

Request for Final Feedback: Draft Letter of Interest and Program Proposal for Community Wellness Initiatives Serving the Unhoused in ZIP Code 95838

The County of Sacramento Department of Health Services (DHS), Behavioral Health Services (BHS) is soliciting feedback on this Draft Letter of Interest (LOI) and Program Proposal (PP). The purpose of this public review period is to ensure that the County's funding opportunity aligns with community priorities and reflects stakeholder input gathered during earlier engagement efforts.

This proposed project, funded through the Mental Health Services Act (MHSA) Innovation (INN) Component, focuses on culturally rooted and community-defined wellness practices to support individuals with a serious mental illness. By partnering with trusted community-based organizations rooted in and serving ZIP code 95838, the project aims to improve mental health outcomes by promoting stability, reducing barriers to care, and decreasing the risk and impact of homelessness. These organizations will not have contracted with BHS, ensuring space for new community based partners.

BHS's commitment to stakeholder engagement has been critical to shaping this LOI/PP process. Through rounds of engagement including direct outreach, surveys, and community listening sessions outlined in this LOI, BHS has gathered invaluable insights and is offering this final opportunity for input.

The County will review submitted feedback and publish its responses on the [Contractor Bidding Opportunities webpage](#). The County will carefully consider all feedback received and, where feasible and in accordance with applicable regulations, may amend the LOI/PP to enhance clarity, address concerns, or improve the procurement process.

How to Submit Feedback

- Opening Date to Submit Feedback: June 5, 2025
- Closing Date to Submit Feedback: June 18, 2025 at 5:00 pm (PDT)
- Community feedback must be submitted using the [INN7 LOI Feedback form 95838](#) and emailed to jaramilloe@sacounty.gov. The subject of the email should read "INN7 LOI Feedback."
- Instructions on how to submit feedback are outlined on the [INN7 LOI Feedback form 95838](#).

The County will release the formal LOI/PP for procurement on July 7, 2025. The deadline to express interest is by 5:00 pm (PDT) on July 18, 2025. Please note that interest may only be submitted between July 7, 2025, through July 18, 2025, as outlined in the formal LOI/PP.

**Request for Letters of Interest (LOI) and Program Proposal (PP)
No. MHSA/100**

Community Defined Wellness Practices (CDWP) for Unhoused Individuals Served in 95838

Release Date: July 7, 2025

**DEADLINE TO EXPRESS INTEREST
By 5:00 PM Pacific Daylight Time (PDT), July 18, 2025**

Informational Meetings Part 1&2 (Optional)

Part 1: July 10, 2025, 9:00 am – 10:30 am (PDT)

Part 2: July 14, 2025, 3:30 pm – 5:00 pm (PDT)

Organizations must meet the minimum requirements as stated in this document.

Organizations can join the **Part 1: Medi-Cal & SmartCare Overview** through the link below:

<https://www.zoomgov.com/j/1606480162?pwd=vqHjYGqZyFFk7MKGKiGDGCQ9xFWG2B.1>

Meeting ID: 160 648 0162

Passcode: 968468

One tap mobile

+16692545252,,1606480162# US (San Jose)

+14154494000,,1606480162# US (US Spanish Line)

Dial by your location

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• +1 669 216 1590 US (San Jose)

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• +1 551 285 1373 US (New Jersey)

• +1 646 828 7666 US (New York)

Organizations can join the **Part 2: Community Defined Wellness Practices for Unhoused Individuals Served in 95823 & 95838 Overview** through the link below:

<https://www.zoomgov.com/j/1607110880?pwd=l2yxcGQwMcdN6ydQJxd1qFTBYUPKqH.1>

Meeting ID: 160 711 0880

Passcode: 808361

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The County of Sacramento Department of Health Services (DHS), Behavioral Health Services (BHS), is seeking LOI/PPs from trusted community-based organizations with deep roots in and serving ZIP code 95838, that have not previously provided specialty mental health services. This Mental Health Services Act (MHSA) Innovation (INN) Component¹ project focuses on addressing homelessness among individuals experiencing mental health which may include co-occurring substance use conditions using culturally rooted and community-defined wellness practices.

