

**Redwoods Rural Health Center**

*Street Outreach Program Proposal to  
DHHS County of Humboldt for  
RFP DHHS2025-01*

Submitted April 25, 2025

## 1.0 Introductory Letter

- **Grant: Homeless Housing, Assistance & Prevention Program (DHHS2023-02)**
- **Applicant Organization: Redwoods Rural Health Center, Inc.**
- **Contact: Seth Whitmer, Executive Director/Michele Hernandez, Community Supports Dept. Manager**
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Redwoods Rural Health Center (RRHC), a 501(c)(3) nonprofit health center serving Southern Humboldt since 1976, respectfully requests continued support through HHAP Round 5 to sustain and expand its Street Outreach and Community Supports Services (CSS) programs. Originally launched to address the urgent needs of individuals experiencing homelessness in one of California’s most rural and economically fragile regions, RRHC’s outreach program has evolved into a trusted and effective intervention—combining evidence-based engagement, housing navigation, behavioral health integration, and long-term stabilization supports.

As the only Coordinated Entry System (CES) access point in Southern Humboldt, RRHC plays a critical role in connecting unhoused individuals to the broader regional housing system. In 2024 to date, RRHC has served over 109 unique individuals, completed more than 700 documented outreach encounters, and supported 3,286 drop-in visits at the CSS office. Between January and April 2024, RRHC successfully housed 11 individuals and continues to support many others through active navigation and case management.

This proposal supports the staffing framework that sustains this work: the Community Supports Department Manager, Housing Specialist, and Community Supports Case Manager, who together deliver consistent, trauma-informed, Housing First-aligned support. Funding will also allow RRHC to continue hosting monthly outreach events in welcoming, non-institutional settings—a key strategy for fostering engagement. These events offer low-barrier access to meals, hygiene supplies, Medi-Cal and CalFresh enrollment, and case management services. As part of an evolving service model, RRHC is partnering with Sohum Housing Opportunities (SHO) to expand shower and laundry access for unhoused clients not enrolled in SHO programs, while revamping outreach events to maintain trusted, community-centered access points.

RRHC is also implementing a federal HRSA Behavioral Health Expansion (2024–2026) grant, adding licensed behavioral health staff to its CSS Annex to address co-occurring conditions that often act as barriers to housing stability. These efforts directly align with HHAP’s emphasis on systems coordination and holistic care. RRHC continues to strengthen partnerships with organizations such as SHO, Aegis, and Partnership HealthPlan to enhance referrals, shelter support, and access to behavioral health and substance use treatment services.

RRHC’s operations meet all HHAP compliance requirements, including HMIS and CES participation, Housing First fidelity, grievance and accessibility protocols, and rigorous outcome reporting. With continued support through HHAP Round 5, RRHC will sustain and expand the impact of its outreach services, ensuring that the most vulnerable members of the community have access to housing, healthcare, and the dignity they deserve.

## 2.0 Signature Affidavit

### REQUEST FOR PROPOSALS NO. DHHS2025-01 HOMELESS HOUSING, ASSISTANCE AND PREVENTION PROGRAM

#### ATTACHMENT A – SIGNATURE AFFIDAVIT (Submit with Proposal)

REQUEST FOR PROPOSALS – NO. DHHS2025-01 SIGNATURE AFFIDAVIT	
NAME OF ORGANIZATION/AGENCY:	Redwoods Rural Health Center
STREET ADDRESS:	PO Box 769
CITY, STATE, ZIP	Redway, CA 95560
CONTACT PERSON:	Seth Whitmer
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Government Code Sections 7920.00, *et seq.*, the “Public Records Act,” define a public record as any writing containing information relating to the conduct of public business. The Public Records Act provides that public records shall be disclosed upon written request, and that any citizen has a right to inspect any public record, unless the document is exempted from disclosure.

In signing this Proposal, I certify that this firm has not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or agency to submit or not to submit a Proposal; that this Proposal has been independently arrived at without collusion with any other Proposer, competitor or potential competitor; that this Proposal has not been knowingly disclosed prior to the opening of Proposals to any other Proposer or competitor; that the above statement is accurate under penalty of perjury.

The undersigned is an authorized representative of the above-named agency and hereby agrees to all the terms, conditions and specifications required by the County in Request for Proposals No. DHHS2021-04 and declares that the attached Proposal and pricing are in conformity therewith.

 Signature	Executive Director Title
Seth Whitmer Name	April 24, 2025 Date

This agency hereby acknowledges receipt / review of the following Addendum(s), if any)  
Addendum #  Addendum #  Addendum #  Addendum #

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## **4.0 Professional Profile**

### **4.1 Organizational Overview**

Redwood Rural Health Center (RRHC) is a Federally Qualified Health Care (FQHC) organization founded in 1976 as a non-profit rural health clinic. RRHC offers medical, dental, behavioral health, acupuncture, and perinatal services at its main facility located at 101 West Coast Road in Redway. Additionally, RRHC preventive and supportive services, including immunizations, cancer screening, women's health, diagnostic labs, dental care, behavioral health counseling, and acupuncture as well as transportation, food assistance, insurance and other benefits eligibility, case management, telemedicine, patient self-management education, homeless outreach, a street medicine program and has operated both emergency shelter and extreme winter weather shelter operations.

The Community Supports Program largely operates from its offices at 76 Briceland Thorne Rd., Redway, which houses the Case Managers, Housing placement specialist, Street Outreach program staff, as well as the hospitality and emergency needs supplies. Beginning in summer 2025, Behavioral Health Services will begin operations at that site as well. In addition to the 101 West Coast Rd. site, RRHC has a second dental office at 217 Briceland Thorn Road, in Redway, as well an office in Fortuna offering acupuncture and chiropractic services. The medical team also travels to rural sites with the Mobile Medical Office. And medical, dental and behavioral health conduct school-based services during the school year.

