Kind	
PHN/HE, COC, Chronic Care Professional/Health Coach Certification	The Public Health Nurse/Health Educator and Community Outreach Coordinator will complete a self-paced online training from Health Sciences Institute to obtain certifications as registered health coaches and certified chronic care professionals (\$2495 each \$150 each for required text book)			X		
PHN/HE, COC, Diabetes Management Course	The Public health nurse/health educator and community outreach coordinator will complete a self-paced online training from Association of Diabetes Care & Education Specialists to obtain diabetes management and self-education skills and support techniques (\$595 each, plus \$250 each for required text book)			X		
All program staff, Healthcare Association Mobile Clinic Training	All program staff will attend the annual Mobile Health Care Clinic Virtual Intensive Training Course through the Mobile Healthcare Association to obtain additional skills in launching/managing a mobile clinic (\$250 each)			X		
PHN/HE, Wound Care Certification	The public health nurse/health educator will attend an in-person wound care management training through the Wound Care Education Institute to ensure the staff members are able to assist clients in care following release from inpatient care.			X		
Contractual Services						
Contractor Name	Description			CMSP	In-Kind	
Community Based Organization (CBO)	We will contract with a CBO to execute a diabetes prevention program. Costs include estimated salaries/benefits (approximately .5 FTE) (\$32,000 per year), training/travel to the training for two people (1 x \$5,000, 1 x \$5,000), training materials (\$2,500 per year), program marketing and promotion (\$1,500 per year), local travel (\$1,200 per year).			X		
Travel						
Staff	Description			CMSP	In-Kind	
Local mileage, non mobile clinic	Non mobile clinic local mileage is budgeted at .56 per mile to conduct outreach and education, meet with partners and clients when their mobile clinic is not necessary. The program has estimated 2000 miles per year, based on similar program use.			X		
Local mileage, mobile clinic	Mobile clinic local mileage is budgeted at .56 per mile to conduct regular program activities and services. The program has estimated 6000 miles for year one and 8000 miles for years 2 and 3, based on similar program use.			X		
Equipment						
Item	Description			CMSP	In-Kind	
Other						
Title	Description			CMSP	In-Kind	
Cell Phone	The program has budgeted for the purchase and monthly service fee for two cell phones, to be used by the PHN/HE and COC to conduct program activities such as contact clients, community partners, and main office staff while on the mobile clinic.			X		
Office Furniture	Office furniture is budgeted at \$6,000 for year one to furnish 3 new office spaces including desk/storage cabinet (\$1,200), chair (\$300), desktop/ surface pro (\$500), based on similar program expenditures.			X		
Printer/scanner	Printer (\$500 each) and scanner (\$200 each) budgeted for PHN/HE and COC offices for program use. HA will utilize shared office printer/scanner.			X		
Educational/ promotional materials	The program has budgeted \$1,500 per year for printing educational and promotional materials, including flyers, pamphlets, banners, referral cards (\$1,344), Canva graphic design (\$156), based on similar program use.			X		

Medical supplies	Medical supplies are budgeted at \$5,500 for year 1: general non-disposable supplies (thermometers, BP cuffs, clipboards, blood glucose monitor, scale) \$500, disposable medical supplies (gloves, masks, paper gowns, paper drop cloths, sanitation supplies, biohazard bags, sharps containers, Kleenex, tongue depressor, band aids, CPR face masks, emergency kits, exam table paper, blood glucose strips) \$2,100, electrostatic sprayer \$400, colorectal cancer screening kits 50 units \$2,500.	x	
Administrative Overhead Expenses			
Percentage	Description	CMSP	In-Kind
Admin Overhead 10%	Ongoing operational expenses related to implementation of this grant, based on direct salary cost. The program will provide an in-kind match to supplement the difference between the grant maximum and the CDPH approved department rate (25% of direct salary cost). In-kind \$44,588 annually/ \$133,764 total. CMSP: \$32,525.33 annually/ \$96,576 total. Total cost \$77,113 annually/ \$213,340 total.	X	x



Applicant: *Siskiyou County Health and Human Services- Public Health Division*

Count(ies) Served: *Siskiyou County*

Please remove all red text before entering your own project information.