The goals are to:

- Expand access to behavioral health services for individuals experiencing homelessness or at-risk of homelessness in ZIP code 95838.
- Test flexible, culturally aligned service models that can eventually be sustained through Medi-Cal specialty mental health plan.
- Strengthen community-defined approaches that meet local needs, support wellness, and reduce homelessness.

Organizations must not have previously held or currently hold a specialty mental health outpatient contract with BHS. We are seeking new voices and innovative models, not traditional service delivery.

ZIP code 95838 was selected based on 2024 Homeless Management Information System (HMIS) data identifying it as having the third highest concentration of homelessness in Sacramento County, alongside other indicators such as poverty rates, housing instability, crime rates and chronic health disparities.

A. Key Data Highlights Include:

1. **High Poverty Rates:** Approximately 20.1% of residents in 2023 live below the poverty line, compared to 11.6% countywide.²
2. **Housing Instability:** Approximately 83% of extremely low-income households in Sacramento County spend more than half of their income on housing. In stark contrast, only 1% of moderate-income households face such a severe cost burden. There is a deficit of 54,615 affordable rental homes for low-income renter households.³

¹ Should project funding be impacted by other unexpected budget changes at the state or federal level, there may not be available funding beyond the term of this project.

² Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (via Census Reporter). Retrieved from <https://censusreporter.org/profiles/86000US95838-95838>

³ Source: California Housing Partnership. (May 2024). Sacramento County 2024 Affordable Housing Needs Report. Retrieved from https://chpc.net/wp-content/uploads/2024/05/Sacramento_Housing_Report.pdf

3. **Public Safety Concerns:** The overall crime rate in 95838 is 29.26 per 1,000 residents in a typical year.⁴ This is higher than the average crime rate for Sacramento County, which is 32 per 1,000 residents.⁵
4. **High Rates of Chronic Health Conditions and Socioeconomic Need:** Elevated rates of diabetes, hypertension, and untreated behavioral health issues contribute to worsening health outcomes that correlate with high socioeconomic need. According to Be Healthy Sacramento, ZIP code 95838 is ranked 5 (indicating high need), compared to Sacramento County, ranked 1 (indicating low need) on the Community Needs Index Scale.⁶

While collaboration is encouraged, only one (1) organization may submit an LOI/PP. The organization may have collaboration with other organizations as part of their model but the submitter must be the primary provider of the specialty mental health services. A letter of intent to collaborate must accompany the proposal from the collaborator(s) if they are included in the model.

B. Definition of Terms:

1. **Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT):** A new statewide initiative (pending final guidance at the time of writing) that may align with and support community-driven, Medi-Cal billable services.

2. **Homeless⁷**

An individual or family experiencing homelessness is defined as one of the following:

- a) An individual or family that lacks adequate nighttime residence
- b) An individual or family with a primary residence that is a public or private place not designed for or ordinarily used for habitation
- c) An individual or family living in a shelter
- d) An individual exiting an institution (including incarceration) into homelessness
- e) An individual or family who will imminently lose housing in the next 30 days
- f) Unaccompanied youth and homeless families and children and youth defined as homeless under other federal statutes
- g) Individuals fleeing intimate partner violence (which includes commercial, sexual exploitation)

3. **Imminent Risk for Homelessness**

⁴ Source: CrimeGrade.org. "The Safest and Most Dangerous Places in 95838, CA: Crime Maps and Statistics." Accessed May 27, 2025.

⁵ Source: CrimeGrade.org. "The Safest and Most Dangerous Places in Sacramento, CA: Crime Maps and Statistics." Accessed April 14, 2025.

⁶ Source: Be Healthy Sacramento. Community Needs Index by ZIP Code. Retrieved May 27, 2025, from <https://www.behealthysacramento.org/indexsuite/index/view?alias=healthequity&localeType=3&parentLocale=271&locale=7203>

⁷ This definition is based on the Department of Housing and Urban Development's (HUD) definition of "homeless," with the following modifications: 1.) Individuals exiting institutions who have no place to go upon release, regardless of length of stay and homeless status prior to entry. 2.) The time frame for an individual or family that will imminently lose housing has been extended from 14 days (HUD definition) to 30 days.

In accordance with HUDs definition, an individual that, without intervention or change in circumstances, will likely lose housing in the next 14 days and homeless prevention services are required to preserve current housing or obtain alternative permanent housing.