RRHC served 7,375 unique patients in 2024, 60% (4,425) of whom are low-income residents (i.e., earning at or below 200% of FPL). The RRHC service area spans roughly 2,000 square miles and includes 25 zip code tabulation areas (ZCTAs) primarily serving Humboldt County, northern Mendocino County, and southwestern Trinity County. RRHC's service area harbors a total population of 82,673.<sup>1</sup> The service area's target population is comprised of 31,895 total low-income residents, representing 39% of the total population.

### **Mission Statement**

"We envision the clinic as a place where the needs of the whole person are met: body, mind, and spirit; thereby improving the health of our entire community. Redwoods Rural Health Center serves the entire community by providing excellent, client-responsive healthcare, drawing upon traditional and non-traditional modalities. Our practice is holistic, interdisciplinary, and seeks to identify and heal root causes of illness, using the best tools available. We achieve our vision through financial and operational stability, proactive governing policies, respect for core values, and an outcomes-based system of accountability while retaining highly qualified staff and board within a respectful and inclusive environment. RRHC acts as a leader in developing consciousness of good health through advocacy, outreach, and innovative partnerships within our community."

### **Current Staffing Levels**

Redwoods Rural Health Center currently employs 78 team members. RRHC administrative offices house the Executive Director, Program Director, Payroll/Accounting staff, Admin/Quality Improvement Assistant, Director of Operations, Maintenance Technician, Housekeeping, Transportation Coordinator and Drivers, QI Coordinator, Billing, Referrals,

Medical Records, and the Call Center. RRHC's Behavioral Health team includes six licensed therapists, an Integrated Behavioral Health Services Care Coordinator, and a Case Manager/Patient Services Assistor. The Medical Team includes four licensed providers, two nurses and certified medical assistants. In addition, RRHC has two contracted perinatal providers and a nutrition educator. The dental team consists of five Dentists, a registered dental hygienist, and Dental Assistants.

### **Project Staffing**

This proposed project will support a core Community Supports Services (CSS) team, including the Community Supports Department Manager, Housing Specialist, and Community Supports Case Manager. The team operates Monday through Friday, as well as during scheduled outreach events, to ensure consistent, accessible support for clients across Southern Humboldt and the broader region.

### **Community Supports Program Manager**

The CS Program Manager provides leadership and oversight of all housing-related programs and personnel. Responsibilities include recruiting, hiring, training, and supervising the CSS team, as well as managing all programmatic contracts and grants. The Program Manager participates in local and county-level housing and homelessness collaborative meetings, oversees administrative reporting, and ensures compliance with funding and data systems. They work closely with the RRHC Grants Department to complete all funder-required reports and manage invoicing processes. The Program Manager also provides oversight of Coordinated Entry and Homeless Management Information System (HMIS) participation, including quality control and communication with the county's HMIS lead.

### **Housing Specialist**

The Housing Specialist focuses on securing permanent housing for individuals and families experiencing homelessness, while also supporting emergency shelter diversion as needed. This role includes housing navigation, landlord engagement, case management, and coordination with the county's housing resources. The Housing Specialist conducts VI-SPDAT assessments, participates in the Coordinated Entry System Prioritization Committee, and leads HMIS data entry for housing services. They also support tenant-landlord mediation, voucher navigation, and wraparound service planning in collaboration with the CSS team.

### **Community Supports (CS) Case Manager**

The Community Supports Case Manager provides direct outreach and case management to individuals and families experiencing homelessness, both in the field and at RRHC's Community Supports office. They assist clients in developing individualized care plans, navigating benefits, completing housing applications, and accessing emergency supplies, transportation, and referrals to behavioral and physical health services. Case managers also ensure accurate data entry and reporting to support billing and quality improvement tracking. Working closely with RRHC's clinical departments and external partners, they provide coordinated, wraparound services that adapt to client needs in real time. Their consistent engagement helps bridge service gaps and foster long-term, trust-based relationships that are critical to each client's stability and progress toward permanent housing.

### **RRHC History**

In the early 1970s, a small group of Southern Humboldt residents began organizing to create a local health care system that reflected the needs, values, and lived experiences of their rural community. Among them were midwives, alternative healers, and individuals who had faced dismissive or discriminatory treatment in mainstream medical settings—often due to income level, cultural identity, or countercultural appearance. Officially founded in 1976, Redwoods Rural Health Center (RRHC) was born from a vision of healthcare that is respectful, community-led, holistic, and inclusive of diverse healing modalities. This vision continues to guide RRHC's mission to provide compassionate, person-centered care that treats the whole individual.

Over the past five years, the Southern Humboldt region has faced profound economic and social shifts. The decline of the unregulated cannabis economy—once a major informal driver of local income—has created widespread financial instability, housing insecurity, and increased behavioral health needs. These changes have come at a time when public funding for safety-net services remains unpredictable, placing added pressure on local health systems to do more with less. Despite these challenges, RRHC has remained a trusted anchor in the community, adapting with creativity and determination to address both emerging and longstanding gaps in care.

To respond to increasing social complexity, RRHC built a robust Community Supports (CS) team, primarily funded through California's CalAIM initiatives. This team addresses the intersecting needs of individuals experiencing homelessness, behavioral health challenges, and poverty by connecting them with housing supports, medical and mental health care, transportation, food access, and case management. RRHC has also partnered with the Humboldt County Department of Health and Human Services to provide emergency and extreme weather shelter services when funding is available. These efforts reflect the health center's enduring commitment to whole-person care and social justice.

From the beginning, RRHC has blended community-based practices with clinical innovation, advocating for approaches that treat the physical, emotional, and spiritual dimensions of health. What began as a radical departure from traditional healthcare has evolved into a respected model for rural care delivery. Today, RRHC offers comprehensive services including medical, dental, nutrition education, perinatal care, behavioral health, telehealth, acupuncture, suboxone treatment, and enabling services that address social determinants of health. These include insurance enrollment, patient self-management education, case management, outreach to unhoused individuals, and, when resources permit, basic needs support such as food, hygiene supplies, and emergency shelter.

