

LICN-052

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

between

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

and

Napa County Health and Human Services (HHSA)
("Grantee")

Effective as of:
November 1, 2022

AGREEMENT

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

FUNDING PLANNING PROJECT 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 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. 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 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.

6. 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.

7. 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, have a minimum of one (1) representative participate in Quarterly Technical Assistance Conference Calls and/or Webinars and host the Technical Assistance Consultant at least one (1) site visit at the earliest coordination in the beginning of the Grant. Additional site visit(s) and technical assistance services will be coordinated as needed to advance the planning efforts of the Grantee.

8. 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.

9. 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.

10. 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. Interim Progress Report. Grantee shall submit one (1) interim report to the Board using the Interim Progress Report template on May 31, 2023. Each report should: (1) clearly define the target population and its needs; (2) demonstrate progress toward answering questions posed in the Grantee's submitted application; (3) demonstrate progress toward meeting Project's identified goals; (4) identify challenges and barriers to meeting Project goals encountered during the prior six (6) months; (5) compare Project progress to the Application, Planning Project Work Plan and Timeline as set forth in Exhibit C; (6) advise of changes to any key Grantee personnel or their responsibilities; (7) describe the Grantee's experience utilizing Technical Assistance; (8) describe changes in key partnerships, and (9) report on target population impact and share significant success stories.

C. Interim Expenditure Report. Grantee shall submit one (1) interim expenditure report to the Board using the Interim Expenditure Report Template on May 31, 2023

. The interim expenditure report should: (1) compare budget expenditures to actual expenditures for the reporting period; (2) detail total grant funds received and expended to date; and (3) detail any proposed budget modifications for the remaining project period.

D. Final Report. Grantee shall submit a final report to the Board using Final Report Template by November 30, 2023, that: (1) clearly defines the target population and their needs; (2) provides answers to each of the questions posed in the Grantee's submitted application; (3) provides measurable outcomes to the identified Project goals; (4) identifies challenges and barriers to meeting Project goals encountered during the prior six (6) months; (5) compares Project progress to the Application and Planning Work Plan as set forth in Exhibit C; (6) describes the Grantee's experience utilizing Technical Assistance; (8) describes any key partnership changes; (9) reports on the target population impact and shares any significant success stories; (10) compares budget expenditures to actual expenditures for the entire project period; and (11) details total grant funds received and expended during the entire project period.

E. 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.

11. Term. The term of this Agreement shall be from November 1, 2022, to April 30, 2024, unless otherwise extended in writing by mutual consent of the parties.

12. 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 1, 2.B, 2.D, 2.E, 4, 5, 6, 7, 8, 9 and 10. 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.

13. 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.

14. 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.

15. 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.

16. 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.

17. 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.

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

19. 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.

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

21. 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 November 1, 2022.

BOARD:

COUNTY MEDICAL SERVICES
PROGRAM GOVERNING BOARD

GRANTEE:

NAPA COUNTY HEALTH AND HUMAN
SERVICES (HHSA)

By: _____
Kari Brownstein, Executive Director

Date: _____

By: _____
Title: _____

Date: _____

APPROVED AS TO FORM
OFFICE OF COUNTY COUNSEL
By: Doug Parker, Deputy (via e-sign)
Date: November 28, 2022

EXHIBIT A

GRANTEE: _____

GRANTEE'S PARTNERS UNDER CONTRACT¹

GRANT FUNDS:

Total Amount To Be Paid under Agreement: \$50,000.00

If the Project warrants a change in payment schedule, the payment schedule may be modified by the Board provided Grantee has submitted any required expenditure reports.

1. Amount to Be Paid Upon Execution of This Agreement (40%): \$20,000.00
2. Amount To Be Paid Within 30 Days Following Receipt of Invoice, Interim Progress Report, and Interim Expenditure Report (reports due 05/31/23) (50%): \$25,000.00
3. Amount To Be Paid Within 30 Days Following Receipt of Invoice and the Final Report (report due 11/30/23) (10%): \$5,000.00

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:

¹ Attach copy of any contract.

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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. 111
(916) 649-2606 (facsimile)

Grantee:

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

Napa County Health and Human Services (HHSA)

Attn: Teresa Brown

2751 Napa Valley Corporate Drive, Building B

Napa, CA 94558

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EXHIBIT B
REQUEST FOR PROPOSAL
BOARD'S REQUEST FOR PROPOSAL



REQUEST FOR PROPOSALS

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

Eligible Applicants: County Agencies and non-profits from the following 10 CMSP Counties - Alpine, Amador, Calaveras, Del Norte, Mendocino, Modoc, Napa, San Benito, Sierra, & 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 income level 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 - 49 that are enrolled in an emergency services only Medi-Cal program aid code and reside in one of the 35 CMSP counties.

Additionally, CMSP launched the Connect to Care Program in December 2020 to provide primary and preventive services to documented and undocumented county residents, ages 21-64, with income levels between 138% and 300% FPL. The goal for the program is the same as Path to Health – to promote timely delivery of necessary primary and preventive medical services to the target population to improve health outcomes for the population and reduce the incidence of emergency services utilization and inpatient hospitalization by the population.

Member enrollment in Path to Health and 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 administers other projects, including the Health Systems Development grant program, two healthcare workforce development programs, the Specialty Care Access Grant, and the COVID-19 Emergency Response Grant.

II. ABOUT THE CMSP LOCAL INDIGENT 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 has two 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 individuals.

C. Four Alternative Components for Local Indigent Care Needs Programs

Implementation Programs shall incorporate **at least one** of the following four 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 Appendix B LICN Allowable vs. Unallowable Use of Funds resource located on the [CMSP website](#)).
- 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 conferences
- Quarterly TA conference calls and/or webinars to foster a “learning community” across grantees
- One in-person or virtual site visit during the second year of the Implementation Grant project period

- Monthly consults (calls, emails)
- 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 | ▪ Modoc |
| ▪ Amador | ▪ Napa |
| ▪ Calaveras | ▪ San Benito |
| ▪ Del Norte | ▪ Sierra |
| ▪ Mendocino | ▪ 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 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 located within 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 the demonstrated support, as evidenced by either Letters of Commitment or Memorandums of Understanding, of at least two of the following CMSP county agencies or departments: Health/Public Health, Social Services/Welfare, Mental Health, Drug and Alcohol Services and Probation.
- 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

Below is the anticipated timeline for the Summer 2022 Round of the Local Indigent Care Needs Grant Program RFP. This timeline is tentative and subject to change at Governing Board discretion.