4. Community Defined Practice (CDP)

Culturally rooted wellness approaches shaped by local experiences and values. These non-traditional healing methods fill service gaps left by mainstream behavioral health models yet help improve wellness and social determinants of health.

C. Background:

1. [MHSA General Standards](#) requires integrating the following General Standards throughout the project's cycle.:
 - a) Community Collaboration, as defined in Section 3200.060.
 - b) Cultural Competence, as defined in Section 3200.100.
 - c) Client Driven, as defined in Section 3200.050.
 - d) Family Driven, as defined in Section 3200.120.
 - e) Wellness, Recovery, and Resilience Focused, as defined in WIC 5813.5(d).
 - f) Integrated Service Experiences for clients and their families, as defined in Section 3200.190.

MHSA programs aim to reduce negative outcomes of untreated mental illness, including suicide, incarceration, school failure, unemployment, prolonged suffering, homelessness, and the removal of children from their family home.

This Request for LOI/PP specifically relates to the MHSA General Standards Innovation component, which funds time-limited, up to 5 years. After the innovation period, the county may explore alternative funding to sustain successful models.

In alignment with MHSA General Standards, planning for the next INN Project began in February 2023 with a survey that was distributed widely and continued in summer 2024 with, phase 1 outreach, during which BHS spoke with over 300 unhoused individuals in encampments, shelters, and public places. Participants identified their top priorities were compassionate peer supports and having services brought directly to where they are. This input has informed this project. This is the 7th INN Project in Sacramento.

2. To qualify as an INN Project, the proposed model must:

- a) Introduce a new practice or approach to behavioral health services
- b) Change an existing behavioral health practice
- c) Apply a new community-driven approach to behavioral health services

3. It must also meet at least one of the following primary purposes:

- a) Increase access to behavioral health services to underserved populations
- b) Increase the quality of behavioral health services
- c) Promote interagency and community collaboration

When asked to select their top 2 choices from a list of underserved or inappropriately served populations, the community identified individuals living homeless as the group most in need of targeted innovation. Recognizing the significant geographic disparities reflected in Sacramento County's homelessness data, the MHSA Steering Committee supported a project designed to address these inequities and better serve populations disproportionately impacted by homelessness.

BHS has informed the MHSA Steering Committee, Sacramento County's highest recommending body relating to MHSA, that procurement will be completed for all MHSA-funded programs.

Based on community input, the INN programs will prioritize the strategy to improve access to services for underserved populations at risk of or experiencing homelessness and have a serious mental illness.

D. Purpose:

The project aims to reduce homelessness and improve behavioral health outcomes through culturally defined wellness approaches for all ages.

E. Key Goals Include:

1. Reducing barriers to services
2. Testing flexible, community-driven models of behavioral health engagement
3. Improving outreach, engagement and services in encampments, shelters, and other public spaces where individuals living homeless frequent.
4. Integrating specialty mental health services into community-based models for long-term sustainability
5. Offering flexible funding for non-Medi-Cal reimbursable services

F. Scope of Work:

The selected organization must currently be located in ZIP code 95838 and shall provide community-defined and culturally responsive canvassing to unhoused community members of all ages, living in the 95838 ZIP code and will provide behavioral health services to all community members experiencing homelessness who request and qualify for specialty mental health services (regardless of ZIP code). Individuals served will meet the defined criteria for homelessness or at risk of homelessness, will be Medi-Cal eligible, and if the client opts into mental health treatment services, they will meet medical necessity.

Additionally, the proposed program shall include, but is not limited to, these activities and support services:

1. Outreach and Engagement:

- a) Culturally tailored canvassing in and around the ZIP code 95838 in encampments, shelters, parking lots, parks and/or any location where individuals living homeless congregate.

- b) Peer-led services to reduce stigma and increase help-seeking behaviors.
- c) Other community defined practices to increase access to services to support positive outcomes.

2. Flexible Services and Support: Support for basic needs and wellness activities.

- a) Transportation, weather-appropriate clothing, food.
- b) Activities that will prevent entry into homelessness, help resolve homelessness and help stabilize housing, including but not limited to rent assistance, security deposits, landlord supports, housing navigation, documentation readiness etc.
- c) Tracking all clients who are homeless in Homeless Management Information System (HMIS) for data tracking using data standards as determined by Sacramento Steps Forward policies.
- d) Other community defined practices that affect the behavioral health condition. For example, conducting wellness seminars open to the public or other activities designed to improve social determinants of health.

