

Connecting Care for the Homeless of Buncombe County, CCHBc

RFP for Coronavirus State and Local Fiscal Recovery Funds

MAHEC

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Application Form

Question Group

Buncombe County requests proposals for projects to help the community recover from and respond to COVID-19 and its negative economic impacts.

Buncombe County has been awarded \$50,733,290 in Coronavirus State and Local Fiscal Recovery Funds (Recovery Funding), as part of the American Rescue Plan Act. This infusion of federal resources is intended to help turn the tide on the pandemic, address its economic fallout, and lay the foundation for a strong and equitable recovery.

Buncombe County is committed to investing these funds in projects that:

- Align to county strategic plan and community priorities
- Support equitable outcomes for most impacted populations
- Leverage and align with other governmental funding sources
- Make best use of this one-time infusion of resources
- Have a lasting impact

Proposals shall be submitted in accordance with the terms and conditions of this RFP and any addenda issued hereto.

[Click here for the full terms and conditions of the RFP](#)

Coronavirus State and Local Fiscal Recovery Funds*

Name of Project.

Connecting Care for the Homeless of Buncombe County, CCHBc

Amount of Funds Requested*

\$5,857,577.00

Recovery Fund Eligible Category*

Please select one:

Address disparities in public health outcomes

Brief Project Description*

Provide a short summary of your proposed project.

Connecting Care for the Homeless of Buncombe County (CCHBc) aims to leverage MAHEC's clinical resources and proven record of project management to 1) increase access to comprehensive (medical and psychiatric) healthcare for persons experiencing homelessness, recent homelessness, or housing instability throughout Buncombe County in community-based locations, 2) increase training in workforce development

to strengthen the “frontline” healthcare workforce through education and continuing professional development, and 3) coordinate services provided by the many Buncombe County organizations that serve the homeless population.

The project will continuously reevaluate and reorganize services as the community shifts and services expand to ensure care is accessible to all individuals.

Project Plan*

Explain how the project will be structured and implemented, including timeframe.

CCHBc aims to increase access to medical services for unhoused individuals (UIs) while improving coordination of healthcare and community resources.

MAHEC will work with sheltering agencies and community-based organizations to provide outreach and comprehensive services to individuals with identified needs, including:

- SUD treatment
- Primary care services, prevention, and chronic disease management
- Psychiatric services including assessments, treatment, and counseling
- Obstetric and gynecologic care services

Goal 1: Successfully implement the interdisciplinary and collaborative care model to meet UIs. Using telehealth services, direct outreach and community engagement to remove barriers to accessing critical health services for people experiencing homelessness.

The project requested timeframe is 30 months, with six months designated for pre-implementation and coordination of services among Buncombe County organizations providing services to UIs.

Timeline of Implementation and Progress:

September 2021 – October 2021:

- Generate proposal and budget
- Identify, recruit, and develop MAHEC team
- Continue with ongoing research study to identify medical needs of the Asheville UI population
- Identify, recruit, and develop partnering agencies for designated community, sheltered, and supportive housing service locations
- Meet with Buncombe County officials to communicate initiatives

November 2021:

- Submit proposal
- Conduct ongoing bi-weekly meetings with all partners
- Generate and complete contracts with service locations

December 2021:

- Conduct initial site visits
- Workflows drafted

January 2022:

- Supplies ordered
- Subcontract with Pharmacy finalized for patient medications
- Training completed for all partnering agencies and MAHEC staff

February 2022:

- Sites finalized

- Implement a system for medication record keeping

March 2022:

- First clinic day at community/sheltered/supportive housing service locations

August 2023, February 2024, August 2024:

- Quarterly report presented to Buncombe County, MAHEC Key Stakeholders, and Partnering Agencies

December 2024:

- Closeout

Goal 2: Expand access to workforce development for organizations providing medical care to UIs.

September 2021 – November 2021:

- Generate Continuing Professional Development proposal and budget
- Meet with Buncombe County officials to communicate initiatives

December 2021 – February 2022:

- Create content based on the needs of community organizations and results of research in population

March 2022:

- Provide initial training course in workforce development series

July 2023, January 2024, July 2024:

- Provide subsequent training course in workforce development series

August 2023, February 2024, August 2024:

- Quarterly report presented to Buncombe County, MAHEC Key Stakeholders, and Partnering Agencies

December 2024:

- Closeout

Statement of Need*

Describe the need that this project will address. Include data to demonstrate the need, and cite the source of the data.

