RESOLUTION - ACTION REQUESTED 2019-261

MEETING: May 21, 2019

TO: The Board of Supervisors

FROM: Chevon Kothari, Health and Human Services Director

RE: CMSP Adult Systems of Care Pilot Project

RECOMMENDATION AND JUSTIFICATION:
Approve the Grant Agreement with the County Medical Services Program (CMSP) to Implement a County Adult System of Care Pilot Program; Approve the associated Budget Action ($120,000) recognizing the CMSP Grant 19/20 Revenue and making Appropriations in the new Health and Human Services Agency Fund 457; and Authorize the Health and Human Services Agency Director to Sign the Agreement.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
On February 26, 2019, the Board of Supervisors approved the request to apply for non-competitive grant from the CMSP Health Systems Development Program with Resolution number 2019-106.

The CMSP grant funding would support the Mariposa County Health and Human Services Agency (HHSA) in implementation of an Adult Systems of Care model. Mariposa’s HHSA was created in the fall of 2018 as a consolidation of three existing county departments—Health, Human Services and Community Services. In the new HHSA organization, leaders and team members will create a division that will bring together behavioral health and community health under a single director. This division will implement core concepts of Systems of Care. This will allow HHSA to build collaborative, task-specific, matrixed teams within a conventional hierarchical structure.

The teams created within the systems of care fall into either an Adult or Children system. It will require the leadership and staff within HHSA to have a base level knowledge of systems of care theory and practice.

In addition to HHSA team members, key partners in Mariposa in implementation of an Adult System of Care (ASOC) would be John C. Fremont Healthcare District, the Alliance for Community Transformations, the County Probation Department, and the County Sheriff and Jail services.
Resolution - Action Requested 2019-261

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
If the Board chooses not to approve the agreement, the County will not be able to comply with the terms and conditions of the grant award, which will jeopardize grant funding and severely impact Health and Human Services ability to implement the Adult System of Care program.

FINANCIAL IMPACT:
There is no impact to the County General Fund. The costs will be funded by new CMSP Grant Revenue. The grant amount is $300,000 for a term of beginning March 1, 2019 and terminating on June 30, 2022. The Year 1 grant revenue and appropriations have been included in the Requested Budget Action for Fiscal Year 2019-20.

ATTACHMENTS:
CMSP - Adult Systems of Care Agreement Wesignature  (PDF)
CMSP Grant for Adult System of Care Budget Action Year 1  (PDF)

RESULT: ADOPTED BY CONSENT VOTE [UNANIMOUS]
MOVER: Marshall Long, District III Supervisor
SECONDER: Merlin Jones, District II Supervisor
AYES: Smallcombe, Jones, Long, Cann, Menetrey
# BUDGET ACTION FORM

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## TRANSFER BETWEEN FUNDS

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**ACTION REQUESTED:** (Check all that apply)

- ✔️ Budget appropriation by Board of Supervisors (4/5ths Vote Required): Amending the total amount available in the county budget, or in any one fund of the budget, or appropriating Reserve for Contingencies

-  Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations from one budget to another, or between categories within a budget unit.

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**DEPT HEAD SIGNATURE**

**DATE:** 5/10/19

**APPROVED BY RES NO.** 19-261

**DATE:** 5-32-19

**AUDITOR'S USE ONLY**

**BA#**
AGREEMENT FOR

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD

HEALTH SYSTEMS DEVELOPMENT GRANT PROGRAM

between

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD
("Board")

and

MARIPOSA COUNTY HEALTH & HUMAN SERVICES
("Grantee")

Effective as of:
May 1, 2019
AGREEMENT

COUNTY MEDICAL SERVICES PROGRAM
HEALTH SYSTEMS DEVELOPMENT GRANT PROGRAM

FUNDING GRANT

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

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

B. Grantee submitted an Application ("Application") for the CMSP Health Systems
Development Grant Program in the form attached as Exhibit C (the "Project"). The Project is a
grant project ("Grant Project").

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

The Board and Grantee agree as follows:

1. 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 from Grantee for a Grant Project, as described
in Exhibit A. Neither the Board nor CMSP shall be responsible for funding additional Project
costs, any future CMSP Health Systems Development Grant Program or services provided
outside the scope of the Grant Program.

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

C. Possible Reduction in Amount. The Board may, within its sole discretion,
reduce any Grant Funds that have not yet been paid by the Board to Grantee if Grantee does not
demonstrate compliance with the use of Grant Funds as set forth in Section 2.D, below. The
Board's determination of a reduction, if any, of Grant Funds shall be final.
D. **Use of Grant Funds.** As a condition of receiving the Grant Funds, Grantee shall use the Grant Funds solely for the purpose of performance of the Project, and shall not use the Grant Funds to fund Grantee's administrative and/or overhead costs; provided, however, an amount of the Grant Funds equal to or less than fifteen percent (15%) of the total Project expenditures may be used to fund Grantee's administrative and/or overhead expenses directly attributed to the Project. Grantee shall provide Board with reasonable proof that Grantee has dedicated the Grant Funds to the Project. Grantee shall refund to the Board any Grant Funds not fully dedicated to the Project.

E. **Annual Expenditure Reports.** The Grantee shall provide the Board with annual expenditure reports documenting the use of Grant Funds in a form as determined by the Board. Such annual expenditure reports shall contain, at a minimum, the information described in Section 7.C of this Agreement.

F. **Matching Funds and In Kind Match.** The Grantee is not required to provide dedicated matching funds; however, the Grantee is required to provide an in kind match of a minimum of twenty percent (20%) of the Grant Funds as a means of demonstrating the commitment of the Grantee and participating (partnering) agencies to implement the strategies and/or services being developed with the Grant Funds. Such in kind match (or alternatively, matching fund of a minimum of twenty percent (20%) of the Grant Funds) may be provided solely by the Grantee or through a combination of funding sources.

