PHC CalAIM Grant Program Application

SECTION 1: APPLICANT INFORMATION

1.1: PROGRAM APPLICANT AND CONTACT INFORMATION

Date:	June 10, 2022
Organization Name:	Mendocino County Behavioral Health and Recovery Services
Provider Type:	County Behavioral Health Provider
County(ies) Served:	☐ Del Norte ☐ Lassen ☐ Modoc ☐ Siskiyou ☐ Trinity ☐ Humboldt ☐ Marin ☐ Napa ☐ Solano ☐ Yolo ☐ Lake X Mendocino ☐ Shasta ☐ Sonoma
Contact Person Name and Title:	Jenine Miller, Director
Contact Number:	(707) 472-2354
Email Address:	millerje@mendocinocounty.org
Organization Mailing Address:	1120 S Dora Street, Ukiah, CA 95482

Which program(s) does your organization participate or intend to participate in?	
X Enhanced Care Management (ECM)	☐ Community Supports (ILOS)

Provide an overview of the demographics of the populations you serve, including your projected ECM/CS member capacity by end of 2022:
Mendocino County covers 3,506 square miles of mostly mountainous terrain, making it the 15th largest among California's 58 counties—almost equal in geographic size to the states of Delaware and Rhode Island combined. The population of Mendocino County is 91,601. Ukiah, the County Seat of Government, is the largest city in the County, with a population of 16,607. Fort Bragg, the primary population center on the coast, has a population of 7,298. Approximately 15% of Mendocino County residents reside in one of the County's four federally designated Frontier Communities, which are communities with a population density of 6 or fewer people/square mile. Mendocino County's population is 64.3% White, 25.8% Hispanic, 6.3% Native American, and 3.56% bi-racial or other ethnicities and includes 10 Native American Indian Rancherias. However, the ethnic profiles of Mendocino County's public schools—where, on average, 43% of students are Hispanic and 44% are White—illustrates the changing demographics of the County.

Mendocino County's scenic beauty contrasts sharply with a depressed economy and associated high levels of poverty. The median household income in Mendocino County is $52,915 and 14.3% of families live below the federal poverty level.

The target population will include individuals experiencing mental health or substance use diagnosis. Target ages served is anticipated to be individuals over 18, though there may be individuals served outside the target age group. We will prioritize all our underserved populations including individuals from outlying areas and individuals from Native American, Latino and other underserved communities, emphasizing the need to reduce the cultural disparities related to institutional distrust and historical trauma and geographic isolation. Outlying areas in Mendocino County indicate smaller population centers and more rural areas, outside the three largest cities of Ukiah, Fort Bragg and Willits. The most rural communities consist of south coastal regions around Point Arena and Gualala, north county inland regions around Laytonville, Piercy and Covelo, south county region surrounding Hopland, and central county regions including Anderson Valley, Potter Valley, and Redwood Valley.

On January 1, 2022, Mendocino County Behavioral Health and Recovery Services entered into an agreement with Partnership Health Plan. The agreement enables BHRS to provide reimbursable whole-person, interdisciplinary care to Medi-Cal members, through intensive care management services to ensure beneficiaries receive the multiple types of care needed in a coordinated manner. We anticipate implementation of Priority Area's 3.1 through 4 will increase capacity by 50 to 75 members by end of year.

Which of the PHC CalAIM Grant Program priority area(s) is your organization applying for? Check all that apply.

Delivery System Infrastructure
X Priority Area 3.1 – Electronic Information Exchange
X Priority Area 3.2 – Electronic Health Record (EHR)/Care Management Documentation
X Priority Area 3.3 – Claims Invoicing System/Process

ECM Provider Capacity Building
X Priority Area 4 – Capacity Building and Population Engagement

Community Supports (ILOS) Provider Capacity Building
☐ Priority Area 5 – Capacity Building and Population Engagement

SECTION 2: PROGRAM OVERVIEW

2.1: BACKGROUND INFORMATION

CalAIM's Enhanced Care Management (ECM) and Community Supports (ILOS) programs launched January 1, 2022, and will require significant new investments in care management capabilities, ECM and Community Supports (ILOS) infrastructure, information technology (IT) and data exchange, and workforce capacity across MCPs, city and county agencies, providers, and other community-based organizations. In order to support and expand upon ECM and Community Supports programs, DHCS has implemented the CalAIM Incentive Payment Program (IPP).

Utilizing the CalAIM IPP funding, Partnership HealthPlan of California (PHC) has developed the PHC CalAIM Grant Program to invest in ECM and CS provider capacity and delivery system infrastructure to support the launch of these important programs.