Local Indigent Care Needs Grant: Summer 2022 Grant Timeline	
Date	Activity
06/15/22	RFP Released
06/29/22	Replicating Success – Project Highlights Webinar 9:30AM PST
07/13/22	RFP Assistance Webinar 10:00AM PST
07/13/22	Letters of Intent Due by 3:00PM PST
08/01/22	Proposals Due by 3:00PM PST
09/22/22	Governing Board Proposal 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. 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.

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 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 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 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 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 10% or less of the total project expenditures.

In-Kind/Matching Funds Required

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

Evaluation Expenses

Implementation Programs are required to budget a minimum of 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, expansions of current facilities, and/or renovation or remodeling of current facilities may be considered under this initiative.

VI. AWARD METHODOLOGY

Planning Project Grant proposals 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 proposals 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 proposals the Governing Board determines, in its sole discretion, are in the best interest of CMSP and the Governing Board.

Grant proposals 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 proposal process is competitive and not all proposals may be funded or funded in the amounts requested. All proposals 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 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

A. Planning Grant Cover Sheet

Please complete the Planning Project Grant Cover Sheet template located on the [CMSP website](#).

B. Planning Grant Proposal

Please complete the Planning Project Grant Proposal template located on the [CMSP website](#).

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

- 2) Project Title
 - List project title.
- 3) Technical Assistance Needs
 - Identify Technical Assistance Needs that will be necessary post-award.
- 4) Target Population
 - 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 Planning Grant 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 template 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 proposal. Any letters submitted outside of the proposal will not be considered in scoring the proposal.

- 1) Planning Project Grants must have the support, as demonstrated by Letters of Commitment, from at least one local hospital or one 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 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.

An example Planning Project Letter of Commitment template is available for download on the [CMSP website](#).

D. Budget and Budget Narrative

Complete the Planning Grant Budget and Budget Narrative located on the [CMSP website](#). 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 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.

E. Authorized Signature

The Grant Proposal Authorized Signature document is located on the [CMSP website](#).

VIII. IMPLEMENTATION PROGRAM GRANT PROPOSAL FORMAT AND REQUIREMENTS

A. Implementation Program Grant Cover Sheet

Please complete the Implementation Grant Cover sheet template located on the [CMSP website](#).

B. Project Summary

Create a Project Summary and describe the proposed project concisely to 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 document is not to 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 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 that will meet the identified 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 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

As part of describing the proposed project, create a workplan and timeline for completion of all implementation, contracting, consultant/staff recruitment, evaluation, reporting, and sustainability planning activities.

Use the required Implementation Work Plan and Timeline template available for [download](#) on the CMSP Website. The template may be incorporated into the Project Narrative document or be submitted as a separate document.

3) Description of Planning Efforts

Provide a detailed description of how your organization is 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.

- What organizational or funding sources will the applicant utilize after the 3-year grant period ends?
- What 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

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 Logic Model template is available as a word document for download on the CMSP website. This document may not exceed 2-pages.

E. Data Collection and Reporting

All applicants shall create a document that presents their plan for data collection, analysis, and reporting. This document must specify data to be collected and reported upon, and how that data set will be used to document the outcomes and impacts expected to be achieved through the Project, as described in the Logic Model. Data must 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. For sample data set ideas, see the informational resource Appendix C Data Collection located on the CMSP website.

F. Budget and Budget Narrative

Complete the required Implementation Grant Budget and Budget Narrative template. 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 10% of total project expenditures. In the Budget Narrative, briefly explain any expenses whose purpose may be ambiguous to a reviewer.

The required Implementation Grant Budget and Budget Narrative template is available 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 support, as demonstrated by either Letters of Commitment or Memorandums of Understanding, from at least one local hospital and one primary care provider such as a clinic, private practice physician, or physician group. If the applicant 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 support, as demonstrated by either Letters of Commitment or Memorandums of Understanding, of at least two of the following CMSP county agencies or departments: Health/Public Health, Social Services/Welfare, Mental Health, Drug and Alcohol Services, and Probation. 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 proposal. Any letters submitted outside of the proposal will **not** be considered in scoring the proposal. An example Letter of Commitment is available for download on the [CMSP website](#).

H. Authorized Signature

The Grant Proposal Authorized Signature document is located on the [CMSP website](#).

IX. PROPOSAL INSTRUCTIONS

A. All proposals must be complete at the time of submission, 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 proposal in the order and within the page number limits listed with the Proposal Format & Requirements section.
- 4) Clearly paginate each document.

B. All proposal documents and templates are available for [download](#) on the CMSP website.

C. The proposal must be signed by a person with the authority to legally obligate the Applicant.

D. Submit all proposals via email to grants@cmspcounties.org.

The following **Planning Grant** proposal documents must be submitted:

- 1) Planning Grant Cover Sheet
- 2) Planning Grant Proposal
- 3) Planning Grant Workplan and Timeline
- 4) Letters of Commitment
- 5) Planning Grant Budget and Budget Narrative
- 6) Grant Proposal Authorized Signature

Please note items 1-6 above may be found on the [CMSP website](#).

The following **Implementation Grant** proposal documents must be submitted:

- 1) Implementation Program Cover Sheet
- 2) Grant Proposal Summary
- 3) Grant Proposal Narrative
- 4) Implementation Work Plan & Timeline
- 5) Implementation Grant Budget and Budget Narrative
- 6) Logic Model
- 7) Data Collection and Reporting
- 8) Letters of Commitment
- 9) Grant Proposal Authorized Signature

Please note items 1 and 4-9 may be found on the [CMSP website](#).

