



**Health and Human Services
Agency
COUNTY OF TULARE
AGENDA ITEM**

BOARD OF SUPERVISORS

KUYLER CROCKER
District One
PETE VANDER POEL
District Two
AMY SHUKLIAN
District Three
EDDIE VALERO
District Four
DENNIS TOWNSEND
District Five

AGENDA DATE: May 19, 2020

Public Hearing Required	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Published Notice Required	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Advertised Published Notice	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Meet & Confer Required	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Electronic file(s) has been sent	Yes <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Personnel Resolution attached	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
CONTACT PERSON: Staci Chastain PHONE: 624-8000		

SUBJECT: Authorize the submission of a grant application

REQUEST(S):

That the Board of Supervisors:

1. Authorize the submission of a grant application for funding in the amount of \$20,000 from Capture Cares for the Medication Adherence Grant for the purpose of enhancing the Public Health Branch's ability to ensure patients complete medication regimens in the Tuberculosis Program.
2. Authorize the Tulare County Health & Human Services Agency Director, or designee, to electronically submit the grant proposal.

SUMMARY:

Capture Cares accepts grant applications on a rolling basis to fund various initiatives for covered entities that support the agency's mission, vision, and values. Under this initiative Tulare County Public Health is seeking funding to implement a medication adherence project.

If awarded this grant funding, Tulare County Public Health Branch will use the funds to implement telehealth capabilities for Public Health Nursing Programs. Telehealth is a means of engaging patients through virtual care, in this instance ensuring medication adherence.

Currently, through the tuberculosis program, Public Health staff conducts Direct Observation Therapy (DOT) to ensure patients complete their medication regimens. This requires staff to travel daily to patients homes to ensure medication

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is taken appropriately. With telehealth capabilities in place we expect to see increased staff efficiency due to reduction in travel costs and increased completion of medication adherence through telehealth.

Grant funds will cover the cost of purchasing the equipment (i.e. laptops, tablets, stands, etc.) and licenses needed to implement telehealth for Public Health Nursing Programs. Remaining funds would be used to cover staff time needed to prepare, train staff, and implement telehealth.

FISCAL IMPACT/FINANCING:

The total request for this grant program is \$20,000. There is no net County Cost and no match is required. If awarded the grant revenues and expenditures will be included in the FY 2020/2021 budget.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

The County's five-year strategic plan includes the Quality of Life initiative that encourages innovation provision of quality supportive services for at-risk adults, youth, and children in mandated programs. This grant proposal will increase our ability to fulfill that obligation by allowing Public Health Staff to monitor medication adherence without requiring travel to the patients daily and increases our ability to monitor patients outside of office hours.

ADMINISTRATIVE SIGN-OFF:

/s/Robert Stewart OBO

Karen Elliott

Director of Public Health

cc: County Administrative Office

Attachment(s) Grant application
Budget Form

**BEFORE THE BOARD OF SUPERVISORS
COUNTY OF TULARE, STATE OF CALIFORNIA**

IN THE MATTER OF AUTHORIZE THE)
SUBMISSION OF A GRANT APPLICATION) Resolution No. _____
) Agreement No. _____
)

UPON MOTION OF SUPERVISOR _____, SECONDED BY
SUPERVISOR _____, THE FOLLOWING WAS ADOPTED BY THE
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD _____
_____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST: JASON T. BRITT
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

* * * * *

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Enabling Your Mission Through Grants

Grant Application

Contact Information

Full Legal Organization Name

Covered Entity Type

Street Address

City

State

Zip Code

**Organization President /
Executive Director**

Title

Phone Number

E-Mail Address

**Contact Person
(if different)**

Title

Phone Number

E-Mail Address

Requested Amount \$ 0.00

Grant Category



Organization Information

501(c)(3)? Yes No

Year Established

Total Organization Budget

Total # of Board Members

Total # of Staff

Total # of Volunteers

Organizational Mission Statement

(350 characters or less)

Brief Description of Organization

(500 characters or less)

Population Served

(200 characters or less, include age groups, race & ethnicity, income levels, etc.)



Proposal Request

Program/Project Name

Total Program Budget \$ 0.00

Requested Amount \$ 0.00
(will autopopulate from first page)

Project Start Date

Project End Date

Geographic Area Served

Project Narrative

State the problem/issue and the reason your organization is qualified to address this need:

State how you will use the requested funds to address the problem/issue described above:



List the measurable outcomes that will define the success of this program (minimum of three):

Present a complete timeline including each tasks/steps to be completed to achieve the outcomes listed above

Budget

Upload the budget worksheet detailing how funds will be spent

(please refer to the grant submission instructions for allowable budget items):

*Capture Cares Mission Grants are subject to change and to additional terms and conditions. You must fulfill compliance requirements to be eligible.

Agency Name:

Project Name:

Revenue			
Revenue Source	Grant Source/Name	Actual or Anticipated	Amount
State Grants Federal Grants Private/Foundation Grants			
This Request	CaptureCares	Anticipated	
Total			\$0

Expenses				
Expense Category	Line Item Description	Line Item Calculation-Total Budget	Total Budget	Amount Requested
Personnel				
Fringe Benefits				
Equipment				
Supplies				
Training				
Travel				
Contractual				
Other Direct Costs				
Subtotal			\$0	\$0
Indirect Costs				
		10% indirect costs*		\$0
Total			\$0	\$0

*If desired, up to 10 percent of the total requested amount may be used to support your organization's overhead.