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

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

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

6. **Data and Project Evaluation.** Grantee shall collect Project data and conduct a Project evaluation. Grantee shall report data and evaluation findings to the Board as part of the Progress and Final Reporting set forth in Section 7, below. The Grantee shall not submit any protected health information ("PHI") to the Board. The Board reserves the right to hire an external Grant Program evaluator to conduct an evaluation of the Project ("Grant Program
Evaluator"). The Grantee may be required to participate in one or more interviews with the Grant Program Evaluator, have a minimum of one (1) representative participate in quarterly web-based technical assistance meetings, and participate in surveys with the Grant Program Evaluator as determined by the Board. Grantee shall maintain and provide the Board with reasonable access to such records for a period of at least four (4) years from the date of expiration of this Agreement. Grantee shall cooperate fully with the Board, its agents and contractors, including but not limited to the Grant Program Evaluator, and provide information to any such contractor in a timely manner. The Board may, within its sole discretion, terminate this Agreement at any time and suspend and/or discontinue payment of any Grant Funds if Grantee does not satisfactorily meet data collection and reporting requirements as set forth herein and in the RFP.

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

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

D. Final Report. Grantee shall submit a final report to the Board by June 29, 2022, that: (1) highlights the Project's key accomplishments; (2) identifies challenges and barriers encountered during the Project; (3) describes what the Project has learned about the target population; (4) reports the evaluation findings; and (5) thoroughly describes the Project's future activities following the Grant Program. The Board may, within its sole discretion, terminate this Agreement at any time and suspend and/or discontinue payment of any Grant Funds if Grantee does not satisfactorily meet reporting requirements as set forth herein and in the RFP.
8. **Term.** The term of this Agreement shall be from May 1, 2019, to September 30, 2022, unless otherwise extended in writing by mutual consent of the parties.

9. **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 paragraphs 6, 7 and 8. Upon termination or expiration of the term, Grantee shall immediately refund any unused Grant Funds to the Board, and shall provide the Board with copies of any records generated by Grantee in performance of the Project and pursuant to the terms of this Agreement.

10. **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.

11. **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.

12. **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.

13. **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.

14. **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.

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

16. **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.

17. **Governing Law.** The validity, interpretation and performance of this Agreement shall be governed by and construed by the laws of the State of California.
18. **Counterparts.** This Agreement may be executed in one or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument.

Dated effective May 1, 2019.

**BOARD:**
COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD

**GRANTEE:**
MARIPOSA COUNTY HEALTH & HUMAN SERVICES

By: ____________________________
Kari Brownstein, Administrative Officer

By: ____________________________
Title: Director

Date: 6/4/19

Date: 4/26/19

APPROVED AS TO FORM:

______________________________
STEVEN W. DAHELM
COUNTY COUNSEL
EXHIBIT A

GRANTEES: MARIPOSA COUNTY HEALTH & HUMAN SERVICES

GRANTEE'S PARTNERS UNDER CONTRACT

GRANT FUNDS:

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

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

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

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

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

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

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

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

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

1 Attach copy of any contract.
NOTICES:

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

Grantee:
Mariposa County Health & Human Services
Attn: Eric Sergienko
5362 Lemen Lane
Mariposa, CA 95338
(209) 966-3689
(209) 966-4929 (facsimile)
EXHIBIT B

REQUEST FOR PROPOSAL

BOARD'S REQUEST FOR PROPOSAL
REQUEST FOR PROPOSALS

CMSP Health Systems Development
Grant Program

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD

I. ABOUT THE COUNTY MEDICAL SERVICES PROGRAM

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

In April 1995, California law was amended to establish the County Medical Services Program Governing Board (Governing Board). The CMSP Governing Board, composed of ten county officials and one ex-officio representative of the Secretary of the California Health and Human Services Agency, is authorized to set overall program and fiscal policy for CMSP. This law also authorized the Governing Board to contract with DHS or an alternative contractor to administer the program. Between 1995 and 2005 the Governing Board contracted with DHS to administer CMSP. Between 2005 and 2014, Anthem Blue Cross Life & Health (Anthem) administered CMSP medical, dental, and vision benefits. Today, Advanced Medical Management (AMM) administers CMSP medical, dental and vision benefits. MedImpact Healthcare Systems, Inc. (MedImpact) administers CMSP pharmacy benefits, which it has done since 2003.

Thirty-five counties throughout California now participate in CMSP: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Modoc, Mono, Napa, Nevada, Plumas, San Benito, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Tuolumne, Yolo and Yuba.

CMSP is funded by State Program Realignment revenue received by the CMSP Governing Board and county general purpose revenue provided in the form of County Participation Fees. CMSP members are medically indigent adults, ages 21 through 64, who meet all of CMSP’s eligibility criteria and are not otherwise eligible for Medi-Cal or Covered California. Enrollment in CMSP is handled by county welfare departments located in the 35 participating counties. All CMSP members must be residents of a CMSP county and their incomes must be less than or equal to 300% of the Federal Poverty Level (based on net nonexempt income). Depending on individual
circumstances, CMSP members may have a share-of-cost (SOC). Enrollment terms for CMSP members are up to six months. At the end of the enrollment term, CMSP members must reapply for CMSP to continue eligibility for benefits.

II. ABOUT THE CMSP HEALTH SYSTEMS DEVELOPMENT GRANTS PROGRAM

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

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

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

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

Proposed activities may include items such as:

- **Planning activities:** organizational assessments; strategic planning; fund development; or communications/outreach.
- **Staff development/training:** relevant training for health care and behavioral health professionals.
- **Strategic relationships/collaboration:** technical assistance; consultant support; restructuring; development of interagency agreements; or business planning.
- **Internal operations:** improvements to financial management; development of evaluation systems and training; or facility planning.
- **Equipment improvements:** improving health care delivery capacity through upgrades to medical and/or dental equipment.
- **Technology improvements**: improving IT capacity through upgrades to hardware and software; networking; updating websites; and staff training to optimize use of technology.
- **Innovation activities**: pilot testing and evaluation of new health care delivery models or programs.