With this project, MAHEC will facilitate and test a model of care that will expand access to interdisciplinary and comprehensive care for UIs, while increasing workforce development in an effort to bridge the gap between medical providers and the unhoused population of Buncombe County.

The Point-In-Time Unhoused Individuals (UIs) count of January 2021 in Buncombe County found 527 UIs. This number is consistent with numbers totaled annually since 2018. In terms of healthcare needs, UIs are a highly vulnerable population. They are more likely to suffer from chronic illness, infectious disease, violence, and injury and to suffer premature death and disability than compared to individuals with stable housing (Salhi et al. 2018). UIs also have been found to engage in disproportionately high rates of substance use (Aldridge et al., 2018). MAHEC is currently conducting a research study of Asheville's UIs. Preliminary data shows that more than 70% of the UIs surveyed (n=44) are either experiencing a mental health and/or substance use or physical health concern or condition, and 70% do not have a regular place to receive medical care.

Despite increased needs, many obstacles prevent UIs from engaging with healthcare providers beyond their inability to pay for services and/or their lack of insurance, including distrust of healthcare systems and

transportation difficulties. Competing needs for food and shelter often conflict with medical needs, making adherence to medical appointments, medications, and care plans extremely difficult (Davies & Wood, 2018)(Salhi et al. 2018). As a result, UIs use emergency services at three times the rate of the general population (Kushel et al., 2002). However, to fully understand the burden caused by lack of sufficient health care for UIs, complex outcomes such as increased rate of overdose and blood-borne infections, decreased quality and length of life and increased suffering should be considered (Doran et al., 2021).

Link to COVID-19*

Identify a health or economic harm resulting from or exacerbated by the public health emergency, describe the nature and extent of that harm, and explain how the use of this funding would address such harm.

It has been predicted that the Covid pandemic will cause a 49% increase in chronic homelessness over the next four years (Locked Out, 2021). Although it is difficult to estimate the actual increase of UIs due to COVID-19, it is clear the pandemic has increased the risk factors for homelessness. Increases in eviction filings and unemployment, with decreases in funding for shelters and health centers that serve homeless populations point to more UIs with less access to support (United Way analysis, 2021). Homeless shelters increase the risk for COVID-19 due to crowding (Rogers et al, 2020), and crowding in other living settings used by UIs likely increases spread as well. Fear of transmission may decrease UIs' willingness to stay in shelters or halfway homes. As part of the care and outreach provided by this project UIs will be given access to COVID-19 vaccinations and education regarding their safety and efficacy.

Concern for negative impacts of the COVID-19 pandemic on mental health continues to grow, particularly for those who are already marginalized (e.g., Javed, et al, 2020; Pereira-Sanchez, et al., 2020; Pfefferbaum & North, 2020), and it is probable that COVID-19 will have a disproportionate impact upon those with mental illness (Yao, Chen & Xu, 2020). As UIs are much more likely to suffer from mental illness than the general population (see www.MentalIllnessPolicy.org for overview), the compounding vulnerabilities are unmistakable.

This project is tailored to meet the healthcare needs of the UIs of Buncombe County with a comprehensive scope of care -including mental health care - using an evidence-based approach. We aim to focus on trust and relationship building with UIs necessary for ongoing engagement in medical and mental health treatment at the individual level. Through the provision of healthcare and connection to partnering support agencies, we aim to increase the likelihood that served UIs achieve the health necessary to sustain stable housing.

Population Served*

Define the population to be served by this project, including volume and demographic characteristics of those served.

Based on 2021's Point-In-Time Contact conducted by Homeless Management Information System (HMIS) with the assistance of other agencies, there are approximately 527 people experiencing homelessness on any given night in Buncombe County. Of the UIs total, 29% of this population were experiencing chronic homelessness, a roughly 9% increase from 2020. Thirty percent (~158 people) of the UIs identified as black, indigenous, and people of color.

CCHBc will serve persons experiencing homelessness, recent homelessness, or housing instability and those requiring resource-intensive supportive housing in Buncombe County. Services will be provided at specific community-based locations within Buncombe County, including day centers, community and recovery centers, homeless shelters, transitional housing, and future low-barrier shelters, but may include other community-based locations depending on need and engagement. While we will focus on providing

comprehensive medical services at designated locations through in-person or telehealth, there will be no restrictions or barriers to care. MAHEC will deliver care and support services to all UIs at no cost on an as-needed basis. If UIs served by CCHBc become housed, care may continue with CCHBc, as we appreciate the importance of healthcare in maintaining housing and ongoing physical and mental wellness.

