CHA/CHIP Planning Grant
Grantee Attestation Form

Grant Term: July 1, 2025 – June 30, 2028

County/Organization Name: Tehama County Health Services Agency

Public Health Director/Health Officer Name: Minnie Sagar

Primary/Designee Contact Name and Title: Minnie Sagar, Public Health Director

Email: Minnie.Sagar@tchsa.net Phone: 530-737-7940

As an authorized representative of the above-named county or organization, I hereby attest to the following:

A. **Program Commitment:** Our organization will use the funds exclusively for activities directly related to the development and/or tracking of a Community Health Assessment (CHA) and/or Community Health Improvement Plan (CHIP). We understand that funds may not be used for implementation projects, general community events, or unrelated public health or reinvestment activities.
B. **Use of Funds:** We will submit a funding proposal identifying planned use(s) of funds aligned with CHA/CHIP-related work. We acknowledge that disbursement is contingent upon execution or submission of at least 50% of required DHCS Memoranda of Understanding (MOUs) with Partnership. We understand that a formal contract related to this program must be executed with Partnership before any funds are disbursed.
C. **Reporting:** We agree to submit follow-up documentation and progress updates upon request, including a narrative describing how funds were used and how the activities align with the goals of this program. We understand that failure to submit required documentation may affect future funding eligibility.
D. **Compliance:** We will coordinate with Partnership's Community Health Needs Liaison's to ensure alignment with grant expectations and public health best practices. We understand that any unrequested funds remaining after June 30, 2028 will not be available for allocation. Funds are not guaranteed after the current 2025-2028 cycle.

By signing below, I certify that I am authorized to enter into this agreement on behalf of the organization and that the information provided is accurate to the best of my knowledge.

Authorized Representative Name (Printed): Jayme S. Bottke

Title: Executive Director

Signature: Jayme S Bottke Date: 11-14-25

CHA/CHIP Development Support Grant Program

Partnership HealthPlan of California (Partnership) is inviting proposals from local public health departments within its network to apply for funding and technical assistance aimed at developing Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP). This initiative supports the planning phase; however, to support counties in transition, Partnership will allow limited flexibility in how the $100,000 grant can be used. A portion of the funding can be applied to implementation activities tied to an existing CHIP, provided the primary purpose of supporting the upcoming CHA/CHIP cycle (2025 – 2028) is maintained. Counties that have already submitted a grant application can re-evaluate and adjust their plan to reflect this added flexibility.

The purpose of this grant program is to support counties served by Partnership in their ongoing assessment of public health needs, and the development of plans to address the needs of their counties.

DHCS has recognized that collaboration between Medi-Cal managed care plans and Local Health Jurisdictions (LHJs) on CHA and CHIP presents an opportunity to better identify community needs and strengths. This partnership can help reduce siloed efforts in population health management and lead to more effective improvements in members' health outcomes, while aligning with the DHCS Quality Strategy and its Bold Goals.

If you have questions about this form or need assistance, please send an email to CHACHIP@partnershiphp.org.

**Please note that a member of our Population Health Community Health Needs Liaison team will reach out to you within three business days of your form submission.

**This form is to be completed only by the County Public Health Officer or Public Health Director. By submitting it, the Public Health Officer or Public Health Director affirms that the county will use the requested Partnership resources solely for the purposes specified in the grant application related to the CHA or CHIP.

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

*Required

Application Information

Please provide your basic contact and organizational details. This information will be used to identify and communicate with the primary applicant throughout the grant review and award process. Make sure all information is accurate and up to date.

1. What County is this request for? *

- ○ Butte
- ○ Colusa
- ○ Del Norte
- ○ Glenn
- ○ Humboldt
- ○ Lake
- ○ Lassen
- ○ Marin
- ○ Mendocino
- ○ Modoc
- ○ Napa
- ○ Nevada
- ○ Placer
- ○ Plumas
- ○ Shasta
- ○ Sierra
- ○ Siskiyou
- ○ Solano
- ○ Sonoma
- ○ Sutter
- ◉ Tehama
- ○ Trinity
- ○ Yolo
- ○ Yuba

2. Requester First and Last Name*: Minnie Sagar

3. Requester Title*: Public Health Director

4. Email Address*: minnie.sagar@tchsa.net

5. Phone Number*: 530-737-7940

Grant Qualification Screening

To ensure that your application meets the basic requirements for this grant, please answer the following questions. This section will help us determine if your organization aligns with the funding criteria. All responses should be accurate and reflect your current status.

6. Please list all Memorandums of Understanding (MOUs) your organization has executed with Partnership. *(i.e. LHD, IHSS, Regional Center, County Child Welfare, WIC, TCM, Behavioral Health, Specialty Mental Health Services, SUD Treatment Services)* *:*

DMC State Plan MOU: In process with Board of Supervisors for approval
Att. B - County Child Welfare MOU: Contracted outside of our agency
Att. C - IHSS MOU Template: Contracted outside of our agency
Att. E - MHP MOU Template: In process with Board of Supervisors for approval
Att. F - Local Health Dept. MOU Template: In process with Board of Supervisors for approval
WCM Expansion: in process with Board of Supervisors for approval
WIC MOU: in process with Board of Supervisors for approval
First 5: Contracted Outside our agency

7. Is your organization a contracted provider with Partnership (e.g. for primary care, ECM, vaccines) and in good standing per Partnership contract? *

- (●) Yes
- ( ) No

Proposed Project Information

Briefly describe your proposed project, including the goals, specific activities, timeline, and how the requested funding will be used.

8. What stage of the CHA/CHIP process is this grant request intended to support? *(Note: This grant does not fund implementation activities.)* *

- ( ) CHA
- ( ) CHIP
- (●) Both CHA and CHIP
- ( ) CHIP Implementation

9. Total Grant Amount Requested:
(Maximum request: $100,000) *

$100,000

10. Brief Project Narrative: *Outline specific activities or tasks that will be conducted as part of this project.* *

These funds will be used to support ongoing work for the current (2025-2028) Tehama County health improvement cycle. Grant funding shall be used for the purposes of supporting CHA/CHIP development and implementation infrastructure and stakeholder engagement, planning, and coordination.

Funding will provide food for CHA and CHIP steering committees and priority area work groups as a means of encouraging and sustaining community participation. This includes shelf-stable snacks and beverages for regularly occurring monthly meetings as well as catered lunches for mid-term and annual reviews.

The remainder of the funds will be utilized to support CHIP work group outreach and promotion activities as well as contracted epidemiological services. Epidemiological services will be used to support updates and development of the next cycle's Community Health Assessment and Community Health Improvement Plan. It will also provide technical assistance for the creation and utilization of a data-sharing dashboard to improve community health improvement practices by supporting ongoing tracking and management of key performance indicators across current and future health improvement cycles.

11. Project Timeline: *Indicate the calendar or fiscal year during which the proposed activities will take place.* *

Oct. 1, 2025 - June 2028; (FY 25/26, FY 26/27, FY 27/28)

12. Allocation Plan: *Provide a breakdown of how the requested grant fund will be allocated across the planned activities (e.g., staff time, contractors, facilitation, materials, etc.)**

100,000 total

Epi. Contract - $75,000 (Development of Community Health Assessment and Health Improvement Plan for next cycle and data-sharing dashboard for current and future health improvement progress tracking)

Training, Outreach and Promotional Materials - $22,600 (support work group initiatives)

Food - $2400 (lunches/year + snacks for monthly meetings)