2.2: GENERAL INSTRUCTIONS

Through the CalAIM Grant Program application, each applicant will select one or more priority areas to invest in over Program Year 1 (January 1, 2022 through December 31, 2022). Providers will demonstrate within their application how they intend to meet various workforce and delivery infrastructure capacity building goals, objectives, and milestones.

To apply, providers must complete and sign this application and submit directly to PHC. Prior to completing this application, applicants should carefully review the entire application and other supporting documents that are available on the DHCS website: https://www.dhcs.ca.gov/enhancedcaremanagementandinlieuofservices, and consult with PHC, as needed. Questions regarding the PHC CalAIM Grant Program can be sent via email to grants@partnership.org.

Applications must be submitted to PHC via email to grants@partnershiphp.org. Applications will be accepted starting on May 16, 2022, and must be received no later than 5 p.m. PST on June 10, 2022. All applications must include the following:
- Applicant Information (Section 1)
- Completed narratives for each section/priority area you are applying for (Section 3/4/5, see information on Application Submission below)
- Budget templates to correspond with each section/priority area you are applying for (see information on Budget Template below)
- Application Agreement (Section 6)

Application Submission
- Narratives for each question should not exceed 1,000 words
- Narratives should be contained to the area provided within this application document
- If additional or supporting documentation is needed, it must be no more than five (5) pages
- Additional documentation must use the following guidelines:
  - 8.5" x 11" letter-size pages (one side only) with 1" margins (top, bottom, and sides)
  - Font size must be no smaller than 12-point
- ***The application and any supporting documentation, including the Budget Template must be submitted as a single PDF document and labeled in the following naming convention:***

PHC CalAIM Grant Program Application Round 2 – Provider Name

Budget Template

Applicants must complete <u>one budget template for each priority area</u> that they are requesting funding for

- All sections should include items that may be covered in full and/or partially paid for using PHC CalAIM Grant Program funds
- **Section A: Project Staff Salary and Benefits** – this section should include a breakdown of utilization of funding that will be allocated to staff salary and benefits
- **Section B: Other Direct Costs** – this section should include a breakdown of any other non-salary costs in which funding will be utilized
- **Section C:** Subcontractors – this section should include any subcontractors that will be utilized. Examples include, but not limited to training organizations, staffing agencies, consultants, etc.
- ***The budget template(s) must be submitted as a single PDF, including the completed application(s) for each priority area being applied for; file must be labeled in the following naming convention:***

PHC CalAIM Grant Program Application Round 2 – ==Provider Name==

The application review process and timing is as follows:

Deliverable / Activity	Date
PHC CalAIM Grant Program Informational Webinar	May 16, 2022
Application Submission Period	May 16 – June 10, 2022
Application Evaluation Period	June 16 – July 8, 2022
Grantee Approval Announcement	July 13, 2022

2.3: REPORTING REQUIREMENTS AND PAYMENT SCHEDULE

Reporting on Milestones and Outcomes

After approval and awarding of the grant, applicants will submit Milestone Progress Reports, which will include:

- A budget report describing how grant funding has been spent.
- A narrative summary demonstrating growth in the priority areas you have received funding to support.

Measurement period may start any time after the grant agreements are executed and mutually agreed upon reporting schedule. Milestone Progress reporting will be submitted no more frequent than quarterly. Further guidance and templates for Milestone Progress Reporting will be shared with grantees at a future date.

Payment Schedule

Payments will be made in the following installments:

- **50%** - Initial installment paid upon application approval and executed agreement to support program/project start-up costs.

- **25%** - Dependent upon on milestone progress, the second installment will be paid 90 days after approval. Milestone progress reporting must also be submitted within 90 days after an executed agreement.

- **25%** - Final installment will be paid at the end of program year 1 or upon completion of milestones. Milestone progress reporting must be submitted by December 31, 2022.