### **RRHC Does Not have Litigation, Convictions, Debarments, Suspensions, or Controlling Interests**

RRHC has not been involved in any litigation of the proposed HHAP project that has been brought by or against the Proposer, including the nature and result of such litigation. RRHC has not had any fraud convictions related to the provision of services and/or capital improvements equivalent to those that will be provided as part of the proposed HHAP project. RRHC does not have any current or prior debarments, suspensions or other ineligibility to participate in public contracts. RRHC has not had any violations of local, state and/or federal regulatory

requirements. RRHC does not have any controlling financial interest in any other organization and is not owned or controlled by another organization.

#### **4.2 Overview of Qualifications & Experience**

##### **1. Organizational Overall Experience**

RRHC provides several health and outreach services as determined by the needs of our population. Services are provided either directly or through referral.

RRHC's Core Services include:

- General Primary Medical Care
- Diagnostic Laboratory
- ECD and Health Screenings
- After-hours Coverage
- Voluntary Family Planning
- Immunizations
- Well Child Services
- Gynecological Care
- Pharmaceutical Services
- Dental Services
- Behavioral Health
- Substance Use Disorder Services
- Health Education
- Acupuncture
- Telehealth Specialty Care
- Translation

Additional Services Provided by RRHC include:

- Case Management
- Eligibility Assistance
- Outreach
- Additional Enabling and Supportive Services
- Transportation
- Access to Coordinated Entry System/  
Entry Point



In addition to providing comprehensive primary care, Redwoods Rural Health Center (RRHC) offers a range of enabling services that address the social and logistical factors influencing health outcomes. These supports include transportation assistance, food access resources, health insurance enrollment support, case management, telehealth, and patient education programs focused on self-management and wellness. RRHC also conducts targeted outreach to individuals experiencing homelessness to ensure equitable access to care and services.

To meet the language needs of its patient population, RRHC employs bilingual medical staff who provide in-person interpretation for Spanish-speaking clients. When in-person interpretation is not available, the health center utilizes an on-demand video interpretation service, ensuring that language is never a barrier to quality care.

As a Certified Enrollment Entity for Covered California, RRHC plays a key role in helping uninsured individuals navigate the healthcare system. Every new patient is screened for coverage options, and those needing assistance are referred to as one of RRHC's trained Eligibility Assistors. These staff members guide patients through the application process for Medi-Cal and other insurance options, assist with plan changes during open enrollment, and provide ongoing support for annual re-certifications. To support older adults, RRHC also partners with the Health Insurance Counseling and Advocacy Program (HICAP), offering appointments with a certified counselor one day per week during Medicare open enrollment and monthly throughout the year.

#### **Experience Providing Street Level Homeless Services**

In addition to general medical, dental, and behavioral health care, RRHC has a long history of providing outreach and social support services to our most vulnerable populations, including our homeless community members. Last year, RRHC served over 420 homeless clients. Current support services include:

- Enrollment assistance with county services such as CalFresh and Medi-Cal
- Entry point to the County coordinated entry system, housing placement and retention services
- Non-perishable food pantry & no cost nutrition education services
- Emergency need supplies such as hygiene items, tents, sleeping bags
- Substance Use Disorder services
- Phone power bank exchange program
- Integrated Behavioral Health Services Care Management
- Both healthcare and outside agency referrals
- Mobile Shower Events
- Mobile Medical and Dental Services
- Virtual and On-Site Behavioral Health Services
- Transportation to appointments/events
- Community Resource Library (self-growth/behavioral health supports and supplies)
- RRHC Patient Housing Assistance Fund

The overarching collaborative nature of the Community Supports program hinges on relationships with the natural leaders in our local homeless population, actively including them in the development of services and policies, honoring their experience and wisdom on the topic of

homelessness, allowing us to develop services that our community members want to receive and will utilize. Building and maintaining these relationships is the core of the success of our community supports programming. Additionally, RRHC is excited to participate in and provides supportive leadership to the development of South County Homes for All, a collaborative of local community members, agencies and organizations working to reduce barriers and increase access to housing in southern Humboldt County.

#### **RRHC Capacity and Government Collaboration**

RRHC has been providing community-based services since 1976 and has decades of experience successfully managing grants and contracts and submits monthly, quarterly, and annual reports. RRHC also has staff dedicated to invoicing and billing. Currently RRHC manages 14 grants and contracts and has four pending applications for services and technology upgrade funding. 2024-2025 grants/contracts include but are not limited to:

- CalFresh - \$48,000 for eligibility assistance, nutrition counseling, and on-site food bank.
- Partnership Health Plan - \$5,000 for a Telemedicine Coordinator Support Grant for telemedicine supportive services.
- Health Resources and Services – over \$3,500,000 spread across four separate grants. The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving health care to people who are geographically isolated, economically or medically vulnerable. These grants include support for Early Childhood Development and Lead Poisoning education and screening and core services.
- Delta Dental - \$100,000 for support of periodontal referrals for youth and support for low-income seniors
- HRSA – \$391,000 for Early Childhood Development Screening – to increase awareness and support for timely development screening in children aged 0-5.
- HRSA – \$1.1M over two years to support Behavioral Health Expansion – support to integrate the Community Supports Program and Behavioral Health to provide fully wrapped services for homeless persons and clients living with substance abuse disorders.
- Kaiser PHMI – \$252,000 Practice Transformation incentive grant funding

#### **Administrative and Legal Understanding Requirements**

RRHC has written policies, procedures, and best practices which demonstrate RRHC's ability to address the needs of the Target Population including Housing First Principles and Practices that are in compliance with Humboldt County's Housing First Principles that are attached in the supplemental documentation. The project will also provide additional best practices such as Trauma Informed Care, ACES (Adverse Childhood Experiences), Motivational Interviewing, Harm Reduction, and Client Centered Practices. These are described in further detail in the project description of this proposal.