3. Medi-Cal Eligible Behavioral Health Services

To ensure long-term sustainability beyond the Innovation funding period, organizations must work toward integrating services into the Medi-Cal system. The selected organization will be required to become Medi-Cal site certification within 18 months of contract execution.

While the design of the service model should reflect the unique strengths and approaches of the community-based organization, proposals must include a behavioral health service array that meets Medi-Cal specialty mental health standards and is responsive to the needs of the population served. The model should actively involve the community and participants in shaping service design and delivery.

At a minimum, organizations are expected to incorporate Medi-Cal specialty mental health reimbursable activities that support the overall wellness and housing stability of the target population. Examples include, but are not limited to:

- a) State and locally mandated behavioral health screenings and assessments, including the [CANS](#), [ANSA](#), [LIST](#), [BHEPS](#), etc.
- b) Mental health treatment and rehabilitation services for Medi-Cal-eligible individuals.
- c) Peer-led services and supports.
- d) Intensive care coordination with all system partners and natural supports including participation in Coordinated Access and case conferencing meetings, as appropriate.
- e) Use of SmartCare for data entry and documentation that meets compliance standards.
- f) Housing navigation and support services including mediation, landlord outreach focused on temporary, transitional and permanent housing.
- g) Services for any Medi-Cal eligible family member living in the home/identified living situation where clinically appropriate.
- h) Collaborate with child welfare. Accompany a child welfare worker during a visit within 30 days following the substantiation of an allegation of abuse or neglect.

- i) Community-defined supports aligned with emerging BH-CONNECT guidance (e.g., Clubhouse Services or similar models)
- j) Other community-defined practices that meet the purpose of this behavioral health program.

Organizations are encouraged to explore creative and culturally resonant approaches that may qualify as Medi-Cal specialty mental health services, and to build capacity throughout the project to ensure these services can be sustained post-Innovation funding.

4. Staffing Requirements

The program must include a mix of licensed and non-licensed professionals, including:

- a) Peers with lived experience (homelessness, recovery from a mental health condition and/or substance misuse, cultural expertise).
- b) Clinicians for specialty mental health services (as required for Medi-Cal reimbursement).
- c) Staff reflective of the ethnic, cultural, and linguistic diversity of ZIP code 95838.
- d) Prescribers to help with psychiatric/psychotropic medication supports when appropriate.
- e) Community Health Workers to conduct outreach and help address chronic conditions, preventive health care needs, and health-related social needs.

5. Learning Objectives

Under MHSA, the initiative must contribute to learning that can be replicated or scaled. The key learning objectives include:

- a) Effectiveness of Community-Defined Practices
 - i. Measure how culturally specific, non-traditional healing methods (e.g., peer-led interventions, indigenous healing, faith-based approaches) improve engagement and retention in mental health services.
 - ii. Assess how integrating culturally specific wellness practices with typical behavioral health services enhances trust, service utilization, and overall well-being for unhoused individuals.
- b) Impact of Mobile & Encampment-Based Behavioral Health Services
 - i. Evaluate the effectiveness of bringing mental health services to encampments, motels, and informal housing compared to traditional office-based settings.
 - ii. Identify barriers and facilitators for long-term service engagement among individuals who prefer street-based interventions.
- c) Integration of Flexible Funding Mechanisms
 - i. Assess how non-Medi-Cal reimbursable services (such as transportation, basic needs assistance, and short-term rental assistance) impact client outcomes.
 - ii. Develop a model for transitioning these services into sustainable Medi-Cal specialty mental health billing structures.
- d) Pathways to Permanent Housing Stability
 - i. Determine which supportive services (e.g., housing navigation, rapid rehousing, landlord incentives) are most effective for achieving stable housing.
 - ii. Examine the role of peer-led support networks in preventing returns to homelessness.
- e) Workforce Development & Scalability

- i. Assess the impact of investing in the local community by expanding employment opportunities, workforce training, and leadership development for individuals with lived experience in homelessness and behavioral health challenges.
- ii. Explore whether this approach can be replicated in other high-need ZIP codes within Sacramento County.