SECTION 3: DELIVERY SYSTEM INFRASTRUCTURE

Note: Applicant may apply for multiple areas within Section 3. For every section applied for, a budget template must be submitted in order to be considered complete. Mark which priority areas/sections you are applying for:

    X 3.1 – Electronic Information Exchange
    X 3.2 – Electronic Health Record (EHR)/Care Management Documentation
    X 3.3 – Claims Invoicing System/Process

3.1: ELECTRONIC INFORMATION EXCHANGE

A. Describe how your organization will utilize potential incentive funding to support the electronic exchange of care plan information with PHC and other community partners that serve your clients. *Word limit: 1000 words*

Mendocino County BHRS currently contracts with Netsmart Technologies, Inc. to provide Avatar's electronic records system. BHRS has used this software system since 2002 and contracts with Netsmart for hardware, software, database, maintenance, and technical support. However, the system does not have the capacity to handle the electronic exchange of information with PHC or any of community partners with whom BHRS collaborates very closely to manage client care. BHRS would use funds to upgrade or add a new service in order to integrate this vital component of care to better serve our clients in a more efficient and comprehensive manner. Funding from this grant will also be used to evaluate this expansion.

Funding will allow BHRS to assign a Senior Program Specialist to establish a review committee to include behavioral health service partners, information technology staff and BHRS leaders to seek proposals for an electronic information exchange vendor. The Senior Program Specialist and committee will research comprehensive EIE systems being used successfully by other jurisdictions and identify a system that meets the needs in Mendocino County.

B. What will be your organization's approach for implementing this project? Describe how your organization will track, measure, and achieve the results. *Word limit: 1000 words*

A review committee will be formed and meet regularly to review current our system as it compares to the proposed semi-State switch and recommendations to the Director. This committee will develop a plan of implementation to include purchasing, training of staff on the approved system, and community partner data sharing agreements. The committee will hold regular meetings to create training activates as needed, develop a prioritization process and timeline for implementation of the EIE, and develop tools, policies and practice guidelines.

Upon final director approval of a vendor, information technology staff and community partners will be actively involved in implementation and testing of EIE software. Desired outcomes will include smooth transitions, warm handoffs of clients, and less overlap of services. BHRS will track: Software

purchased and installed; Timeliness of data input, spot checks for accuracy; User guide developed and distributed; Percentage of key staff trained; Policies established.

Senior Dept. Analysts will ensure that the data measures program effects, including fiscal measures. Adherence to the proposed program will be monitored through observation, regular fiscal and programmatic reporting by service providers, service data reported by each program partner, and review of partner commitments.

C. How much total funding will your organization require in order to successfully complete this project? Additional detail and breakdown of allocations to be provided on the budget template worksheet. *Word limit: 1000 words*

Kimberly Button, Senior Department Analyst at 5% FTE for a total of $6,342. She will be providing the knowledge and guidance needed to ensure that EIE software is functioning as needed.

Martin Kaye, Senior Department Analyst at 5% FTE for a total of $6,342. He will be providing the knowledge and guidance needed to ensure that EIE software is functioning as needed.

Anthony Lemus, Department Application Specialist at 5% FTE for a total of $4,607. He will be assisting with the installation and bug fixes for the new EIE software and he will ensure that proposed EHR software will work with the existing software for data migration, expansion, or replacement.

Dustin Thompson, Senior Program Specialist at 5% FTE for a total of $5,716. He will be establishing our community partner group to determine whether to build, buy or assemble an EIE system including all startup costs, costs associated with data exchange, and ongoing operation costs.

We have also requested: $150,000 for our current EIE software or identified improved software; $25,000 to assist with IT billing costs to ensure a smooth transition of the new technology.

Training costs associated with implementing a new software program: $10,000.

The projected total cost of Electronic Information Exchange is $208,006.

D. Please provide a high level description of the milestone activities/schedule of events, timelines, and staffing resources required to successfully complete this project. *Word limit: 1000 words*

Milestone Activity	Projected Completion Date	Resources Needed
Review current and optional systems	August 15, 2022	Sr. Dept. Analyst, Dept. Application Specialist, Sr. Program Specialist
Final determination	September 30, 2022	Sr. Dept. Analyst, Dept. Application Specialist, Sr. Program Specialist

Contract negotiation	October 15, 2022	Sr. Program Specialist
Final contract	November 1,, 2022	Sr. Program Specialist
Implementation of EIE	December 2022	Sr. Dept. Analyst, Dept. Application Specialist, Sr. Program Specialist

3.2: ELECTRONIC HEALTH RECORD (EHR) / CARE MANAGEMENT DOCUMENTATION

A. **Describe how your organization will utilize potential incentive funding to implement certified EHR technology or a care management documentation system that is able to generate and manage a patient care plan.** *Word limit: 1000 words*

The funding will be used to evaluate and enhance our current electronic health record (EHR) system and processes that support documentation and integration of physical, behavioral, and administrative data and information from other entities to support the management and maintenance of a Care Plan that can be shared with other participating providers and organizations involved in each member's care.