E. Do not provide any materials that are not requested, as reviewers will not consider those materials.

F. All proposals are due by **Monday, August 1, 2022, at 3:00 PM PST**. They must be complete and received at grants@cmspcounties.org by this deadline.

X. PROPOSAL ASSISTANCE

A. RFP Assistance Webinar Information

To assist potential applicants, Governing Board staff will conduct two webinars. Applicants are encouraged to participate in both and to bring any questions they have regarding LICN Program requirements or the proposal process.

Dates, times, and links to the webinars are as follows:

CMSP LICN RFP: Replicating Success – Project Highlight Webinar
Wednesday, June 29, 2022, at 9:30 AM PST

<https://us06web.zoom.us/j/88337330176?pwd=RWIPMU1kTGFTSTFpya3JwNFJBBeGluZz09>

Zoom Meeting Number: 883 3733 0176

Zoom Password: LICNAPPLY

CMSP LICN RFP: Assistance Webinar

Wednesday, July 13, 2022, at 10:00 AM PST

<https://us06web.zoom.us/j/82214197824?pwd=YXJPN21lYThVRXJvYzBvbHlDSmpndz09>

Zoom Meeting Number: 822 1419 7824

Zoom Password: LICNAPPLY

B. Frequently Asked Questions (FAQ)

CMSP staff will post a Frequently Asked Questions document to the CMSP website following the RFP Assistance webinar.

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 proposal reviews and processing. Please submit the LOI no later than **July 13, 2022, 3:00 PM PST** to grants@cmspcounties.org. 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 or Implementation Program Grant and provide the name of the CMSP county or counties they anticipate serving.

D. Project Contact Information

Please direct any questions regarding the RFP to:

Laura Moyer, Grants Administrator
CMSP Governing Board
1545 River Park Drive, Suite 435
Sacramento, CA 95815
(916) 649-2631 ext. 110
grants@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 proposals 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 portions of a proposal will be kept confidential, even if the proposal is marked "confidential," "proprietary," etc.

E. The Governing Board reserves the right to do the following at any time, at the Governing Board's sole discretion:

- 1) Reject all proposals or cancel this RFP
- 2) Waive or correct any minor or inadvertent defect, irregularity, or technical error in any proposal
- 3) Request that certain or all Applicants supplement or modify all or certain aspects of their respective proposals 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 proposals prior to the due date
- 5) Extend the deadlines specified in this RFP, including the deadline for accepting proposals
- 6) Award, or not award, any amount of Grant funding to any Applicant

LICN-052

EXHIBIT C
APPLICATION
GRANTEE'S APPLICATION

PLANNING GRANT COVER SHEET
CMSP Local Indigent Care Needs Grant Program



1. CMSP County or Counties to be Served: Napa County

2. Project Title: Pathways to Care in our Community (PCC)

3. Funding:

Requested Grant Amount:	<u>\$50,000</u>
In-Kind or Matching Funds:	<u>\$5,000</u>
Project Totals	<u>\$55,000</u>

Planning Grants are 1-year projects.

4. Lead Applicant:

Organization: Napa County Health and Human Services (HHSA) Tax ID Number: 94-6000525

Applicant Director/Chief Executive: Jennifer Yasumoto

Title: Director, Health and Human Services

Applicant Entity Type (Specify county or non-profit): County

Address: 2751 Napa Valley Corporate Drive, Building B

City: Napa State: CA Zip Code: 94558 County: Napa

Telephone: 707-253-4678

Director Email: Jennifer.Yasumoto@countyofnapa.org

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

Name: Teresa Brown

Title: Manager, Self Sufficiency Services

Organization: Napa County HHSA- Self Sufficiency Services

Address: 2751 Napa Valley Corporate Drive, Building A

City: Napa State: CA Zip Code: 94558

Telephone: 707-253-4277

Email address: Teresa.Brown@countyofnapa.org

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

Name: Lynn Perez

Title: Deputy Director, Self Sufficiency Services

Organization: Napa County HHSA- Self Sufficiency Services

Address: 2751 Napa Valley Corporate Drive, Building A

City: Napa State: CA Zip Code: 94558

Telephone: 707-253-4697

Email address: Lynn.Perez@countyofnapa.org

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

Name: Carol Haynes

Title: Deputy Chief Fiscal Officer

Organization: Napa County Health and Human Services-Administration

Address: 2751 Napa Valley Corporate Drive, Building B

City: Napa State: CA Zip Code: 94558

Telephone: 707-253-4674

Email address: Carol.Haynes@countyofnapa.org

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

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

1. APPLICANT: Napa County Health and Human Services

2. PROJECT NAME: Pathways to Care in our Community (PCC)

3. TECHNICAL ASSISTANCE NEEDS

Select the TOP 3 Technical Assistance needs you have regarding undertaking a Planning Project and developing a framework for an Implementation Program.

☒ Data development and analysis Identifying best practices Collaboration

☐ Budgets and finance

☒ Developing program goals, objectives, and metrics for program evaluation

☐ Determining organizational capacity

☒ Other (please describe): Collecting data across systems

4. TARGET POPULATION

Planning Project Grants must focus on identified needs of one or more target populations within the community that meet the criteria required by the RFP. Please indicate below which one or more uninsured or underinsured target population(s) planning efforts will be focused on:

☐ 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 that impede their ability to obtain necessary health care services

☒ Adults with health and/or behavioral health conditions that have been released incarceration

Program activities may choose to further narrow the focus of efforts to one or more of the following sub-groups within the target population(s). Please indicate if proposed planning efforts will focus on any of the following sub-populations. If no sub-groups will be identified, please select "No sub-groups identified":

☒ Homeless adults

☒ Adults with chronic health or behavioral health conditions

☐ Adults in need of pain management support

☐ No sub-groups identified

Provide a description of the proposed target population(s) and what the project currently knows about the target population(s). 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.