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

### III. ELIGIBLE PROGRAM APPLICANTS

#### A. Lead Agency Applicant and Partner Requirements

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

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

### IV. HEALTH SYSTEMS DEVELOPMENT GRANT PROGRAM TIMELINE

The following tentative timeline shall guide the Grant program:

01/02/19: Grant Request for Proposals (RFP) Released
01/17/19: First RFP Assistance Teleconference at 9:30 AM
(888) 296-6500, participant code 738196
02/06/19: Second RFP Assistance Teleconference at 9:30 AM
(888) 296-6500, participant code 738196
03/01/19: Grant Applications due by 12:00 PM
04/04/19: Applications Reviewed and Approved
04/05/19: Awards Announced Via Letter
05/01/19: Grant Agreements Executed and Projects Begin
11/01/19: First Biannual Grant Report due
05/15/20: Second Biannual Grant Report and Year 1 Expenditure Report due
11/02/20: Third Biannual Grant Report due
05/17/21: Fourth Biannual Grant Report and Year 2 Expenditure Report due
11/01/21: Fifth Biannual Grant Report due
04/30/22: Grant Program Ends
06/29/22: Final Grant Report on Program Outcomes and Year 3 Expenditure Report due

V. FUNDING AWARDS – ALLOCATION METHODOLOGY

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

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

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

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

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

VI. FUNDING AWARDS – METHODOLOGY FOR REVIEW AND SCORING

The Governing Board shall have sole discretion on whether or not to award Grant funding for a proposed project. Project proposals shall be reviewed and scored to assure that the projects meet minimum standards for receipt of funding. Grant applications will be reviewed and scored based upon the following criteria:
1) Project Narrative (70% in total)
   - Statement of Need (10%)
   - Target Population (5%)
   - Proposed Project/Approach (20%)
   - Capacity (10%)
   - Organization and Staffing (5%)
   - Project Implementation (20%)

2) Budget (15%)

3) Letters of Commitment/Support (15%)

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

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

_The grant application process is a competitive process and not all applications may be funded or funded in the amounts requested. All applications will be ranked in order of quality and potential impact for CMSP members and potential members. In order for the Governing Board to consider approving funding for a Grant application, the applicant’s proposal must achieve a minimum score of 75% and the proposal must achieve a ranking, in comparison with all other submitted proposals, that merits funding approval._

VII. APPLICATION ASSISTANCE

A. RFP Assistance Teleconference Information

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

B. Frequently Asked Questions (FAQ)

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

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

VIII. PROPOSAL FORMAT AND REQUIREMENTS

A. Application Cover Sheet

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

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

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

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

1. Clear Statement of Problem or Need Within Community

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

2. Local Health Care Delivery System Landscape

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

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

4. Organization and Staffing

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

5. Implementation Work Plan

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

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

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

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

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

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

F. Letters of Commitment and/or Support

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

Grant applications must have the support, as demonstrated by Letters of Commitment, from at least one local hospital and at least one primary care provider such as a clinic, private practice physician, or physician group; and, must have the demonstrated
support, as demonstrated by Letters of Commitment, from at least two of the following CMSP County agencies or departments: Health/Public Health, Social Services/Welfare, Mental Health, and Drug and Alcohol Services. Throughout the project, the lead agency shall make efforts to establish relationships and garner the support of additional community resources.

G. County Board of Supervisors or Board of Directors Approval

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

H. Other Information

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

IX. APPLICATION INSTRUCTIONS

A. All Grant applications must be complete at the time of submission and must follow the required format and use the forms and examples provided:

1. The type font must be Arial, size 12 point.
2. Text must appear on a single side of the page only.
3. Assemble the application in the order and within the page number limits listed with the Proposal Format & Requirements sections.
4. Clearly paginate each page.

B. Applications transmitted by facsimile (fax) or e-mail will not be accepted.

C. The application shall be signed by a person with the authority to legally obligate the Applicant.

D. Provide one original hard-copy Grant application clearly marked original, and three hard-copies.

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

F. Do not provide any materials that are not requested as the materials will not be considered by reviewers.
G. Folders and binders are not necessary or desired; please securely staple or clip the application in the upper left corner.

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

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

X. GENERAL INFORMATION

A. All applications become the property of the Governing Board and will not be returned to the Applicant unless otherwise determined by the Governing Board in its sole discretion.

B. Any costs incurred by the responding Applicant for developing a proposal are the sole responsibility of the responding Applicant and the Governing Board shall have no obligation to compensate any responding Applicant for any costs incurred in responding to this RFP.

C. Proposals may remain confidential during this process only until such time as determined by the Governing Board in its sole discretion. Thereafter, all information submitted by a responding Applicant may be treated as a public record by the Governing Board. The Governing Board makes no guarantee that any or all of a proposal will be kept confidential, even if the proposal is marked “confidential,” “proprietary,” etc.

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

   1. Reject any and all applications, or cancel this RFP.
   2. Waive or correct any minor or inadvertent defect, irregularity or technical error in any application.
   3. Request that certain or all Applicants supplement or modify all or certain aspects of their respective applications or other materials submitted.
   4. Modify the specifications or requirements for the Grant program in this RFP, or the required contents or format of the applications prior to the due date.
   5. Extend the deadlines specified in this RFP, including the deadline for accepting applications.
   6. Award, or not award, any amount of Grant funding to any Applicant.
APPLICATION COVER SHEET
CMSP Health Systems Development Grant Program

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

________________________________________________________________________

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

3. Lead Applicant:
Organization: ___________________________ Tax ID Number: ____________________
Applicant’s Director or Chief Executive: ___________________________
Title: ___________________________
Applicant’s Type of Entity (Specify county department or non-profit): ___________________________
Address: ___________________________
City: ___________________________ State: _______ Zip Code: _______ County: _______
Telephone: ___________________________ Fax: ___________________________
Email address: ___________________________