RRHC also has board approved conflict of interest, grievance procedures, non-discrimination and accessibility procedures that meet local, state and federal laws. RRHC has written fiscal and accounting policies and procedures that demonstrate its ability to track services and all costs and expenses incurred for the proposed project and written technical policies and procedures to participate as an entry point for Humboldt County's Coordinated Entry System and HMIS data

collection policies and procedures as outlined in the Project Description portion of this proposal. Included in those written policies are Client Rights, Confidentiality/HIPPA, Informed Consent (HMIS and project), Release of Information, Voluntary Participation, etc. We also have a written employee handbook that includes personnel policies and procedures. RRHC has written record retention policies and procedures in accordance with applicable local, state and federal laws, regulations and standards.

### **Collaboration & Partnerships**

Over the last decades, RRHC has developed long term partnerships in the community towards overall health and wellbeing in the community.

- **South County Homes For All Council (SCHFA)**: A group of nonprofits and community leaders gathering to address the housing needs of their constituents in southern Humboldt County. Since late 2019, RRHC has been participating in the SCHFA. Currently, the SCHFA council consists of representatives from Vocality Community Credit Union, RRHC, SoHum Housing Opportunities, Southern Humboldt Community Healthcare District, Family Resource Center, Humboldt Area Foundation, & Cedar Street Senior Apartments.
- **Southern Humboldt Community Healthcare District (SHCHD)**: Operates a critical access hospital, emergency room, community clinic, skilled nursing facility, and pharmacy. We collaborate in numerous ways including diagnostic services, radiological services, and RRHC's medical director is on the staff of the hospital.
- **Southern Humboldt Unified School District (SHUSD)**: RRHC partners with the local schools to offer on-site school-based services including medical, dental and behavioral health.
- **Humboldt County Public Health Branch**: RRHC is an active participant in Humboldt County's Public Health meetings addressing the COVID pandemic and supporting disaster preparedness.
- **North Coast Clinics Network**: A Humboldt County based consortia of community health centers in Humboldt, Trinity, and Del Norte counties. RRHC's Executive Director is the president of NCCN's board. The group works together to collaborate on quality improvement, recruitment efforts, and funding opportunities.
- **SHO (Sohum Housing Opportunities)** – RRHC CSS is providing Contracted Case Management Services for the SHO ERF-3 Interim Emergency Shelter Safe Camp project. SHO currently has three rooms in a local motel where they are placing clients while they get the 10 spot Safe Camp established at the former Garberville Grange property. Included in the Safe Camp will be a commercial kitchen; washer/dryers; and bathroom/shower facilities.
- **First 5 Humboldt** – RRHC is contracted with First 5 to employ a Community Health Care Worker to provide in-home visits for new families with children ages 0-5.

Commented [DW1]: Please let me know if I am missing something or have acronyms wrong

#### **4.3 Project Staff Experience and Qualifications**

This proposed project will provide support for our CS Program Manager, our Housing Specialist and our CS Case Manager. This project will be staffed Monday through Friday and during community events where there are opportunities for outreach.

**The Executive Director (ED)** is the top executive position and maintains broad oversight in terms of policy, mission, and strategy as charged by the Board of Directors. The ED is responsible for all administrative, human resources, financial, operational, public relations, and clinical functions of the health center, and actively manages all day-to-day operations. RRHC's management team is led by our new Executive Director, Seth Whitmer, MHA.

Mr. Whitmer is an experienced healthcare executive with over two decades of leadership in hospital administration, rural health systems, and Federally Qualified Health Centers (FQHCs). He most recently served as CEO of Intermountain Healthcare's critical access hospital in Idaho, where he led strategic planning, operations, and quality improvement initiatives. Prior to that, Mr. Whitmer held senior leadership roles in several rural health organizations, focusing on operational efficiency, provider recruitment, and integrated care delivery. He brings to RRHC a strong background in team development, community-based healthcare models, and performance-driven management. Mr. Whitmer holds a Master of Healthcare Administration and has been recognized for his collaborative leadership style and deep commitment to improving rural health outcomes.

#### **Project Staffing**

*Job descriptions are included in Section 6.0 – Supplemental Documentation.*

Each individual staff member of the Street Outreach Team has extensive experience working with individuals experiencing homelessness. At a minimum, each staff member is expected to execute their duties with compassion and respect, working to respond to client needs in an efficient and professional manner so that positive relationships are built and maintained. The unit functions as a team, with each member cross-trained and able to assist in all aspects of case management to ensure continuity of services.

RRHC is committed to staff development and provides consistent training as well as opportunities to build skills as evidenced through a recent agency leadership initiative to provide organization-wide all staff training in the following areas:

**Suicide Prevention and Intervention Training.** We will provide Question, Persuade, Refer (QPR) training to medical and behavioral health providers and case managers through local providers and the Suicide Triage Training QPR Institute.<sup>1</sup> This will be an in-person opportunity for the whole team to enhance workflow development that supports patients with suicidal

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<sup>1</sup> <https://qprinstitute.com/>

ideation, depression and anxiety. Our team will be encouraged to complete an associated online self-guided training <https://qprinstitute.com/professional-training>. RRHC will also support our team to complete the online program through Zero Suicide, Seven Zero Suicide Elements.<sup>2</sup>

**Adverse Childhood Experiences (ACES) Training.** All RRHC Staff will receive training through the “online collaborative learning” collection through the Academy on Violence and Abuse.<sup>3</sup> Staff will watch the videos as a team, followed by a facilitated debriefing conversation to reinforce the concepts, information and improvement ideas gleaned from the trainings.

**Focus on Trauma Informed Approaches** Training topics include improving integration of co-occurring treatment of trauma and substance abuse; approaches for understanding trauma, PTSD and complex PTSD as keys to working with individuals at risk for suicide or self-harm; de-escalation, and grounding safety planning practices.