Of the 527 UIs in the Point-In-Time Contact, 411 were in emergency shelters and transitional housing. Due to the transient nature of the population, we plan to provide services to more individuals, as the number of individuals experiencing homelessness in Buncombe County each year is likely much greater. We will learn about the demographic characteristics of a portion of this population through our direct research.

Based on volume and scheduling, we have the capacity to provide care to more than 5,000 individuals, and we believe the scope of treatment we propose for UIs would have the broadest impact for our community.

Results*

Describe the proposed impact of the project. List at least 3 performance measures that will be tracked and reported. If possible, include baselines and goals for each performance measure.

The purpose of this project is to provide comprehensive healthcare to individuals experiencing homelessness in an effort to reduce physical and mental health burdens that are interfering with individuals' ability to function successfully in our community.

To develop a baseline, MAHEC is currently conducting a cross-sectional study of individuals experiencing homelessness at various sites in Asheville to understand the composition of and reasons for homelessness in Asheville, as well as the prevalence of physical and mental health conditions in this population. Researchers are surveying individuals experiencing homelessness to assess demographics, lived experience with homelessness, social determinants of health, and prevalence of physical and mental health conditions (including substance use disorders). Although preliminary, current data from this research shows that more than 70% of the UIs surveyed (n=44) are either experiencing a mental health and or substance use, or physical health concern or condition, and 70% do not have a regular place to go to receive medical care. Additionally, the study seeks to understand the precursors to homelessness in the Asheville Unhoused population. Baselines, goals, and objectives will be determined by the ongoing research study.

Initial proposed performance measures will be:

1. # of UIs who utilize care by specialty and site
2. # of UIs who are retained in care at 3, 6, 9, and 12 month intervals
3. # of UIs who receive medication-assisted treatment initiations
4. Number of and type of medications prescribed

These measures will help develop a baseline of the prevalence of mental health and substance use disorders, as well as physical health conditions in this population. The outcome measures will be used to help UIs receive care for acute and chronic mental and physical health conditions, in an effort to provide stability and equity in care.

Evaluation*

Describe the data collection, analysis, and quality assurance measures you will use to assure ongoing, effective tracking of contract requirements and outcomes.

Data storage and protection will be overseen by MAHEC's data governance committee and all data security measures will be maintained by the Information Technology (IT) department; both functions are

governed by a set of data storage and protection policy and procedures that are on file at MAHEC. MAHEC's Evaluation team, led by Dr. Amber Beane, M.A., Ed.D, will be responsible for tracking performance measures and measurable objectives, conducting data analyses, and completing grant reports. Aggregate reports will be reviewed by the Project Team on a monthly basis. A data dictionary will be created to outline the content, format, and structure of all data to be collected, relationship between data elements, and database management rules. Data validation will be performed to ensure data accuracy, data completeness, and data quality through a variety of methods, including cross-system consistency checks, data spot checks, audits from EHR reports, and ensuring referential integrity. Data security and confidentiality will be maintained through strict adherence to HIPAA and 42CFR guidelines, as outlined per MAHEC policies and procedures already in place.

Equity Impact*

How will this effort help build toward a just, equitable, and sustainable COVID-19 recovery? How are the root causes and/or disproportionate impacts of inequities addressed?

Connecting Care for the Homelessness of Buncombe County (CCHBc) will help contribute towards COVID-19 recovery by building upon existing resources and partnerships such as Homeward Bound, Sunrise Community for Recovery & Wellness, BeLoved Asheville and Buncombe County's Community Paramedic Program. By working together, we will help remove barriers and to provide medical care to UIs, and find sustainable support for UIs through peer support specialists and care management. Our focus will be on ensuring that individuals that want medical care will have access to medical care through this initiative. We will engage in data to action decision-making by implementing continuous quality improvement to our program design by drawing on the research and evaluative data led by Dr. Beane and the MAHEC research team. This effort will allow us an opportunity to become trustworthy service providers and help make amends for the current and past harms to build a more just, equitable, and sustainable future.

CCHBc will listen to feedback and make decisions with the people served, following the "nothing about us, without us" philosophy. CCHBc will meet people "where" they are instead of asking them to meet the service providers.

We will directly address the inequities by ensuring we are engaging an interdisciplinary team led by peer support specialists, care managers, doulas, medical providers, registered nurses, public health specialists, behavioral health specialists, and community-based participatory researchers. This approach will center the needs and wants of the individuals engaged. We will embrace other values such as structural competency, unconditional positive regard, and reality-based care. Every member of the team will incorporate these values that will be operationalized throughout this patient-driven project.

