BEFORE THE BOARD OF SUPERVISORS
OF THE COUNTY OF KINGS, STATE OF CALIFORNIA

****

IN THE MATTER OF AUTHORIZING THE ACCEPTANCE OF THE COUNTY MEDICAL SERVICES PROGRAM LOCAL INDIGENT CARE NEEDS GRANT /

RESOLUTION NO. _____

WHEREAS, the County Medical Services Program (CMSP) was established in January 1983 to provide health care services to indigent adults in CMSP counties, ensuring access to health, behavioral health, and associated support services for low-income uninsured and under-insured adults; and

WHEREAS, the Local Indigent Care Needs (LICN) grant program supports county-specific or multi-county efforts to expand the delivery of indigent care services, improving access to critical health care services across CMSP counties; and

WHEREAS, to date, a total of 23 Planning Project Grants and 29 Implementation Project Grants have been awarded under the LICN program, totaling $40.7 million in funding across CMSP counties; and

WHEREAS, the Kings County Department of Public Health (KCDPH) previously applied for and was awarded a LICN Planning Grant, resulting in the development of a clinical algorithm, collection of survey data, and a broad assessment of available health care resources in rural, outlying areas of Kings County; and

WHEREAS, on March 26, 2024, the Kings County Board of Supervisors authorized KCDPH to apply for the CMSP LICN Implementation Program Grant; and

WHEREAS, KCDPH has been awarded $500,000 per year for a three-year period beginning October 1, 2024, through September 31, 2027, for a total of $1,500,000 in LICN Implementation Grant funding; and

WHEREAS, the LICN Implementation Grant funding will be used to establish a coordinated network of care that ensures access to services for all residents of Kings County, regardless of their location, with a focus on improving rural clinics and integrating both public and private resources; and

WHEREAS, KCDPH intends to use the grant funds to create a lasting impact by fostering collaboration among county departments, managed care plans, community-based organizations, and medical providers, ensuring that health and support services are accessible to all residents of Kings County.

NOW, THEREFORE, BE IT RESOLVED by the Board of Supervisors of the County of Kings, State of California, as follows:

1. The Board of Supervisors hereby accepts the CMSP LICN Implementation Program Grant in the amount of $1,500,000 over a three-year period from October 1, 2024, to September 31, 2027.

2. The Kings County Department of Public Health is authorized and directed to utilize the grant funds to implement a network of care accessible to all residents, with a focus on improving access to services in rural and outlying areas of the county.

3. The Director of Public Health or their designee is authorized to take all necessary actions to ensure compliance with the CMSP LICN Implementation Program Grant reporting procedures in relation to this grant.

4. The Board of Supervisors supports the coordination and collaboration among county departments, managed care plans, community-based organizations, and medical providers to ensure the successful implementation of the LICN program and its lasting impact on health care accessibility in Kings County.

The foregoing Resolution was adopted upon motion by Supervisor _____, seconded by Supervisor _____, at a regular meeting held _____, by the following vote:

AYES: Superviors
NOES: Supervisors
ABSENT: Supervisors
ABSTAIN: Supervisors

_____
Doug Verboon,
Chairperson of the Board of Supervisors
County of Kings, State of California

IN WITNESS WHEREOF, I have set my hand this ____ day of _____, 2024.

_____
Catherine Venturella,
Clerk of said Board of Supervisors

CMSP GOVERNING BOARD

August 29, 2024

TO: Everardo Legaspi, Program Manager
Kings County Department of Public Health
330 Campus Drive
Hanford, CA 93230

RE: Local Indigent Care Needs Grant Program – Notice of Award

Dear Everardo,

I am pleased to inform you that Kings County Department of Public Health's proposal for the CMSP Local Indigent Care Needs Grant Program has been approved for a three-year Implementation grant totaling $1,500,000.00. Congratulations!

Attached you will find (2) two copies of the Local Indigent Care Needs Implementation Grant Agreement between Kings County Department of Public Health and the County Medical Services Program Governing Board (Agreement). To proceed with completing the Agreement, please review and sign the Agreement copies with a wet signature then return them to the Governing Board at the following address by **October 1, 2024**:

Laura Moyer, Grants Administrator
County Medical Services Program
1545 River Park Drive, Suite 435
Sacramento CA, 95815

CMSP will return (1) one countersigned copy to you. If you require more than (1) one countersigned copy, please include additional signed copies for CMSP to sign and return.

If you have any questions, please contact Laura Moyer at (916) 649-2631 Ext. 110 or email her at lmoyer@cmspcounties.org.

Again, congratulations on being selected to participate in the CMSP Local Indigent Care Needs Grant Program. We look forward to working with you.

Sincerely,

Kari Brownstein
Executive Director

CC: Chair and Members, CMSP Governing Board
Alison Bassett, CMSP General Counsel
Rose Mary Rahn, Director, Kings County Department of Public Health

Enclosure: Agreement

AGREEMENT FOR

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD

LOCAL INDIGENT CARE NEEDS IMPLEMENTATION GRANT PROGRAM

between

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD
("Board")

And

Kings County Department of Public Health
("Grantee")

Effective as of:
October 1, 2024

AGREEMENT

COUNTY MEDICAL SERVICES PROGRAM
LOCAL INDIGENT CARE NEEDS GRANT PROGRAM

FUNDING IMPLEMENTATION GRANT

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

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

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

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

The Board and Grantee agree as follows:

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

2. Grant Funds.

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

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

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

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

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

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

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

G. Possible Revision to Payment Schedule. If the Project warrants a change in payment schedule as described in Exhibit A, or if Grantee's expenditures are not in compliance with the Project, the Board may, within its sole discretion, revise the payment schedule or withhold payment of further amounts.

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

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

5. Board's Interest in Real Property and/or Improvements. If Grantee's Application anticipates the purchase of real property and/or improvements to real property (including leaseholds) with Grant Funds, then this real property and/or improvements to real property shall be purchased in Grantee's name and shall be dedicated exclusively to the

Grantee's health care or administrative purposes. Further, Board may, in its sole discretion, require that Grantee grant a security or other interest in the real property and/or improvements to real property, including but not limited to a right of reverter to Board upon a change or use or other circumstance as a condition of receiving Grant Funds, which shall be described in Exhibit A.

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

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

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

8. Data and Project Evaluation. Grantee shall collect Project data and conduct a Project evaluation. Grantee shall budget for evaluation expenses in an amount equal to a minimum of 10% of the total project expenditures. Grantee shall report data and evaluation findings to the Board as part of the Progress and Final Reporting set forth in Section 12, below. The Grantee shall not submit any protected health information ("PHI") to the Board. The Board reserves the right to hire an external Grant Program evaluator to conduct an evaluation of the Project ("Grant Program Evaluator"). Grantee shall cooperate fully with the Board, its agents and contractors, including but not limited to the Grant Program Evaluator, and provide information to the Board, its agents and contractors in a timely manner. The Board may, within its sole discretion, terminate this Agreement at any time and suspend and/or discontinue payment of any Grant Funds if Grantee does not satisfactorily meet data collection and reporting requirements as set forth in this Agreement and in the RFP.

9. Technical Assistance Consultant. The Grantee shall participate in technical assistance programs and collaborate with the Technical Assistance Consultant as hired by the Board ("Technical Assistance Consultant") as requested. At a minimum, Grantee is required to participate in one or more interviews with the Technical Assistance Consultant and have a minimum of one (1) representative participate in two (2) Implementation conferences over the grant period and host the Technical Assistance Consultant at (1) site visit.

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

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

12. Reporting.

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

B. Biannual Progress Reports. Grantees shall submit five (5) biannual progress reports to the Board using the Biannual Progress Report Template on the following dates: April 30, 2025, October 31, 2025, April 30, 2026, October 31, 2026, and April 30, 2027, Each report should: (1) clearly define the target population and its needs; (2) demonstrate progress toward meeting the Project's goals posed in the Grantee's application; (3) describe the Project's current evaluation efforts; (4) identify challenges and barriers to meeting Project goals encountered during the prior six (6) months; (5) compare Project progress to the Application, Timeline and Work Plan as set forth in Exhibit C; (6) provide changes to any key grantee personnel or their responsibilities; (7) describe the Grantee's experience utilizing Technical Assistance; (8) describe any changes in key partnerships; and (9) report on target population impact to date and share significant success stories.

C. Mid-Year Expenditure Reports. Grantees shall submit three (3) mid-year expenditure reports to the Board using the Mid-Year Expenditure Report Template on the following dates: April 30, 2025, April 30, 2026, and April 30, 2027. Each report should: (1) compare budgeted expenditures to actual expenditures for the first-half of the year; (2) detail total grant funds received and expended to date; and (3) provide an estimate of expenditures for the remainder of the year. Grantees must provide an explanation for expenditures that are projected to deviate more than 5% from the most recently approved budget for the given budget year.

D. Year-End Expenditure Reports. Grantees shall submit two (2) Year End-Expenditure reports to the Board using the Year End -Expenditure Report Template on the following dates: October 31, 2025, and October 31, 2026. Each report should: (1) compare budget expenditures to actual expenditures for the reporting year; (2) detail total grant funds received and expended to date; (3) provide an explanation for expenditures that deviated more

than 5% from the most recently approved budget for the given budget year; and (4) detail any proposed budget modifications for the following grant year(s).

E. Final Report. Grantee shall submit a final report to the Board using the Final Report Template on October 31, 2027. The Final Report should: (1) compare project outcomes to the goals posed in the Grantee's application; (2) identify challenges and barriers to meeting Project goals encountered during project implementation; (3) compare Project progress to the Implementation Workplan and Timeline as set forth in Exhibit C; (4) describe the Grantee's experience utilizing Technical Assistance; (5) report on target population impact and share significant success stories; (6) report on Project's evaluation findings; (7) describe the Grantees sustainability efforts to continue the project activities beyond the life of the grant and sustainability of key partnerships post grant; (8) compare budget expenditures to actual expenditures for the entire project period; and (9) detail total grant funds received and expended.

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

13. Term. The term of this Agreement shall be from October 1, 2024, to November 30, 2028, unless otherwise extended in writing by mutual consent of the parties.

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

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

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

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

18. No Third-Party Beneficiaries. The obligations created by this Agreement shall be enforceable only by the parties hereto, and no provision of this Agreement is intended to, nor

shall it be construed to, create any rights for the benefit of or be enforceable by any third party, including but not limited to any CMSP client.

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

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

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

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

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

Dated effective October 1, 2024.

BOARD:	GRANTEE:
COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD	KINGS COUNTY DEPARTMENT OF PUBLIC HEALTH
By:_____	By:_____
Kari Brownstein, Executive Director	Title: _____
Date: _____	Date: _____

EXHIBIT A

GRANTEE: KINGS COUNTY DEPARTMENT OF PUBLIC HEALTH

GRANTEE'S PARTNERS UNDER CONTRACT[1]

_____
_____
_____

GRANT FUNDS:

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

1. Amount To Be Paid Upon Execution of This Agreement (10%): $150,000.00

2. Amount To Be Paid Within 30 Days Following Receipt of Invoice, First Biannual Progress Report and First Mid-Year Expenditure Report (reports due 04/30/25) (16%): $240,000.00

3. Amount To Be Paid Within 30 Days Following Receipt of Invoice, Second Biannual Progress Report and First Year-End Expenditure Report (reports due 10/31/25) (16%): $240,000.00

4. Amount To Be Paid Within 30 Days Following Receipt of Invoice, Third Biannual Progress Report and Second Mid-Year Expenditure Report (reports due 04/30/26) (16%): $240,000.00

5. Amount To Be Paid Within 30 Days Following Receipt of Invoice, Fourth Biannual Progress Report and Second Year-End Expenditure Report (reports due 10/31/26) (16%): $240,000.00

6. Amount To Be Paid Within 30 Days Following Receipt of Invoice, Fifth Biannual Progress Report and Third Mid-Year Expenditure Report (reports due 04/30/27) (16%): $240,000.00

7. Amount To Be Paid Within 30 Days Following Receipt of Invoice and Final Grant Report (report due 10/31/27) (10%): $150,000.00

The Board may, within its sole discretion, revise the payment schedule or withhold payments in accordance with Section 2.G of the Agreement.

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

_____
_____
_____
_____
_____

[1] Attach copy of any contract.