6. Evaluation and Reporting

- a) Organization to work in alignment with all data and documentation recording and tracking requirements within stated timelines as identified in county, state and federal policies.
- b) The organization to work alongside the BHS Data Analytics Team (DAT) to develop an evaluation plan and Key Performance Indicators (KPIs) to measure progress towards:
 - i. Short-term, intermediate, and long-term outcomes aligned with INN7 learning objectives and the organization's Primary Purpose.
- c) The organization to ensure accurate, timely, and complete data collection in collaboration with the BHS Data Analytics Team (DAT).
- d) The organization will submit quarterly status reports outlining progress toward program objectives using County-prescribed templates and adhering to reporting timelines.

7. Infrastructure

The organization is willing and able to meet action items identified in the New Program Start-Up Table on page 15.

8. Participation in Ongoing Training and Technical Assistance

The County is committed to partnering with the organization by offering ongoing technical support and coaching throughout every phase of program development. From initial planning and implementation to outcome measurement and evaluation, the County will ensure the organization has guidance and resources needed to succeed. Technical assistance includes the following examples, but not limited to:

- a) How to succeed with Medi-Cal specialty mental health documentation
- b) How to construct an invoice
- c) How to complete internal continuous quality improvement utilization reviews
- d) Writing a Policy and Procedure or behavioral health programming
- e) Medi-Cal mental health site certification
- f) SmartCare documentation and Medi-Cal billing
- g) Supporting analyses of the community defined practices of the organization and the cross walk to Medi-Cal billing

G. Available Funding:

Up to \$10,380,000⁸ is available for a 4-year period (Fiscal Year 2025–2029), sourced from the Mental Health Services Act and Medi-Cal. Other funding sources may be added at a future date depending on state and federal funding requirements.

⁸ Approximate Amount

1. Fund Source/Amount:

Funding for this Innovation Project is designed to ramp down reliance on temporary MHSa funds while building up sustainable Medi-Cal billing capacity. The amount available each year is approximate **and may be adjusted across fiscal years** based on service utilization, implementation timelines, and the rollout of Medi-Cal services (which includes flexible dollars for concrete needs that support wellness).

Innovation projects are time-limited by [statute](#), making it essential that services are structured to be sustained through Medi-Cal beyond the life of the project. Medi-Cal will serve as the long-term funding mechanism for both service delivery and concrete needs supports.

Total Available Funding (FY 2025–2029):

Mental Health Services Act (MHSa): \$7,000,000

Medi-Cal (MC): \$3,380,000, includes **Capital Improvements:** \$550,000

Sample Titration Schedule using a target annual budget of \$1,750,000.

| Fund Source | FY 25/26 | FY 26/27 | FY 27/28 | FY 28/29 |
|---------------------------------------|----------|----------|----------|-----------|
| MHSa ⁹ | 100% | 90% | 35% | 10% |
| MC Service | 0% | 10% | 65% | 90% |
| Start Up Capital Improvements (Up To) | | | | \$550,000 |

Funding may be used for capital improvements at program startup. These include expenditures to acquire, construct, renovate, or significantly improve physical assets with a useful life of more than one year and a direct role in service delivery.

Additional non-capital start-up costs (e.g., equipment, technology, staff onboarding) may be negotiated at the time of contracting. The county will also support programs hiring short term consultants to support learning and success in building infrastructure.

The program is expected to transition to full funding through Medi-Cal (\$1,750,000/year) by Fiscal Year end 28/29. Other funding sources may be added later, including [Behavioral Health-Community-Based Organized Networks of Equitable Care and Treatment](#) (BH-CONNECT) or [Mental Health Medi-Cal Administrative Activities](#) (MH MAA) (for outreach).

2. Additional Funding Considerations

Annual renewals may be granted through June 30, 2029.

Total funding amounts are subject to change; the County reserves the right to adjust contract funding.

Funding may be used to serve approximately 150–250 individuals at any given time. Proposals with alternative capacities may be considered and negotiated based on identified community need.

⁹ Includes non-capital start-up costs

At least 15% of the total Program Staff and Admin Support total expenses must be dedicated to administrative staff to support infrastructure. Total allocated and overhead costs may not exceed 15% of the total program services expenses.