Target Population	Program Theory	Activities	Outcomes	Impact
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Logic Model Template



<p>The target population consist of:</p> <ul style="list-style-type: none"> Adults that need follow up support services following and inpatient hospital stay Adults receiving inpatient hospital care that have limited home or community support to facilitate healing and recovery Adults with complex health or behavioral health conditions that have housing and/or transportation challenges which impede their ability to obtain necessary health care services Adults with health and/or behavioral health conditions released from incarceration 	<p>If the services are:</p> <ul style="list-style-type: none"> Accessible chronic disease management and screening services and prevention education Diabetes prevention programs available throughout the service area Increase linkages to care and system navigation services through continuous partner collaboration and resource integrations 	<p>And if the program provides:</p> <ul style="list-style-type: none"> Establish mobile clinic locations in partnership with CBOs, community feedback, and other program experience Provide chronic disease screenings and risk assessments for target population Provide chronic disease self-management education utilizing CDC evidence based practice models Increase chronic disease prevention education utilizing community feedback and Equity in all Policies to inform messaging Partner with a community based organization to conduct an evidence-based practice diabetes prevention program in a least five locations in the service area Collect and assess population health data 	<p>Then,</p> <ul style="list-style-type: none"> Provide diabetes prevention education to at least 100 target population adults in our community annually Provide chronic disease management services to at least 500 adults annually Provide chronic disease screenings to at least 500 adults annually Provide chronic disease prevention education to at least 1,000 adults annually Administer mobile clinic services in at least 5 locations, prioritizing federally designated medically underserved areas 	<p>Ultimately,</p> <ul style="list-style-type: none"> Decrease the perceived burden of chronic disease in Siskiyou County, as reflected in community health priorities survey, by 5% Reduce the diagnosed diabetes prevalence by .5% Increase ability to self-manage chronic illnesses in 80% of individuals served
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CMSP LICN Siskiyou Application

Feasibility Concern- Additional Narrative

During the planning phases of the Siskiyou chronic disease prevention project, the department initially identified the Siskiyou Family YMCA as the organization to implement the diabetes prevention program, based on similar structures in other surrounding counties. The Siskiyou Family YMCA was highly interested in subcontracting with the SCPHD and signed a letter of commitment after several discussions. However, due to the amount to potentially be subcontracted, county process dictates that our department must contract for the services through the county approved RFP process. The Siskiyou Family YMCA will submit a formal bid, along with other interested organizations, and an internal team will select the subcontractor. Should no other organizations indicate that they intend to submit a formal bid, county policy indicates our department is allowed to forgo the formal RFP process and initiate a contract with the interested organization.



SISKIYOU COUNTY
Health and Human Services
Agency

SARAH COLLARD, PH.D.
Director of Health and Human Services Agency
TRACIE LIMA, LCSW
Clinical Director of Behavioral Health Division
AIMEE VON TUNGELN, LMFT
Deputy Director of Behavioral Health Division

County Medical Services Program Local Indigent Care Needs Grant
Letter of Support

RE: Siskiyou County Health and Human Services- Public Health Division

Date: 09/27/2021

To Whom It May Concern:

This letter of support, confirms Siskiyou County Health and Human Services Agency, Alcohol and Other Drugs (HHS AOD) program supports the Siskiyou County Public Health Division (SCPHD) in their pursuit of a Local Indigent Care Needs Implementation Grant.
As a supporter of this application, HHS AOD confirms:

- The organization's support of the SCPHD chronic disease reduction program to provide mobile access to chronic disease prevention education, screening, and self-management, and the diabetes prevention program by a community based organization
- The AOD program and SCPHD have a long standing history of successful collaborations, including harm reduction efforts, medication assisted treatment in jail settings, and other drug and alcohol education and resources linkages
- The SCPHD has successfully administered many health based programs, including a mobile harm reduction and resources unit, giving the department the necessary experience to achieve their grant objectives

We do hereby commit to support the SCPHD as described above.

For questions, please contact Toby Reusze, Alcohol & Drug Administrator, 530-841-4789,
treuze@co.siskiyou.ca.us

Sincerely,

BEHAVIORAL HEALTH DIVISION

North County (Main) Office
2060 Campus Drive
Yreka, CA 96097
(530) 841-4100 / Fax (530) 841-4712

South County Office
1107 Ream Avenue
Mt. Shasta, CA 96067
(530) 918-7200 / Fax (530) 918-7216



SISKIYOU COUNTY
Health and Human Services
Agency

SARAH COLLARD, PH.D.
Director of Health and Human Services Agency
TRACIE LIMA, LCSW
Clinical Director of Behavioral Health Division
AIMEE VON TUNGELN, LMFT
Deputy Director of Behavioral Health Division

County Medical Services Program Local Indigent Care Needs Grant
Letter of Commitment
RE: Siskiyou County Health and Human Services- Public Health Division (SCPHD)