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

_____
_____
_____
_____
_____

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

_____
_____
_____
_____
_____

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

_____
_____
_____
_____
_____

NOTICES:

Board:
County Medical Services Program Governing Board
Attn: Kari Brownstein, Executive Director
1545 River Park Drive, Suite 435
Sacramento, CA 95815
(916) 649-2631 Ext. 113
(916) 649-2606 (facsimile)

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

Kings County Department of Public Health
Rose Mary Rahn, Director of Public Health
330 Campus Drive
Hanford, CA 93230
Phone: 559-584-1401

EXHIBIT B

REQUEST FOR PROPOSAL

BOARD'S REQUEST FOR PROPOSAL

REQUEST FOR PROPOSALS

Implementation Grant Program

Eligible Applicants: Planning Grantees that Have Not Completed an Implementation Grant

County Medical Services Program Governing Board

CMSP Local Indigent Care Needs Grant Program

I. ABOUT THE COUNTY MEDICAL SERVICES PROGRAM

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

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

Member enrollment in Connect to Care occurs through contracted Community Health Centers, including Federally Qualified Health Centers, Rural Health Clinics, and Tribal Health Program, where many program enrollees also obtain covered primary care services.

The Governing Board currently administers other projects, including two healthcare workforce development programs, the Specialty Care Access Grant, and the Healthcare Infrastructure Development Matching Grant program.

II. ABOUT THE CMSP LOCAL INDIGENT CARE NEEDS PROGRAM

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

A. Implementation Program Description

Implementation Program 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 have demonstrated experience bringing local stakeholders together and a demonstrated role providing health and/or human services 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 the Allowable vs. Unallowable Expenses resource on the LICN library).
- 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 Implementation Program Grantees through the following services:

- 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

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

Eligible applicants for this program are limited to LICN Planning Project grantees that have not yet completed an Implementation Program Grant. Additionally:

- 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 Winter 2024 Round of the Local Indigent Care Needs Grant Program. This timeline is tentative and subject to change at Governing Board discretion.

Local Indigent Care Needs Grant: Winter 2024 Grant Timeline	
Date	**Activity**
02/12/24	RFP Released
02/28/24	RFP Assistance Webinar at 11:00 AM PST
03/01/24	Letters of Intent due by 3:00 PM PST
03/01/24	Submission Period Opens
03/12/24	RFP Assistance Webinar (repeated) at 10:00 AM PST
04/01/24	Implementation Program Grant Applications Due by 3:00 PM PST
05/23/24	Governing Board Application Review and Approval

V. ALLOCATION METHODOLOGY

The Governing Board, in its sole discretion, may fund or not fund 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. Awards up to $500,000 per year per project may be made for Implementation Program Grants, with a total award up to $1.5 million. 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 LICN library.

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 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

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

1) Project Narrative (50% in total)
   - Statement of Need (5%)
   - Target Population (10%)
   - Proposed Project/Approach (20%)
   - Organization and Staffing (15%)
2) Implementation Work Plan (15%)
3) Budget (15%)
4) Logic Model (5%)
5) Data Collection and Evaluation Method (10%)
6) Letters of Commitment/ Support (5%)

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

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

The application process is competitive and not all applications may be funded or funded in the amounts requested. All 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' 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. GRANT PROPOSAL FORMAT AND REQUIREMENTS

A. Implementation Program Grant Cover Sheet

Please complete the Implementation Grant Cover sheet template located on the LICN library.

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 may not exceed 10 pages and must include:

1) Clear Statement of Problem or Need Within Community

All Implementation Programs should focus on identified needs of one or more eligible target populations within the community. Please describe the target population, and any sub-populations, to be served in the proposed project. Define the characteristics of the target population and discuss how the proposed project will identify members of the target population. Please include the total estimated number of 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 of the target population(s). Also, describe the range of project activities to be performed that will meet the remaining needs of the target population.

All activities discussed should correspond with the items listed in the *Logic Model* (see Section VII. 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 LICN library. 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 adequately prepared to implement this project. List any programmatic changes the organization will need to make or objectives that will need to be met before grant program can be implemented.

4) Organization and Staffing

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

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

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

5) Sustainability Planning

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

- What organization or funding sources will the applicant utilize after the three-year grant period ends?
- What key partners will assist in sustaining this project effort?
- Will the project rely on any state-funded programs 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 in the LICN library. This document may not exceed two 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, 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 LICN library.

F. Budget and Budget Narrative

Complete the required 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 LICN library. 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 application. Any letters submitted outside of the application will **not** be considered in scoring the application. An example Letter of Commitment is available for download on the LICN library.

H. Authorized Signature

The Grant Proposal Authorized Signature document is located on the LICN library.

VIII. 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 application 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 LICN library.

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 documents **must be submitted** to grants@cmspcounties.org:

1) Implementation Grant 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) Letter of Commitment
9) Grant Proposal Authorized Signature

Templates for items 1 and 4-9 may be found on the LICN library.

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

F. All proposals are due by **Monday, April 1, 2024, at 3:00 PM PST**. They must be complete and received at grants@cmspcounties.org by this deadline.

IX. PROPOSAL ASSISTANCE

A. RFP Assistance Webinar Information

To assist potential applicants, Governing Board staff will conduct two webinars. Applicants are encouraged to participate in at least one of the webinars 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:

RFP Assistance Webinar
Wednesday, February 28, 2024, at 11:00 AM PST
https://us06web.zoom.us/j/86182854488?pwd=JbvMm6wqt6fpm8IVHkDXVXtpCzUP25.1
Zoom Meeting Number: 861 8285 4488
Zoom Password: LICN

RFP Assistance Webinar (repeated)
Tuesday, March 12, 2024, at 10:00 AM PST
https://us06web.zoom.us/j/82858932218?pwd=9RSHsqtfTabzH6pbPjNqwrguJB567C.1
Zoom Meeting Number: 828 5893 2218
Zoom Password: LICN

B. Frequently Asked Questions (FAQ)

CMSP staff will post a Frequently Asked Questions document to the LICN library following the first webinar and will update it following the second.

C. Letter of Intent (LOI)

The Governing Board requests that all likely grant applicants submit a Letter of Intent (LOI) to the Board. While the LOI is not required, receipt of an LOI from all likely applicants will assist the Governing Board in planning for application reviews and processing. Please submit the LOI no later than **March 1, 2024, 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 that they intend to apply for an 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

X. GENERAL INFORMATION

A. The Governing Board shall have no obligation to provide Grant funding or continue to provide Grant funding at any time.

B. All 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 a proposal will be kept confidential, even if the proposal is marked "confidential," "proprietary," etc.

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

1) Reject all applications or cancel this RFP
2) Waive or correct any minor or inadvertent defect, irregularity, or technical error in any application
3) Request that certain or all Applicants supplement or modify all or certain aspects of their respective applications or other materials submitted

4) Modify the specifications or requirements for the Grant program in this RFP, or the required contents or format of the applications prior to the due date
5) Extend the deadlines specified in this RFP, including the deadline for accepting applications
6) Award, or not award, any amount of Grant funding to any Applicant

EXHIBIT C

APPLICATION

GRANTEE'S APPLICATION

IMPLEMENTATION GRANT COVER SHEET
CMSP Local Indigent Care Needs Grant Program

1. CMSP County or Counties to be Served: County of Kings

2. Project Title: Kings County Indigent Network of Care

3. Funding:

	Year 1	Year 2	Year 3	Total
Requested Grant Amount:	$500,000	$500,000	$500,000	$1,500,000
In-Kind or Matching Funds:	$54,745	$54,745	$54,745	$164,235
Project Totals	$554,745	$554,745	$554,745	$1,664,235

4. Lead Applicant:

Organization: Kings County Department of Public Health Tax ID Number: 94-6000814
Applicant Director/Chief Executive: Rose Mary Rahn
Title: Director of Public Health
Applicant Entity Type (*Specify county or non-profit*): County
Address: 330 Campus Drive
City: Hanford State: CA Zip Code: 93230 County: Kings
Telephone: (559) 584-1401
Director Email: rosemary.rahn@co.kings.ca.us

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

Name: Everardo Legaspi
Title: Assistant Director
Organization: Kings County Department of Public Health
Address: 330 Campus Drive
City: Hanford State: CA Zip Code: 93230
Telephone: (559) 852-2523
Email address: everardo.legaspi@co.kings.ca.us

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

Name: David Long
Title: Program Manager
Organization: Kings County Department of Public Health
Address: 330 Campus Drive
City: Hanford State: CA Zip Code: 93230
Telephone: (559) 852-4652
Email address: david.long@co.kings.ca.us

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

Name: Crystal Hommerding
Title: Fiscal Analyst III
Organization: Kings County Department of Public Health
Address: 330 Campus Drive
City: Hanford State: CA Zip Code: 93230
Telephone: (559) 852-4593
Email address: crystal.hommerding@co.kings.ca.us

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):*

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

CMSP LICN Implementation Grant Project Summary

1) Project goals

Through the proposed grant, our objective is to break down silos of care and foster collaboration between County government and non-governmental organizations. By working together towards a common goal, to optimize the utilization of available resources and improve access to healthcare services, we will ensure that every individual has access to high-quality healthcare services, regardless of their location or socioeconomic status.

2) Project objectives

The project aims to renovate outlying clinics currently in varying states of disrepair which hinder service provision in Avenal and Corcoran. Retrofitting dedicated telehealth spaces in each clinic will broaden convenience and provider availability for the indigent population. Establish a network of care providers where clients can access comprehensive medical, mental health, and social care. Utilizing data sharing agreements and collaboration tools like Unite Us, to identify and assist those in need with improved coordination and efficiency via a centralized data management system. Deploying mobile health units and community health workers to extend services to rural areas, ensuring equitable access to telehealth while upholding privacy and clinical standards through technological and staffing solutions.

3) The project's overall approach (including target population and key partnerships)

The project's overall approach is to develop accessible, convenient, comprehensive health, mental health, housing, and social service assistance for adults residing in Kings County who are experiencing complex health or behavioral health conditions that have housing and/or transportation challenges which impede their ability to obtain necessary services. Rural clinics will be upgraded to increase accessibility and retrofitted with telehealth service options. A network of care will be developed to ensure linkages to comprehensive services are available. A Management Information System will be implemented to streamline service referral, delivery, and continuity. Mobile health homes will be funded to expand services to additional outlying areas for additional service delivery where transportation challenges may hinder indigent adults from receiving necessary services.

4) Any prior efforts to address the target population

The outlying clinics operated by Kings County Public Health play a vital role in meeting some health and mental health needs of the target population. However, the state of disrepair affects the functionality and limits accessibility for many clients. Despite attempts by non-governmental health organizations like Omni Family Health and Adventist Health Hospital to engage with the target population, they have encountered obstacles and limited success. Similarly, Aria Health Centers and United Health Centers have faced challenges in establishing clinics in rural outlying communities due to difficulties in recruiting and retaining medical providers willing to work in remote locations. Through the proposed grant, the aim is to break down silos of care and foster collaboration between County government and non-governmental organizations.

5) Any previous applicant experience working with CMSP

The department was awarded the LICN Planning Project Grant in 2022, to assess the specific health, behavioral health and social service needs of the target population(s) by gathering data from state and federal sources, local homeless point-in-time surveys, through focus groups and/or questionnaires completed by members of the target population(s) and other relevant sources of information. Additionally, the grant project assessed the availability, capacity and gaps in meeting the needs of the target population(s) and established a centralized list of available services, provider capacity, and service gaps already present in Kings County.

6) **Anticipated outcomes and deliverables**

By the end of the first year the department expects to complete the renovation of the rural clinics, establish a comprehensive list of services available and network of care providers focused on the target populations, and deliver service through the grant program to 120 individuals in the target population. During the second year it is anticipated that a data sharing MOU will be established with network of care partners, a unified Management Information System will be implemented to streamline service referral, delivery, and continuity. Additionally, it is

projected that a minimum of 417 individuals will be served through telehealth services. In the final year of the grant period an additional 490 individuals will be served by telehealth services, resulting total is approximately 1027 individuals served over the grant term. The network of care will be integrated into the Management Information System increasing the delivery and continuity of services to the target populations.