Napa County Health and Human Services (HHSA) is committed to addressing the need in our community for effective and comprehensive interventions to low-income, high barrier adults that experience complex challenges to accessing services, navigating our systems of care, and reaching self-sufficiency. Adults who have been recently released from incarceration and recently incarcerated adults with chronic health and/or behavioral health conditions appear to be among the populations facing the greatest challenges. These individuals often struggle to secure necessary supports such as housing, transportation, and employment following their release from incarceration. Additionally, individuals represented in these populations often lack an adequate support network and an established provider of medical care and behavioral health interventions. Without these supports in place, the likelihood of re-offending and returning to harmful behaviors is high.

Individuals with complex behavioral health needs are seen at a higher rate in our Napa County Jail due to the Napa State Hospital's local proximity. In FY 19-20, Napa County HHSA provided 832 incarcerated individuals with mental health services inside the jail and in FY 20-21, 734 inmates were served. Given the complex nature of barriers that justice involved and indigent populations experience accessing care, we have identified a critical need to bring service providers together to identify gaps in services, explore care coordination, and establish a collaborative case management model. Our goal is to create a comprehensive service delivery system, including the ability to collect data across systems, that reduces access barriers and addresses critical needs to reduce recidivism and improve the health and well-being of our most vulnerable populations. Having the ability to collect and share data regarding our common clients across all agencies would greatly improve care coordination and case management.

Napa County's Health and Human Services Agency administers our county's wide range of health and human services including public assistance programs, supportive case management, life skills education, behavioral health services, public health services, child welfare services, services for older and disabled adults, veterans' services, career development services, and housing services linked to those programs. HHSA has a long history of successful collaboration internally across these programs as well as with community healthcare providers, behavioral health, workforce partners, community action agencies, and other county departments, many of whom we contract with directly or otherwise have partnerships in the coordination of our County's social safety net. HHSA is therefore strategically positioned to convene partners and serve as the lead applicant to launch this effort.

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? Please include a minimum of 3 Questions.

1. Are there any partners that should be part of the discussion and implementation process that have not been identified?
2. What service gaps have been identified by each partner?
3. What data needs to be collected to ensure we are able to adequately assess access barriers and gaps in services?
4. What is the best mechanism(s) to collect necessary data across all programs and partner agencies?
5. What barriers, legal, logistical, or otherwise, might we encounter when collecting and sharing data across multiple partner agencies? What strategies can we employ to mitigate these barriers?

6) PLANNING GOALS

Clearly identify the goals of the project's planning process. Include a minimum of 3 Goals

1. Establish strategies for collecting data and measuring outcomes
2. Identify a lead agency or agencies that will provide point on case management efforts to ensure we do not duplicate efforts
3. Establish a referral process
4. Establish program and service delivery expectations for all partners

7) PROPOSED PLANNING ACTIVITIES

Broadly discuss the proposed activities to be performed in the Planning Project. This section should be used to describe planning efforts to be effectively completed that will produce a framework for an Implementation Program Grant proposal. Please use the Work Plan and Timeline in Item 8 to provide details on essential steps.

The proposed activities for this project will start with establishing key agency partners and identifying agency representatives to serve on a planning team. HHSA will coordinate regular planning meetings that consist of planning team members to create a workflow process and determine data needs. We will then analyze that data to identify service gaps and access barriers, inform program expectations, establish desired outcomes, and determine next steps by partner organizations.

Through this process we will identify a case management lead to ensure there are no duplicated efforts. In order to properly measure outcomes, we will need to establish a mechanism for collecting data and tracking progress. Additionally, we will need to develop a data sharing agreement amongst partners, building on our historic partnerships to provide truly integrated services with shared coordination to promote best practices and positive outcomes.

From our established workflow process we expect to produce a logic model, an implementation plan, and a program outline that will assist us in completing the implementation grant application in August 2023 to coincide with the conclusion of this Planning Grant.

As a part of your expected planning process, identify which one or more of the following core required LICN program components you anticipate will be incorporated into the Planning Project:

☒ Local-level Care Management

☒ Continuity of Care

☒ Linkages to Enabling Services

☐ Disease Management

8) WORK PLAN AND TIMELINE

Download the Planning Project Work Plan and Timeline template on the CMSP website.

Create a Planning Project Work Plan and Timeline for completion of implementation, contracting, consultant/staff recruitment, evaluation, reporting, and sustainability planning activities. The Work Plan should not exceed twelve (12) months. If you are awarded a Planning Grant, the Technical Assistance Contractor will work with you to further refine the Work Plan. Submit the Work Plan and Timeline as a separate document alongside the application.

9) PROJECT PARTNERS

Please list the proposed key project partners and briefly describe their intended roles.

Identified partners and their intended roles are listed below:

Role	Agency/Department	Services Provided	Roles and Responsibilities During Planning Process
Lead	Napa County HHSA	➤ Public Assistance/Benefits ➤ Employment/Career Services ➤ Housing Services ➤ Life Skills Education ➤ Behavioral Health Services ➤ Public Health Services ➤ Child Welfare	➤ Convene partners ➤ Facilitate communication between partners ➤ Coordinate and facilitate meetings ➤ Gather and compile data ➤ Monitor work-flow and track progress ➤ Identify needs and gaps in services ➤ Establish referral process

		Services ➤ Comprehensive Services for Older Adults (including In-Home Supportive Services and Adult Protective Services) ➤ Veterans Services	
Partner	Napa County Probation	➤ Case Management ➤ Supervision of probationers	➤ Provide data ➤ Participate in planning meetings ➤ Identify needs and gaps in services ➤ Establish referral process
Partner	Napa County Corrections	➤ Houses Inmates ➤ Provides in-custody support	➤ Provide data ➤ Participate in planning meetings ➤ Identify needs and gaps in services ➤ Establish referral process
Partner	Ole Health (Health Care Provider)	➤ Provides Medical Services	➤ Provide data ➤ Participate in planning meetings ➤ Identify needs and gaps in services ➤ Establish referral process
The following are partners we intend to engage during the planning process			
Role	Agency/Department	Services Provided	Roles and Responsibilities During Planning Process
Potential Partner	Legal Aid	Provide legal services; expungement services	➤ Establish referral process ➤ Provide data ➤ Inform policies and procedures
Potential Partner	Housing and Homeless Services	Assist with the coordination of housing and outreach services for homeless individuals	➤ Establish referral process ➤ Provide data ➤ Inform policies and procedures

10) ORGANIZATION AND STAFFING

Describe the lead applicant's organizational capability 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 with through the implementation process.