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

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

6. Financial Officer (Serves as Fiscal representative for the project):
Name: ___________________________
Title: ___________________________
Organization: ___________________________
Address: ___________________________
City: ___________________________ State: _______ Zip Code: _______ County: _______
Telephone: ___________________________ Fax: ___________________________
Email address: ___________________________
7. Focus Area(s) (Check all that apply):

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

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

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

**Agreement:**

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

**Signature:**

__________________________________________ **Date:** ____________________

**Name:**

__________________________________________

**Title:**

__________________________________________

**Organization:**

__________________________________________

**Address:**

__________________________________________

**City:** ___________________ **State:** _______ **Zip Code:** _______ **County:** ___________________

**Telephone:** ___________________ **Fax:** ___________________

**Email address:**

__________________________________________
CMSP Health Systems Development Grant Program Budget Guidelines

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

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

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

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

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

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

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

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

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

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

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

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

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

**CMSP Health Systems Development Grant Program**

**Applicant:**

---

## 3 Year Summary Budget

Includes a summary of CMSP Funds, In-Kind Funds and Total Funds.

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Budget Template - Summary Budget
CMSP Health Systems Development Grant Program

Applicant:

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

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EXHIBIT C
APPLICATION
GRANTEE'S APPLICATION
APPLICATION COVER SHEET
CMSP Health Systems Development Grant Program

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

2. Funding:
   Requested Grant Amount (3-year total): $463,271 ($300,000 CMSP)
   In-Kind and/or Other Matching Funds Provided by Applicant: $163,271

3. Lead Applicant:
   Organization: Mariposa County Health & Human Services
   Tax ID Number: 925-0159-2
   Applicant's Director or Chief Executive: Chevon Kothari
   Title: Director, Health & Human Services Agency
   Applicant's Type of Entity (Specify county department or non-profit): County Department
   Address: PO Box 99, 5362 Lemee Lane
   City: Mariposa State: CA Zip Code: 95338 County: Mariposa
   Telephone: (209) 966-2000 Fax: 
   Email address: ckothari@mariposahsc.org

4. Primary Contact Person (Serves as lead contact person during the application process):
   Name: Eric Sergienko
   Title: County Health Officer
   Organization: Mariposa County Health & Human Services Agency
   Address: PO Box 5, 5085 Bullion Street
   City: Mariposa State: CA Zip Code: 95338 County: Mariposa
   Telephone: (209) 966-3689 Fax: (209) 966-4929
   Email address: esergienko@mariposacounty.org

5. Secondary Contact Person (Serves as alternate contact during the application process):
   Name: Chevon Kothari
   Title: Director
   Organization: Mariposa County Health & Human Services Organization
   Address: PO Box 99, 5362 Lemee Lane
   City: Mariposa State: CA Zip Code: 95338 County: Mariposa
   Telephone: (209) 966-2000 Fax: 
   Email address: ckothari@mariposahsc.org

6. Financial Officer (Serves as Fiscal representative for the project):
   Name: Joe Lynch
   Title: Assistant Director
   Organization: Mariposa County Health and Human Services Agency
   Address: PO Box 99
   City: Mariposa State: CA Zip Code: 95338 County: Mariposa
   Telephone: (209) 966-2000 Fax: 
Email address: jlynch@mariposahsc

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

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

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

Signature: 
Date: Feb 26, 2019

Name: Miles Menetrey
Title: Chair, Mariposa County Board of Supervisors
Organization: Mariposa County Board of Supervisors
Address: 5100 Bullion Street
City: Mariposa State: CA Zip Code: 95338 County: Mariposa
Telephone: (209) 966-2000 Fax: (209) 966-5147
Email address: mmenetrey@mariposacounty.org

APPROVED AS TO FORM:

[Signature]

STEVEN W. DAHLEM
COUNTY COUNSEL
B. Grant Project Summary (1 page)

The CMSP grant funding would support the Mariposa County Health and Human Services Agency (HHSA) in implementation of an Adult Systems of Care model.

Mariposa’s HHSA was created in the fall of 2018 as a consolidation of three existing county departments—Health, Human Services and Community Services. The consolidation allows us to envision and implement novel and creative solutions to improve access to care for our most vulnerable residents, and to develop integrated health services with awareness for and practice of a trauma informed approach.

In the new HHSA organization, leaders and team members will create a division that will bring together behavioral health and community health under a single director. This division will implement core concepts of Systems of Care. This will allow HHSA to build collaborative, task-specific, matrixed teams within a conventional hierarchical structure.

The teams created within the systems of care would fall into either an Adult or Child system. Systems of Care Coordinators would be one of four deputy directors, fostering teams in implementation. This will require all deputies to have an in-depth knowledge of systems of care. It would also require everyone within HHSA have a base level knowledge of systems of care theory and practice.

Key partners in Mariposa in implementation of an Adult System of Care (ASOC) would be John C. Fremont Healthcare District, the Alliance for Community Transformation, the County Probation Department, and the County Sheriff and Jail services. CMSP grant funds will support implementation of the ASOC within Mariposa in a number of critical ways including, but not limited to:

- Development and delivery of ASOC training and education of HHSA staff, including coaching from consultants;
- Training in System of Care theory and practice for key HHSA partners;
- Training in trauma informed services, systems and care delivery;
- Development or revision of policies and procedures necessary for Systems of Care implementation, recruitment, training and supervision of peer-supported/client navigators, and patient and client outreach specialists.

Training and policy development would start during the first grant year and be ongoing. Additionally, during this period, we would adapt policies and procedures to the ASOC program that have proven effective with high-volume service utilizers in the Whole Person Care program. More active enrollment and management of clients would start in year two. Once we enrolled clients, we would be able to examine other metrics such as cost analysis of the program starting in year two and continuing to year three.