7) The project's sustainability plan once the grant has ended

The Public Health Department intends to fund the ongoing coordination of the project by the Program Specialist and the assistance provided by the Community Health Aide at virtual clinic locations beyond the grant period. In the final two years of the grant, the department plans to subcontract with local providers to utilize mobile health homes in rural areas where outlying clinics are not easily accessible, aiming to encourage agencies to become CalAIM providers and extend the reach of Medi-Cal Managed Care to a broader segment of the target population. Key partners involved in sustaining this project include Medi-Cal Managed Care Plans, Adventist Health System, local and federally qualified health clinics, medical providers, local governance bodies, the Department of Behavioral Health, Human Services Agency, and community-based organizations such as United Way and Kings Community Action Organization. It is possible that the department may rely on the availability and alignment of funding from state-funded programs to ensure projects continuation of the project.

CMSP LICN Implementation Grant Proposal Narrative

Statement of Problem or Need Within Community

According to the Healthy People 2030 initiative from the U.S. Department of Health and Human Services, access to primary care is linked to positive health outcomes. However, the demographic targeted by the proposed project often relies on emergency room visits or irregular care instead of consistent primary care. A California Statewide Study of People Experiencing Homelessness (Kushel & Moore, 2023) indicates that approximately 38% of them seek care from an emergency room.

In addition, there are currently 165 MD clinicians in Kings County, amounting to 10.9 MD clinicians per 10,000 residents. Kings County has just nine psychiatry practitioners, despite 66% of Californians needing mental health support, as highlighted in the same study. Among homeless individuals surveyed for mental health issues, only 18% have received treatment such as counseling or medication. Specifically, out of 68,930 eligible Medi-Cal Members in Kings County, approximately 2,623 limited-resource adults seek mental health assistance, representing about 3.81% of the eligible population.

Target population and sub-populations to be served.

The target population for the proposed project are adults residing in Kings County who are experiencing complex health or behavioral health conditions that have housing and/or transportation challenges which impede their ability to obtain necessary health care services. The proposed project will further narrow the focus of efforts to homeless adults and adults with chronic health or behavioral health conditions.

The Kings/Tulare Homeless Alliance Point in Time (PIT) survey conducted on January 22-23, 2023, reported 417 homeless individuals, 85 of whom were chronically homeless. Among those surveyed, 20% had children in their household, while 80% did not. The sleeping arrangements were as follows: 310 slept in unsheltered locations, 80 slept in emergency shelters, and 27 resided in transitional housing. Twenty-seven of those surveyed were veterans, while 159 had a disability, and 13 were unaccompanied youth. Approximately 55% of respondents identified as male, with four individuals declining to respond and one person identifying as transgender. Of the remaining respondents, approximately 44% identified as female. In terms of race, the majority of respondents, 65%, reported their race as white, with Black/African American being the second largest group at nearly 17%. Approximately, 10% did not report their race. American Indian/Alaskan Native accounted for about 4%, while multiple races were about 3%, and Asian and Native Hawaiian/Pacific Islander constituted approximately 0.5% each. The remaining 48% identified as Hispanic/Latino.

The PIT survey provided significant insights: out of the 417 individuals surveyed, 383, or nearly 92% resided within the limits of the City of Hanford, while 34, approximately 8%, were located throughout the rest of the county. Regarding the reported reason for homelessness, similar patterns emerged in both the City of Hanford and the rest of the county. Among adults surveyed via street interviews, the top self-reported reasons for homelessness by adults were: unemployment (18%), lack of affordable housing (13%), eviction (12%), divorce (9%), domestic violence (9%), and argument (9%). Additionally, substance abuse was cited by 126 individuals, approximately 30% of those surveyed, as a barrier to obtaining permanent housing. Mental illness was reported by 104 individuals constituting 25%, while nine individuals, around 2% reported HIV/AIDS as a barrier.

The PIT survey offers a snapshot of the homeless community, while the survey results provide in-depth information pertaining to patterns of homelessness within Kings County. This information was invaluable during the planning grant and will continue to be crucial as the proposed project seeks to identify additional individuals in need of support. Moreover, Project Homekey presents an opportunity to connect with members of the target populations at a fixed location. Other initiatives to provide affordable housing to residents of Kings County are underway, providing additional opportunities to locate and assist members of the target populations.

Furthermore, the planning grant provided Kings County Department of Public Health (KCDPH) staff the opportunity to assess the available services across the County, resulting in the development of the Kings County Local Indigent Care Needs (LICN) Resource Guide. This guide encompasses county services, medical providers, food distribution and community-based organizations that work with the target population. As part of

the proposed project activities, leveraging KCDPH's partnership with the California Health Collaborative will facilitate the implementation of a Community Health Worker or Promotores model. This model will not only deliver education, resources and referrals to the target population but will also aid in identifying additional members of the target population in need of support.

Additionally, the project will coordinate a network of partners which brings together all agencies working with the target population. This collaboration effort aims to understand and address unmet needs, align services, promote health and wellness, and reduce duplication of efforts. Several organizations are already doing work aligned with the proposed project. Community organizations that focus on the same target populations include Homeless Assistance Resource Team, Kings/Tulare Homeless Alliance, Kings County Homelessness Collaborative, Kings Community Action Organization, Kings Gospel Mission, Champions Recovery Alternative Program, California Interagency Council on Homelessness, and Kings County 211.

Total estimated number of individuals to be served each year over the three-year grant period.
According to the 2023 Point in Time survey, the number of individuals experiencing homelessness in Kings County has surged from 154 in 2013 to 417 in 2023, representing a 171% increase over the past decade. Although the 2024 Point in Time survey report is pending release, it is anticipated that the trend will continue.

During the initial year of the grant period, the project aims to allocate resources towards repairing and renovating outlying clinics in Avenal and Corcoran owned by the County of Kings. The Avenal clinic is located at 590 Skyline Blvd., which is the main thoroughfare through the City of Avenal. The Corcoran clinic is located at 1002 Dairy Ave. and is in the middle of town next door to a community center. Simultaneously, it will establish and manage a network of care providers to ensure all regions of Kings County are equitably served. The number of individuals served in the first year will be significantly affected by the completion of the clinic improvements, development of the network of partners, and hiring of the Program Specialist, but the department does expect that client assessments and referrals can begin as soon as those initial activities are complete.

The proposed project will benefit the communities of Avenal and Corcoran overall and the the anticipated number of individuals served include individuals that are not part of the target population as well. In the first year the estimated number is 120. Projections for the second year are a minimum of 417 individuals will be served, and, an additional 490 individuals during the third and final year of the grant. The resulting total is approximately 1027 individuals served over the grant term both in person and through telehealth services.

Background information relating to the County of Kings (Kings County), unique features of the communities, and other pertinent information that helps explain the problem or need.
Founded in 1893, Kings County lies within the south-central San Joaquin Valley and boasts an approximate population of 152,940, as per the US Census Bureau. Since its settlement in the 1850s, the County has predominantly thrived as an agricultural hub. Spanning 1,392 square miles, Kings County maintains a population density of around 110 people per square mile, significantly lower than the statewide average of 254 residents per square mile for California over-all. Approximately 79% of the population lives in the four incorporated cities of Hanford, Lemoore, Corcoran, and Avenal. Hanford houses the county's sole hospital, Adventist Health, where specialty services are available. Due to the rural, sparsely populated nature, Kings County faces challenges identifying members of the target populations and maintaining continuity of service.

The California Health and Human Services Department designates Avenal, Corcoran, and Hanford/Lemoore as Health Professional Shortage Areas, with provider ratios of 3,000:1 in Avenal and Corcoran, and 3,500:1 in Hanford/Lemoore. This underscores the need for a coordinated approach countywide among all entities providing care and services to the target populations. The City of Avenal is situated approximately 30 miles away from Hanford, while Corcoran is approximately 19 miles away, posing challenges for residents to access healthcare. Transportation to these remote communities is limited, with public transportation available only during select hours, making trips to the City of Hanford for specialized care arduous for the target populations. Furthermore, even if distance and transportation were not obstacles, a shortage of health professionals persists, exacerbating the challenge of providing essential health and mental health services.

Housing affordability remains a pressing issue in Kings County. With a median household income below the state average and limited housing supply, many residents face significant hurdles in securing affordable housing. The county's agricultural economy, while vital, often presents lower-wage employment opportunities, exacerbating the affordability crisis. As demand continues to outpace supply, home prices and rental rates place immense strain on households. Despite efforts to address the issue, the disparity between housing costs and incomes persists, underscoring the need for comprehensive and sustainable solutions to ensure all residents have access to safe and affordable housing in Kings County.

The county faces significant challenges in widespread connectivity and healthcare access, especially in rural areas. Limited broadband infrastructure and high costs hinder many residents from accessing reliable internet services, impeding their ability to participate in telehealth appointments. This exacerbates existing healthcare disparities. Efforts to expand broadband infrastructure and telehealth services are underway, but the initiatives have not bridged the gap for all residents of Kings County.

Current sources of health and behavioral health care for the target population(s),
The LICN Planning grant provided the department the opportunity to assess the current sources of health and behavioral health care services available to address the needs of the target populations. The County owned rural clinics in the cities of Avenal and Corcoran are an effective source of health care delivery due to their proximity to underserved populations and their ability to provide comprehensive, community-based care. The consistency and reliable location allow homeless individuals to build trust and rapport. Additionally, the rural clinics have established relationships with homeless shelters, outreach programs, and community organizations, facilitating collaboration and coordination of care for homeless individuals. KCDPH rural clinics offer a range of social services, mental health support, and substance abuse treatment, addressing many of the needs of homeless populations.

KCDPH plans to allocate program resources toward improving the county owned outlying clinics in Avenal and Corcoran. Both facilities have deteriorated to varying extents, affecting their functionality and, in the case of Avenal, accessibility. Beyond making repairs to the facilities, a dedicated space will be retrofitted at each location to facilitate confidential tele-health services for community members. These spaces will be accessible to clients seeking consultations with health, behavioral health, and other professionals, thereby enhancing the accessibility of such services within these communities.

Telehealth delivery has several challenges that limit its effectiveness. According to the Brookings Institute, lack of access to high-speed internet is more likely to affect rural and low-income communities. Additionally, technological barriers hinder individuals, especially the elderly, from navigating telehealth platforms. The Pew Charitable Trust notes that, “the majority of the nation’s persistent poverty counties are rural. And many rural areas have older populations.” Privacy and security concerns surrounding the transmission of sensitive medical data further complicate matters. In addition, there are clinical limitations for certain medical conditions that necessitate in-person evaluations. The project plans to address these challenges with technological and staffing solutions to ensure equitable access to high-quality telehealth services while upholding patient privacy and clinical standards.

Mobile health units are operated in rural areas by health care providers such as Family Health Care Network, Adventist Health Hospital, United Health Centers of the San Joaquin Valley (UHC), and Aria Community Health Center. Furthermore, the department has established a contract with California Health Collaborative to establish a promotores (community health worker) program within the County, collaborating with Kings 211 for service referrals and Valley Voices for outreach and community event participation. Additionally, the department has executed education, outreach, and service agreements with UHC and Aria Community Health Centers, serving the outlying communities of Corcoran and Avenal, respectively, to provide health education and COVID preventative health services.

Strengths in the health care delivery system
Through the recent expansion of Medi-Cal and the implementation of CalAIM essentially every person residing in Kings County, regardless of nationality or current conditions, should now be able to receive services from the

Medi-Cal providers within the county. While both initiatives are in their early stages and will require some time for full implementation, they will play an integral role in KCDPH's ramp-up efforts and will be integrated into the project's activities. The expanded availability of Medi-Cal presents both strengths and unforeseen challenges. Moreover, agencies within Kings County serve as CalAIM providers for Enhanced Care Management (ECM) and Community Supports(CS) aimed at serving the target population. One of the project objectives is to establish a comprehensive network of care involving all agencies in Kings County serving the target populations with health, behavioral health and housing challenges.

Currently the County has adult mental health services provided via contract with Kings View Behavioral Health. Kings View provides services for mental health, substance use disorders, and adults with intellectual disabilities. In addition, there are additional contracts for adult behavioral health and substance use disorders with Champions Recovery which also provides residential services to the target population.