The Senior Program Specialist will work with the committee to oversee the roll out of the new system to include developing a project plan that includes training.

The EHR system will include enhancing our existing certified electronic health record technology, and other documentation tools for documenting member goals and goal attainment status, developing and assigning care team tasks, defining and supporting member care coordination and care management needs and supporting notifications/communication regarding member health status and transitions in care.

B. **What will be your organization's approach for implementing this project? Describe how your organization will track, measure, and achieve the results.** *Word limit: 1000 words*

First, we will map out our existing workflow, and analyze how we currently collect and share data. Then we will map out how EHRs will enable desired workflows, creating new workflow patterns to improve inefficiency or duplicative processes. Once we have completed that we will build an EHR implementation plan for transitioning from our current process. We will appoint a Senior Program Specialist to manage the project plan.

Success will be measured by having an EHR system capable of integrating physical, behavioral, dental, long-term services and supports, social service and administrative information from other entities.

Measures will include timely outreach, members identified who would benefit for ECM, assignment of a lead care manager, adequate staffing, member consent, and member meeting care plan goals.

C. How much total funding will your organization require in order to successfully complete this project? Additional detail and breakdown of allocations to be provided on the budget template worksheet. *Word limit: 1000 words*

Jenine Miller, BHRS Director at 5% FTE for a total of $13,650. She will be providing oversight and final approval for all aspects of this project

Dustin Thompson, Senior Dept. Specialist at 5% FTE for a total of $5,716. He will manage the project plan including participating in meetings, monitoring implementation, coordination with community partners and ensuring fulfillment of grant reporting requirements.

Karen Lovato, Senior Program Manager at 5% FTE for a total of $8,563. She will be providing assistance, oversight, and guidance from the Mental Health perspective on care coordination, care management, and departmental needs for E.H.R proposals and implementation.

Jill Ales, Substance Abuse Program and Services Manager at 5% FTE for a total of $6,667. She will be providing assistance, oversight, and guidance from the Substance Use and Disorder Treatment perspective on care coordination, care management, and departmental needs for E.H.R proposals and implementation.

The projected total cost of Electronic Health Record / Care Management Documentation is $34,596.

D. Please provide a high level description of the milestone activities/schedule of events, timelines, and staffing resources required to successfully complete this project. *Word limit: 1000 words*

Milestone Activity	Projected Completion Date	Resources Needed
Development of EHR implementation plan	October, 2022	Director, Sr. Dept. Specialist, Sr. Program Manager, SA Program and Services Manager
Review and update of member consent forms	August, 2022	Sr. Program Manager, SA Program and Services Manager
Development of patient care plan template	End of December	Sr. Program Manager, SA Program and Services Manager

3.3: CLAIMS INVOICING SYSTEM / PROCESS

A. Describe how your organization will utilize potential incentive funding that supports your ability to submit an electronic claim or invoice. This narrative should include access to a system/service that can process and send an electronic claim or invoice to PHC. *Word limit: 1000 words*

BHRS has determined that presently fully 50% FTE of a Senior Department Analyst is used towards the PHC claims and invoicing process using the electronic system. Additional funding would allow us to evaluate our processes to determine the efficiency of our usage of the electronic claims process, how promptly we are able to submit claims, as well as our rate of correct and approved claims.

In addition, CalAIM Data Guidance will be reviewed to ensure that billing and invoicing between ECM and Community Support Providers are being processed per National Standards. The Senior Department Analyst will arrange for training and TA to support billing.

B. What will be your organization's approach for implementing this project? Describe how your organization will track, measure, and achieve the results. *Word limit: 1000 words*

In order to assess these components of the claims process, BHRS will have the fiscal staff do a dedicated thorough evaluation of our current claims process and create an improvement plan with the goal of beginning implementation before end of the project period. Staff will assess the components of the process, present the findings to the department Director, and develop an improvement plan based on Best Practices, and upon Director approval of the plan, will continue to monitor the implementation of the plan. We will track the progress of this goal via monthly claims processing meetings and reports of claims processing, submission and reimbursement.

Desired outcomes are improved member satisfaction, reduced medical costs, and decreased delays in care.

C. How much total funding will your organization require in order to successfully complete this project? Additional detail and breakdown of allocations to be provided on the budget template worksheet. *Word limit: 1000 words*

Kimberly Button, Senior Department Analyst at 25% FTE for a total of $31,708. Kimberly oversees and completes the claims process for the substance abuse department. She will work on streamlining and improving the process.