Date: 09/22/2021

To Whom It May Concern:

This letter of support, confirms the Siskiyou County HHSA- Behavioral Health Division is committed to supporting the SCPHD in their pursuit of a Local Indigent Care Needs Implementation Grant. As a supporter of this application, Siskiyou County HHSA- Behavioral Health Division confirms:

- The department's support SCPHD in developing a chronic disease prevention program which offers, disease management, screenings, and prevention education via mobile clinic to the grant's target population
- As part of the same agency, our departments have successfully collaborated on numerous community health projects, including the recent launch of a suicide prevention project, resulting from a previous collaboration on the Community Health Improvement Plan
- SCPHD has successfully implemented numerous health programs which resulted in the improved health of the community, including a mobile resources van which provides harm reduction services

As a key partner listed on the proposal, Siskiyou County HHSA- Behavioral Health Division agrees to participate in the following ways:

- The department is aware of the project goals and plans to support SCPHD in the implementation of the project by collaborating on referrals to the chronic disease prevention program
- Support linkages to care by providing with program with information of support services available
- As our departments have a strong working relationship supported by work through numerous coalitions and programs, we will not be seeking an MOU

BEHAVIORAL HEALTH DIVISION

North County (Main) Office
2060 Campus Drive
Yreka, CA 96097
(530) 841-4100 / Fax (530) 841-4712

South County Office
1107 Ream Avenue
Mt. Shasta, CA 96067
(530) 918-7200 / Fax (530) 918-7216

- Provide SCPHD data on individuals referred to the program, as well as participate and provide feedback on activities as requested
- The department recognizes the immense need for the proposed program serves within our community and is committed to assisting SCPHD in the successful implementation of the program

We do hereby commit to support the SCPHD as described above. Please contact me for any questions regarding this letter of commitment.

Sincerely,



Tracie Lima, LCSW
Clinical Director
Siskiyou County Behavioral Health
530-841-2230
tlima@co.siskiyou.ca.us



FAIRCHILD
MEDICAL CLINIC

County Medical Services Program Local Indigent Care Needs Grant

Letter of Support

RE: Siskiyou County Health and Human Services- Public Health Division

Date: 09/16/2021

To Whom It May Concern:

This letter of support, confirms Fairchild Medical Clinic (FMC) supports the Siskiyou County Public Health Division (SCPHD) in their pursuit of a Local Indigent Care Needs Implementation Grant.

As a supporter of this application, Fairchild Medical Clinic confirms:

- The organization's support of the SCPHD chronic disease reduction program to provide mobile access to chronic disease prevention education, screening, and self-management, and the diabetes prevention program by a community based organization
- FMC and SCPHD have successfully collaborated on multiple projects in the past, including completion of a collaborative community health assessment and access to care initiatives
- The SCPHD has successfully administered many health based programs, including a mobile harm reduction and resources unit, giving the department the necessary experience to achieve their grant objectives

We do hereby commit to support as described above.

For questions, please contact

Paulette Adams, RN, Director of Hospital Clinics
530-841-6316
padams@fairchildmed.org

Sincerely,

Paulette Adams, RN

(530) 842-3507

475 Bruce Street | Yreka, CA 96097

fairchildmed.org



SISKIYOU
COMMUNITY
RESOURCE
COLLABORATIVE

County Medical Services Program Local Indigent Care Needs Grant

Letter of *Support*

RE: Siskiyou County Health and Human Services- Public Health Division

Date: 09/16/2021

To Whom It May Concern:

This letter of commitment, confirms the Siskiyou Community Resource Collaborative is committed to partnering with the applicant in their pursuit of a Local Indigent Care Needs Implementation/Planning Grant.

As a key partner listed on the proposal, Siskiyou Community Resource Collaborative agrees to participate in the following ways:

- The Siskiyou Community Resource Collaborative supports the SCPHD mission in reducing the burden of chronic disease in our community by offering mobile prevention, screening, and self-management services
- Our organizations have successfully partnered on several projects, including the Healthy Siskiyou Mobile Unit and many resource sharing collaboratives
- Due to many successful partnerships in the past, our organizations will not be pursuing an MOU
- The Siskiyou Community Resource Collaborative will support the implementation of the project by providing referrals, sharing services/resources, participating in key stakeholder meetings, and providing opportunities for the mobile clinic to offer services at our five sites throughout the county
- The Siskiyou Community Resource Collaborative is committed to the success of the project and has the capacity to participate as described above

We do hereby commit to partner with applicant as described above.