The department is leveraging its relationships with the managed care plans and local providers to pinpoint available resources not only for their patients, but also for anyone in the community. Furthermore, the department has increased its involvement in collaboratives and workgroups aimed at identifying additional resources and services for the target populations. The clinical algorithm that was developed with the LICN planning grant includes some of those resources and provides a starting point for connecting individuals with needed services to improve their health. In particular, the Kings Tulare Homeless Alliance, Kings County Homeless Services Partnership, and Kings County Homeless Collaborative have been instrumental in connecting with service providers already assisting the target populations. Participating in these collaborative meetings has allowed the department to assess post-COVID-19 pandemic service availability and cultivate relationships with providers for future collaborations.

The mobile units operated by the healthcare providers in Kings County deliver essential services to ensure individuals receive timely screenings, vaccinations, basic medical care, and preventive healthcare measures. By reducing transportation barriers individuals can receive the care they need, ultimately improving health outcomes and well-being in underserved populations.

Existing or foreseen challenges in the delivery system

The presence of various organizations and initiatives aimed at serving the target population allows for overlaps or gaps in service provision. Without clear coordination mechanisms and resource allocation strategies, efforts may be duplicated, leading to inefficiencies, and missed opportunities to address unmet needs. The dynamic needs of the population underscore the necessity of a coordinated effort among all service providers in the county.

While data sharing agreements and collaboration are proposed, effective implementation includes several significant challenges; ensuring data accuracy, privacy protection, and seamless coordination are just a few. Working through the variety of protocols for data sharing can be complex and resource intensive. In addition, with multiple organizations participating, coordination between several independent entities with different approaches to delivering services will be an additional challenge.

The presence of several unincorporated areas in the county that have even less resources than the areas previously described present an additional challenge in the delivery system. There are seven census-designated places in the county, three of which are ten miles or more from the nearest city where medical services are available. Reaching these communities has and will continue to be a challenge that this project intends to address. Though the majority of the target population resides in Hanford where medical services are available, individuals in these rural, unincorporated areas are often overlooked and in high need of support.

Addressing the challenge of hiring qualified health professionals in rural areas requires a comprehensive approach to overcome the limited pool of applicants. Health care providers face issues with attraction and retention, community integration and cultural competency. Collaborative efforts between government agencies, healthcare organizations, educational institutions, and community stakeholders are essential to overcoming these challenges and ensuring access to quality healthcare services for rural residents.

Additionally, there are often notable challenges when it comes to effectively reaching homeless individuals, such as transient lifestyles, lack of stable addresses, and distrust of authority, all of which hinder consistent engagement. Moreover, homeless populations often experience multiple co-occurring health issues, including mental illness and substance abuse, necessitating comprehensive and integrated care.

The planned project will permit KCDPH to spearhead changes to overcome some of those critical factors by continually assessing the needs of the target populations, coordinating a network of partners to address these needs effectively, and collaborating with community stakeholders to deliver necessary services.

Description of Proposed Project

Provide a summary of current and prior efforts to address the needs of the target population(s).

Kings County Public Health's outlying clinics located at 590 Skyline Blvd. in Avenal, and at 1002 Dairy Ave. in Corcoran, play a crucial role in addressing some of the healthcare needs of the target population outlined in this proposal. However, it's evident that the state of disrepair affects the functionality and limits accessibility for many clients. Additionally, non-governmental health organizations such as Omni Family Health and Adventist Health Hospital have made attempts to engage with the target population in these communities but have faced challenges and limited success. Moreover, Aria Health Centers and United Health Centers have taken steps to establish clinics in rural outlying communities, aiming to expand healthcare access, yet these efforts have been hindered by difficulties in recruiting and retaining medical providers willing to work in these remote locations.

Through the proposed grant, the goal is to break down silos of care and foster collaboration between County government and non-governmental organizations. By working together towards a common goal, to optimize the utilization of available resources and improve access to healthcare services, we will ensure that every individual has access to high-quality healthcare services, regardless of their location or socioeconomic status.

Describe the range of project activities to be performed that will meet the remaining needs of the target population.

According to the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion's, Healthy People 2030 initiative, "Research shows that access to primary care is associated with positive health outcomes." Research also shows that the proposed project's target population tends to receive medical care in an emergency room or as needed basis rather than through an established primary care provider. Kings County currently has 165 clinicians with an MD in the county. This computes to 10.9 clinicians with an MD per 10,000 county residents. Currently, Kings County estimated 417 individuals who are unhoused with an estimated 38% of unhoused persons seeking care from an Emergency Room per California Statewide Study of People Experiencing Homelessness (Kushel & Moore, 2023). Kings County currently has 9 medical providers in the county who practice psychiatry, with 66% of Californians needing mental health services per the same report. Of the 66% of unhoused persons surveyed in a statewide report who indicated current mental health symptoms, only 18% had received treatment for these symptoms (i.e. counseling/medication). In Kings County approximately 2,623 limited resource adults seek mental health services out of 68,930 (3.81%) eligible Medi-Cal Members. Understanding the specific needs and limitations of services available to the target population will inform the approach taken by the Community Health Aide (CHA) to be hired as they develop relevant and appropriate outreach activities. In collaboration with the Program Specialist, the CHA will target their outreach efforts in the outlying communities, as well as in the incorporated cities in the county, to increase the number of individuals accessing needed services including preventative/primary care, and emotional and psychological support.

Considering the lack of health care professionals in the area, telehealth provides an option for care and can provide a multitude of benefits to the target population. It minimizes the transportation barrier so that clients will be able to meet with health and mental health providers. Additionally, telehealth has been shown to improve continuity of care by enabling ongoing communication between patients and providers, leading to better health education and treatment adherence. Telehealth also enables quicker access to specialist care. Furthermore, it supports mental health services by providing confidential and accessible platforms for counseling and therapy, leading to improved health outcomes. According to the U.S. National Library of Medicine, "Internet access is also

associated with mental health benefits, such as social connectivity, emotional support, and reduced isolation." Although approximately 15% of Kings County lacks broadband access, according to the National Institute on Minority Health and Health Disparities, this project intends to expand telehealth access to these individuals by retrofitting a room at each of the department's outlying clinics in Avenal and Corcoran to provide a confidential space available to community members and the target population. The City of Avenal has a land area of nearly 20 square miles and the KCDPH clinic is located near the center, making it much more accessible to residents than traveling to the City of Hanford. Corcoran has a much smaller land area at 7.5 square miles and the department's clinic is also near the center. The CHA that will be hired with grant funding will support this effort by facilitating connection to telehealth and teletherapy services and supporting clients as they become comfortable and familiar with those services.

Developing a network of partners available to serve the target populations will enable healthcare providers, social service agencies, and community organizations to ensure that individuals receive comprehensive care tailored to their specific needs. Such an approach will address medical and mental health, and social determinants of health. Network partners will be able to share information, expertise, and resources, enabling a holistic approach to care that considers the unique circumstances of each individual. Furthermore, it can help bridge gaps in care by offering integrated services that address housing and transportation challenges alongside healthcare needs. For example, providers may collaborate with housing agencies to secure stable housing for individuals experiencing homelessness. By addressing these social determinants of health, providers can improve health outcomes among the target populations. The Kings County Local Indigent Care Needs Resource Guide developed during the planning grant period will serve as a starting point for identifying the stakeholders that should be included in this network. The CHA that will be hired with grant funds will have the task of collecting information on any additional resources and will ascertain the process for receiving and providing referrals for each stakeholder. The intent is to facilitate linkages by providing all of the relevant information to the target population, including how to access services and providing a "warm handoff".

Additionally, the network of partners can streamline access to services by offering centralized coordination. Individuals facing complex health or behavioral health conditions often encounter fragmented and disjointed care systems, leading to incomplete and missing treatment or services. A coordinated network can serve as a single point of contact for individuals, guiding them through and connecting them with appropriate resources and support services. This coordinated approach will help clients overcome obstacles related to navigating complex healthcare systems, ensuring that individuals receive timely, comprehensive, and appropriate care. The network of partners will provide a collaborative, integrated, and coordinated approach to addressing the complex needs of individuals experiencing health or behavioral health conditions, housing insecurity, and transportation challenges. Working together to address social determinants of health will improve access to services, enhance health outcomes, and promote overall well-being for vulnerable populations. The Program Specialist to be hired will be tasked with establishing and facilitating collaborative meetings with network partners to address issues around referrals, intakes and facilitating access for the target population.

Establishing a county data management and referral tracking system will assist providers to break out of silos of care and avoid duplication of efforts. Currently within the county there are several systems being used from Electronic Medical Records, Unite Us, Find Help, Homeless Management Information System, and other project specific systems. Simultaneously creating the network of care and identification of a centralized data portal will assist partners in a streamline method to track clients and assist the population in comprehensive and quality care. This system will involve implementing a centralized database accessible to all involved partners, allowing for the collection, storage, and management of relevant client data. Standardized data entry protocols will ensure consistency and accuracy, while real-time tracking capabilities will enable partners to stay informed about client interactions and service utilization. With a built-in referral management feature, partners will be able to seamlessly make and track referrals to other agencies or service providers, ensuring individuals receive the appropriate support without duplication or oversight. Overall, the system will enable data-driven decision-making, enhance coordination efforts, and ultimately improve the quality and impact of services provided to homeless individuals and families. The collaborative meetings for the network of providers serving the target population will be instrumental in establishing a streamlined data management and referral tracking system by providing

the space for service providers to share their limitations and privacy concerns and determine ways to address these barriers to coordinated care.

Meeting the needs of the target population has been and will continue to be a challenge for all the reasons previously outlined. Due to the complexity of the target populations social and medical needs, it is necessary that all four of the core LICN Program components to be incorporated into the program to some extent:

Local-level Care Management
Per the clinical algorithm developed during KCDPH's LICN planning grant, the intent of the implementation grant is to provide linkages to other services and supports in the community that facilitates management of each client's needs and are tailored to each specific individual. The proposed project will leverage the county's Promotores program already in development which includes clients as decision makers in the care planning process with resources and referrals being provided based on the client's current priorities. By repairing and remodeling outlying clinics, KCDPH will expand its capacity to meet with clients in those communities by providing an additional location for service delivery where there are limited resources. Additionally, KCDPH has recently acquired REDCap software to improve its data capturing capabilities and several surveys have already been developed. Additional data and care management software improvements have also recently been made such as expanding the capacity of the Electronic Medical Records (EMR) software eClinical. Within the community, agencies are using the Homeless Management Information System (HMIS), Unite Us and Find Help platforms to track referrals from various sources and coordinate care.

Continuity of Care
The proposed project will utilize the initial year of grant funding to hire a Program Specialist who will serve as the Project Coordinator to lead the work. In addition, work on physical improvements to KCDPH's outlying clinics will begin during the first year. Simultaneously the project coordinator with support from the CHA will gather information from key community stakeholders to establish a network of care. Establishing the network will facilitate linkages across the continuum of care, specifically inpatient care to appropriate outpatient care. Linkages may include, but won't be limited to 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. Currently, Kings County Human Services Agency is utilizing space at KCDPH's Avenal clinic to provide services. Additionally, Kings View, a behavioral health provider, leases two offices at each of KCDPH's Avenal and Corcoran clinics facilitating continuity of care.

Enabling Services
Additional linkages to help address client's social, economic and nutritional needs will be part of the network of care that will be established during the first year of the proposed project. Kings County's Women Infants and Children (WIC) program is part of KCDPH and as such already provides services at the outlying clinics of Avenal, and Corcoran. WIC staff are already engaging clients in obtaining nutritional support, housing, transportation, legal assistance, and income assistance by providing linkages and referrals as these are all relevant resources for a majority of WIC participants. The intended repairs and improvements to clinics in Avenal and Corcoran will increase accessibility and will maximize the space to enable services that may not be currently available in those communities. The Kings County Human Services Agency has recently started to provide appointments and services out of the KCDPH Avenal clinic and is looking to expand that collaboration to Corcoran. This will continue to facilitate applications for health coverage and other public assistance in those communities.

Disease Management
Ensuring access to care is a vital component of halting or decreasing the severity of the conditions of clients with chronic, ongoing health and/or behavioral health conditions specific to each individual including but not limited to diabetes, substance use, and mental health. Therefore, the proposed project will enhance accessibility to primary care services by equipping a designated room at each outlying clinic in Avenal and Corcoran to provide telehealth services.