The **Community Supports Department Manager** position is dedicated to this project at .45 FTE and is responsible for recruiting, hiring, training and/or facilitating training, and directly supervising all housing staff. They report directly to the Director of Operations, oversee all contracts and grants, participates in local & County housing and homeless collaborative meetings, and provides regular program reports. In collaboration with the grant writer, they will complete monthly, quarterly, annual reports to funders and facilitate invoicing with contractors monthly. They will provide oversight of both the Coordinated Entry Program and the County’s Homeless Management Information System (HMIS) data and complete all required administrative reports, work with RRHC’s case managers to correct errors, and be in direct contact with the County HMIS lead.

The job duties of the Community Supports Department Manager may include, but not limited to the following:

- Assists with development of grant proposals to ensure support services are provided to the health center and community.
- Devises project work plans - estimates, budgets, timetables, and resources needed.
- Assists with reviewing and editing grant proposals and preparation of grant budgets.
- Communicates project objectives effectively to employees, contractors and partners associated with the project.
- Manages grant projects to ensure activities are completed according to requirements, policies, and guidelines.
- Responsible for keeping projects on track and completing key program tasks in a timely manner.
- Anticipates needs of the grant and develops recommendations for filling these needs.
- Collects data using various data collection methods such as interviews and surveys.
- Coordinates with RRHC employees’ external collaborators and maintains good relations.
- Problem solving and conflict resolution for project issues and delays.
- Ensures the grant projects comply with all legal or regulatory requirements.
- Performs other duties as assigned.

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<sup>2</sup> <https://zerosuicide.edc.org/about/framework>; <https://zerosuicide.edc.org/resources/resource-database/suicide-care-training-options>

<sup>3</sup> <https://www.avahhealth.org/aces/aces-study-videos.html>

The **Housing Specialist** for this proposal is dedicated .75 FTE and is responsible for the placement of houseless individuals and families into permanent housing and diversion into shelter when necessary. They will work with the RRHC Community Supports team to assist clients in obtaining permanent housing in collaboration with the county and landlords; participate in weekly case management sessions with clients, make referrals, complete documentation, and discharge planning. They will work closely with other community providers to ensure a seamless system of care. Additionally, they will be responsible for HMIS data entry, Coordinated Entry intake and completion of VI-SPDAT, and participation on the Coordinated Entry System Prioritization Committee. The Housing Specialist will participate in regularly scheduled case management meetings as well as coordinate Multi-Disciplinary Team meetings as needed. They will work to resolve any landlord tenant issues and assist with housing vouchers, etc. This position works closely with the Case Manager to ensure that individuals receive supportive services and referrals necessary for successful housing placement.

The **Community Supports (CS) Case Manager** for this proposal is a dedicated 1.0 FTE. This position provides outreach and emergency services to the houseless population at offsite events and at our Community Supports office. Additionally, they provide case management services including the development of individualized care plans, referrals, supportive services, transportation and direct outreach to homeless individuals and families.

## **5.0 PROJECT DESCRIPTION**

### **5.1 Project Design**

#### **Need for Services**

The 2024 Humboldt County Point-in-Time (PIT) Count identified 1,573 individuals experiencing homelessness across the county. Of those, 89 individuals were counted in Southern Humboldt—including concentrations in Redway, Garberville, and nearby communities such as Miranda, Myers Flat, and Phillipsville. This reflects a significant decrease from the 2022 PIT count, when 241 individuals were recorded in the region. Several factors contributed to this change: between 2022 and 2024, approximately 75 individuals from Southern Humboldt were successfully housed through coordinated housing efforts, and the decline of the cannabis industry dramatically reduced the number of transient, seasonal workers (“trimmigrants”) who historically contributed to local unsheltered counts. What remains today is a largely stable population of chronically homeless individuals who are deeply rooted in the community. Although Southern Humboldt accounts for only about 5% of the county’s general population, it continues to represent a disproportionately high share of the county’s unhoused residents, underscoring the persistent geographic and service disparities that RRHC’s programs are designed to address.

In response to this ongoing need, Redwoods Rural Health Center (RRHC) implemented a Street Outreach Program that has demonstrated measurable impact. Between September 2022 and August 2023, RRHC served 300 patients experiencing homelessness. Within that period, RRHC’s housing team successfully placed 51 individuals into permanent housing—supporting

approximately 20% of the homeless population in its service area. With HHAP 5 funding, RRHC aims to sustain this level of effectiveness while expanding countywide, with a goal of increasing the housing placement rate to 30% over the next five years through continued use of data-informed, evidence-based approaches.

This project continues RRHC's integrated street outreach model, combining low-barrier engagement with housing navigation and wraparound case management. Outreach staff conduct regular site visits across the county, offering emergency supplies, service linkages, and entry into care. Case managers provide individualized support with intakes, service planning, and follow-through for housing, public benefits, medical care, mental health and substance use treatment, and vocational resources. Clients are prioritized through the Coordinated Entry System (CES), and services are delivered according to Housing First principles: housing is not contingent upon sobriety or service participation, and client choice is respected throughout the process.

The Street Outreach Program remains vital in a rural region where access to services is often hindered by geographic isolation and inadequate transportation infrastructure. While public transit options exist, they are not feasible for many people experiencing homelessness, particularly those in remote communities. RRHC now has a reliable transportation vehicle that allows staff to bring clients to critical appointments, support housing transitions, and participate in service coordination events countywide—an asset that has proven essential to our outreach strategy.

RRHC's approach incorporates multiple evidence-based practices. Staff provide trauma-informed care, harm reduction, motivational interviewing, and problem-solving therapy as appropriate. The Housing Specialist supports clients through the entire housing process, including assistance with applications, documentation, landlord negotiations, and moving logistics. They also cultivate and sustain landlord partnerships, helping address concerns that may arise post-placement and facilitating stability for newly housed clients. Financial barriers such as deposits, utility setup, or credit issues are addressed on a case-by-case basis using a combination of direct support and referrals.