The lead applicant for this project is Napa County's Health and Human Services Agency (HHSA), an integrated human services and health services agency administering services and programming to support the most vulnerable residents of Napa County. Napa County HHSA consists of six program Divisions including Alcohol and Drug Services, Child Welfare Services, Comprehensive Services for Older Adults, Mental Health, Public Health and the Self Sufficiency Services Division. HHSA works closely with all other partner organizations identified in this proposal and is ideally situated to coordinate efforts aimed at improving outcomes for these populations. The Self Sufficiency Services Division (SSSD) has been identified to serve as the administrative and logistical backbone of this effort and is ideally suited to support our organizational efforts in this area. While SSSD is the responsible Division for this proposal, if approved all Divisions of HHSA would be committed to a successful outcome.

Health and Human Services operates its programs with approximately a \$143 million annual budget of federal, state, and local dollars to provide services to Napa County residents.

Napa County HHSA administers public assistance programs that include Medi-Cal (including programs offered through Covered California), CalFresh, CalWORKs, Foster Care, General Assistance (GA), and other federal, state, and local programs, including CMSP. In 2017, HHSA received a CMSP Mini Grant to facilitate access to care for CMSP beneficiaries who are hindered by system barriers. The focus was to collaborate with and educate partners and service providers on ways to better serve the CMSP population and provide system navigation assistance to CMSP recipients. This was a highly successful and effective project and prompted HHSA's Self Sufficiency Services Division to redefine their customer service delivery methods.

HHSA has a close working relationship with the Department of Corrections. HHSA staff are embedded in the Corrections Department to provide mental health and alcohol and drug services. In addition, staff are working to improve processes for enrollment into public assistance programs to ensure that at the time of release, inmates have access to health and behavior health care, food, and employment.

The Behavioral Health services delivered by Napa County HHSA are critical in the successful engagement of the populations targeted by this grant application, with multiple programs targeting high need individuals and serving recently released adult individuals who are experiencing serious mental illness. Napa County HHSA provides the CONREP (Conditional Release Program) for Napa State Hospital to meet the needs of recently released County residents who have criminal history due to their psychiatric symptoms, and has successfully operated this program in collaboration with the Department of State Hospitals for over twenty years. Similarly, HHSA provides mental health services through co-located staff embedded within the Napa County Department of Corrections (NCDC) who deliver services to individuals while incarcerated and coordinate continuity of care upon discharge to the relevant mental health services. Embedded staff with local law enforcement (both the City of Napa Police Department and Napa County Sheriff's Office) similarly provide a rich continuum of available services to individuals in our target population, along with the Mobile Response Team (MRT) who provide community-based mobile response to psychiatric emergencies and urgent mental health needs across Napa County.

HHSA provides Substance Use Disorder treatment through staff who provide services in the County NCDC facility, partnering closely with law enforcement and operating our drug court and residential substance use services. As we move to a more integrated model of care,

coordination between our SUD treatment and mental health services are critical for the success of our targeted client population, as untreated symptoms can prove a significant challenge in seeking disease management or primary care services as well as avoiding repeat offenses that result in re-entry.

Napa County HHSA consists of the Self Sufficiency Services Division, as well as the Mental Health Division and Alcohol and Drug Services. Each division works closely with the Probation Department. Self Sufficiency and Behavior Health staff are embedded into the Adult Probation Department. Self Sufficiency staff work very closely with Probation Officers to enroll clients into public assistance programs. Many of the adults served in behavior health and criminal justice programs face significant barriers to healthcare, employment, and housing that hinder their ability to reach self-sufficiency. In addition, Napa HHSA will be an ECM provider and will be serving individuals transitioning from incarceration effective January 1, 2023. This planning grant will help provide the infrastructure and further alignment between County Departments and community resources in Napa to coordinate unduplicated services.

HHSA also operates the Welfare-to-Work program, which provides case management, employment services, including the Expanded Subsidized Employment program, family stabilization services, the coordination of childcare services, and other supportive services designed to assist CalWORKs recipients to prepare for and obtain employment. Additionally, HHSA operates the CalFresh Employment and Training program (CFET) along with a full-service Career Center, Napa Employment Connection, that is open to all HHSA customers to assist with their career development needs.

In addition to career development programs, HHSA operates other supportive services programs designed to help vulnerable populations improve their quality of life and exit poverty. The CalWORKs Home Visiting program (HVP) provides early interventions and support to ensure young families have the tools and resources needed to encourage positive interactions and development, expand knowledge and education, promote economic stability, and improve the overall well-being of children, families, and pregnant women experiencing poverty.

The Housing Support Program (HSP) provides rental assistance, housing location, stabilization services, life skills and housing readiness education, intensive case management, and landlord outreach and engagement.

HHSA also serves indigent adults without children through several programs, including CFET, the GA Employment Services program, and the Housing Disability Assistance Program (HDAP). Through these programs, specifically HDAP and GA Employment Services, HHSA serves a large number of indigent adults with complex medical and behavioral health needs.

HHSA takes an innovative approach to providing comprehensive services to the county's most vulnerable populations and coordinates service delivery efforts with community stakeholders on a continuous basis. Since HHSA operates the county's public assistance programs, the majority of HHSA customers are shared amongst county departments and community-based organizations. Furthermore, with the myriad of programs overseen by HHSA, several programs are operated in collaboration with community-based organizations serving as contracted service providers. HHSA has a history of providing housing, supportive case management, public assistance, and career development programs that all require cooperative coordination between programs, sub-divisions, other county departments, and community-based organizations.