H. Request for LOI/PP Submission Instructions:

This Request for LOI/PP requires:

1. Organizations meet all the Minimum Qualifications.
2. Complete and submit all 4 pages of the LOI form below by the deadline. Organizations must include in their PP the services and deliverables described in section D. of this document and show how the organization's staff is reflective of the populations to be served. Maximum page allowance for PPs: 6 typed pages in font size 12.
3. When submitting the application package organizations must include a proposed budget on the county's INN7 LOI Budget Template using an annual budget of \$1,750,000 that demonstrates the model once it is at full implementation. The INN7 LOI Budget Template can be found and downloaded on the [Contractor Bidding Opportunities webpage](#).
4. Completed LOI Forms and Program Proposals must be emailed to XXX-XXX-LOIMHSA099@sacounty.gov with the subject line: "LOI/PP No. MHSA/099."
5. **Submissions must be received by 5:00 PM (PDT) on July 18, 2025.** Late submissions or those sent to any other email address will not be accepted. It is the organization's responsibility to ensure timely and correct submission.
6. Faxed, mailed or hand-delivered submissions will not be accepted.
7. This Request for LOI/PP is non-binding and does not obligate the applicant to contract with the County.

I. Rights of the County:

This will be the only advertisement for this request for LOI/PP. The County of Sacramento reserves the right to:

1. Cancel this public notice and/or issue an RFA or RFP for these services, to reject any or all LOI/PP submissions, and request additional information or documentation from organizations.
2. Only those agencies that successfully submit an LOI/PP to this public notice are eligible to participate in a procurement process, if utilized in the future.
3. Make a contract award to one organization for all or part of the services.
4. Issuance of this LOI/PP or receipt of response in no way constitutes a commitment by the County to award a contract and does not guarantee funding.

LOI Form ON NEXT PAGE

Community Defined Wellness Practices (CDWP) for Unhoused Individuals Served in 95838 Letter of Interest (LOI) and Program Proposal (PP) Form

Request for LOI/PP No. MHSA/100

Submission of this form serves as a notice that our organization is applying for LOI/PP No. MHSA/100 for the CDWP for Unhoused Individuals Served in 95838.

Organization's Legal Name:

Primary Point of Contact Name:

Title:

Address:

Must be currently located in 95838. Confirm organization zip code:

Telephone:

Contact Email Address:

A. Below are the Minimum Eligibility Criteria:

Interested organizations must meet ALL of the following minimum requirements:

1. Organizational Criteria:

- a) Organization is registered with the California Secretary of State's Office; has an Employer Identification Number (EIN); has a valid business license.
- b) Organization has never had a contract with Sacramento County Behavioral Health Services.
- c) Organizations may have a business office located outside of ZIP code 95838; however, they must currently deliver a substantial portion of their services from a consistent, physical location within ZIP code 95838 that serves as a trusted hub for individuals experiencing literal homelessness.
- d) Demonstrates deep roots and trust, and provides wellness related activities within the 95838 community.
- e) Proven history of community investment, such as:
 - i. Hiring staff who reside in ZIP code 95838.
 - ii. Employing peer workforce with lived experience similar to those experiencing homelessness that reside within 95838.
 - iii. Staff demographics that reflect the population of ZIP code 95838.

2. Minimum Programmatic Requirements:

- a) Commitment to delivering the following services:
 - i. Medication support services.
 - ii. Therapy (individual, group, and/or family).