Project Partners*

Identify any subcontractors you intend to use for the proposed scope of work. For each subcontractor listed, indicate:

- 1.) What products and/or services are to be supplied by that subcontractor and;
- 2.) What percentage of the overall scope of work that subcontractor will perform.

Also, list non-funded key partners critical to project.

Sunrise Community for Recovery and Wellness will provide 1.0 FTE of peer support specialists (PSSs), comprising approximately 5% of the project's overall scope. Their certified PSSs will help connect project participants to information and supply referrals to other care and community resources, as well as providing emotional support. In addition, Sunrise PSSs will provide outreach for CCHBs by bridging the relationship between UIs and MAHEC care teams. Similarly, BeLoved Asheville will provide ~3.0 FTE ranging from Street

Outreach Coordination, Peer Support Specialist, and Administration and Community Response, comprising approximately 17% of the project's overall scope. BeLoved will provide an array of services from street outreach, policy advocacy work, along with education and promotion. BeLoved staff will connect MAHEC care teams to friends of the streets through their intimate breadth and depth of knowledge of the lived homeless experience in Buncombe County. It is of note that although these organizations contribute a relatively small percentage to the personnel of this project, their participation is crucial to its success. Without the facilitation afforded by these groups, who are already trusted partners to the UI of Buncombe County, we do not expect that our providers will be able to engage a significant portion of the population we hope to serve.

Homeward Bound will provide physical space in their shelter and supportive housing sites for project operations and facilitate connections with UIs. Homeward Bound interfaces with a high volume of UIs through their many services, including AHOPE Day Shelter, Room In the Inn housing for unhoused women, the Woodfin Apartments, and their outreach services.

Capacity*

Describe the background, experience, and capabilities of your organization or department as it relates to capacity for delivering the proposed project and managing federal funds.

MAHEC was established in 1974 as one of nine state Area Health Education Centers (AHECs) across NC and serves a region of 16 counties in WNC. MAHEC is an independent non-profit organization governed by a diverse board of 17 directors. MAHEC's Chief Executive Officer is Jeff Heck, MD, a family medicine physician. MAHEC educates healthcare professionals, provides clinical services, participates in community-based programs, conducts health research, and creates new models of teaching and healthcare.

MAHEC's teaching programs include residency programs (Family Medicine, Internal Medicine, OB/GYN, Pharmacy, Psychiatry, General Surgery, Dentistry), fellowship programs (Addiction Medicine, Rural Health, Palliative Care, Sports Medicine), a campus for third- and fourth-year medical students, a public health program, internships to build the pipeline of future health careers students, a surgery and trauma simulation center used to train emergency services and health professionals, and a robust continuing education program to maintain the quality of the healthcare workforce.

MAHEC employs approximately 750 people, including physicians, nurses, dentists, mental health providers, pharmacists, public health and epidemiological researchers, librarians, continuing education planners, practice support coaches, and data analysts.

MAHEC has a successful history of implementing and sustaining result-driven programs throughout healthcare systems in Buncombe County. In this proposal, we will include wraparound services synergistically working across our departments.

As a member of AHEC's state-funded programs, our commitment to provide innovative, high-standard patient care is supported throughout our organizational structure. In 2020 MAHEC received over \$11,000,000 in external funding and provided matching funds to support projects that address behavioral health access, health equity, rural workforce development, COVID-19, and opioid education/substance use disorders.

Budget*

Provide a detailed project budget including all proposed project revenues and expenditures, including explanations and methodology. For all revenue sources, list the funder and denote whether funds are confirmed or pending. For project expenses, denote all capital vs. operating costs, and reflect which specific expenses are proposed to be

funded with one-time Buncombe County Recovery Funds.

Download a copy of the budget form [HERE](#). Complete the form, and upload it using the button below.

CCHBc Budget v3.xlsx

Special Considerations*

Provide any other information that might assist the County in its selection.

Due to character count, please contact jacqueline.donnelly@mahec.net for full references and citations.

Sustainability:

We expect that this project will sustainably improve both the lives of individuals and the healthcare delivery systems of Buncombe County and their ability to care for one of the most vulnerable portions of our community. Each care encounter has the potential to cause a sustained change in the life of an individual, whether by vaccinating against a potentially deadly virus or preventing a wound infection, preventing an overdose, or achieving the physical and mental health required to gain and maintain employment. Each successful patient encounter by our care teams could avoid a visit to area Emergency Departments and other stressed hospital care services.