The proposed project activities that will help meet the four core LICN program components will be carried out throughout the grant period in the following order:

Phase 1 (year 1): Ramp-up activities will include the recruitment and hiring of a Program Specialist to oversee service coordination and a Community Health Aide to provide clerical and outreach support. Enhance accessibility by repairing and remodeling outlying clinics and dedicating rooms for telehealth services. Gather and compile a comprehensive database of available services, contacts, and resources to establish a robust care network. The Program Specialist will initiate and facilitate meetings among community service providers while the CHA develops an outreach plan to engage participants and connect them with local resources and health care providers.

Phase 2 (year 2): Recruit and hire a second Community Health Aide to ensure adequate support is available at both clinics in Avenal and Corcoran. Establish a network of care utilizing the agency information collected during initial phase. Assess and refine the referral process aiming for a united platform across all participating agencies. Implement telehealth services.

Phase 3 (year 3): Build on the progress of Year 2. Evaluate the effectiveness of the efforts and devise strategies for sustainability. Evaluate the existing capacity under CalAIM, leveraging current providers and establishing network support for continued services in Kings County.

Description of Planning Efforts:

Description of how KCDPH is adequately prepared to implement this project.

Planning and Strategy: Through the ACEs Aware grant KCDPH established a care network to impact those with adverse childhood experiences and toxic stress. The implementation process highlighted the importance of planning for sustainability, which was a valuable lesson learned. Although the department's initial CMSP LICN Implementation grant application was not awarded, feedback and remediation comments informed the design of the new proposal. LICN planning grant: awarded and led to the development of a clinical algorithm, identification of local resources, and a thorough survey of the target population, informing the best course of action to address target population's needs.

Stakeholder Engagement: Currently, Kings County benefits from a strong community support network of agencies engaging with the target population. The key stakeholders include county departments, community organizations, government agencies, and other relevant parties. Through community collaborations via Kings County Homeless Collaborative, the Kings County Cal AIM steering committee, and the Kings County Health Equity Advisory Panel, there are multiple channels for connection and service alignment. KCDPH Leadership collaborates closely with the Behavioral Health and Human Services departments, as well a local government to address the needs of the unhoused, provide navigation support, and address health care needs.

Resource allocation: By leveraging established physical locations to serve as community hubs, along with upgraded clinic sites and the addition of a coordinating Program Specialist, KCDPH is well-prepared to provide essential access and services to the most underserved in our communities. This funding will also support the recruitment of a Community Health Aide that will provide support to coordinate and oversee the network of care and promote health and wellness among populations lacking access to or the ability to connect with services.

Continuous Improvement: The proposed project includes establishing key performance indicators which will be used to measure success and make necessary adjustments. The department has a commitment to data-informed decision-making to pinpoint trends and areas in need of improvement, and a culture of continuous improvement, where lessons learned are used to refine strategies, enhance programmatic interventions, and optimize resource allocation. The commitment to continuous improvement allows the department to take on complex problems and drive positive change.

List any programmatic changes the organization will need to make or objectives that will need to be met before grant program can be implemented.

KCDPH will need to add the Program Specialist and Community Health Aide positions to our team through approval by the Board of Supervisors accepting funding and approving the new position. The department will need to identify which division this project should be housed in. Currently it makes the most sense to maintain

with our current health outreach and community health worker models. This approach is the usual process for all grant funding, so transition time should not be an issue. Additionally, the department has already established connections with the identified agencies and would be able to implement the initial network of care quickly.

Organization and Staffing

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;
The proposed project will be managed by a newly hired Program Specialist (PS) that will report directly to a Program Manager who is currently managing the Community Health Worker/Promotores model and the department's Data Management and Epidemiology unit. The Program Manager reports directly to the KCDPH executive leadership who works collaboratively with Behavioral Health, Social Service and the current Homeless Collaborative. This leadership model is similar to the approved LICN Planning grant.

The Program Specialist will be responsible for the day-to-day responsibility of the funding, including the coordination and implementation of the network of care and alignment of the partner agencies. The Program Specialist will also work with their Program Manager and executive leadership to establish the needed infrastructure upgrades to keep this project moving forward successfully. With support from the Community Health Aide, the Program Manager will ensure completion of project reporting, assurance of regular and accurate data collection, and the regular reporting to executive leadership and community partner on progress with deliverables and outcomes.

The roles, qualifications, expertise, and auspices of key personnel

- **Assistant Director, Everardo Legaspi** (0.1 FTE, in-kind on budget) Executive leadership who oversaw initial LICN Planning grant and other interagency collaborations within the department.
- **Program Manager, Gina Rodriguez** (0.1 FTE, in-kind on budget) 14 years of non-profit leadership experience, 1 year in county government as Program Manager; Oversees Health Educators, grant administration, tribal agreement. Immediate oversight of the Program Specialist, and Community Health Aide assigned to the project.
- **Epidemiologist, Vacant** (0.1 FTE, in-kind on budget) To be hired.
- **Program Specialist, Vacant** (1.0 FTE) To be hired; position currently is considered management.
- **Community Health Aide, Vacant** (2.0 FTE) To be hired.
- **Fiscal Specialist, Eugenio Afonso** (0.1 FTE) Provide fiscal management of project developing budgets, and invoices.

Describe the lead agency and all key partner roles within the delivery system.
The lead agency is the local Public Health Department who currently operates a department of 122 FTE's, which includes, Environmental Health, Public Health Laboratory, Communicable Disease investigations, Clinical services for Immunizations, Tuberculosis control and sexually transmitted infections, as well as Maternal Child and Adolescent Health, Home Visitation, Women Infant and Children's nutrition services and has multiple partnerships with community based organizations and agencies serving the target populations.

Kings County Human Services Agency – Support lead entity's efforts by participation in grant activities, provide input through the network of care partnership, assist with project reports, and facilitate linkages with providers working with the target populations.

Kings County Behavioral Health – Support lead entity's efforts by participation in grant activities, provide input through the network of care partnership, assist with project reports, and facilitate linkages with providers working with the target populations.

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

- **Local Hospital and Healthcare System** – Adventist Health
- **Local Healthcare Clinics** – United Health Centers, Aria Health, Family Health Care Network and Omni Health
- **Local community-based organizations** – United Way, Kings Community Action Organization, Kings Tulare Homeless Alliance, and others.

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

- Program Specialist
- Community Health Aide

Sustainability Planning

What organization or funding sources will the applicant utilize after the three-year grant period ends?

The greatest cost of the proposed program involves the setup/initialization, and that program costs will decrease as the system becomes streamlined. The Public Health Department will absorb the costs for the Program Specialist to continue coordinating the project. The department will also fund the ongoing costs for the Community Health Aide to assist clients at the virtual clinic locations after the grant period.

What key partners will assist in sustaining this project effort?

Medi-Cal Managed Care Plans, Adventist Health System, Local and Federally Qualified Health Clinics, Local Medical Providers, Local Governance (Cities and County), Department of Behavioral Health and Human Services Agency in addition to local community-based organizations such as United Way, Kings Community Action Organization, Champions etc.

Will the project rely on any state-funded programs to support its continuation?

The costs of essential services developed by the grant proposal will be absorbed by the department. Networking meetings, remote clinic staffing, the Program Specialist and Community Health Aide will be added to the department's operating budget. The department recognizes that there is a dynamic interaction between project needs and state resources which may shape and determine reliance on state funding.

Workplan and Timeline - Grant Year 1		2024			2025								
Key Personnel	**Activity**	*Oct*	*Nov*	*Dec*	*Jan*	*Feb*	*Mar*	*Apr*	*May*	*Jun*	*Jul*	*Aug*	*Sep*
Assistant Director	*Formalize Telehealth locations and availability.*	X											
Assistant Director	*Determine improvement needs for outlying clinics*	X											
Assistant Director	*Connect with Kings County Public Works Department to establish timelne for improvements*		X										
Assistant Director	*Hire Program Specialist*		X	X	X	X							
Program Specialist/Program Manager	*Hire Community Health Aide*			X	X	X	X						
Program Manager	*Go through RFP process for outlying clinic improvements*			X	X	X	X						
Program Manager	*Establish Community Information Data Use Agreement*				X	X	X	X	X	X			
Program Specialist	*Evaluate and understand unmet needs in target populations*					X	X	X	X	X			
Community Health Aide	*Catalog available agencies serving target population*						X	X	X	X	X	X	X
Program Manager	*Prepare Program Network MOU*						X	X	X				
Community Health Aide	*Evaluate health clinic availability for telehealth*						X	X	X	X	X	X	X
Program Specialist	*Established listing of all telehealth services in county created for use.*							X	X	X	X		
Program Specialist	*Establish Partnership Network of with service providers*							X	X	X	X		
Program Specialist	*Complete clinic improvements*							X	X	X	X		
Program Specialist	*Develop needs assessment tool*									X	X	X	
Community Health Aide	*Promote linkage to additional supportive services.*									X	X	X	X
Community Health Aide	*Establish a reliable way to connet with clients*									X	X	X	
Program Specialist	*Establish information collection and referral process*									X	X	X	X
Program Specialist	*Evaluate existing data collection methods*									X	X		
Community Health Aide	*Develop schedule and locations.*										X	X	X
Program Specialist	*Design effective data collection instrument*										X	X	X
Program Specialist	*Purchase clinic, telehealth equipment, and software*										X	X	X
Community Health Aide	*Expand availability of service options for populations served*											X	X
Community Health Aide	*Create welcoming and comfortable space for clients to conduct virtual appointments*											X	X
Program Specialist	*Implement a system to collect data.*											X	X
Program Specialist	*Train and orient providers/partners to system and usage*												X
Community Health Aide	*Conduct regular data gathering and reporting to team.*												X
Program Specialist	*Train staff and providers on equipment and processes.*												X
Program Specialist	*Develop program evaluation tool*												X
Program Specialist	*Provide grant reports to CMSP.*												X
Community Health Aide	*Provide client outreach and engagement*								X	X	X	X	X
Program Manager/Program Specialist	*Evaluate data and determine community health problems of highest prevalence*								X	X	X	X	X

Workplan and Timeline - Grant Year 2		2025			2026								
Key Personnel	**Activity**	*Oct*	*Nov*	*Dec*	*Jan*	*Feb*	*Mar*	*Apr*	*May*	*Jun*	*Jul*	*Aug*	*Sep*
Program Manager/Program Specialist	*Hire 2nd Community Health Aide*	X	X	X	X								
Community Health Aides	*Promote linkage to additional supportive services.*	X	X	X	X	X	X	X	X	X	X	X	X
Community Health Aides	*Expand availability of service options for populations served*	X	X	X	X	X	X	X	X	X	X	X	X
Community Health Aides	*Complete needs assessment for all clients who seek assistance.*	X	X	X	X	X	X	X	X	X	X	X	X
Program Specialist	*Develop program evaluation tool*	X	X										
Program Specialist	*Evaluate referal process for partnership network*	X	X	X	X	X	X						
Community Health Aides	*Expand availability of service options for populations served*	X	X	X	X	X	X	X	X	X	X	X	X
Program Specialist	*Train staff and providers on equipment and processes.*	X											
Program Specialist	*Create service provider feedback tool*	X	X										
Program Specialist	*Implement a system to collect data.*	X											
Program Specialist	*Train and orient providers/partners to system and usage*	X	X										
Program Specialist	*Service providers oriented and using data management system*	X	X	X	X	X	X	X	X	X	X	X	X
Program Manager/Program Specialist/Community Health Aides	*Track the number of encounters per location per month, demographics, client satisfaction and impact of project on target population's most prevalent health problems.*	X	X	X	X	X	X	X	X	X	X	X	X
Program Specialist	*Complete regular program evaluation*	X			X			X			X		
Community Health Aides	*Conduct regular data gathering and reporting to team.*			X	X	X	X	X	X	X	X	X	X
Community Health Aides	*Refine referal process for partnership network*							X	X	X	X	X	X
Program Specialist/Program Manager	*Work with contracted evaluator to conduct data analysis of community health problems with highest prevalence to determine impact of project on target population's health outcomes.*						X	X	X	X	X	X	
Community Health Aides	*Provide client outreach and engagement*	X	X	X	X	X	X	X	X	X	X	X	X
Program Specialist	*Provide grant reports to CMSP.*												X