- iii. Case management.
 - iv. Crisis intervention, including 24/7 crisis response capability.
 - v. Flexible funding mechanisms for concrete needs and non-Medi-Cal reimbursable services supporting wellness.
 - vi. Outreach in homeless encampments.
 - vii. Capacity to accept referrals from BHS and self-referrals via calls, emails or walk-ins.
 - viii. Services and supports that the organization recommends as a community defined practice.
3. **Sustainability Commitment:**
- a) Clear plan to transition services to Medi-Cal billing.
 - b) Commitment to:
 - i. Achieving Medi-Cal site certification.
 - ii. Meeting Medi-Cal staffing and documentation requirements.
 - iii. Developing billing infrastructure for sustainable service delivery.
 - iv. Finding ways to make community defined practices Medi-Cal reimbursable services by the final fiscal year.
4. **Agreement with Administrative and Financial Requirements:**
- a) At least 15% of the total Program Staff and Admin Support total expenses must be dedicated to administrative staff to support infrastructure.
 - i. Invoice and claims management.
 - ii. Call handling and client intake support.
 - iii. Bookkeeping and financial oversight.
 - b) Maximum of 15% allocated for indirect costs.
 - c) The organization will be able to invoice for both costs and fee for service, titrating up Medi-Cal fee for service invoicing until the final fiscal year when Medi-Cal fee for service billing should be the bulk of the invoicing.
 - d) The County will work with the organization on a short-term annual contract advance process and a rapid invoicing process to address cash flow issues.
 - e) Annual financial audits will be a requirement after the end of the first full fiscal year.
5. **Demonstrates Expertise in Community-Defined Practices:**
- a) Use of evidence-informed, culturally responsive, community-defined practices.
 - b) Ability to balance innovative approaches with the requirements for Medi-Cal compliance.
 - c) Flexibility and responsiveness to evolving community needs.
6. Organization is willing and able to submit, meet, and abide by any applicable State, Federal, and County laws, statutes, regulations, and certifications necessary to the operations of Medi-Cal certification, claiming, denial processing, and documentation.
7. Organization can provide on-site supervision and support to clients at least 40 hours a week.
8. Organization is willing and able to coordinate with local homeless Continuum of Care and other homeless service efforts within the County.
9. Organization will enter data into the Homeless Management Information System (HMIS). HMIS will be utilized while also ensuring the safety of their clients where visibility in HMIS may be to the participants' detriment such as escaping domestic violence.

10. Organization will submit reports and monitoring requirements set forth by the County within 10 days of their due date as defined by policy and contract.
11. Organization will not use funds to supplant existing federal, state, or county funds.
12. Organization has at least two (2) years of experience providing trauma-informed and culturally responsive services to populations with significant safety issues such as survivors of domestic violence, gang violence, cult, commercial sexual exploitation, dating violence, sexual assault, or stalking. Organization is willing and able to manage safety needs and crisis intervention and coordinate with partners within the County.

B. Submission Requirements:

1. 4-Page Completed LOI Form
2. 6-page (maximum) typed in font size 12 and Program Proposal (PP) detailing:
 - a) Organization's history, mission, and connection to ZIP code 95838 and helping meet the needs of the homeless population of all ages, including working with people in their homeless encampments.
 - b) Description and demonstration of the organization's community defined model and impact strategy that address the community behavioral health/wellness and homeless needs and the organization's most recent outcomes related to the target population defined in this LOI.
 - c) Evidence of trust within the community, including:
 - i. Delivering services from a physical location within 95838
 - ii. Staff and leadership demographics.
 - iii. Hiring practices prioritizing local residents.
 - iv. Peer workforce development strategies.
 - d) Sustainability plan for transitioning to Medi-Cal billing.
 - e) Completed INN7 LOI Budget Template using an annual amount of \$1,750,000 to highlight the program's model at full capacity but is non-binding. Budget outlines administrative costs, indirect costs, and funding allocations that demonstrate balance between client programming and administrative and supervisory supports. At least 15% of the total Program Staff and Admin Support total expenses must be dedicated to administrative staff to support infrastructure. Total allocated and overhead costs may not exceed 15% of the total program services expenses. Budgets that do not align with these parameters may render the proposal ineligible for further consideration.

C. Proposals that are most aligned with this opportunity will demonstrate:

1. Strength of community ties and demonstrated trust.
2. Feasibility and innovation in service delivery.
3. Commitment to sustainability through Medi-Cal billing.
4. Organizational capacity to meet administrative and programmatic requirements.

Sacramento County BHS encourages applications from CBOs that embody the resilience, expertise, and dedication needed to address homelessness and behavioral health needs in ZIP code 95838.