We anticipate by implementing an Adult System of Care that we will more effectively provide services to our clients, reduce costs to the county, and reduce demand for urgent and emergency services.
C. Mariposa County Grant Project Narrative

C. Grant Project Narrative (no more than 5 pages)

1. Clear Statement of Problem or Need Within Community

Mariposa County is a small, rural county in the Sierra Nevada foothills extending from the San Joaquin Valley to the crest of the Sierra Nevada. The county spans approximately 1,450 square miles with a population of 17,569 residents in 2017 (a decrease from 18,101 in 2010). This change in population reflects an exodus of 20 to 40 year olds who leave the county to seek job opportunities that do not exist here.

There is higher unemployment, lower median household income, and a higher proportion of the population living below poverty, as compared to the state overall. This geographic and economic isolation of residents creates an environment ripe for depression, anxiety, and other mental and behavioral health disorders, as well as providing a conducive environment for illegal activities and substance abuse.

Nearly 21% of the population aged five and older has a disability (compared to less than 13% for all of California). Both the age-adjusted chronic lower respiratory disease death rate and the adult asthma prevalence are higher than comparable communities in the state. 9.7% of adults have diabetes as compared to 8.1% in US.

Substance abuse continues to cause significant impact in Mariposa despite gains made through a coordinate opioid task force. In 2014, Mariposa was the number 2 county of per capita overdose related deaths. In 2015, Mariposa had one opioid overdose related death (4.6/100k) and four hospitalizations related to opioid overdoses. Almost 20,000 narcotic prescriptions were written and over 130,000 opioid pills or tablets were dispensed in 2016 for Mariposa County residents.

Mariposa County’s lack of economic and job opportunities, coupled with both social and geographic isolation, lead to an environment ripe for depression, anxiety, and substance use disorder. Additionally, the increased stigma, associated with accessing behavioral health care in small, rural communities makes it challenging for those in help to reach out. In 2018, Mariposa County ranked 57 out of 58 counties in suicide rates as identified by the County Health Profiles through California Department of Public Health.

This situation creates at-risk adult and transition-aged youth populations that would be the focus of our Adult Systems of Care (ASOC). The typical client would be at or near the poverty line, have a chronic medical condition or conditions that would benefit from access to both primary and specialty, and who typically accesses care through emergency services. Co-mingled with this client’s medical conditions would be the potential for either an active substance use disorder or other behavioral health issue.

2. Local Health Care Delivery System Landscape

Access to both medical care and behavioral health services remains a challenge for all residents in Mariposa County, but particularly those that are economically
disadvantaged. Mariposa County is a medically underserved population and designated as a Health Professional Shortage Area. The Mariposa County Health Department Community Health Assessment used 2017 County Health Ranking Data to derive ratios of providers to patients. These ratios demonstrate that our county has roughly half the number of health care providers when compared to the United States and California; specifically: Primary care providers, 1:2,920 (CA 1:1,280). Dentists, 1:1,930 (CA 1:1,210). Mental health providers, 1:410 (CA 1:320). Comparing these ratios to California overall and combining these with the distance and topography of the county (1,455 square miles with up to 1.5-hour bus rides to school), clearly demonstrate the real barriers Mariposans encounter, which limit their very real access to care.

Access to care was also a major concern for this community as indicated in the 2017 Community Needs Assessment. Additionally, our Community Health Improvement Plan identified both Access to Quality Health Care and Promoting Behavioral Health and Addiction Prevention and Treatment, as two key pillars in improving health in our residents.

There is one Critical Access Hospital, John C. Fremont, which provides emergency care and a limited inpatient capability. The nearest surgical capability is 45 minutes away by car, while tertiary care is almost an hour and a half away.

While there is a health center in the north part of the county, a clinic in the National Park, and two clinics in the town of Mariposa, there can be a two or more week wait for routine care. The ability to afford fuel and the distance between locations, along curvy, sometimes substandard roads, coupled with the paucity of public transportation, is often a barrier in accessing care as well.

Behavioral Health services are provided both by John C. Fremont and HHSA. Both also provide substance use disorder treatment. There is no inpatient services for Behavioral Health in the county.

3. Description of Proposed Grant Project

Over the grant cycle, HHSA will incorporate core concepts of Systems of Care into its operations, as defined by the federal Substance Abuse Mental Health Services Administration. System of Care (SOC) is an approach which has demonstrable impacts in other states and in some California counties. SOC is highly regarded for its recognized effects in improving timeliness and quality of care, its ability to support early trauma impacts, and its related larger system outcomes. Expected outcomes include enhanced care coordination and utilization management, reduced dependence on emergency medicine, reduced behavioral medicine inpatient days, lower rates of criminal involvement by youth, and more effective primary/behavioral health transitions.

The design and implementation of an Adult System of Care in Mariposa will also allow for more effective adoption and implementation of the county’s Medi-Cal Whole Person Care program. Further, activities with SOC will align with the Agency’s Public Health
Accreditation pursuits ensuring compliance with accreditation standards.

4. Organization and Staffing

Mariposa County Health & Human Services Agency will be the lead applicant for the Project. HHSA leadership and staff have strong organizational capacity to implement, operate and evaluate the proposed project. With a staff of 177 FTE and a budget of $44 million consisting primarily of state and federal grants and allocations, HHSA has demonstrated success in the implementation of similar projects, necessitating inter- and intra-agency collaboration. Of note, Mariposa County HHSA is the smallest county in California to be awarded Whole Person Care Pilot funds. Although the Agency has a long history of effective collaborations with our community partners and other County Departments, the WPC Pilot Project strengthened our ability to engage the health care community in serving the most vulnerable community members in Mariposa County.

Mariposa County HHSA will take the lead role in the development of the Systems of Care and the administration of grant activities. Responsibilities will include the development of a strategic plan to inform the design of a Systems of Care; engagement of community partners; coordination of training and a learning collaborative across the Agency and with partners; development of protocols for Systems of Care; evaluation of the Project; and reporting to CMSP. An Adult Systems of Care Coordinator will be responsible for the overall implementation and monitoring of the Project. This role is expected to be filled by one of the deputy directors within the Health Services Division and would be partially funded through our CMSP request. The balance of funds will be utilized to bring in consultants who are experts in Systems of Care and change management.