Workplan and Timeline - Grant Year 3		2026			2027								
Key Personnel	**Activity**	*Oct*	*Nov*	*Dec*	*Jan*	*Feb*	*Mar*	*Apr*	*May*	*Jun*	*Jul*	*Aug*	*Sep*
Community Health Aides	*Promote linkage to additional supportive services.*	X	X	X	X	X	X	X	X	X	X	X	X
Community Health Aides	*Complete needs assessment for all clients who seek assistance.*	X	X	X	X	X	X	X	X	X	X	X	X
Program Specialist	*Train and orient providers/partners to system and usage*	X	X										
Program Specialist	*Service providers oriented and using data management system*	X	X	X	X	X	X	X	X	X	X	X	X
Program Specialist	*Conduct regular data gathering and reporting to team.*	X	X	X	X	X	X	X	X	X	X	X	X
Community Health Aides	*Track the number of encounters per location per month, demographics, and client satisfaction.*	X	X	X	X	X	X	X	X	X	X	X	X
Program Specialist	*Complete regular program evaluation*	X			X			X			X		X
Program Specialist	Evaluate effectiveness of overall program							X	X	X	X	X	X
Program Specialist	Devise strategies for sustainability							X	X	X	X	X	X
Community Health Aides	*Provide client outreach and engagement*	X	X	X	X	X	X	X	X	X	X	X	X
Program Specialist/Program Manager	*Work with contracted evaluator to conduct data analysis of community health problems with highest prevalence to determine if project leads to a measurable improvement of target population's health outcomes.*						X	X	X	X	X	X	
Program Specialist	*Provide grant reports to CMSP.*												X

LICN IMPLEMENTATION GRANT - PROPOSED BUDGET

CMSP GOVERNING BOARD

Applicant: | Fiscal Contact email:

Period: September 2024 - August 2027 | Application Round: Round 4: Winter 2024

TIP: Cells you should fill in are shaded yellow.

Category & Description	Year 1 Proposed 09/01/24 - 08/31/25				Year 2 Proposed 09/01/25 - 08/31/26				Year 3 Proposed 09/01/26 - 08/31/27				Total CMSP	Total In-Kind	Total Project
	Quantity	CMSP	In-Kind	Total	Quantity	CMSP	In-Kind	Total	Quantity	CMSP	In-Kind	Total	CMSP	In-Kind	Grant Total
Personnel															
Assistant Director, Everardo Legaspi	0.10 FTE		16,739.00	16,739.00	0.10 FTE		16,739.00	16,739.00	0.10 FTE		16,739.00	16,739.00	-	50,217.00	50,217.00
Program Manager, Gina Rodriguez	0.10 FTE		13,279.00	13,279.00	0.10 FTE		13,279.00	13,279.00	0.10 FTE		13,279.00	13,279.00	-	39,837.00	39,837.00
Epidemiologist, Vacant	0.10 FTE		16,823.00	16,823.00	0.10 FTE		16,823.00	16,823.00	0.10 FTE		16,823.00	16,823.00	-	50,469.00	50,469.00
Program Specialist, Vacant	1.00 FTE	110,261.00		110,261.00	1.00 FTE	115,774.07		115,774.07	1.00 FTE	121,562.75		121,562.75	347,597.82	-	347,597.82
Community Health Aide, Two Vacant	1.00 FTE	56,910.00		56,910.00	2.00 FTE	119,511.00		119,511.00	2.00 FTE	125,487.00		125,487.00	301,908.00	-	301,908.00
Fiscal Analyst, Eugenio Afonso	0.10 FTE	10,125.60		10,125.60	0.10 FTE	10,631.90		10,631.90	0.10 FTE	11,163.50		11,163.50	31,921.00	-	31,921.00
				-				-				-	-	-	-
				-				-				-	-	-	-
				-				-				-	-	-	-
				-				-				-	-	-	-
Total Personnel		**177,296.60**	**46,841.00**	**224,137.60**		**245,916.97**	**46,841.00**	**292,757.97**		**258,213.25**	**46,841.00**	**305,054.25**	**681,426.82**	**140,523.00**	**821,949.82**
Training															
Telehealth Training	1	3,000.00		3,000.00	1	3,000.00		3,000.00	1	3,000.00		3,000.00	9,000.00	-	9,000.00
Network of care meetings	12	2,000.00		2,000.00	12	5,000.00		5,000.00	12	5,000.00		5,000.00	12,000.00	-	12,000.00
				-				-				-	-	-	-
				-				-				-	-	-	-
				-				-				-	-	-	-
				-				-				-	-	-	-
				-				-				-	-	-	-
Total Training		**5,000.00**	**-**	**5,000.00**		**8,000.00**	**-**	**8,000.00**		**8,000.00**	**-**	**8,000.00**	**21,000.00**	**-**	**21,000.00**
Contractual Services															
Upgrade Construction (two rural clinic locations)	2	191,746.37		191,746.37	2	35,000.00		35,000.00	2	25,000.00		25,000.00	251,746.37	-	251,746.37
Rents & Leases - Telehealth Software	1	50,000.00		50,000.00	1	50,000.00		50,000.00	1	50,000.00		50,000.00	150,000.00	-	150,000.00
Evaluation Services				-	1	50,000.00		50,000.00	1	50,000.00		50,000.00	100,000.00	-	100,000.00
				-				-				-	-	-	-
				-				-				-	-	-	-
Total Contractual		**241,746.37**	**-**	**241,746.37**		**135,000.00**	**-**	**135,000.00**		**125,000.00**	**-**	**125,000.00**	**501,746.37**	**-**	**501,746.37**
Travel															
Motorpool (Mileage)	12 Months	5,360.00		5,360.00	12 Months	5,747.00		5,747.00	12 Months	13,215.84		13,215.84	24,322.84	-	24,322.84
				-				-				-	-	-	-
				-				-				-	-	-	-
				-				-				-	-	-	-
				-				-				-	-	-	-
Total Travel		**5,360.00**	**-**	**5,360.00**		**5,747.00**	**-**	**5,747.00**		**13,215.84**	**-**	**13,215.84**	**24,322.84**	**-**	**24,322.84**
Equipment															
Telehealth Equipment	2	15,000.00		15,000.00				-				-	15,000.00	-	15,000.00
Signage	2	20,000.00		20,000.00				-				-	20,000.00	-	20,000.00
Remote patient monitoring devices				-	2	20,000.00		20,000.00				-	20,000.00	-	20,000.00
				-				-				-	-	-	-
				-				-				-	-	-	-
				-				-				-	-	-	-
				-				-				-	-	-	-
				-				-				-	-	-	-
				-				-				-	-	-	-
				-				-				-	-	-	-
Total Equipment		**35,000.00**	**-**	**35,000.00**		**20,000.00**	**-**	**20,000.00**		**-**	**-**	**-**	**55,000.00**	**-**	**55,000.00**
Other															
Desktops	2	3,200.00		3,200.00	1	1,600.00		1,600.00				-	4,800.00	-	4,800.00
Monitors	2	700.00		700.00	1	350.00		350.00				-	1,050.00	-	1,050.00
Computer Software	2	750.00		750.00	1	375.00		375.00				-	1,125.00	-	1,125.00
Chairs	2	1,030.00		1,030.00	1	515.00		515.00				-	1,545.00	-	1,545.00
Advertising and outreach				-	2	25,000.00		25,000.00	2	30,000.00		30,000.00	55,000.00	-	55,000.00
Patient incentives				-	200	6,000.00		6,000.00	400	12,000.00		12,000.00	18,000.00	-	18,000.00
Care and hygiene kits				-	100	10,000.00		10,000.00	100	10,000.00		10,000.00	20,000.00	-	20,000.00
				-				-				-	-	-	-
				-				-				-	-	-	-
				-				-				-	-	-	-
Total Other		**5,680.00**	**-**	**5,680.00**		**43,840.00**	**-**	**43,840.00**		**52,000.00**	**-**	**52,000.00**	**101,520.00**	**-**	**101,520.00**
Expenditure Subtotal		**470,082.97**	**46,841.00**	**516,923.97**		**458,503.97**	**46,841.00**	**505,344.97**		**456,429.09**	**46,841.00**	**503,270.09**	**1,385,016.03**	**140,523.00**	**1,525,539.03**
Admin/Overhead ≤10%															
Admin/Overhead ≤10%	12 Months	29,917.03	7,903.95	37,820.98	12 Months	41,496.03	7,903.95	49,399.98	12 Months	43,570.90	7,903.95	51,474.85	114,983.96	23,711.85	138,695.81
				-				-				-	-	-	-
Total Admin/Overhead		**29,917.03**	**7,903.95**	**37,820.98**		**41,496.03**	**7,903.95**	**49,399.98**		**43,570.90**	**7,903.95**	**51,474.85**	**114,983.96**	**23,711.85**	**138,695.81**
Grand Total		**$500,000.00**	**$54,744.95**	**$554,744.95**		**$500,000.00**	**$54,744.95**	**$554,744.95**		**$500,000.00**	**$54,744.95**	**$554,744.95**	**$1,499,999.99**	**$164,234.85**	**$1,664,234.85**

Implementation Grant Budget Narrative

Applicant 0

Personnel

Staff	Description	CMSP	In-Kind	Evaluation Amount
Assistant Director, Everardo Legaspi	In-kind (Annual Salary $117,549 x 0.10 FTE = $11,755 x 3 years = $35,265)		X	
Program Manager, Gina Rodriguez	In-kind (Annual Salary $82,512 x 0.10 FTE = $8,251 x 3 years = $24,753)		X	
Epidemiologist, Vacant	In-kind (Annual Salary $118,882 x 0.10 FTE = $11,888 x 3 years = $35,664)		X	
Program Specialist, Vacant	(Yr 1 Annual Salary $71,288 x 1.0 FTE = $71,288) (Yr 2 Annual Salary $74,852 x 1.0 FTE = $74,852) (Yr 3 Annual Salary $78,595) Total all 3 years = $224,735) (TOTAL OF 25% TIME TO EVALUATION - ANALYZING DATA/PREPARING REPORTS)	X		56,183.75
Community Health Aide, Two Vacant	(Year 1 Annual Salary $34,991 x 2.0 FTE = $69,982)(Year 2 Annual Salary $36,741 x 2.0 FTE = $73,482) (Year 3 Annual Salary $38,578 x 2.0 FTE = $77,156) Total for 3 years = $220,620	X		
Fiscal Analyst, Eugenio Afonso	Monitor, review, track and maintain all budgeted expenses associated with grant funding. Prepare and submit budget revisions and invoices. Communicate with program staff and Grant contacts. (Yr 1 Annual Salary $64,508 x 0.10 FTE = $6,451)(Yr 2 Annual Salary $67,733 x 0.10 FTE = $6,773)(Yr 3 Annual Salary $71,120 x 0.10 FTE = $7,112) Total for 3 years = $20,336 (includes a 5% step increase each year)	X		

Fringe Benefits

Staff	Description	CMSP	In-Kind	Evaluation Amount
Assistant Director, Everardo Legaspi	Fringe Benefits 42.40% of salary. Fringe includes health, vision and dental insurance; workers compensation; short and long-term disability; and retirement contributions. Total fringe 3 years - $35,265 x 42.40% = $14,952 (In-kind)		X	
Program Manager, Gina Rodriguez	Fringe Benefits 60.94% of salary. Fringe includes health, vision and dental insurance; workers compensation; short and long-term disability; and retirement contributions. Total fringe 3 years - $24,753 x 60.94% = $15,084 (In-kind)		X	
Epidemiologist, Vacant	Fringe Benefits 41.51% of salary. Fringe includes health, vision and dental insurance; workers compensation; short and long-term disability; and retirement contributions. Total fringe 3 years - $35,664 x 41.51% = $14,804 (In-kind)		X	
Program Specialist, Vacant	Fringe Benefits 54.67% of salary. Fringe includes health, vision and dental insurance; workers compensation; short and long-term disability; and retirement contributions. Total fringe 3 years - $224,735 x 54.67% = $122,863	X		
Community Health Aide, Two Vacant	Fringe Benefits 62.64% of salary. Fringe includes health, vision and dental insurance; workers compensation; short and long-term disability; and retirement contributions. Total fringe 3 years - $185,630 x 62.64% = $116,278	X		
Fiscal Analyst, Eugenio Afonso	Fringe Benefits 56.97% of salary. Fringe includes health, vision and dental insurance; workers compensation; short and long-term disability; and retirement contributions. Total fringe 3 years - $20,336 x 56.97% = $11,585	X		