### **Case Management**

Each participant in the program is assigned a dedicated Case Manager or Housing Specialist who serves as their primary point of contact throughout the housing navigation process. Staff begin by conducting a vulnerability assessment using the VI-SPDAT tool and then work collaboratively with the client to develop an individualized care plan. Ongoing case management includes regular progress tracking and updates to ensure alignment with the client's goals and needs. Each case file includes detailed documentation, including assessments, service referrals, care plans, progress notes, and entries into the Homeless Management Information System (HMIS), all handled in accordance with strict confidentiality and data-sharing protocols.

The Community Supports team provides both in-office and field-based support, engaging individuals and families experiencing homelessness through outreach activities and walk-in services at RRHC's Community Supports office. Case managers assist clients in navigating public benefits, completing housing applications, and accessing services such as behavioral health care, primary care, transportation, and emergency supplies. Their real-time responsiveness

allows the team to provide wraparound care that adjusts as client circumstances evolve. These efforts are coordinated with RRHC's clinical departments and community-based partners to ensure services are comprehensive, timely, and non-duplicative.

The Housing Specialist on staff also serves on the County's Coordinated Entry System (CES) Prioritization Committee and plays a key role in maintaining HMIS compliance for the project. This position also provides landlord engagement, support around tenant issues, and facilitation of housing voucher processes to ensure clients are well-positioned for housing success.

#### **Continuing Care**

RRHC's commitment to its clients continues after housing placement. Ongoing case management is provided for a minimum of six months post-placement, and up to one year when needed, with the goal of supporting long-term stability. Within five business days of intake, each client receives a Housing Sustainability Plan tailored to their circumstances and goals. This extended care includes continued coordination of services, support with life skills, and community integration to help ensure housing retention and improved overall well-being.

#### **Service Coordination**

Case managers play an essential role in coordinating care across RRHC departments and external agencies. Clients are connected to a range of supports including behavioral and physical health care, substance use treatment, employment resources, food assistance, and SSI/SSDI enrollment. RRHC's integrated model ensures that care plans are comprehensive, and client driven. Staff maintain frequent communication across service lines to eliminate redundancy, address service gaps, and problem-solve emerging barriers.

#### **Administrative Oversight**

Program operations are overseen by a dedicated Program Director who manages day-to-day supervision of the outreach and case management teams. The Director ensures program alignment with grant goals, facilitates continuous quality improvement, and oversees compliance with fiscal and reporting requirements. They collaborate closely with RRHC's Grants Department to prepare timely invoices and performance reports and represent the organization in coordination meetings at both the county and regional levels.



## **Key Project Activities:**

### **5.2 Street Outreach Project Logic Model**

<b>Inputs</b>	<b>Activities</b>	<b>Population</b>	<b>Short-term outcomes</b>	<b>Medium-term outcomes</b>	<b>Long-term outcomes</b>
<p>Staff – Programs Director, Case Manager, Housing Case Manager,</p> <p>Staff Training.</p> <p><b>Evidence Based Practices.</b></p> <p>Housing First Model</p> <p>Motivational Interviewing OARS, Trauma-Informed Care, Person Centered practices.</p>	<p>*Street Outreach to encampments to provide information, resources, access to services and transportation to appointments.</p> <p>*Provide case mgmt. services (housing sustainability plan).</p> <p>*Provide quick assessment of urgent or emergency needs. Conduct Assessment (VISPDAT) to prioritize needs based on vulnerability.</p> <p>*Provide Referrals and transportation to ancillary providers – mental health, substance abuse, health, social services, Life skills programs, job training, vocational training, education, housing applications and landlord negotiations assistance COVID education and personal protective equipment</p>	<p>Houseless individuals/families residing in the streets and/or encampments who meet the federal definitions of homelessness including transition age youth.</p>	<p>*Place at least 20% shelter clients and street level homeless individuals/families into permanent housing within 12 months of entry into services.</p> <p>*Reduce street level homelessness by at least 25% during the second year.</p> <p>*Increase length of time that individuals and families are permanently housed by at least 10% during first year of operations.</p> <p>*Engage and link at least 55 homeless folks residing in encampments to shelter and supportive services.</p> <p>*Reduce law enforcement contact with homeless</p>	<p>*Retain individuals and families in permanent housing for more than two years</p> <p>*Reduce encampment population by at least 25%.</p> <p>*Increase overall health and wellbeing of homeless individuals and families by 50%.</p> <p>*Reduce emergency room visits by at least 40%.</p> <p>*Reduce street level homeless population by 30%.</p>	<p>*Increase overall health and well-being of houseless individuals and families by 50% within 5 years.</p> <p>*Decrease encampment and street level homelessness by 30% within 5 years.</p> <p>*Reduce returns to homeless by 50% within 5 years.</p> <p>*Increase community support and positive interactions</p>

### **Street Outreach Program**

Redwoods Rural Health Center's Street Outreach Program employs a multifaceted, person-centered approach to engage individuals and families experiencing homelessness throughout Southern Humboldt and neighboring areas. Outreach staff conduct direct engagement in encampments and public spaces across the region, building trust and offering immediate resources such as hygiene supplies, transportation, food, and emergency support. These early contacts serve as vital gateways to the broader continuum of services offered through RRHC. Clients also connect with RRHC through scheduled appointments and walk-in hours at the Community Supports office, where case managers assist with housing applications, benefit navigation, referrals to care, and development of individualized care plans. Referrals come from a wide range of partners—including emergency shelters, family resource centers, recovery programs, and other outreach providers countywide—as well as through self-referral or internal handoffs from RRHC's primary care, dental, and behavioral health teams.

A central feature of the Street Outreach Program has been RRHC's monthly Community Shower Gatherings, historically held at a local campground. These events have provided a low-barrier environment where individuals could access hot meals, showers, essential supplies, and direct engagement with case managers. Staff from Medi-Cal and CalFresh programs were regularly on-site to assist with benefit enrollment and facilitate connections to broader care systems. Moving forward, RRHC is evolving its service delivery model through a new partnership with Sohum Housing Opportunities (SHO). Under this model, RRHC will fund shower and laundry access for CSS clients who are not enrolled in SHO programs, providing more consistent hygiene services while expanding outreach flexibility. In addition, RRHC is planning to revamp its community outreach events—continuing to offer meals, supplies, and case management opportunities—to maintain trusted, welcoming access points for individuals who may otherwise avoid traditional service systems.