I hereby certify that my organization has the current ability (where indicated) or will have the ability to meet at the point of contracting all the above minimum requirements:

☐ **I have included my Program Proposal that includes focus population(s), data and evidence, staff demographics reflective of ZIP code 95838, and the program design proposal that identifies community-defined practice(s) that will help expand access to and enrollment in behavioral health services for individuals unhoused or at risk of becoming unhoused.**

☐ **I have included my Proposed Budget using the INN7 LOI Budget Template with the amount of flex funds to be spent by category and ongoing operations separated.**

Signature of Organization Director or Designee

Printed Name/Title

Date

New Program Start Up Table

This table outlines key steps in launching the program, including responsibilities, timing, and where to access support resources. While not exhaustive, this provides a roadmap for early implementation and partnership with the County. Close partnership will be provided to support the success of the start up and implementation of the program.

Contracting and Planning

| Action | Who | Details | Timeline |
|--------------------------------------|-----------------|---|-----------------|
| Board Letter | County | County drafts and submits board letter for approval | Within 3 months |
| Scope of Work Finalization | County/Provider | Based on LOI/PP, includes implementation milestones and outcome measures | Within 3 months |
| Updated Work Plan | Provider | Submit updated start-up work plan if changes are needed or if requested by County | Within 3 months |
| Contract Service Agreement Execution | County/Provider | County submits contract for routing; updates provided to Provider | Within 4 months |

Staffing and Administration

| Action | Who | Details | Timeline |
|---------------------------|-----------------|--|-----------------|
| Staffing Plan | Provider | Submit year 1 staffing budget, job descriptions, and training plan; | Within 3 months |
| Contract Monitor Meetings | County/Provider | Monthly site-based meetings to support implementation | Year 1 |
| County Required Meetings | Provider | Attend County-led coordination meetings (e.g., UR, EHR Forum, Peer Committees, CEO meetings) | Ongoing |

Site Readiness and Certification

| Action | Who | Details | Timeline |
|--|-----------------|--|----------|
| Site Identification (if new or relocating within ZIP) or provide build out plans | Provider | Notify County; review and implement Good Neighbor Policy link requirements | Year 1 |
| Fire Clearance | Provider | Submit documentation to County's Site Certification Point of Contact | Year 1 |
| Site Certification | County/Provider | Coordinate with County for checklist, scheduling, and certification notification | Year 1 |

Systems Setup and Registration

| Action | Who | Details | Timeline |
|----------------------------|-----------------|--|----------|
| NPI Number | Provider/County | Provider obtains NPI; County uses it to request DHCS Provider ID | Year 1 |
| DHCS PAVE Enrollment | Provider | Register staff in PAVE; see DHCS PAVE resources | Year 1 |
| Program Setup in SmartCare | County/Provider | County sets up program in SmartCare; Provider supplies NPI and registration confirmation | Year 1 |
| Program Guarantors | County/Provider | Establish payer "waterfall" for billing | Year 2 |

Documentation and Quality Management

| Action | Who | Details | Timeline |
|-----------------------------|----------|--|--------------------|
| Documentation Standards | Provider | Review documentation standards, utilization review, and medication monitoring requirements | Year 2 |
| Documentation Training | County | Have staff Adult/Child Documentation, and all other trainings as required by Quality Management. Documentation training should happen with 2 weeks of go live. | Year 1 and ongoing |
| Staff NPI & QM Registration | Provider | Register all clinical staff per QM 03-07 and notify County | Year 1 |

Training and Orientation

| Action | Who | Details | Timeline |
|------------------------------------|-----------------|---|--------------------|
| BHS Policies & Website Familiarity | Provider | Review BHS Website , policies, forms | Year 1 |
| SmartCare Training | Provider/County | Coordinate training for all line staff and billing staff to attend | Year 1 and ongoing |
| HMIS Training | Provider | Obtain HMIS access via Sacramento Steps Forward | Year 1 and ongoing |
| Additional Trainings | Provider/County | Schedule LIST training (for 18+), Strengths Model, and others as needed | Year 1 |

Community Outreach and Program Launch

| Action | Who | Details | Timeline |
|----------------------|---------------------|---|----------|
| Pre-Go Live Meetings | County/Provider | Weekly or bi-weekly implementation meetings for problem-solving and model refinement | Year 1-2 |
| Open House | Provider and County | Coordinate with County on invites, materials, and logistics to introduce program to the community | Year 2 |

Invoicing and Payment

| Action | Who | Details | Timeline |
|------------------|-----------------|--|----------|
| Invoice Template | County/Provider | County provides template; Provider submits monthly by the 10th | Month 2 |