Training

Item	Description	CMSP	In-Kind	Evaluation Amount
Telehealth Training	Supplies, materials, food, and non-alcoholic refreshment for scheduled training events including Program Specialist, KCDPH staff, program providers. Up to $15 per person.	X		
Network of care meetings	Supplies, materials, food, and non-alcoholic refreshment for scheduled network of care meetings including Assistant Directro, Program Manager, Program Specialist and Community partners. Up to $15 per person.	X		

Contractual Services

Contractor Name	Description	CMSP	In-Kind	Evaluation Amount
Upgrade Construction (two rural clinic locations)	Parking lot both clinics, stripping, AC maintenace and service, ADA building access upgrade, ADA bathroom and lobby upgrade, telehealth clinic retrofit, paint, flooring, lobby seating, reception area.	X		
Rents & Leases - Telehealth Software	Management Information System, telehealth software, PC security software	X		
Evaluation Services	Contract with Evaluation, Managemetn and Training (EMT) Associate, Inc. or similar firm to conduct program evaluation during years 2 and 3	X		$100,000

Travel

Staff	Description	CMSP	In-Kind	Evaluation Amount
Motorpool (Mileage)	Use of County vehicle/mileage within Kings County estimated $5,360 (~8,000 miles first year, ~8,578 miles second year, ~19,725 miles third year x $0.67/mile = $24,322.84 over three years)	X		

Equipment

Item	Description	CMSP	In-Kind	Evaluation Amount
Telehealth Equipment	2 large screen displays, software, printer, computer, mouse, keyboard, IP camera, speaker, chair, table.	X		
Signage	Marque and outdoor/indoor signage to identify and direct clints.	X		
Remote patient monitoring devices	Remote patient monitoring devices for each of the rural clinics to include at a minimum: Blood Pressure Cuff, Glucometer, Pulse Oximeter, EGG+Stethoscope, Activity Trackers, Thermometer, and Scale	X		

Other

Title	Description	CMSP	In-Kind	Evaluation Amount
Desktops	Year 1 - Three new desktops estimated $1,600 x 3 = $4,800	X		
Monitors	Year 1 - Computer Monitors for three new desktops estimated $350 x 3 = $1,050	X		
Computer Software	Year 1 - Software (Windows 10 & Office 365) for three new desktops estimated $500 x 3 = $1,500	X		
Chairs	Year 1 - Chairs for three staff estimated $514.18 x 3 = $1,542.55	X		
Advertising and outreach	Promote services available, benefits of regular health screenings, special events through billboards, printed materials and other methods that reach the target population	X		
Patient incentives	Provide $30 gift card incentives to patients that attend health screenings and/or follow up appointments. Estimated 200 participants in year 2, 400 participants in year 3.	X		
Care and hygiene kits	Care and hygiene kits will be provided to the target population. Kits will be specific to warm or cold weather.	X		

Administrative Overhead Expenses

Title	Description	CMSP	In-Kind	Evaluation Amount
Admin/Overhead ≤10%	The administrative Overhead Expenses can not exceed 10% of overall budget = $50,000 The California Department of Public Health (CDPH) has approved Kings County Public Health for an Indirect Cost Rate of 16.874% for Fiscal Year 2024-2025 of total budgeted Personnel (Salaries/benefits). Following are the allowable Indirect amounts for each fiscal year. Year 1 - 2024-2025 Total Personnel = $234,205.60 x 16.874% = $39,519.85 (In-kind indirect = $7,903.95) Year 2 - 2025-2026 Total Personnel = $245,916.95 x 16.874% = $41,496.03 (In-kind indirect = $7,903.95) Year 3 - 2026-2027 Total Personnel = $258,213.25 x 16.874% = $43,570.90 (In-kind indirect = $7,903.95) Kings County Public Health Indirect expenses are the administrative expenses (administration/fiscal personnel; all administrative operating expenses) allocated to all other programs based on the approved CDPH Indirect Cost Rate of 16.874% of total personnel in each program.	X	X	

Logic Model Instructions

A Logic Model is a graphic depiction used to explain the connection between target population, project activities, and intended effects. Fill out this Logic Model template to address the following areas: Target Population, Theory of Change, Activities, Outcomes, and Impact. Address each section thoroughly.

Questions to consider while developing your logic model:

Target Population

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

Program Theory

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

Activities

- *What activities will we complete to accomplish project goals?*
- *Is it clear what data collection and evaluation strategies will be appropriate for each activity?*

Outcomes

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

Impact

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

Local Indigent Care Needs Grant - Logic Model Template

Applicant: Kings County Department of Public Health
Count(ies) Served: County of Kings

Target Population	Program Theory	Activities	Outcomes	Impact
The target population consist of: This project aims to serve adults (age 18+) residing in Kings County who are experiencing complex health or behavioral health conditions that have housing or transportation challenges which impede their ability to obtain services. Additional focus will be made to reach unhoused individuals or individuals without permanent housing. Certain areas of Kings County, including Avenal and Corcoran, have been identified by CHHSD as a Health Professional Shortage Area, further exacerbated by limited public transportation to the county hub, Hanford.	*If the services are:* **<u>Care Coordination:</u>** Individuals experiencing homelessness have a higher rate of health disparities, reduced access to treatment, and poorer prognoses relative to their housed counterparts. The Community Health Aide will assess clients' needs and connect them to appropriate resources. Staff will build relationships with the community, to become a trusted entity and a partner in each person's care coordination to counteract/overcome the stigma oftentimes associated with homelessness. Project staff will incorporate Maslow's Hierarchy of Needs, Resiliency Theory and Trauma-Informed Care theories in their practice. **<u>Virtual/Telehealth Access:</u>** Avenal and Corcoran residents' distance from the county hub (Hanford) and out-of-county specialty health providers poses a	*And if the program provides:* **<u>Coordinate Access to Community Resources:</u>** • Hire and train 1 FTE program coordinator (Program Specialist) & 1 FTE community outreach person (Community Health Aide) • Establish Partnership Network and workgroup to evaluate, understand, and address needs. • Catalog service providers focused on the same target population, including mental health, substance use disorder, food, housing/ shelter, and financial assistance. • Establish a reliable way to maintain client contact. • Complete needs assessment for all clients who seek assistance. • Complete regular program evaluation to assess participation rates and identify areas for operational improvement. **<u>Structural Upgrades & Virtual/Telehealth:</u>** • Formalize Telehealth locations and availability. • Purchase Telehealth Equipment.	*Then,* Year 1: Project staff will establish themselves as trusted entities in the community, to facilitate early identification of and intervention in treatable conditions. A tracking mechanism will be established to identify the community health problems of highest prevalence and capture the number of clients seen, services provided, visits with a CHA, telehealth visits completed, and referrals made. A comprehensive resource guide will be developed to include available services, contacts and resources for the focus population. Community Health Problems of highest prevalence identified and	*Ultimately,* *Short-term impacts:* Community will be able to articulate the importance of having a medical home, and the value of periodic, consistent preventative healthcare. Community will access project staff to facilitate equitable access to healthcare services. Service providers will have a comprehensive resource guide to address the healthcare needs of the population they serve. Target population will engage in more frequent encounters with health professionals. *Long-term Impacts:* Health conditions will be identified early, allowing for early intervention and resolution of health care issues.

	barrier to equitable health access for those facing transportation issues. By providing telehealth and virtual care options, clients will be able to connect with a healthcare or supportive services provider.	• Upgrade clinic facilities to create welcoming and comfortable space for clients to conduct virtual appointments with health, mental health, and other professionals. • Upgrade clinic facilities to be ADA-compliant. • Train staff (Community Health Aide) and providers on equipment and processes. **<u>Data Collection/ Monitor Utilization</u>** • Inventory current data collection systems being used in county. • Create data collection system in Redcap or select other eligible type data system. • Train and orient providers/partners to system and usage. • Conduct regular data gathering and reporting and identify community health problems of highest prevalence. • Track the number of encounters per location per month, demographics, and client satisfaction. • Provide grant reports to CMSP.	plan for improving outcomes established. Year 2: A comprehensive network of care will be created to coordinate intake, referral & care for the population in focus. The number of patients establishing a medical home will increase from 0 to 30. The number of patients accessing telehealth services will increase from 0 to 30. Continued tracking of community health problems of highest prevalence and adapting interventions to improve outcomes as necessary. Year 3: Coordinate approximately 200 referrals and care coordination for the population in focus. The number of patients accessing telehealth services will increase from 30 to 60.	A robust network of care providers will be established to ensure equitable access to health care services. Alternate methods to receive healthcare services will be established, allowing for increased access to healthcare services. A measurable impact on the target population's most prevalent health problems leading to improved outcomes.

			Identification of partners to support and sustain the project beyond the grant ending. Conduct data analysis regarding community health problems of highest prevalence to determine if access to telehealth improved health outcomes for target population.	

MEASURE	DEFINITION	DATA GATHERING PROCESS	BASELINE	GOAL
Coordinate Access to Resources				
A 20% yearly increase in the number of individuals from the target population that report improved access to resources (i.e. primary care providers, specialists, medication, medical equipment) to address chronic health conditions.	Count: number of individuals that report having access to resources at baseline and at the 1-, 2- and 3-year marks.	Who Collects: Program Specialist, CHA How: Using RedCap How Often: Monthly	TBD during initial year of program	20% increase year over year (73% increase from baseline to Y3)
Coordinate a minimum of 4 annual healthcare related resource fairs and/or events in the cities of Avenal and Corcoran each.	Resource fairs/events: Involvement from entities that provide healthcare related services including but not limited to Managed Care Plans, providers, Public Health, Behavioral Health, Human Services Agency, Community Based Organizations, Faith based organization	Who: Program Specialist, CHA How: RedCap exit survey, event sign-up form (# and type of organizations attending) How often: Quarterly at a minimum	0	8/year minimum
Number of individuals with hypertension and/or diabetes related health issues are assigned to Community Health Aide for case management and follow-through.	Count: Unique individuals working with Community Health Aide. Measure: Impact of working with Community Health Aide on A1C levels, and hypertension. (In 2023, 471 individuals had diagnosed diabetes in Avenal and Corcoran, and 577 individuals had diagnosed hypertension in Avenal and Corcoran)	Who: CHA, Providers How: RedCap form, eClincal, other electronic health records systems How often: Monthly	Individuals diagnosed in 2023: Avenal: 128-Diabetes 163-Hypertension Corcoran: 343-Diabetes 414-Hypertension	50 per CHA per year, total of 200 individuals minimum over 3-year grant period
Expand Rural Virtual and In-Person Healthcare Visits				
Ramp up telehealth services to a minimum of 15 available visits per week at newly established sites in Avenal and Corcoran.	Count: Total number of appointments using telehealth sites in Avenal and Corcoran.	Who: Program Specialist How: RedCap form, appointment logs How often: Daily	0	Per site: Year 1: 50 Year 2: 225 Year 3: 225 (15/week excluding holidays and allowing for ramp-up during year 1)
Ramp up to a minimum of 5 available in-person visits per month at Avenal and	Count: Total number of in-person visits at Avenal and Corcoran sites.	Who: CHA How: RedCap form, appointment logs	0	Per site: Year 1: 25 Year 2: 60

Corcoran sites with diabetes and/or hypertension specialists.		How often: Weekly		Year 3: 60
Improved diabetes and hypertension indicators among patients using newly established services with diagnoses diabetes and/or hypertension.	Percentage: % of patients with diagnosed diabetes and/or hypertension using telehealth or in-person services with lowered A1C levels and/or Blood Pressure (first visit compared to most recent visit)	Who: Providers How: eClinical or other health records systems How often: Weekly	Individuals diagnosed in 2023: Avenal: 128-Diabetes 163-Hypertension Corcoran: 343-Diabetes 414-Hypertension	60% for A1C, 50% for BP
Prevention of diabetes and/or hypertension among patients using newly established services with prediabetes and/or prehypertension	Percentage: % of patients with prediabetes and/or prehypertension using telehealth or in-person services without progression to diabetes and/or hypertension (first visit compared to most recent visit)	Who: Providers How: eClinical or other health records systems How often: Weekly	Individuals diagnosed in 2023: Avenal: 128-Diabetes 163-Hypertension Corcoran: 343-Diabetes 414-Hypertension	90% for prediabetes, 20% for prehypertension

115 Mall Drive
Hanford, CA 93230

County Medical Services Program Local Indigent Care Needs Grant

Letter of *Commitment*

RE: *Grant Application*

Date: March 27, 2024

To Whom It May Concern:

This letter of commitment confirms Adventist Health Hospital (AHH) is committed to partnering with the Kings County Department of Public Health (KCDPH) in their pursuit of a Local Indigent Care Needs (LICN) Implementation/Planning Grant.