In 2023, RRHC launched a Street Medicine pilot project designed to extend medical services into the field alongside outreach efforts. The pilot demonstrated strong results, particularly in reaching clients with untreated or undiagnosed conditions. However, the program is currently on hold due to the expiration of dedicated funding. RRHC hopes to revive this initiative in the future, building on the model's success and integrating it with newly expanded behavioral health offerings.

The outreach team continues to work closely with RRHC's Integrated Behavioral Health Services (IBHS), and Community Supports Services (CSS) programs to provide wraparound care. With the 2024 award of a federal HRSA Behavioral Health Expansion grant, RRHC is now actively scaling its mental health and substance use treatment infrastructure. This opportunity allows the organization to embed behavioral health professionals into its outreach operations, improving care coordination and increasing access to therapeutic services for individuals facing complex, co-occurring needs. During the first year, efforts will focus on staff recruitment, referral systems, and partial implementation of expanded services. The second year will move into full-scale delivery and sustainability planning.

RRHC's outreach model is rooted in housing-first principles, trauma-informed care, and harm-reduction strategies. Case managers remain engaged with clients whether or not they qualify for housing services, ensuring they are connected to alternative support services and receive follow-up when possible. Participation in the program is entirely voluntary, and services are never contingent upon treatment compliance or service participation. Clients are only exited from the program if they choose to disengage.

Through ongoing adaptation and expansion, RRHC's Street Outreach Program remains a cornerstone of care for some of the most vulnerable residents in the region—offering not only pathways to housing but a consistent, compassionate presence in the community.

### **Case Management Tools and Assessment**

Vulnerability Index Service Prioritization and Decision Assistance Tool (VI-SPDAT)

The VISPDAT is an evidence-informed approach to assessing an individual's or family's acuity. The tool, across multiple components, identifies the areas in the person/family's life where support is most likely necessary in order to avoid housing instability. The VISPDAT is used as both a prioritization tool and as a case management tool in RRHC's programs and services. As a prioritization tool, the VISPDAT is completed with households by the case manager to determine the most appropriate housing intervention for the household, and to determine the types of assistance that may be appropriate to assist the client. The VISPDAT is used to determine the household's priority in being served, in the event that there are not enough resources to serve all households in need of services.

As a case management tool, the VISPDAT is used by case managers and households to identify areas of strength and challenge the household may face in maintaining housing stability, and to develop Housing Stability Plans that address the household's barriers. The VISPDAT is intended to be completed frequently during intake/ enrollment (or within 5 days of entering a shelter), and regularly thereafter. In the emergency shelter, this may include updates every 30 days. In Rapid Re-Housing, this includes updates at least once every 90 days. The caseworker completing the VISPDAT is expected to share the assessment with the household's other caseworkers. In many cases, it may be appropriate for a household's other case worker(s) to be interviewed or present during the completion of the VISPDAT in order to ensure that the household's history is being reported accurately.

A copy of every VISPDAT will be provided to the household and maintained in the client's case file. The VISPDAT will be used in conjunction with the Household Budget to develop the Housing Stability Plan. It is expected that the components in the VISPDAT that are identified as barriers to housing stability are addressed in the Housing Stability Plan. It is expected that as the components increase or decrease in acuity, a summary of these changes are reflected in the client's Housing Stability Plan, case notes, and Re-Assessment, as appropriate. In this way, the VISPDAT forms the basis of case planning with project clients.

### **Household Budget**

An accurate understanding of a household's income and budget is a necessary tool to help clients maintain permanent housing. Prior to obtaining permanent housing, budgets help clients identify their housing price range based on their current income, and even the feasibility of renting a unit of their own if other options exist.

After obtaining housing, budgets help clients plan for bill payments, keep track of expenses, and manage spending and savings. The case managers will develop and update a Household Budget with enrolled clients. Budgets will be updated at any time income or expenses change, or at least every three months during Re-Assessment. Budgets will be reviewed with a client during development of the Housing Stability Plan, so that clients can set goals and action steps related to income/ benefits based on this budget.

### **Housing Stability Plans**

Redwoods Rural Health Center (RRHC) applies a Housing First philosophy across its housing and case management programs. Consistent with federal and state definitions, RRHC defines Housing First as an approach that prioritizes immediate access to permanent housing without preconditions such as sobriety, treatment compliance, or service participation. Housing is understood not as the reward for recovery, but as a foundational condition that makes recovery, stability, and improved health possible.

To operationalize this model, RRHC integrates Housing Stability Planning into the core workflow of case management for every client seeking housing services. At the start of services, each client is paired with a case manager or housing specialist who initiates the Housing Stability Plan (HSP). This document functions as both a goal-setting tool and a working agreement between the client and case management team. Its purpose is to clearly outline the client's housing-related goals and break them into measurable, time-bound action steps that support both rapid rehousing and long-term stability.

The Housing Stability Plan reflects client choice, readiness, and evolving needs. Goals are jointly developed, informed by tools such as the VI-SPDAT, basic needs assessments, budget discussions, and the client's own priorities. While some goals may be directly related to securing housing (e.g., submitting applications, attending viewings, acquiring documentation), others address essential supports such as income stability, behavioral health treatment, legal resolution, or community reintegration. RRHC case managers are trained in motivational interviewing and strengths-based case management, which they use to guide these conversations in a way that promotes autonomy while ensuring goals remain feasible and time-sensitive.

Action Steps under each goal specify who is responsible (client, case manager, or jointly), what must be done, and by when. Examples include scheduling a housing interview, submitting a rental application, attending a medical appointment, or completing an SSI/SSDI application. This structure allows for accountability without coercion. Case managers track progress on each step at every meeting, noting completed actions, updating timeframes, and adjusting goals based on changes in the client's situation. Plans are typically updated at least monthly, though frequency may increase depending on client need or housing opportunity timelines.