Key partners will include: John C Fremont Healthcare District, Alliance for Community Transformations, Mariposa County Probation Department and Mariposa County Sheriff’s Department.

5. Implementation Work Plan and Timetable

<table>
<thead>
<tr>
<th>Project Activities</th>
<th>Estimated Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Review recent existing, or conduct HHSA internal and community based external stakeholder assessment conversations.</td>
<td>By August 15, 2019</td>
</tr>
<tr>
<td>2. Create first Plan, Do, Study, Act Quality Improvement plans specific to the goals of this grant.</td>
<td>By August 30, 2019</td>
</tr>
</tbody>
</table>
3. **Complete design of HHSA organizational structure in support of Systems of Care**  
   By August 30, 2019

4. **Begin internal and contractor/vendor informed strategic planning, to develop a logic model/work plan, effectively linking related health and behavioral health initiatives, including Whole Person Care and Public Health Accreditation.**  
   By October 1, 2019

5. **Deliver HHSA internal and vendor/partner training on System of Care theory and practice.**  
   By Sept. 30, 2019

6. **Deliver Trauma Informed Training for all HHSA staff and key other departments and contractors.**  
   By Nov. 15, 2019

7. **Complete logic model/work plan**  
   By Nov. 15, 2019

8. **Complete internal and contractor/vendor informed strategic planning, to develop a logic model/work plan, effectively linking related health and behavioral health initiatives, including Whole Person Care and Public Health Accreditation.**  
   By January 15, 2020

9. **Recruitment of, or implementation of contracted Peer-navigator services.**  
   By March 15, 2020

10. **Completion of first Plan, Do, Study, Act Cycle and revision of Implementation/Work Plan**  
    By April 30, 2020

11. **Implementation of HHSA Data Dashboard and demonstrable use of the dashboard within the ASOC/HHSA service delivery system.**  
    By June 1, 2020
D. Mariposa County Goals and Outcomes

D. Grant Project Goals and Outcome Reporting (no more than 2 pages)

Year One Goals:

Year One of Mariposa’s grant will be predominantly used in planning, stakeholder outreach, engagement and system design. Goals include, but are not limited to:

1. Review recent internal and community-based stakeholder assessments, where necessary conducting additional data collection and analysis as needed to conduct planning for Systems of Care.
2. Conduct strategic planning, to develop Systems of Care policy, plans, and procedures to include logic model and implementation plan, effectively linking related health and behavioral health initiatives, including Whole Person Care and Public Health Accreditation.
3. Complete design of HHSA organizational structure in order to support implementation of Systems of Care.
4. Deliver HHSA internal and vendor/partner training on System of Care theory and practice.
5. Expand access to appropriate behavioral health screening, early intervention and other treatments for children, youth and adults.
6. Implement an adult System of Care within the newly designated Health and Human Services Agency. As part of implementation, conduct change management strategies to address the complexity of Systems of Care.

Year Two Goals:

The second year of the CMSP grant will see the county pursue major steps in implementation and early evaluation of its newly integrated structure and the systems of care within it. Goals include:

1. Enhance existing internal collaboration between Community Health and Behavioral health teams working within the newly created systems of care.
2. Deliver Trauma Informed training for all HHSA staff and other key departments and contractors.
3. Create first Plan, Do, Study, Act Quality Improvement plans specific to the goals of this grant.
4. Recruitment of, or implementation of contracted Peer-navigator services.
5. Conduct screening of at least 75% of CMSP-eligible service participants for trauma including Adverse Childhood Experiences (ACES).
6. Screening via Child Adolescent Needs and Strengths (CANS) and ACES for 100% of all Mariposa’s Foster Transition Aged Youth, with appropriate referral to ASOC services.

Year 3 Goals:

Year three will be a heavy focus on further Implementation, Evaluation and System Adaptation, based on the first two years’ progress. Goals include:
D. Mariposa County Goals and Outcomes

1. Completion of first Plan, Do, Study, Act Cycle and revision of Implementation/Work Plan
2. Completion of HHSA Data Dashboard and demonstrable use of the dashboard within the ASOC/HHSA service delivery system.

Outcomes/Deliverables:

- Expand access to appropriate behavioral health screening, early intervention and other treatments for children, youth and adults. Baseline data will be compared with data on the number/percentage of individuals being screened.
- Implement an Adult System of Care (ASOC) within the newly created Health and Human Services Agency. Establish an ASOC Coordinator to foster and monitor implementation. Organizational structure and chart will reflect new positions.
- The Coordinator, as well as senior leadership, will have completed a comprehensive curriculum in ASOC that will be developed as part of implementing ASOC. Training documentation will be provided including agendas and sign in sheets.
- Create and enhance internal collaboration between Health and Behavioral Health teams and professionals working within the newly created systems of care. This would be documented by the percentage of clients that are referred, assessed, and enrolled in the ASOC criteria by an interdisciplinary team.
- Conduct screening of at least 75% of individuals referred to ASOC for trauma, including ACES. Tracking through client database.
- Screening via CANS and ACES for 100% of all Mariposa’s Foster Transition Aged Youth, with appropriate referral to ASOC services. Tracking through client database.
- Implement Agency Data Dashboard, with both internal and external views, that will allow access to critical data that will allow for timely decision making. The data will be used by staff to inform both planning for individual clients and for programmatic issues. External agencies and residents will be able to use it to cooperate and collaborate with Agency staff and teams. Access to final product will be provided to CMSP during the final report.

Using the current Organizational Climate Survey tool, we will add questions to evaluate implementation of and barriers to Systems of Care. Conducted biannually, the survey will be conducted this spring and again in the spring of 2021. Questions would assess staff understanding, acceptance and use of systems of care in their work.
E. Budget and Budget Narrative (no more than 2 pages)

The proposed budget supports the overall goals and objectives outlined within the proposal. Tasks will be accomplished through the utilization of consultants who specialize in consolidations, strategic planning and Systems of Care Work in coordination with key staff who will be responsible for socializing and formalizing these new concepts and policies throughout the Agency.