In terms of sustainability, the new collaborations and re-organization of care that we propose to facilitate have the potential to fundamentally change the system of care provided to UIs of Buncombe County after the funding is spent. We believe the relationships between various providers to be linked by this project will persist. Equipment purchased by grant funds (such as for a mobile outreach unit) will continue to be used to serve the UI population.

Coupling our powerful teaching infrastructure with lessons learned from this project will allow for workforce development across our region in delivering effective, collaborative, and compassionate care to UIs. In 2020, MAHEC provided 975 continuing education programs to more than 11,000 unique participants in a variety of health professions from across WNC and the nation. It is our hope that this project will provide a foundation of equipment, connections, experience, and knowledge that can be perpetuated and expanded through future support opportunities to sustainably serve the persistently underserved and those who serve them, as we do not anticipate the greater need will disappear at the end of this project.

File Attachment Summary

Applicant File Uploads

- CCHBc Budget v3.xlsx

BUDGET TEMPLATE - Connecting Care for the Homeless of Buncombe C

PERSONNEL	
Position/Title	Name
Project Manager	TBD
Program Manager	TBD
Pharmacy Tech	TBH
Family Medicine Provider	Shuchn Shukla, MD
Family Medicine Provider	Blake Fagan, MD
Family Medicine Provider	Genevieve Verrastro, MD
Family Medicine Provider	Ari Pence, MD
Registered Nurse	TBH
LCSW Case Manager	TBD
Psychiatrist	Dustin Patil, MD
Psychiatric APP	TBD
LCSW Therapist	TBD
RN/Paramedic	TBH
Peer Support Liasion/Community Health Workers	TBD
Business Office Specialist/ Certified Medical Assistant	TBD
OB/GYN Nurse Practitioner	TBD
Doula Peer Support Specialist	TBD
Trained Doula 2	TBD
Certified Doula 1	TBD
Certified Doula 2	TBD
RN Care Management - TBH	TBD
Pharmacist	Rebecca Grandy
Research Associate	TBH
Informatics Team Member	TBD
IT Engineer	TBD

Internal Medicine	TBD
TOTAL PERSONNEL	

FRINGE BENEFITS

Position/Title	Items included in Fringe Benefits
Project Manager	TBD
Program Manager	TBD
Pharmacy Tech	TBH
Family Medicine Provider	Shuchn Shukla, MD
Family Medicine Provider	Jan Westphal, MD
Family Medicine Provider	Genevieve Verrastro, MD
Family Medicine Provider	Ari Pence, MD
Registered Nurse	TBH
LCSW Case Manager	TBD
Psychiatrist	Dustin Patil, MD
Psychiatric APP	TBD
LCSW Therapist	TBD
RN/Paramedic	TBH
Peer Support Liasion/Community Health Workers	TBD
Business Office Specialist/ Certified Medical Assistant	TBD
OB/GYN Nurse Practitioner	TBD
Doula Peer Support Specialist	TBD
Trained Doula 2	TBD
Certified Doula 1	TBD
Certified Doula 2	TBD
RN Care Management - TBH	TBD
Pharmacist	Rebecca Grandy
Research Associate	TBH
Informatics Team Member	TBD
IT Engineer	TBD
Internal Medicine	TBD

TOTAL FRINGE BENEFITS	
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EQUIPMENT

Equipment Costs	Descript
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Van	Purchase of 1 van to allow psychia locations. The cost of the van is \$4 maintenance of \$18,000 (€
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Information Technology	\$3,500 per Computer Setup
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Remote WiFi Start-Up at Sheltered Locations	Estimated costs for card Reader Technology to create space
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TOTAL EQUIPMENT	
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TRAVEL

Travel Costs	Descript
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Mileage	Estimated 250 miles a week for Proj Staff = Monthly 100
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TOTAL TRAVEL	
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SUPPLIES

Supply costs	Descript
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Office Supplies	General Supplies at a rate of \$100 a n
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Pharmacy Supplies	Bridge supply = \$150 per patient (year 1 = \$7,500, year 2 100 patients = \$15,000, Narcan (2 doses) \$150 for (50 patients) = \$15,000, year 3 50 patients = \$15,000, patient for bup/nal (45 patients year 1 = \$67,500, 45 patients year 3 = \$40,500)
Family Medicine Supplies	(Surgical Mask 200 = \$200, N95 Mask day - 13 cans = \$200, Gowns 24-0.60/ Disposable gowns are ~32 for 50 = \$528, gloves 3600 = \$280, thermometers 4 = \$240, Blood pressure cuffs 4 = \$150)
Lab Draws	Lab Draws for the following tests: H BMP, CMP, CBCs, Lithium Level, A1C unique patients - ~ 2,000
TOTAL SUPPLIES	