For questions, please contact Michelle O’Gorman, Director, 530-842-1313,
mogorman511@yahoo.com

Sincerely,

September 10, 2021

Siskiyou County Health and Human Services- Public Health Division (SCPHD)

RE: County Medical Services Program Local Indigent Care Needs Grant Letter of Commitment

To Whom It May Concern:

This letter of support confirms that Mercy Medical Center Mt Shasta (MMCMS) supports the applicant in their pursuit of a Local Indigent Care Needs Implementation/Planning Grant.

As a supporter of this application, the organization confirms:

- MMCMS supports SCPHD in developing a chronic disease prevention program which offers, disease management, screenings, and prevention education via mobile clinic, and the implementation of a diabetes prevention program through the Siskiyou Family YMCA
- MMCMS and SCPHD have successfully collaborated on multiple projects in the past, including completion of a collaborative community health assessment and access to care initiatives through the Siskiyou Healthcare Collaborative
- The SCPHD has continuously demonstrated their commitment in meeting community needs and has successfully implemented several new initiatives, including increasing MAT and harm reduction access through the Healthy Siskiyou Mobile Unit

We do hereby commit to support as described above.

For questions, please contact me at 530-926-9378; rodger.page@dignityhealth.org

Sincerely,



Rodger Page, President



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Board of Directors

Chair

Rich Klug

Vice-Chair

Carrie Henry

Past Chair

Cathy Lyman

Treasurer

Jimmy Kutzer

Secretary

Trevor Ragan

Board Members

Monet Allen
Amber Bear
James Clair
Jennifer Cota
Bill Davis
Milt DeBuhr
Joan Favero
Greg Perkins
John Tribble

Executive Director/CEO

Scott Eastman

Siskiyou Family YMCA

350 Foothill Dr.
Yreka, CA 96097
(530) 842-9622
scott@siskiyou-ymca.org

Date: 09/10/31

To Whom It May Concern,

This letter of commitment, confirms the Siskiyou Family YMCA is committed to partnering with the SCPHD in their pursuit of a Local Indigent Care Needs Implementation Grant.

As a supporter of this application, the Siskiyou Family YMCA confirms:

- The Siskiyou Family YMCA supports SCPHD in developing a chronic disease prevention program which offers, disease management, screenings, and prevention education via mobile clinic to the grant's target population
- The Siskiyou Family YMCA and SCPHD have successfully worked together on multiple active community health coalitions, most notably the Tobacco Education Council
- SCPHD has repeatedly demonstrated their commitment and success in leading community health initiatives. The Siskiyou Family YMCA is confident the SCPHD will successfully implement the LICN objectives

As a key partner listed on the proposal, the Siskiyou Family YMCA agrees to participate in the following ways:

- Act as a contracting organization to implement a Diabetes Prevention Program, receiving referrals for the program from the SCPHD
- Continue to finalize an MOU with SCPHD
- Participate in all meetings, data collection efforts, and trainings as necessary for successful implementation
- The Siskiyou Family YMCA is committed to the successful partnership and execution of the diabetes prevention program, and to the chronic disease prevention program as a whole. The Siskiyou Family YMCA will utilize the nationally recognized YMCA's of America diabetes prevention program model, enabling our organization to receive support and guidance from other successful YMCA programs.

We do hereby commit to partner with applicant as described above.
For questions, please contact me directly.

Sincerely,

Scott Eastman
Executive Director – Siskiyou Family YMCA

Phone: (530) 598-1838 C / (530) 842-9622 W
Email: scott@siskiyou-ymca.org

YMCA Core Values

Caring, Respect, Honesty, Responsibility

EXHIBIT D

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

Grantee's Full Name:	SISKIYOU COUNTY HHSA- PUBLIC HEALTH DIVISION
Grantee's Address:	810 S MAIN ST YREKA, CA 96097
Grantee's Executive Director/CEO: (Name and Title)	Shelly Davis, Director
Grantee's Phone Number:	530-841-2140
Grantee's Fax Number:	
Grantee's Email Address:	sdavis@co.siskiyou.ca.us
Grantee's Type of Entity: (List Nonprofit or Public)	Public
Grantee's Tax Id# [EIN]:	946000537

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: SISKIYOU COUNTY HHSA- PUBLIC HEALTH DIVISION

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

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

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- Conferences and trainings, including necessary recording of proceedings, simultaneous translation, and subsequent transcriptions
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- Bad debt expenses
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- 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
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- 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 conclusion.

****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.*