Budget
See attached Budget Template B2.

Budget Narrative

Personnel: Salary and Benefits for a Systems of Care Coordinator (Social Work Supervisor II) at .68 FTE is being requested through CMSP Funding for Year 1 and Year 2 of the Project. The balance of the full-time position (.32 FTE in Year 1 and Year 2 and 100% in Year 3 will be covered by other sources as an in-kind match to the Project). Personnel costs include salary and benefits. Benefits include: FICA, Unemployment, Workers Compensation, Medical/Dental/Vision Insurance, Vacation/Sick Leave, Retirement Benefits, etc.

- Year 1: ($117,990./annually x .68FTE) = $80,233
- Year 2: ($117,990./annually x .68FTE) = $80,233
- Year 3: ($117,990./annually x .68FTE) = $80,233

Contractual Services: A contract will be secured through Municipal Resources Group or similar consulting firm to provide training, coaching and technical assistance in the implementation of Systems of Care. A timeline will be further refined which may impact the costs per year, however, the total consulting costs will not exceed $50,000.

- Year 1: $200 per hour x 100 hours = $20,000
- Year 2: $200 per hour x 100 hours = $20,000
- Year 3: $200 per hour x 50 hours = $10,000

Overhead/Administrative Costs: Costs for administrative overhead include facilities, communications, printing/copying, equipment costs, general office supplies, administrative salaries, etc. Overhead is being figured at 15%. Although normal overhead costs are at 39%, we will minimize the overhead for the purposes of this project.

- Year 1: $28,016
- Year 2: $28,016
- Year 3: $28,016
# Budget Template - Summary Budget

**CMSP Health Systems Development Grant Program**

**Applicant:** Mariposa County

## 3 Year Summary Budget

Includes a summary of CMSP Funds, In-Kind Funds and Total Funds.

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<td>3 Year Detailed Budget</td>
<td>Breaks down planned CMSG Fund expenditures in detail.</td>
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<td>Maricopa County</td>
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<td>CMSG Health Systems Development Grant Program</td>
<td>Budget Template - Detailed Budget</td>
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<td>Attachment B2</td>
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February 19, 2019

County Medical Services Program

CMSP Board of Directors:

I am writing this letter in support of an application submitted by the Mariposa County Health & Human Services Agency (HHSA) for the County Medical Services Program (CMSP) Health Systems Development Grant.

As a partner of Mariposa County HHSA, we support their efforts to implement more robust systems of care to vulnerable individuals in the community as part of their agency consolidation. We understand the Project they are proposing would develop the knowledge, skills and abilities of HHSA staff as well as community partners to implement systems of care. Further, the Project will tie together a matrix of services to better serve those individuals in our community who face multiples barriers and challenges to accessing health and behavioral health care. We understand that this work is likely to lead to more efficient and effective services and better outcomes for those who need them.

John C. Fremont Healthcare District is a special district established in 1947 to provide healthcare services to the residents of Mariposa County. It currently operates a critical access hospital that provides emergency services and limited inpatient services, primary care and specialty clinics, and a skilled nursing facility. We are a critical partner with HHSA in multiple activities including the Live Free Initiative, our county's opioid task force.

As a community partner, we will have representatives who will participate in trainings and the development of protocols and Memoranda of Understanding that will allow us and our partners to participate fully in these systems of care.

Please do not hesitate to reach out to me with any questions or concerns you may have.

Sincerely,

Matthew Matthiessen,
Chief Executive Officer

(209) 966-3631
5189 Hospital Road – P.O. Box 216 Mariposa, CA 95338-0216
CMSP Board of Directors,

I am writing this letter in support of an application submitted by the Mariposa County Health & Human Services Agency (HHSA) for the County Medical Services Program (CMSP) Health Systems Development Grant.

As a partner of Mariposa County HHSA, we support their efforts to implement more robust systems of care to vulnerable individuals in the community as part of their agency consolidation. We understand the Project they are proposing would develop the knowledge, skills and abilities of HHSA staff as well as community partners to implement systems of care. Further, the Project will tie together a matrix of services to better serve those individuals in our community who face multiples barriers and challenges to accessing health and behavioral health care. We understand that this work is likely to lead to more efficient and effective services and better outcomes for those who need them.

Mariposa County Sheriff’s Office is the lead law enforcement agency for Mariposa County. We provide the full spectrum of law enforcement services including patrol, investigation and jail services, as well as providing law enforcement/public service/leadership instructors and also school resources officer to the Mariposa County Unified School District. We are close partners with HHSA on numerous activities including Substance Use Disorders and Behavioral Health services in the jail.

As a community partner, we will have representatives who will participate in trainings and the development of protocols and Memoranda of Understanding that will allow us and our partners to participate fully in these systems of care.

Please do not hesitate to reach out to me with any questions or concerns you may have.

Sincerely,

Doug Binnewies
February 19, 2019

CMSP Board of Directors,

I am writing this letter in support of an application submitted by the Mariposa County Health & Human Services Agency (HHSA) for the County Medical Services Program (CMSP) Health Systems Development Grant.

As a partner of Mariposa County HHSA, we support their efforts to implement more robust systems of care to vulnerable individuals in the community as part of their agency consolidation. We understand the Project they are proposing would develop the knowledge, skills and abilities of HHSA staff as well as community partners to implement systems of care. Further, the Project will tie together a matrix of services to better serve those individuals in our community who face multiples barriers and challenges to accessing health and behavioral health care. We understand that this work is likely to lead to more efficient and effective services and better outcomes for those who need them.

Mariposa County Probation Department provides supervision and services to adult and youth on probation in Mariposa County. We work collaboratively with Mariposa County HHSA on a number of initiatives and programs and will continue to partner for better integration of services.