Martin Kaye, Senior Department Analyst at 25% FTE for a total of $31,708. He oversees and completes the claims process for the mental health department. He will work on streamlining and improving the process.

The projected total cost of Claims Invoicing System / Process is $63,416

D. **Please provide a high level description of the milestone activities/schedule of events, timelines, and staffing resources required to successfully complete this project.** *Word limit: 1000 words*

Milestone Activity	Projected Completion Date	Resources Needed
Begin assessment	July, 2022	(2) Sr. Dept. Analysts
Present initial findings	July 31, 2022	(2) Sr. Dept. Analysts
1st draft improvement plan	August 31, 2022	(2) Sr. Dept. Analysts
Director review and feedback	September 30, 2022	
Final draft submission improvement plan	October 31, 2022	(2) Sr. Dept. Analysts
Director approval	November 15, 2022	
Begin implementation of plan	December 1, 2022	(2) Sr. Dept. Analysts

SECTION 4: ECM PROVIDER CAPACITY BUILDING

CAPACITY BUILDING AND POPULATION ENGAGEMENT

A. **Describe how your organization will utilize potential incentive funding to identify staffing and capability gaps. How will your organization fill those gaps to increase your overall capacity to support ECM efforts?** *Word limit: 1000 words*

BHRS will use funding to hire or assign a program administrator to ensure each member assigned has a Lead Care Manager who interacts directly with the member and/or their family member, guardian, caregiver or authorized support person as appropriate, and coordinates all covered physical, behavioral, developmental, oral health, long-term services and supports, specialty mental health services, and drug Medi-Cal organized delivery system services.

The Lead Care Manager will initiate outreach, linkage, and services for clients and will outreach into the remote and rural geographic areas of the county in addition to the primary service areas of Ukiah, Willits, and Fort Bragg.

Lead Care Managers will work with and hold regular meetings with community behavioral health partners to avoid duplication of services and optimize the work that both groups perform. The Lead

Care Manager will obtain, document and manage member authorization for the sharing of personally identifiable information.

Lead Care Managers will reassess the care plan at a frequency appropriate for the member's individual progress or changes in needs and ensure the care plan is reviewed, maintained, and updated under appropriate clinical oversite.

Investing in new IT capacity will enhance productivity and reduce redundancies, which will improve efficiencies for staff and care for clients.

B. What will be your organization's approach for implementing this project? Describe how your organization will track, measure, and achieve the results for <u>capacity building</u>. *Word limit: 1000 words*

BHRS will assign staff with relevant knowledge and expertise to be Lead Care Managers. Trauma-Informed Care, Motivational Interviewing, and Critical Time Intervention are among some of the evidence-based practices (EBPs) the Lead Care Managers receive. Where time and resources permit, formal trainings for both homelessness service providers and other community members on these EBPs will increase the effectiveness of the community's outreach, in-reach, and engagement efforts.

Documentation of supervisory assignments, training logs and agenda/minutes will be used to track program implementation.

C. How much total funding will your organization require in order to successfully complete this project for capacity building? Additional detail and breakdown of allocations to be provided on the budget template worksheet. Word limit: 1000 words

Barbara Svendsen, Program Administrator at 10% FTE for a total of $13,544. She will establish the program and initiate outreach and linkage to individuals and their families to services.

Katerina Smallcomb, Acting Program Administrator at 10% FTE for a total of $13,544. She will establish the program and initiate outreach and linkage to individuals and their families to services.

The projected total cost of Capacity Building is $27,088

C. Please provide a high level description of the milestone activities/schedule of events, timelines, and staffing resources required to successfully complete this project for <u>capacity building</u>. *Word limit: 1000 words*

Capacity Building Milestone Activity	Projected Completion Date	Resources Needed
Assign Mental Health and Substance Use Program Administrators	July, 2022	

| Develop and initiate program activities | November, 2022 | (2) Program Administrators |
| Outreach, education and linkage services. | Ongoing | (2) Program Administrators |

D. Describe how your organization will utilize potential incentive funding to define and implement a process to support successful engagement efforts with hard to reach populations and Populations of Focus (homelessness, justice involved populations, etc.) *Word limit: 1000 words*

BHRS will strive to improve outcomes with hard to reach populations in our community by recruiting or assigning bilingual staff as Lead Care Managers. Our program will be developed to be culturally responsive and resiliency and healing centered. Mendocino County has communities that are very isolated from the larger population centers and also more ethnically concentrated, these communities are at higher risk of poverty and risk factors associated with substance use.