These collaborative efforts include contract oversight and coordinating and facilitating Multi-Disciplinary Team Meetings (MDTs), Case Conferences, and partner coordination meetings.

These established relationships provide us with an opportunity to streamline referral processes, reduce access barriers to safety-net services, collaborate on service delivery, and maintain open lines of communication to ensure we are not duplicating services and efforts.

Key Personnel for this project from Napa County Health and Human Services Agency will include the Deputy Director of the Self Sufficiency Services Department, the Manager of the Employment Services Division, and an appointed Staff Services Analyst. The Deputy Director will provide high-level oversight and guidance while the Employment Services Manager will act as a project manager and will coordinate collaborative efforts and planning meetings, convene partners, facilitate communication between partners, monitor progress, and manage the work-flow process. The Staff Services Analyst will provide support by coordinating meetings, taking and distributing meeting minutes, compiling data, preparing reports, and conducting research.

HHSA is customer service focused and is adept at coordinated service delivery, building partnerships, and providing high-level quality service. This will adequately equip our staff with the necessary skills and abilities to engage community partners and county departments to successfully identify gaps in services, evaluate data needs, and develop a referral process and implementation plan that will designate an agency(ies) to serve as the case management lead to collaborate and deliver comprehensive services to individuals represented in our target populations.

HHSA has identified multiple key partners that will be instrumental in ensuring that the needs of our target populations will be met and that our collaborative efforts are successful.

Identified partners and their intended roles are listed below:

Role	Agency/Department	Services Provided	Roles and Responsibilities During Planning Process
Lead	HHSA	➤ Public Assistance/Benefits ➤ Employment/Career Services ➤ Housing Services ➤ Life Skills Education ➤ Behavior Health ➤ Public Health ➤ Child Welfare Services ➤ Comprehensive Services for Older Adults (including In-Home Supportive Services and Adult Protective Services) ➤ Veterans Services	➤ Convene partners ➤ Facilitate communication between partners ➤ Coordinate and facilitate meetings ➤ Gather and compile data ➤ Monitor work-flow and track progress ➤ Identify needs and gaps in services ➤ Establish referral process

Partner	Napa County Probation	➤ Case Management ➤ Supervision of probationers	➤ Provide data ➤ Participate in planning meetings ➤ Identify needs and gaps in services ➤ Establish referral process
Partner	Napa County Corrections	➤ Houses Inmates ➤ Provides in-custody support	➤ Provide data ➤ Participate in planning meetings ➤ Identify needs and gaps in services ➤ Establish referral process
		➤	➤
Partner	Ole Health (Health Care Provider)	➤ Provides Medical Services	➤ Provide data ➤ Participate in planning meetings ➤ Identify needs and gaps in services ➤ Establish referral process
The following are partners we intend to engage during the planning process			
Role	Agency/Department	Services Provided	Roles and Responsibilities During Planning Process
Potential Partner	Legal Aid	Provide legal services; expungement services	➤ Establish referral process ➤ Provide data ➤ Inform policies and procedures
Potential Partner	Housing and Homeless Services	Assist with the coordination of housing and outreach services for homeless individuals	➤ Establish referral process ➤ Provide data ➤ Inform policies and procedures

**CMSP - Local Indigent Care Needs Grant - Round 3
1-Year Planning Grant Workplan and Timeline**

Key Personnel			Activity													
			2022		2023											
Program Manager		Establish Partner Agencies that will be participating in planning process	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct		
Program Manager/Agency Managers		Identify agency representatives that will serve on planning team	x													
Program Manager		Set up regular planning meetings with planning team		x												
Planning Team		Create a workflow process			x											
Program Manager/Staff Services Analyst		Assist partners with the workflow process				x	x	x	x	x	x	x	x	x		
Planning Team		Establish data metrics needed for determining service needs and addressing service gaps and access barriers				x										
Planning Team		Assign agencies to collect identified data that pertains to their specific programs and agencies				x										
Program Manager/Staff Services Analyst		Monitor progress of planning team and report out on progress					x	x	x	x	x	x	x	x		
Planning Team		Agencies submit data						x								
Staff Services Analyst		Data report is compiled and distributed							x							
Planning Team		Analyze data to determine service priorities and unmet needs							x							
Planning Team		Establish expectations for coordinated service delivery							x							
Planning Team		Establish outcome measures							x							

[illegible]



A Tradition of Stewardship
A Commitment to Service

Health and Human Services Agency
Mental Health Division

2751 Napa Valley Corporate Dr., Bldg. A, 2nd Floor
Napa, CA 94558

Main: (707) 299-2101
Fax: (707) 299-2199

Jennifer Yasumoto
Agency Director

Cassandra Eslami
Behavioral Health Director



NAPA COUNTY
Health & Human
Services Agency

July 26, 2022

County of Medical Services Program Local Indigent Care Needs Grant

To Whom It May Concern:

Please accept this letter of support to the lead agency, Napa County Health and Human Services Agency's (HHSA) Self Sufficiency Services Division for the Napa County Local Indigent Care Needs (LICN) Planning Grant. We fully support and agree to participate in Napa County's efforts that focus on adults released from incarceration.

Napa County Behavioral Health consists of the Alcohol and Drug Services and Mental Health Divisions of Napa's integrated Health and Human Services Agency, and works closely with their fellow HHSA Division Self Sufficiency, as well as Probation and the Corrections Department. Behavioral Health staff are embedded into the Adult Probation Office and Corrections to provide mental health and alcohol and drug services. In addition, Behavioral Health staff work very closely with Self Sufficiency to enroll clients into public assistance programs. Many of the adults served in the behavior health and criminal justice programs face significant barriers to healthcare, employment and housing that hinder their ability to reach self-sufficiency. We are committed to collaborate on referrals, resources, and case management with our partners. Working closely together will improve the quality of care, access and efficiency for customers who are considered "high users" of health care services.