As a community partner, we will have representatives who will participate in trainings and the development of protocols and Memoranda of Understanding that will allow us and our partners to participate fully in these systems of care.

Please do not hesitate to reach out to me with any questions or concerns you may have.

Sincerely,

Pete Judy
Chief of Probation
CMSP Board of Directors,

I am writing this letter in support of an application submitted by the Mariposa County Health & Human Services Agency (HHSA) for the County Medical Services Program (CMSP) Health Systems Development Grant.

As a partner of Mariposa County HHSA, we support their efforts to implement more robust systems of care to vulnerable individuals in the community as part of their agency consolidation. We understand the Project they are proposing would develop the knowledge, skills and abilities of HHSA staff as well as community partners to implement systems of care. Further, the Project will tie together a matrix of services to better serve those individuals in our community who face multiples barriers and challenges to accessing health and behavioral health care. We understand that this work is likely to lead to more efficient and effective services and better outcomes for those who need them.

Alliance for Community Transformations is a local non-profit organization that provides an array of services to community members. Services include domestic violence/rape crisis, substance use disorder recovery, homeless services, youth prevention programs, and more. We work collaboratively with Mariposa County HHSA on a number of initiatives and will continue to partner on better integration of services.

As a community partner, we will have representatives who will participate in trainings and the development of protocols and Memoranda of Understanding that will allow us and our partners to participate fully in these systems of care.

Please do not hesitate to reach out to me with any questions or concerns you may have.

Sincerely,

Alison Tudor
Executive Director
RESOLUTION - ACTION REQUESTED 2019-106

MEETING: February 26, 2019

TO: The Board of Supervisors

FROM: Chevon Kothari, Health and Human Services Director

RE: Authorize the Submittal of County Medical Services Program (CMSP) Grant Application

RECOMMENDATION AND JUSTIFICATION:
Authorize the Submittal of County Medical Services Program (CMSP) Health Systems Development Grant Program Grant Application for an amount not to exceed $300,000 for the period of the grant from 05/01/19 - 6/30/22.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
The CMSP was established in 1983, when California law transferred responsibility for providing health care services to indigent adults from the State to Counties. The law recognized that many small, rural counties were not in a position to assume this responsibility, so established CMSP Program to assist with the administration and funding of this service for counties with a population of less than 300,000. Mariposa County, as such, is a CMSP County.

The current Grant opportunity through CMSP seeks to support local health care systems to develop and implement strategies to reduce barriers between health care providers and systems and promote collaboration and systems linkages to low income community members.

The CMSP grant funding would support the Mariposa County Health and Human Services Agency (HHSA) in implementation of an Adult Systems of Care model. Mariposa’s HHSA was created in the fall of 2018 as a consolidation of three existing county departments-Health, Human Services and Community Services. The consolidation allows us to envision and implement novel and creative solutions to improve access to care for our most vulnerable residents, and to develop integrated health services with awareness for and practice of a trauma informed approach.

In the new HHSA organization, leaders and team members will create a division that will bring together behavioral health and community health under a single director. This division will implement core concepts of Systems of Care. This will allow HHSA to build collaborative, task-specific, matrixed teams within a conventional hierarchical
Resolution - Action Requested 2019-106

structure.

The teams created within the systems of care fall into either an Adult or Childrens’ system. It will require the leadership and staff within HHSA to have a base level knowledge of systems of care theory and practice.

In addition to HHSA team members, key partners in Mariposa in implementation of an Adult System of Care (ASOC) would be John C. Fremont Healthcare District, the Alliance for Community Transformations, the County Probation Department, and the County Sheriff and Jail services.

CMSP grant funds will support implementation of the ASOC within Mariposa in a number of critical ways including, but not limited to:

- Development and delivery of ASOC training and education of HHSA staff, including coaching from consultants;
- Training in System of Care theory and practice for key HHSA partners;
- Training in trauma informed services, systems and care delivery;
- Development or revision of policies and procedures necessary for Systems of Care implementation, recruitment, training and supervision of peer-supported/client navigators, and patient and client outreach specialists.

Funds would support consulting and training costs as well as some staffing costs for Systems of Care Coordinators.

We anticipate by implementing an Adult System of Care that as a team we will more effectively provide services to our clients, reduce costs to the county, and reduce demand for urgent and emergency services.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
We can choose not to apply for funds and then use existing funds to implement a scaled back version of this project implementation.

FINANCIAL IMPACT:
There is no match requirement for this grant and no financial to the County General Fund.

ATTACHMENTS:
CMSP Grant App  (PDF)

RESULT:  ADOPTED AS AMENDED BY CONSENT VOTE [UNANIMOUS]
MOVER:  Merlin Jones, District II Supervisor
SECONDER:  Marshall Long, District III Supervisor
AYES: Smallcombe, Jones, Long, Cann, Menetrey

The foregoing instrument is a correct copy of the original on file in this office.
ATTEST February 26, 2019
RENE’ LA ROCHE
Clerk of the Board of Supervisors of the County of Mariposa, State of California
EXHIBIT D

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD
GRANTEE DATA SHEET

<table>
<thead>
<tr>
<th>Grantee's Full Name:</th>
<th>MARIPOSA COUNTY HEALTH &amp; HUMAN SERVICES</th>
</tr>
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</table>
| Grantee's Address:            | MARIPOSA COUNTY HEALTH & HUMAN SERVICES  
5362 LEMEE LANE  
MARIPOSA, CA 95338          |
| Grantee's Executive Director/CEO:  
(Name and Title)           | Chevon Kothari  
Director, Health & Human Services Agency |
| Grantee's Phone Number:      | (209) 966-3689                           |
| Grantee's Fax Number:        | (209) 966-4929                           |
| Grantee's Email Address:     | ckothari@mariposahsc.org                 |
| Grantee's Type of Entity:    
(List Nonprofit or Public)   | County Department                        |
| Grantee's Tax Id# [EIN]:     | 925-0159-2                               |

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: [Signature]  
Title: Director  
Date: 4/26/19