Mendocino County has a collaborative of over thirty-one agencies that meet monthly to work toward securing and maintaining HUD funded housing projects for addressing homelessness. Funding will promote expansion of meaningful mental health and substance abuse treatment options to address housing barriers.

Implementing an EIR amongst partners will eliminate information silos. Data sharing across the system will allow individuals with the highest needs to be identified more easily from multiple systems and programs.

Regular and consistent documentation of outreach efforts will decrease the likelihood of overlooking individuals experiencing homelessness who are most in need, as well as the duplication of services. A systematic approach also allows greater participation from other partners and systems in the community and faster access to a wider variety of targeted and mainstream programs. Referrals will include recommendations for meaningful pathways to housing stability.

E. What will be your organization's approach for implementing this project? Describe how your organization will track, measure, and achieve the results for <u>population engagement</u>. *Word limit: 1000 words*

In order to improve health outcomes and increase population engagement, BHRS will prioritize how we collect and share data, educate stakeholders and invest in qualified staff.

We will develop a plan to include regular collaborative meetings with community health providers to determine critical data needed to ensure delivery of the right services to members.

We will use baseline data to increase understanding of the target population, identify geographic locations with high need, and target the people that could benefit the most from services.

We will reach out to stakeholders through education, distributing information through community engagement events, one on one communications with the member and/or their family member, guardian, caregiver or authorized support person as appropriate, and link members to needed resources.

Results will be tracked by increased ECM participation, information distributed, meetings held, and improved patient outcomes.

F. How much total funding will your organization require in order to successfully complete this project for <u>population engagement</u>? Additional detail and breakdown of allocations to be provided on the budget template worksheet. *Word limit: 1000 words*

Costs for creation, printing and distribution of materials within our community: $5,000

Costs associated with attending events such as entrance or booth fees: $1,000

The total projected cost of Population Engagement is $6,000

A. Please provide a high level description of the milestone activities/schedule of events, timelines, and staffing resources required to successfully complete this project for <u>population engagement</u>. *Word limit: 1000 words*

Population Engagement Milestone Activity	Projected Completion Date	Resources Needed
Assignment of Lead Care Managers	July, 2022	
Regular Collaborative Meetings Scheduled	August, 2022	
Population Engagement Plan	September, 2022	
Creation of Printed Materials	November, 2022	

SECTION 5: COMMUNITY SUPPORTS (ILOS) PROVIDER CAPACITY BUILDING

CAPACITY BUILDING AND POPULATION ENGAGEMENT

A. Describe how your organization will utilize potential incentive funding to identify staffing and capability gaps. How will your organization fill those gaps to increase your overall capacity to support Community Supports efforts? *Word limit: 1000 words*

B. What will be your organization's approach for implementing this project? Describe how your organization will track, measure, and achieve the results for <u>capacity building</u>. *Word limit: 1000 words*

C. How much total funding will your organization require in order to successfully complete this project for <u>capacity building</u>? Additional detail and breakdown of allocations to be provided on the budget template worksheet. *Word limit: 1000 words*

(empty input box)

D. Please provide a high level description of the milestone activities/schedule of events, timelines, and staffing resources required to successfully complete this project for <u>capacity building</u>. *Word limit: 1000 words*

Capacity Building Milestone Activity	Projected Completion Date	Resources Needed

E. Describe how your organization will utilize potential incentive funding to define and implement a process to support successful engagement efforts with hard to reach populations eligible for Community Supports. *Word limit: 1000 words*

(empty input box)

F. **What will be your organization's approach for implementing this project? Describe how your organization will track, measure, and achieve the results for <u>population engagement.</u> *Word limit: 1000 words***

G. **How much total funding will your organization require in order to successfully complete this project for <u>population engagement</u>? Additional detail and breakdown of allocations to be provided on the budget template worksheet. *Word limit: 1000 words***

H. Please provide a high level description of the milestone activities/schedule of events, timelines, and staffing resources required to successfully complete this project for <u>population engagement</u>. *Word limit: 1000 words*

Population Engagement Milestone Activity	Projected Completion Date	Resources Needed

SECTION 6: APPLICATION AGREEMENT
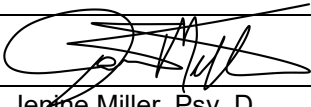
6.1: ATTESTATION / CERTIFICATION

I certify that as the representative of the PHC CalAIM Grant Program applicant, I agree to the following conditions:

- The purpose of the PHC CalAIM Grant Program funding is to provide fiscal support to providers that will be offering Enhanced Care Management (ECM) and Community Supports (ILOS).