Contractual	
contractual arrangements, consultants, subawards, etc.	Description
Subcontract: Uber Medical	MAHEC will subcontract with a 3rd Party to provide transportation to patients near Campus. Estimate each ride approximately
Subcontract: BeLoved	Annual Costs include: Street Outreach Peer Support Specialist 1 FTE = \$41,600 Administrator & Community Response Policy Advocacy work - supports community to promote change ie. coordinating a Community Health Worker Stipends: = \$45,000 Social Determinants of Health Support Education & Promotion = External education posters = \$5,000 Training = Internal and External Training Mileage = 12,711 miles annually at .50

Subcontract: Sunrise	Sunrise will provide 1 FTE Peer Support to include salary and fringe benefits
TOTAL CONSULTANTS	

OTHER

Other Costs	Description
Professional Services	MAHEC after assessing the 6-month Technical Assistance and Continuous Previous costs of CPD training
Doula Professional Training	Continued Doula Training quarterly for year
TOTAL OTHER	

TOTAL DIRECT COSTS	
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Indirect Costs	MAHEC has a federally negotiated rate
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TOTAL COSTS (direct and indirect)

County.

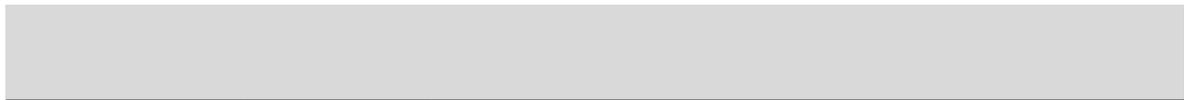
Base Salary	% FTE for project	Grant Year 1	Grant Year 2
\$ 45,950.00	1	\$ 45,950.00	\$ 45,950.00
\$ 59,350.00	0.3	\$ 17,805.00	\$ 17,805.00
\$ 39,520.00	1	\$ 19,760.00	\$ 39,520.00
\$ 171,000.00	0.1	\$ 8,550.00	\$ 17,100.00
\$ 205,000.00	0.5	\$ 51,250.00	\$ 102,500.00
\$ 165,000.00	0.2	\$ 16,500.00	\$ 33,000.00
\$ 165,000.00	0.2	\$ 16,500.00	\$ 33,000.00
\$ 70,000.00	1.55	\$ 54,250.00	\$ 108,500.00
\$ 65,000.00	1	\$ 32,500.00	\$ 65,000.00
\$ 199,000.00	0.5	\$ 49,750.00	\$ 99,500.00
\$ 115,000.00	0.5	\$ 28,750.00	\$ 57,500.00
\$ 65,000.00	1	\$ 32,500.00	\$ 65,000.00
\$ 70,000.00	1	\$ 35,000.00	\$ 70,000.00
\$ 48,470.00	1	\$ 24,235.00	\$ 48,470.00
\$ 36,700.00	2	\$ 36,700.00	\$ 73,400.00
\$ 95,000.00	0.1	\$ 4,750.00	\$ 9,500.00
\$ 41,600.00	0.25	\$ 5,200.00	\$ 5,200.00
\$ 41,600.00	0.5	\$ 10,400.00	\$ 15,600.00
\$ 41,800.00	0.5	\$ 10,450.00	\$ 10,450.00
\$ 41,800.00	0.5	\$ 10,450.00	\$ 20,900.00
\$ 70,000.00	1	\$ 35,000.00	\$ 70,000.00
\$ 123,500.00	0.2	\$ 12,350.00	\$ 24,700.00
\$ 40,000.00	0.1	\$ 2,000.00	\$ 4,000.00
\$ 70,000.00	0.5	\$ 35,000.00	\$ 35,000.00
\$ 70,000.00	0.5	\$ 35,000.00	\$ 35,000.00

\$ 210,000.00	0.5	\$ 105,000.00	\$ 105,000.00
\$ 2,015,290.00	16	\$ 735,600.00	\$ 1,211,595.00