This grant will strengthen communication and referral processes between our systems to improve the coordination of services. We are committed to participate in the planning process by:

- Collaborating with agency providers and community based organization in Napa County to develop strategies on how to expand access to care;
- Assess the needs of this population to provide appropriate resources, referrals and follow-up; and
- Reduce barriers for customers with access to care by providing collaborative and coordinated services.

We look forward to collaborating with the Self Sufficiency Services Division and other partners to ensure adults facing difficulties in our community will have seamless access to behavior health, health and social services including public assistance, employment and housing.

If you have any questions, please contact me by email at, cassandra.eslami@countyofnapa.org

Sincerely,

A handwritten signature in black ink, appearing to read "Cassandra Eslami".

Cassandra Eslami, LMFT
Behavioral Health Director



A Tradition of Stewardship
A Commitment to Service

Department of Corrections

1125 Third Street
Napa, CA 94559
www.countyofnapa.org

Main: (707) 253-4401
Fax: (707) 253-4801

Dina Jose
Director

July 26, 2022

County of Medical Services Program Local Indigent Care Needs Grant

RE: Napa County Health and Human Services Letter of Support

To Whom It May Concern:

Please accept this letter of support to the lead agency, Napa County Health and Human Services Agency (HHSA) for the Napa County Local Indigent Care Needs (LICN) Planning Grant. Napa County Department of Corrections (NCDC) fully support and agree to participate in Napa County's efforts that focus on adults released from incarceration.

The NCDC currently has a close working relationship with HHSA. HHSA staff are embedded into the Corrections Department to provide mental health and alcohol and drug services. In addition, staff are working to improve processes for enrollment into public assistance programs. Both departments are committed to implementing a system to further enhance collaboration and communication around broader resources and system issuers with the goal of increasing service utilization and care coordination amongst agencies.

We look forward to the planning and opportunities to use intensive interventions to engage and coordinate care for justice involved people with complex health and behavior health needs facing homelessness in our community. Assisting these participants to navigate local social services, health and behavioral health services to link them to treatment, housing, employment and education with the goal of increasing engagement and preventing further criminal behaviors and lowering recidivism rates. The Napa County Department of Corrections is committed to strengthen existing relationships and to improve access to recently incarcerated individuals by:

- Collaborating with agency providers and community based organization in Napa County to develop strategies on how to expand access to care;
- Assess the needs of this population to provide appropriate resources, referrals and follow-up; and
- Reduce barriers for cusumers with access to care by providing collaborative and coordinated services.

We will work collaboratively with Health and Human Services Agency, Probation and other partners to support the goals of the LICN project and strengthen relationships between our justice, behavior health and social services here in Napa County.

If you have any questions, please contact me by email at, dina.jose@countyofnapa.org.

Sincerely,

Dina Jose





Live Life Well

a californiahealthcenter

July 25, 2022

County of Medical Services Program Local Indigent Care Needs Grant

RE: Napa County Health and Human Services Letter of Support

To Whom It May Concern:

Please accept this letter of support to the lead agency, Napa County Health and Human Services Agency (HHS), Self-Sufficiency Services Division, for the Napa County Local Indigent Care Needs (LICN) Planning Grant. We fully support and agree to participate in Napa County's efforts that focus on adults released from incarceration. The opportunity to use intensive interventions to engage and coordinate care for our residents with complex behavioral and physical health conditions, who may also be struggling to navigate the justice system, will be a great benefit to our community.

Ole Health is committed to strengthening existing relationships and to improving access to recently incarcerated individuals by:

- Collaborating with agency providers and community-based organizations in Napa County to develop strategies on how to expand access to care;
- Assessing the needs of this population to provide appropriate resources, referrals, and follow-up; and
- Reducing barriers to access to care for customers by providing collaborative and coordinated services.

We know that in order to determine if our community is better off as a result of the services we provide, we must address both eligibility and access, because one without the other does not benefit the customer or the community. Our mission is to work with other agencies, associations, and individuals to improve the delivery and quality of health services; therefore, this proposed project is in alignment with our mission and values.

We look forward to collaborating with HHS to ensure a successful planning effort that helps people living in poverty access the tools they need to succeed in our community. If you have any questions, please contact me by email at ahardy@olehealth.org.

Sincerely,

A handwritten signature in black ink, appearing to read "A. Hardy", written over a faint circular background.

Alicia Hardy, CEO



A Tradition of Stewardship
A Commitment to Service

Napa County Probation
Adult Division

1125 Third Street
Napa, CA 94559
www.countyofnapa.org/probation

Main: (707) 253-4361
Fax: (707) 299-4345

Amanda Gibbs
Chief Probation Officer

July 25, 2022

County of Medical Services Program Local Indigent Care Needs Grant

RE: Napa County Health and Human Services Letter of Support

To Whom It May Concern:

Please accept this letter of support to the lead agency, Napa County Health and Human Services Agency (HHSA) for the Napa County Local Indigent Care Needs (LICN) Planning Grant. We fully support and agree to participate in Napa County's efforts that focus on adults released from incarceration.

The Napa County Probation Department currently has a close working relationship with HHSA. HHSA staff are embedded into the Adult Probation Office to provide mental health, alcohol and drug services and enrollment into public assistance programs. Both departments are committed to implementing a system to further enhance collaborate and communication around broader resources and system issuers with the goal of increasing service utilization and care coordination amongst agencies.

We are excited for the opportunity to use intensive interventions to engage and coordinate care for our residents with complex behavior and physical health conditions, who may also be struggling to navigate the justice system will be a great benefit to our community. The Napa County Probation Department is committed to strengthen existing relationships and to improve access to recently incarcerated individuals by:

- Collaborating with agency providers and community based organization in Napa County to develop strategies on how to expand access to care;
- Assess the needs of this population to provide appropriate resources, referrals and follow-up; and
- Reduce barriers for customers with access to care by providing collaborative and coordinated services.

