**APPLICATION OVERVIEW**

**In partnership with The California Wellness Foundation and California Health Care Foundation, Transitions Clinic Network (TCN) is launching an initiative to expand the TCN program in California in the Central Valley and Inland Empire. This initiative aims to improve the health and reentry outcomes of individuals with chronic health conditions returning to the community from incarceration.**

Interested sites are required to complete an application (see next page), online site assessment, budget, and letter of support from a clinic administrator by **Monday, March 21, 2022**.

By submitting these materials, a site confirms the intent to:

* Hire a community health worker with a personal history of incarceration, with technical assistance from TCN.
* Have at least one provider (MD/NP/PA) dedicated to working with TCN program patients.
* Provide a CHW supervisor (preferably MSW or LCSW).

Submitting these materials also confirms a site intent to fully participate in the year-long implementation process, which includes:

* Participation by at least two dedicated program staff in the following:
  + Full-day Cohort Kick-off Meeting (tentatively scheduled in early May)
  + Technical assistance/training calls (2 hours/month for the first 6 months and 1 hour/month for the following 6 months)
  + Monthly statewide coordination calls (1 hour/month)
  + Two-day, in-person TCN annual meeting in 2022
* Participation by the CHW in the following:
  + Full-day CHW Kick-off Meeting
  + Completion of TCN’s online CHW training (time commitment of approximately 2 hours / week over 12 weeks)
* Sites are expected to participate in program evaluation and quality improvement activities, and work with TCN to develop a workflow for referrals from TCN’s Reentry Healthcare Hub.[[1]](#footnote-1)

## Key Dates & Next Steps:

## Application, Site Assessment, Budget, and Letter of Support Due: March 21 at 5PM PST

* **Sites Notified of Selection: Early April 2022**
* **Cohort Kick-Off Meeting (In person or virtual, COVID-19 dependent): Early May 2022**

**APPLICATION**

Instructions: Complete the following information and submit to Liz Kroboth at Elizabeth.Kroboth@ucsf.edu by **Monday, March 21, 5pm**. Feel free to email or call Liz at 415-514-4918 with any questions. *Please limit your responses to no more than 3-4 pages total.*

## Participants

**Clinic Name:**

**Street Address:**

**City:**

**County:**

**Person submitting application:  
Title of person submitting application:**

**Phone number of person submitting application:**

**Team members (minimum 2, maximum 5):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Name** | **Title** | **Email Address** | **Phone Number** |
| **Program lead** (will act as liaison to TCN and participate in all activities) |  |  |  |  |
| **CHW Supervisor** (may be same as program lead) |  |  |  |  |
| **Clinician** (NP, MD, PA) |  |  |  |  |
| **Other** |  |  |  |  |
| **Other** |  |  |  |  |
| **Other** |  |  |  |  |

## Commitment

Please indicate that you intend to hire a community health worker with a history of incarceration to work on this program. You do not need to have someone hired before the start of the grant (we will be working with sites on best practices in hiring).

\_\_Yes, we will hire a CHW with a history of incarceration

1. Describe the clinical setting where your CHW will be located.
2. Provide a brief description of the reason that the clinic is interested in participating in this project and implementing a Transitions Clinic Network program.
3. List three objectives that you hope to meet through participating in this project.
4. Transitions Clinic Network programs serve individuals with at least one chronic physical or behavioral health condition and/or over 50 years old who are within 12 months of returning to the community from state prison. Do you plan to accept patients from other settings in addition to state prisons (select all that apply)?

\_\_Yes, we also plan to accept patients transitioning from…

\_\_County jail

\_\_Federal prison

\_\_No, we only plan to accept patients transitioning from State prison

\_\_Not sure. We will determine based on capacity.

## Community Engagement

1. Please describe how you plan on engaging the community and patients with a history of incarceration into your planning and implementation process.
2. Please describe current relationships/partnerships you have with community-based organizations that provide services to people impacted by the criminal legal system (if any).