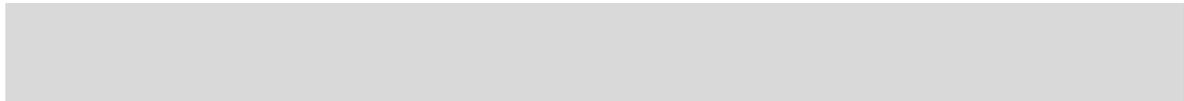


% rate	Grant Year 1	Grant Year 2
0.31	\$ 14,244.50	\$ 14,244.50
0.31	\$ 5,519.55	\$ 5,519.55
0.31	\$ 6,125.60	\$ 12,251.20
0.17	\$ 1,453.50	\$ 2,907.00
0.17	\$ 8,712.50	\$ 17,425.00
0.17	\$ 2,805.00	\$ 5,610.00
0.17	\$ 2,805.00	\$ 5,610.00
0.31	\$ 16,817.50	\$ 33,635.00
0.31	\$ 10,075.00	\$ 20,150.00
0.17	\$ 8,457.50	\$ 16,915.00
0.31	\$ 8,912.50	\$ 17,825.00
0.31	\$ 10,075.00	\$ 20,150.00
0.31	\$ 10,850.00	\$ 21,700.00
0.31	\$ 7,512.85	\$ 15,025.70
0.31	\$ 11,377.00	\$ 22,754.00
0.31	\$ 1,472.50	\$ 2,945.00
0.31	\$ 1,612.00	\$ 1,612.00
0.31	\$ 3,224.00	\$ 4,836.00
0.31	\$ 3,239.50	\$ 3,239.50
0.31	\$ 3,239.50	\$ 6,479.00
0.31	\$ 10,850.00	\$ 21,700.00
0.31	\$ 3,828.50	\$ 7,657.00
0.31	\$ 620.00	\$ 1,240.00
0.31	\$ 10,850.00	\$ 10,850.00
0.31	\$ 10,850.00	\$ 10,850.00
0.17	\$ 17,850.00	\$ 17,850.00

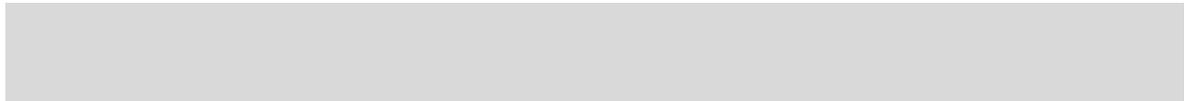
	\$ 193,379.00	\$ 320,980.45
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ation	Grant Year 1	Grant Year 2
atry to provide care in mobile 45,000 with annual vehicular gas, oil change, etc.)	\$ 45,000.00	\$ 18,000.00
; \$4,500 .EHR Licenses.	\$ 55,000.00	\$ 27,000.00
rs for Insurance, Hot Spots, e at Sheltered Location	\$ 75,000.00	
	\$ 175,000.00	\$ 45,000.00



ation	Grant Year 1	Grant Year 2
ject Management and Provider 00 rate of .59c	\$ 590.00	\$ 590.00
	\$ 590.00	\$ 590.00



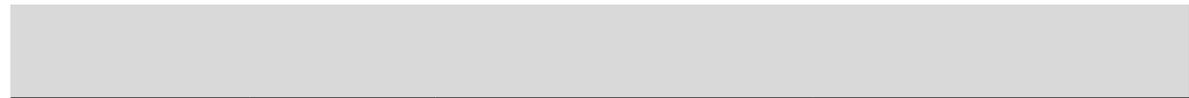
ation	Grant Year 1	Grant Year 2
nonth	\$ 600.00	\$ 1,200.00

<p>Year 1 estimates 50 patients Year 2, year 3 50 patients= \$7,500), Year 4 = \$7,500, year 5 100 patients = \$7,500), \$75 month per patient = \$40,500, 75 patients year 5 = \$33,750)</p>	\$ 55,500.00	\$ 97,500.00
<p>Year 1: 50 = \$220), Cavi Wipes (100 per patient/gown for laundering service. Year 2: 25, glasses/goggles 6 = \$50, Year 3: = \$240, Pulse Oximeters 4 =</p>	\$ 2,085.00	\$ 2,085.00
<p>Year 1: Hep C and HIV, CBCs, TSH, POC, Year 2: 1c, TSH, Lipids -estimated 150 visits = \$100 per visit</p>	\$ 50,000.00	\$ 100,000.00
	\$ 108,185.00	\$ 200,785.00



Item	Grant Year 1	Grant Year 2
<p>Uber Medical Transportation to needed OBGYN Care on MAHEC monthly \$15</p>	\$ 750.00	\$ 1,500.00
<p>Health Coordinator 1 FTE = \$60,000 00 e .5 FTE = \$30,000 community providing legal resources advocacy campaigns = \$25,000 \$468.75 x 8 CHWs x 12 rt = \$77,000 educational flyers, marketing, and ing = \$7,000) = \$7,500</p>	\$ 149,300.00	\$ 298,600.00

ort Specialist - with a rate of \$28	\$29,500	\$59,000
	\$ 179,550.00	\$ 359,100.00



