



CalBridge Behavioral Health Navigator Sustainability Program Application

This is the application for the CalBridge Behavioral Health Navigator Sustainability Program Application. Please visit our website to review the Request for Applications (RFA).

Application Overview

The Public Health Institute's CA Bridge program is pleased to announce the opportunity to strengthen the sustainability of the CalBridge Behavioral Health Navigator Program (Bridge Navigator Program) with Navigator Sustainability funding for hospitals that are at risk of being unable to continue to fund at least one navigator position.

Successful applicants will receive \$25,000 per hospital to maintain the position of the navigator, apply for a Naloxone distribution program (if not already participating), assess Navigator Community Health Worker (CHW) certification, and engage in sustainability coaching with CA Bridge.

The application deadline is **11:59 PM PST on September 5, 2023** for priority consideration. Applications will be accepted until 11:59 PM PST on September 22, 2023, but priority will be given to applications received by September 5th.

Part I: Applicant Entity Information

Hospital Name *

Ventura County Medical Center - Santa Paula Hospital	▲
AHMC Anaheim Regional Medical Center	
Adventist Health Bakersfield	
Adventist Health Clearlake	▼

Please select the hospital you are applying for Navigator Sustainability funding.

Hospital/Institution's Legal Entity Name *

County of Ventura

Doing Business As, If Applicable *

owner and operator of Ventura County Medical Center
and Santa Paula Hospital

Address *

825 N Tenth St

Street Address

Santa Paula

City

CA

State

Ventura

County

93061

Postal / Zip Code

Registered Business Address, If Different

Entity Type *

Government

Federal Employer Identification Number (FEIN) *

95-6000944

Federal Small Business Administration Certification *

None

Foreign Individual or Foreign Entity *

No

State of Registration or Incorporation *

CA

Person Submitting Form *

Danielle

First Name

Gabele

Last Name

Role and title *

Chief Nurse Executive

Email *

danielle.gabele@ventura.org

Phone *

3102101508

Accounts Receivables Contact *

Jill

First Name

Ward

Last Name

Role or Title *

Chief Financial Officer

Email *

jill.ward@ventura.org

Phone *

8056525732

Authorized Signature Contact *

Barry

First Name

Zimmerman

Last Name

Role or Title *

Director, Ventura County Health Care Agency

Email *

Barry.zimmerman@ventura.org

Phone *

8056775272

Contract Representative Contact *

Terry

First Name

Garman

Last Name

Role or Title *

Director, HCA Contracts Management

Email *

terry.garman@ventura.org

Phone *

8056775146

Letter of Agreement

Are you a health system, hospital foundation or staffing agency applying on behalf of the hospital selected above? *

Yes

Letter of Agreement



County_of_Ventura.pdf

Part II: Application Questions

1. Do you have a navigator who works with patients with substance use and behavioral health disorders working in your ED? *

☒ Yes

☐ No

If yes, is this navigator full time or part time? (Not scored) *

☒ Full time

☐ Part time

2. Please confirm that your hospital does not have a mechanism in place to continue at least one navigator position beyond the grant funding *

☐ Yes, confirmed. We DO NOT have a mechanism in place to continue at least one navigator position beyond the grant funding

☒ No, we DO have a mechanism in place to continue at least one navigator position beyond the grant funding.

3. Which of the below sustainability strategies promoted by CA Bridge have you utilized? (Select all that apply)*

- ☒ Held a coaching call with CA Bridge staff.
- ☒ Entered data into the CA Bridge Return on Investment (ROI) Calculator and shared the results with leadership.
- ☒ Provided a general presentation about MAT program to hospital leadership.
- ☒ Asked to incorporate the navigator position into the hospital's budget.
- ☒ Contacted your county about using opioid settlement or other funds to fund the navigator role.
- ☐ Initiated or researched the process to begin billing for CHW services.
- ☒ Applied for external grants (other than from CA Bridge) to support the navigator position or reached out to work with the hospital foundation.
- ☐ Explored partnerships with a medical staffing group/federally qualified health center or other entity.
- ☐ Sought support from managed care plans through quality incentive payments or other mechanisms.
- ☐ Implemented other measures designed to support the long-term sustainability of the behavioral health navigator; please describe:

4. What is your most likely successful path to sustainability? *

- ☐ Incorporation of the position into the hospital budget.
- ☒ County funding from opioid settlements or other funds.
- ☐ Billing for CHW services.
- ☐ External grants (not from CA Bridge).
- ☐ Support from the hospital foundation.
- ☐ Partnerships with a medical staffing group/federally qualified health center (FQHC) or other entity.
- ☐ Support from managed care plans.
- ☐ Other measures or funding sources; please describe:

5. Please confirm that your hospital has submitted the hospital's most recent 3 months of consecutive navigator data, without 0's.

*

- ☒ Yes, confirmed.
- ☐ No, we have not submitted the most recent 3 months of consecutive navigator data, without 0's.

Confirmation and Submission

Application must be signed by an Authorized Signatory. If the person completing the application is the Authorized Signatory, they will sign and submit the application. If they are not the Authorized Signatory, please press "save" and forward the saved link to the Authorized Signatory to view, sign, and submit the application.

Print Name *


Barry

First Name

Zimmerman

Last Name

Signature *

A handwritten signature in black ink, appearing to read "Gary L. Fink", is displayed within a light gray rectangular box with a thin blue border.

By electronically signing this application, you certify that the information provided on this form is true and correct and that you are authorized by your organization to provide this information.

Would you like to send a copy of you submission to an additional recipient? *

Yes

We will send the confirmation email and a PDF copy of your Navigator Sustainability Funding Application to the following email address.

Additional Recipient Email

Erin.Fink@ventura.org