## Letter of Support

1. Please provide a brief letter of support from a clinic administrator (e.g., CEO or CMO) demonstrating full support for implementing this program and outlining what specific resources the organization will provide to support program implementation. Please indicated that you have received a letter of support and will be submitting it with this application.

\_\_ Yes, we have a letter of support and attached it to our application.

## Funding

Sites in the Central Valley and Inland Empire[[2]](#footnote-2) are eligible to receive **$61,750** to support start-up costs. To receive funding, sites must fully participate in all program activities and hire and retain at least one CHW with a history of incarceration for at least 18 months.

Funds may be used for the following: travel to attend TCN events, patient incentives and supports (e.g., transportation, food pharmacies, work clothes, etc.), costs to support patient focus groups and community advisory boards, and other programmatic costs. Sites may also use these funds toward hiring a community health worker with a history of incarceration. However, **sites must commit to fund the CHW position in the future using other funds** such as contracts with health plans through CalAIM.

1. Using the Excel template**,** please indicate how you plan to use the funds. Please check the box below to indicate you have completed the Excel template and are attaching it to your application email.

\_\_ Yes, we have completed this template and attached it to our application.

1. Please describe how you will fund the community health worker position after the 18-month funding period has ended.

## Availability for Follow-up Phone Call

1. Please use this link to select a time you are available for a follow-up phone call with our organization. Select a time: [here](https://doodle.com/poll/7expst2dfmqkexnp?utm_source=poll&utm_medium=link). Please check the box below to indicate you have selected a time for a follow-up call.

\_\_ Yes, we have selected a time.

## Supporting Materials Checklist

For your reference, a checklist of supporting materials is included below. Please be sure to complete each of these items in addition to completing and submitting this application form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Instructions/Notes** | **How to Submit** | **Item Completed?** |
| **Online Site Assessment** | *Please note that this assessment may require the input of several staff in order to assure accuracy. Please engage a Clinic Manager or clinician in this process if at all possible.*  The assessment is located [here](https://ucsf.co1.qualtrics.com/jfe/form/SV_3g63gRsfncSVotn) | TCN will automatically receive your responses. | \_\_ Yes  \_\_ No |
| Letter of Support | *Please provide a brief letter of support from a clinic administrator (e.g., CEO or CMO) demonstrating full support for implementing this program and outlining what specific resources the organization will provide to support program implementation.* | Email to [Liz Kroboth](mailto:%20elizabeth.kroboth@ucsf.edu) with your application. | \_\_ Yes  \_\_ No |
| **Budget Template** | Download the template[here](https://transitionsclinic.org/tcn-ca/) | Email to [Liz Kroboth](mailto:%20elizabeth.kroboth@ucsf.edu) with your application. | \_\_ Yes  \_\_ No |
| **Schedule Follow-Up Call** | *Please select a time for a follow-up call. Note: Be sure to mark the time you select in your calendar! We will send out a calendar invite with a Zoom link later.*  Select a time using the link [here](https://doodle.com/poll/7expst2dfmqkexnp?utm_source=poll&utm_medium=link) | TCN will automatically receive your responses. | \_\_ Yes  \_\_ No |

## Questions?

Contact Liz Kroboth at [elizabeth.kroboth@ucsf.edu](mailto:elizabeth.kroboth@ucsf.edu) or 415-514-4918 with any questions or concerns.

1. The TCN Reentry Healthcare Hub coordinates care for patients transitioning from incarceration across the state, enabling our network to serve as a safety-net for this medically vulnerable population. The Hub provides patients with information about how to access clinics with TCN programs in their area, and when possible, provides warm handoffs to TCN CHWs. [↑](#footnote-ref-1)
2. For the purpose of this program, the Central Valley and Inland Empire include Fresno, Kern, Kings, Madera, Merced, Riverside, San Bernardino, San Joaquin, Stanislaus, and Tulare counties. Sites located in other inland counties may also be eligible to receive funding. Please contact us to inquire. [↑](#footnote-ref-2)