As a supporter of this application, AHH confirms:

- KCDPH is applying for the LICN Implementation Grant to promote timely delivery of necessary medical, behavioral health and support services to locally identified target populations.
- AHH is a local hospital working collaboratively with KCDPH, to meet the needs of residents of the County of Kings for their physical and mental wellbeing.
- Moreover, AHH is confident that KCDPH will effectively execute the LICN Implementation Grant, expanding access to care for all residents, improving infrastructure at rural clinics, and fostering partnerships with managed care plans to connect participants with community resources and support services, thereby enhancing medical and mental health outcomes for the identified target populations.

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

- *Collaborate with KCDPH to encourage cooperation and collaboration between County government and non-governmental organizations.*
- *Provide medical care to rural and underserved communities in Kings County.*
- *Ensure that telehealth and pharmacy delivery services are available where there are currently limited resources.*
- *Offer connections to community services and support designed to address the specific service needs of each client.*

- *Promote innovative and comprehensive strategies to reform care accessibility and delivery for those with housing and/or transportation challenges.*
- *Focus efforts to minimize social determinants of health.*
- *Advocate for those who may have a harder time accessing clinics or hospitals.*
- *Enable equitable access to services for all Kings County residents.*

We do hereby commit to ***partner with Kings County Department of Public Health*** as described above.

For questions, please contact: Timothy Haydock, Operations Executive, 559-537-0056, haydocktm@ah.org

Sincerely,

Jason Wells
Adventist Health Central Valley Network President
C:828-782-7888

Human Services Agency

County of Kings - State of California

Child Welfare Services
Adult Supportive Programs
Benefit Services

Wendy Osikafo
Director

Date: March 28, 2024

County Medical Services Program Local Indigent Care Needs Grant

Letter of Commitment

RE: Grant Application

To Whom It May Concern:

This letter of commitment confirms Kings County Human Services Agency (KCHSA) is committed to partnering with the Kings County Department of Public Health (KCDPH) in their pursuit of a Local Indigent Care Needs (LICN) Implementation/Planning Grant.

As a supporter of this application, KCHSA confirms:

- KCDPH is applying for the LICN Implementation Grant to promote timely delivery of necessary medical, behavioral health and support services to locally identified target populations.
- KCHSA is a fellow county agency with KCDPH, wherein our two agencies work collaboratively in assessing and meeting the whole health needs of residents of the County of Kings for their physical and mental wellbeing.
- Moreover, KCHSA is confident that KCDPH will effectively execute the LICN Implementation Grant, expanding access to care for all residents, improving infrastructure at rural clinics, and fostering partnerships with managed care plans to connect participants with community resources and support services, thereby enhancing medical and mental health outcomes for the identified target populations.

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

- Collaborate with KCDPH to dismantle barriers in care and foster cooperation and synergy between County government and non-governmental organizations.
- Establish an inclusive care network accessible to every Kings County resident, addressing local indigent care requirements fairly.
- Guarantee the availability of services across county departments, particularly where resources are currently scarce.
- Facilitate connections to community services tailored to manage each client's specific needs.

- Coordinate both private and public resources to ensure all Kings County residents have equitable access to services.
- Improve the availability of support services for adults facing complex health and/or behavioral challenges compounded by housing and transportation obstacles.
- Concentrate efforts on addressing the needs of homeless adults and those with chronic health or behavioral conditions.

We would like to share a recent example of collaboration that occurred during the Coronavirus Disease 2019 (COVID) pandemic, as KCHSA and KCDPH teamed up to assist residents of the RoomKey Project. Intended to help those who were at high health risk for complications or were COVID positive, many of the residents of RoomKey benefited from the collaboration between KCHSA and KCDPH. KCDPH helped our clients get COVID tested, and when vaccines became available, helped many of our residents become immunized. Their willingness to help allowed many residents to disclose other health conditions that may have been plaguing them, which gave the residents the encouragement to continue to seek and obtain medical services. KCDPH was instrumental in our efforts to provide wrap-around services.

Kings County Human Services Agency does hereby commit to partner with Kings County Department of Public Health as described above.

For any questions, please contact Christopher Narez, Human Services Agency Deputy Director, at 559-852-2956 or email christopher.narez@co.kings.ca.us.

Sincerely,

Christopher Narez
Kings County Human Services Agency Deputy Director

KINGS COUNTY
Lisa D. Lewis, PhD
Behavioral Health Director

County Medical Services Program Local Indigent Care Needs Grant

Letter of Commitment

RE: Grant Application

Date: March 26, 2024

To Whom It May Concern:

This letter of commitment confirms Kings County Behavioral Health (KCBH) is committed to partnering with the Kings County Department of Public Health (KCDPH) in their pursuit of a Local Indigent Care Needs (LICN) Implementation/Planning Grant.

As a supporter of this application, KCBH confirms:

- KCDPH is applying for the LICN Implementation Grant to promote timely delivery of necessary medical, behavioral health and support services to locally identified target populations.
- KCBH is a fellow county agency with KCDPH, wherein our two agencies work collaboratively in assessing and meeting the whole health needs of residents of the County of Kings for their physical and mental wellbeing.
- Moreover, KCBH is confident that KCDPH will effectively execute the LICN Implementation Grant, expanding access to care for all residents, improving infrastructure at rural clinics, and fostering partnerships with managed care plans to connect participants with community resources and support services, thereby enhancing medical and mental health outcomes for the identified target populations.

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

- Collaborate with KCDPH to eliminate silos of care and encourage cooperation and collaboration between County government and non-governmental organizations.
- Build a comprehensive care network accessible to all residents of Kings County, that equitably addresses local indigent care needs.
- Ensure that services are available through county departments, especially where there are currently limited resources.
- Provide linkage to other services and support in the community that are tailored to facilitate management of each client's service needs.
- Coordinate private and public resources to ensure equitable access to services for all Kings County residents.
- Enhance availability of health and behavioral health professionals to meet the needs of adults with complex health or behavioral health conditions that have housing and/or transportation challenges.

- Focus efforts to address the needs of homeless adults and adults with chronic health or behavioral health conditions.

KCBH does hereby commit to partner with KCDPH as described above.

For questions, please contact, Lisa D. Lewis, PhD, Director of Behavioral Health, at Lisa.Lewis@co.kings.ca.us or (559) 852-2382.

Sincerely,
Lisa D. Lewis PhD
Director
Kings County Behavioral Health
1400 W. Lacey Blvd., Bldg 13
Hanford, CA 93230

County Medical Services Program Local Indigent Care Needs Grant

Letter of *Commitment*

RE: *Grant Application*

Date: March 26, 2024

To Whom It May Concern:

This letter of commitment confirms Kings United Way (KUW) is committed to partnering with the Kings County Department of Public Health (KCDPH) in their pursuit of a Local Indigent Care Needs (LICN) Implementation/Planning Grant.

As a supporter of this application, KUW confirms:

- KCDPH is applying for the LICN Implementation Grant to promote timely delivery of necessary medical, behavioral health and support services to locally identified target populations.
- KUW is a community benefit organization working collaboratively with KCDPH, to enhance the physical and mental wellbeing of County of Kings residents by facilitating linkages to vital social services.
- Moreover, KUW is confident that KCDPH will effectively execute the LICN Implementation Grant, expanding access to care for all residents, improving infrastructure at rural clinics, and fostering partnerships with managed care plans to connect participants with community resources and support services, thereby enhancing medical and mental health outcomes for the identified target populations.

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

- *Collaborate with KCDPH to encourage cooperation and collaboration between County government and non-governmental organizations.*
- *Provide linkages to local resources which address the need for food, housing, counseling, or other services through the 211-dialing code, 24-hours a day, every day of the year, for all Kings County residents.*
- *Provide linkage to other services and support in the community that are tailored to facilitate management of each client's service needs.*
- *Maintain a Homeless Management Information System to collect client-level data and data on the provision of housing and services to the homeless and those at risk of homelessness.*

- *Build a comprehensive network accessible to all residents of Kings County, that equitably addresses local indigent care needs.*
- *Coordinate private and public resources to ensure equitable access to services for all Kings County residents.*
- *Focus efforts to address the needs of homeless adults and adults with chronic health or behavioral health conditions.*

We do hereby commit to ***partner with Kings County Department of Public Health*** as described above.

For questions, please contact Nanette Villarreal at (559) 584-1536 or at nanettev@kingsunitedway.org.

Sincerely,

Nanette Villarreal

Nanette Villarreal
Executive Director

United Health Centers
of the San Joaquin Valley

3875 W. Beechwood Avenue, Fresno, CA 93711
(559) 646-6618 • Fax (559) 646-6614 • www.unitedhealthcenters.org

Date: March 27, 2024

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

To Whom It May Concern:

This letter of commitment confirms United Health Centers of the San Joaquin Valley (UHC) is committed to partnering with the Kings County Department of Public Health (KCDPH) in their pursuit of a Local Indigent Care Needs (LICN) Implementation/Planning Grant.

As a supporter of this application, UHC confirms:

- KCDPH is applying for the LICN Implementation Grant to promote timely delivery of necessary medical, behavioral health and support services to locally identified target populations.
- UHC is a network of healthcare providers working collaboratively with KCDPH to meet the needs of residents of the County of Kings for their physical and mental wellbeing.
- UHC is confident KCDPH will effectively execute the LICN Implementation Grant, expanding access to care for all residents, improving infrastructure at rural clinics, and fostering partnerships with managed care plans to connect participants with community resources and support services, thereby enhancing medical and mental health outcomes for the identified target populations.

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

- Collaborate with KCDPH to promote cooperation and partnership between County government and non-governmental organizations.
- Build a comprehensive network of healthcare professionals that addresses the medical, dental, and behavioral health needs of all Kings County residents.

- Support the development of care access points, such as neighborhood clinics and telehealth services, where there are currently limited resources.
- Address social needs through linkage to other services in the community that are tailored to each client's needs.
- Strengthen health care access for adults with complex health or behavioral health conditions that have housing and/or transportation challenges.
- Focus efforts to assist homeless adults and adults with chronic health or behavioral health conditions.
- Advance health equity at the individual, organizational, community and environmental level and address the social determinants of health.

We do hereby commit to ***partner with Kings County Department of Public Health*** as described above. For questions, please contact: Justin Preas, President and CEO, (559) 646-6618, preasj@unitedhealthcenters.org.

Sincerely,

Justin Preas, President and Chief Executive Officer
United Health Centers of the San Joaquin Valley

Local Indigent Care Needs Grant

Round 4 - Winter 2024 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

Rose Mary Rahn

000E4008E21309DDE7E1F7CE2152D177 readysign

Authorized Signatory

04/01/2024

Date

Rose Mary Rahn

Name

Executive Director

Title

EXHIBIT D

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD
GRANTEE DATA SHEET

Grantee's Full Name:	Kings County Department of Public Health
Grantee's Address:	Kings County Department of Public Health 330 Campus Drive Hanford, CA 93230
Grantee's Executive Director/CEO: (Name and Title)	Rose Mary Rahn Director of Public Health
Grantee's Phone Number:	(559) 584-1401
Grantee's Fax Number:	
Grantee's Email Address:	rosemary.rahn@co.kings.ca.us
Grantee's Type of Entity: (List Nonprofit or Public)	Public
Grantee's Tax Id# [EIN]:	94-6000814

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 of unallowable expense as provided in this Agreement. The Board's determination shall be in its sole discretion and shall be conclusion.

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