	Grant Year 1	Grant Year 1
ion		
needs assessment will provide ing Professional Development. s for 100 people ~\$6,000	\$ 12,000.00	\$ 24,000.00
for Doulas and Peers at \$9,000 a	\$9,000	\$ 18,000.00
	\$ 21,000.00	\$ 42,000.00

	\$ 1,413,304.00	\$ 2,180,050.45
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ate of 20.6% for indirect costs.	\$ 291,140.62	\$ 449,090.39
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	\$ 1,704,444.62	\$ 2,629,140.84
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Grant Year 3	Operating Costs or Capital	One Time Buncombe Co. Funds
\$ 22,975.00	OC	Yes
\$ 8,902.50	OC	Yes
\$ 19,760.00	OC	Yes
\$ 8,550.00	OC	Yes
\$ 51,250.00	OC	Yes
\$ 16,500.00	OC	Yes
\$ 16,500.00	OC	Yes
\$ 54,250.00	OC	Yes
\$ 32,500.00	OC	Yes
\$ 49,750.00	OC	Yes
\$ 28,750.00	OC	Yes
\$ 32,500.00	OC	Yes
\$ 35,000.00	OC	Yes
\$ 48,470.00	OC	Yes
\$ 36,700.00	OC	Yes
\$ 4,750.00	OC	Yes
\$ -	OC	Yes
\$ 7,800.00	OC	Yes
\$ 10,450.00	OC	Yes
\$ 10,450.00	OC	Yes
\$ 35,000.00	OC	Yes
\$ 12,350.00	OC	Yes
\$ 2,000.00	OC	Yes
\$ 35,000.00	OC	Yes
\$ 35,000.00	OC	Yes

\$	105,000.00	OC	Yes
\$	720,157.50		



Grant Year 3	Operating Costs or Capital	One Time Buncombe Co. Funds
\$ 7,122.25	OC	Yes
\$ 2,759.78	OC	Yes
\$ 6,125.60	OC	Yes
\$ 1,453.50	OC	Yes
\$ 8,712.50	OC	Yes
\$ 2,805.00	OC	Yes
\$ 2,805.00	OC	Yes
\$ 16,817.50	OC	Yes
\$ 10,075.00	OC	Yes
\$ 8,457.50	OC	Yes
\$ 8,912.50	OC	Yes
\$ 10,075.00	OC	Yes
\$ 10,850.00	OC	Yes
\$ 15,025.70	OC	Yes
\$ 11,377.00	OC	Yes
\$ 1,472.50	OC	Yes
\$ -	OC	Yes
\$ 2,418.00	OC	Yes
\$ 3,239.50	OC	Yes
\$ 3,239.50	OC	Yes
\$ 10,850.00	OC	Yes
\$ 3,828.50	OC	Yes
\$ 620.00	OC	Yes
\$ 10,850.00	OC	Yes
\$ 10,850.00	OC	Yes
\$ 17,850.00	OC	Yes

\$	188,591.83		
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Grant Year 3	Operating Costs or Capital	One Time Buncombe Co. Funds
\$ 18,000.00	C	Yes
\$ 27,000.00	C	Yes
	C	Yes
\$ 45,000.00		

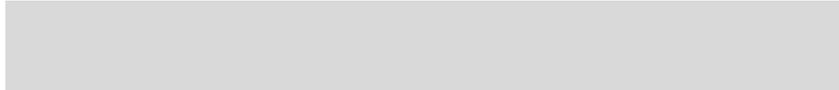
Grant Year 3	Operating Costs or Capital	One Time Buncombe Co. Funds
\$ 590.00	OC	Yes
\$ 590.00	\$ -	\$ -

Grant Year 3	Operating Costs or Capital	One Time Buncombe Co. Funds
\$ 1,200.00	OC	Yes

\$	55,500.00	OC	Yes
\$	2,085.00	OC	Yes
\$	50,000.00	OC	Yes
\$	108,785.00		

Grant Year 3	Operating Costs or Capital	Buncombe Co. Funds
\$	750.00	OC Yes
\$	149,300.00	OC Yes

	\$29,500	OC	Yes
\$	179,550.00		



Grant Year 1	Operating Costs or Capital	One Time Buncombe Co. Funds
\$ 12,000.00	OC	Yes
\$ 9,000.00	OC	Yes
\$ 21,000.00	\$ -	\$ -

\$ 1,263,674.33		
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\$ 260,316.91		
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\$ 1,523,991.24		
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