- All applicants will use the PHC CalAIM Grant Program funding to better integrate and support ECM and Community Support initiatives for all target population members within the applicant's practice panel.

- PHC CalAIM Grant Program funding will not duplicate or supplant other previously identified funding that is specifically dedicated to the deliverables listed in this application.

- PHC CalAIM Grant Program funding may be combined with other funding sources to accomplish the milestones listed in this application, to the extent permissible under federal and state law.

- PHC CalAIM Grant Program funding will not be used to reimburse for services currently reimbursable under Medi-Cal, but must be used to improve the delivery system for Medi-Cal managed care enrollees.

- The PHC CalAIM Grant Program applicant will report and submit timely and complete data to PHC in the specified format.

- The PHC CalAIM Grant Program CalAIM Incentive Payment Program applicant shall submit reports in a manner specified by PHC.

- Payments for the PHC CalAIM Grant Program will be contingent upon completion of the application milestone deliverables.

If not already contracted with PHC for ECM or Community Supports (ILOS), the entity will work in good faith to sign a contract to be a PHC ECM and/or Community Supports provider.

X   I hereby certify that all information provided in this application is true and accurate to the best of my knowledge, and that this application has been completed based on a good faith understanding of the PHC CalAIM Grant Program participation requirements.

Signature of Applicant Representative:	
Printed Name:	Jenine Miller, Psy. D.
Title of Applicant Representative:	Director, Behavioral Health and Recovery Services
Organization Name:	Mendocino County Behavioral Health and Recovery Services
Date:	June 10, 2022

PHC CalAIM Grant Program
Budget Template

PRIORITY AREA 3.1: ELECTRONIC INFORMATION EXCHANGE

APPLICANT INFORMATION

Organization Name:	Mendocino County Behavioral Health and Recovery Services					
County/Counties Served:	*Check all that apply*					
	☐ Del Norte ☐ Lake ☐ Marin ☐ Modoc ☐ Shasta ☐ Solano ☐ Trinity					
	☐ Humboldt ☐ Lassen ☑ Mendocino ☐ Napa ☐ Siskiyou ☐ Sonoma ☐ Yolo					

Contact Name:	Jenine Miller	Contact Title:	Director
Contact Phone:	(707) 472-2341	Contact Email:	millerje@mendocinocounty.org

FUNDING INFORMATION/BREAKDOWN

A. Staff Salary and Benefits

Name	Title	Salary	Benefits	FTE%	Total
Kimberly Button	Senior Department Analyst	$81,827	$45,005	5%	$ 6,342
Martin Kaye	Senior Department Analyst	$81,827	$45,005	5%	$ 6,342
Anthony Lemus	Department Application Specialis	$59,446	$32,696	5%	$ 4,607
Dustin Thompson	Senior Program Specialist	$73,757	$40,566	5%	$ 5,716
				Total Salary and Benefits	**$ 23,006**

B. Other Direct Costs

Item	Description/Justification	Total
Electronic Information Exchan	Avatar and / or other comparable EIE system, or Improved software	$ 150,000
IT Assistance	Costs associated with Information Technology Assistance billing	$ 25,000
Implementation Training	Training Costs associated with implementing a new software	$ 10,000
		$ -
		$ -
Complete the below if including Equipment:		
Equipment Type	**Purpose**	$ -
		$ -
		$ -
	Total Other Direct Costs	**$ 185,000**

C. Subcontract(s)

Organization	Contact Person	Activity	Total
			$ -
			$ -
			$ -
			$ -
		Total Subcontract(s)	**$ -**

	Total Budget Request	**$ 208,006**

PHC CalAIM Grant Program
Budget Template

PRIORITY AREA 3.2: ELECTRONIC HEALTH RECORD (EHR) / CARE MANAGEMENT DOCUMENTATION

APPLICANT INFORMATION

Organization Name:	Mendocino County Behavioral Health and Recovery Services

County/Counties Served: *Check all that apply*

☐ Del Norte	☐ Lake	☐ Marin	☐ Modoc	☐ Shasta	☐ Solano	☐ Trinity
☐ Humboldt	☐ Lassen	☑ Mendocino	☐ Napa	☐ Siskiyou	☐ Sonoma	☐ Yolo

Contact Name:	Jenine Miller	**Contact Title:**	Director
Contact Phone:	(707) 472-2341	**Contact Email:**	millerje@mendocinocounty.org