We look forward to collaborating with HHSA to ensure a successful planning effort that helps people living in poverty access the tools they need to succeed in our community. If you have any questions, please contact me by email at,

Sincerely,

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

Craig Burch
Chief Deputy Probation Officer

LOCAL INDIGENT CARE NEEDS GRANT (LICN) BUDGET TEMPLATE INSTRUCTIONS	
Proposed Budget Tab	Use the proposed budget tab to enter in all proposed project expenses. - Input each proposed expense in Column A. - When applicable, input quantities into Column B. Quantity examples include 1.0 FTE, 400 flyers, 12 Kits, etc. - Utilize Column C to show proposed CMSP expenses. - Utilize Column D to show proposed In-Kind expenses.
Narrative Tab	Use the narrative tab to provide detail and justify all proposed expenditures. Provide a brief explanation of every expense in column B. Use columns E & F to denote whether each expense will be CMSP funded, in-kind funded or both. For in-kind funding source(s), provide the funding organization's name and any pertinent funding related information. Below are specifics regarding required information for each category. 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 explain 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. Other: Applicants must describe any additional expenses that do not fall into any of the categories listed above and state their purpose in relation to the project. Administrative/Overhead Expenses: Applicants must include a description of indirect/overhead expenses. This includes ongoing business expenses related to the project that do not fit 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.
Important Reminders	Planning Grant amounts shall not exceed \$50,000 (or \$75,000 for projects serving more than one county). The Budget is a summary of all project related costs and funding sources for the Planning Grant. It must include 10% in-kind and/or matching funding. Budgeted administrative and/or overhead expenses must not exceed 10% of total grant funded expenditures. Portions of this spreadsheet are locked to protect its structure. On the Narrative tab, examples are given as an aid. Remove them before submitting the proposal.

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



Applicant	Napa County
Project Title	Pathways to Care in our Community (PCC)
Period Covered	November 2022 - October 2023

Category	Item/Service	Quantity	CMSP	In-Kind	Total Project Costs
Personnel					
	Teresa Brown, Coordinator / SSSD	.14	\$22,581		\$22,581
	Elizabeth Ayala, Staff Services Analyst	.19	\$26,441		\$26,441
					\$0
					\$0
					\$0
Total Personnel			\$49,022	\$0	\$49,022
Training					
					\$0
					\$0
					\$0
					\$0
					\$0
Total Training			\$0	\$0	\$0
Contractual Services					
					\$0
					\$0
					\$0
					\$0
					\$0
Total Contractual			\$0	\$0	\$0
Travel					
					\$0
					\$0
					\$0
					\$0
					\$0
Total Travel			\$0	\$0	\$0
Other					
	Snacks	1	\$978		\$978
					\$0
					\$0
					\$0
					\$0
Total Other			\$978	\$0	\$978
Admin/Overhead ≤10%					
	Administrative Overhead	.1	\$0	\$5,000	\$5,000
					\$0
Total Admin/Overhead			\$0	\$5,000	\$5,000
Total Project Funding			\$50,000	\$5,000	\$55,000

Planning Grant Budget Narrative

Applicant Napa County



Personnel			
Staff	Description	CMSP	In-Kind
Teresa Brown, Coordinator / SSSD Manager	The Self Sufficiency Program Manager will serve as the Project Manager for the grant. She will dedicate 15% of her time to this Project during the contract period. She will coordinate partner meetings, develop the final assessment, ensure that the project meets its objectives and ensure all stakeholders are heard.	X	
Elizabeth Ayala, Staff Services Analyst	The Staff Services Analyst will serve as staff to the Collaboration Team. She will develop a project timeline to include objectives and tracking, prepare data/program reports, take meeting notes, and coordinate data as needed for the implementation grant. She will dedicate 20% of her time to this Project during the contract period.	X	
0			
0			
0			
Fringe Benefits			
Staff	Description	CMSP	In-Kind
Teresa Brown, Coordinator / SSSD Manager	Fringe Benefits 33% of Salary, Fringe includes Medicare, Retirement, Group Insurance and OPEB/Workers comp		
Elizabeth Ayala, Staff Services Analyst	Fringe Benefits 35% of Salary, Fringe includes Medicare, Retirement, Group Insurance and OPEB/Workers comp		
0			
0			
0			
Training, Meeting or Convening			
Item	Description	CMSP	In-Kind
0			
0			
0			
0			
0			
Contractual Services			
Contractor Name	Description	CMSP	In-Kind
0			
0			
0			
0			
0			

Travel			
Staff	Description	CMSP	In-Kind
0			
0			
0			
0			
0			
Other			
Title	Description	CMSP	In-Kind
Snacks	Snacks for meetings.	x	
0			
0			
0			
0			
Administrative Overhead Expenses			
Title	Description	CMSP	In-Kind
Administrative Overhead			x
0			



Local Indigent Care Needs Grant

Round 3 - Summer 2022 Grant Proposal Signature Page

By submitting this proposal 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 Grant is true and correct.

Organization	<u>Napa County Health & Human Services Agency</u>
Authorized Signatory	<u><i>Jennifer Yasumoto</i></u>
Date	<u>8-1-22</u>
Name	<u>Jennifer Yasumoto</u>
Title	<u>Agency Director</u>

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

Grantee's Full Name:	NAPA COUNTY HEALTH AND HUMAN SERVICES (HHSA)
Grantee's Address:	2751 NAPA VALLEY CORPORATE DRIVE, BUILDING B NAPA, CA 94558
Grantee's Executive Director/CEO: (Name and Title)	Jennifer Yasumoto, Director, Health and Human Services
Grantee's Phone Number:	707-253-4678
Grantee's Fax Number:	
Grantee's Email Address:	Jennifer.Yasumoto@countyofnapa.org
Grantee's Type of Entity: (List Nonprofit or Public)	County
Grantee's Tax Id# [EIN]:	94-6000525

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

GRANTEE:

By: _____
 Title: _____
 Date: _____

EXHIBIT E

USE OF GRANT FUNDS

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

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

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

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

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

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

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

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

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

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

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