FUNDING INFORMATION/BREAKDOWN

A. Staff Salary and Benefits

Name	Title	Salary	Benefits	FTE%	Total
Jenine Miller	BHRS Director	$176,130	$96,872	5%	$ 13,650
Karen Lovato	Senior Pogram Manager	$110,490	$60,769	5%	$ 8,563
Dustin Thompson	Senior Program Specialist	$73,757	$40,566	5%	$ 5,716
Jill Ales	Substance Abuse Program & Ser	$86,029	$47,316	5%	$ 6,667
				Total Salary and Benefits	*$ 34,596*

B. Other Direct Costs

Item	Description/Justification	Total
		$ -
		$ -
		$ -
		$ -
		$ -

Complete the below if including Equipment:

Equipment Type	Purpose	Total
		$ -
		$ -
		$ -
	Total Other Direct Costs	*$ -*

C. Subcontract(s)

Organization	Contact Person	Activity	Total
			$ -
			$ -
			$ -
			$ -
		Total Subcontract(s)	*$ -*

Total Budget Request	**$ 34,596**

PHC CalAIM Grant Program
Budget Template

PRIORITY AREA 3.3: CLAIMS INVOICING SYSTEM / PROCESS

APPLICANT INFORMATION

Organization Name:	Mendocino County Behavioral Health and Recovery Services

County/Counties Served: *Check all that apply*

☐ Del Norte ☐ Lake ☐ Marin ☐ Modoc ☐ Shasta ☐ Solano ☐ Trinity
☐ Humboldt ☐ Lassen ☑ Mendocino ☐ Napa ☐ Siskiyou ☐ Sonoma ☐ Yolo

Contact Name:	Jenine Miller	Contact Title:	Director
Contact Phone:	(707) 472-2341	Contact Email:	millerje@mendocinocounty.org

FUNDING INFORMATION/BREAKDOWN

A. Staff Salary and Benefits

Name	Title	Salary	Benefits	FTE%	Total
Kimberly Button	Senior Department Analyst	$81,827	$45,005	25%	$ 31,708
Martin Kaye	Senior Department Analyst	$81,827	$45,005	25%	$ 31,708
					$ -
					$ -
				Total Salary and Benefits	**$ 63,416**

B. Other Direct Costs

Item	Description/Justification	Total
		$ -
		$ -
		$ -
		$ -
		$ -

Complete the below if including Equipment:

Equipment Type	Purpose	$ -
		$ -
		$ -
	Total Other Direct Costs	**$ -**

C. Subcontract(s)

Organization	Contact Person	Activity	Total
			$ -
			$ -
			$ -
			$ -
		Total Subcontract(s)	**$ -**

Total Budget Request	**$ 63,416**

PHC CalAIM Grant Program
Budget Template

PRIORITY AREA 4: ECM PROVIDER CAPACITY

APPLICANT INFORMATION		

Organization Name:	Mendocino County Behavioral Health and Recovery Services	
County/Counties Served:	*Check all that apply* ☐ Del Norte ☐ Lake ☐ Marin ☐ Modoc ☐ Shasta ☐ Solano ☐ Trinity ☐ Humboldt ☐ Lassen ☑ Mendocino ☐ Napa ☐ Siskiyou ☐ Sonoma ☐ Yolo	
Contact Name:	Jenine Miller	**Contact Title:** Director
Contact Phone:	(707) 472-2341	**Contact Email:** millerje@mendocinocounty.org

FUNDING INFORMATION/BREAKDOWN		

A. Staff Salary and Benefits

Name	Title	Salary	Benefits	FTE%	Total
Barbara Svendsen	Program Administrator	$87,381	$48,059	10%	$ 13,544
Katerina Smallcomb	Acting Program Administrator	$87,381	$48,059	10%	$ 13,544
					$ -
					$ -
				Total Salary and Benefits	**$ 27,088**

B. Other Direct Costs

Item	Description/Justification	Total
Education Materials	Costs for the creation, printing, and distribution of information materials into our c	$ 5,000
Community Outreach Events	Costs associated with attending events, such as entrance or booth fees	$ 1,000
		$ -
		$ -
		$ -

Complete the below if including Equipment:		
Equipment Type	**Purpose**	$ -
		$ -
		$ -
	Total Other Direct Costs	**$ 6,000**

C. Subcontract(s)

Organization	Contact Person	Activity	Total
			$ -
			$ -
			$ -
			$ -
		Total Subcontract(s)	**$ -**

Total Budget Request	**$ 33,088**