The Housing Stability Plan also supports financial accountability. When clients require financial assistance to secure or stabilize housing—such as help with deposits, back rent, or utility arrears, the Housing Stability Plan documents the nature of the assistance, the conditions (if any) attached to it, and any required client contributions. This ensures transparency and provides a

written record of mutual expectations, which is especially important for clients receiving financial assistance through housing navigation or rental subsidy programs.

RRHC's model also recognizes that many clients interact with multiple case managers across different programs and agencies. To ensure a consistent and collaborative approach, Housing Stability Plans are designed to be shared with other providers involved in a client's care. Whenever possible, case managers from different programs participate in joint planning meetings to align services and reduce duplication. When shared planning is not feasible, the lead case manager is responsible for updating and distributing the current plan to partner agencies working with the same client. This promotes coordinated care, prevents confusion, and strengthens the support network around each individual.

Housing Stability Plans are stored in each client's file, whether digital or physical, and are made available to the Program Director upon request. They are reviewed during internal audits, quality assurance processes, and client appeals to ensure that services are delivered in accordance with RRHC policy and Housing First standards. This also allows the Program Director to monitor patterns across plans—such as common barriers, frequently needed supports, or client outcomes—and to use that data to inform program improvements.

#### **Landlord Engagement and Retention**

The project will continue to support individuals and families after they are housed by maintaining active communication with landlords and offering ongoing tenancy support. Property owners will receive contact information for dedicated project staff who are available to assist with any concerns that may arise during a period of tenancy or to explore opportunities when new rental units become available. The Program Director will also collaborate with the local housing authority and other partners to ensure landlords are fully informed about, and in compliance with, the requirements of housing voucher programs and related rental assistance efforts.

In close coordination with RRHC staff, the project will offer housing search and placement support, including assistance with locating suitable units, negotiating lease agreements, participating in unit inspections, and facilitating the initial steps toward move-in. This process is approached as a professional partnership between the tenant, landlord, and housing advocate, with an emphasis on creating a stable and successful tenancy. While RRHC has limited financial resources available for this component, the project may provide support with one-time move-in expenses such as back utility bills, application fees, and deposits when funding allows.

To promote long-term housing stability, the project will also offer neutral mediation services in situations where challenges arise between tenants and landlords—such as missed rent payments, behavioral concerns, or property-related issues. These interventions often help preserve housing placements that might otherwise be jeopardized, especially when handled quickly and with sensitivity to both parties' needs. In a competitive housing market, where securing and keeping units is especially challenging, mediation can prevent costly and disruptive evictions.

Finally, the project will include education and coaching for both tenants and landlords, focused on understanding rights, responsibilities, and expectations in the rental relationship. Whether

delivered through one-on-one coaching or small group sessions, this component is designed to build mutual trust, reduce conflict, and support long-term tenancy success.

#### **Case Notes**

All interactions between clients and project staff are documented using RRHC's Electronic Health Record (EHR) systems to ensure consistency, continuity of care, and compliance with privacy standards. Currently, case notes are entered into the Epic EHR, with standardized documentation protocols for each client encounter. These notes include the date, mode of contact (e.g., phone, in-person, text), and a professional, objective summary of the discussion, actions taken, and follow-up steps. Case managers record progress toward housing and health goals, identify new action items, document service referrals, and note any topics relevant to compliance or appeals, such as behavioral agreements or service participation.

As RRHC transitions case management operations into the Epic EHR system, the project is aligning its documentation workflows to support greater integration across clinical and social service departments. Epic's shared platform will enhance real-time care coordination, allow for cross-team access to client records, and support more streamlined data sharing for housing navigation, behavioral health, and enabling services. Case management documentation within Epic will reflect the same standards of professionalism, timeliness, and objectivity established in current practice, while enabling better visibility across the care team and supporting population-level tracking of social determinants of health.

Case notes are to be entered within one week of the interaction, and all contact (including attempted communication such as voicemail or texts) must be recorded. Weekly deadlines are in place to ensure case notes from the previous week are completed by close of business each Monday.

#### **Assessment Documentation**

When case managers complete or update tools such as the VI-SPDAT, budget plans, or reassessments, this is clearly noted in the record, along with a brief summary of findings. These assessments directly inform Housing Stability Plans and ongoing care coordination.

#### **Records Retention and Data Security**

Client records—whether stored in EHR systems or hard copy—are retained for a minimum of seven years in accordance with regulatory standards. Paper files are secured in locked cabinets behind restricted-access doors and are never left in unattended workspaces. Access to electronic records is role-based and limited to authorized personnel.

#### **HIPAA and Confidentiality**

All staff and volunteers adhere to strict confidentiality guidelines and are trained in HIPAA compliance to safeguard protected health information. Whether in conversation, documentation, or file handling, RRHC maintains a high standard of privacy and professionalism in its service delivery.

### **Records Retention and Security**

Client records will be securely maintained for a minimum of seven years, in accordance with applicable record retention policies and regulatory requirements. All current paper files are kept in locked cabinets located behind locked doors within RRHC's administrative offices. At no time are client records to be left unattended in workspaces. Access is strictly limited to authorized staff.

### **Confidentiality and HIPAA Compliance**

All RRHC staff and volunteers are required to comply with the Health Insurance Portability and Accountability Act (HIPAA) and uphold strict standards of confidentiality. Privacy protections apply to both verbal and written information, and all team members receive training to ensure appropriate handling of sensitive data. The integrity and confidentiality of client information is central to maintaining trust and delivering ethical, person-centered care.

### **Program Evaluation Plan**

HMIS data will be collected to determine numbers served, demographic data, discharge and exits including destinations, increases in income, job attainment, permanent housing attainment, and housing subsidies information. Qualitative client surveys will be provided at intake and at 3-, 6-, and 9-month intervals, to measure well-being and overall programs satisfaction. The project staff will participate in and collect data on the PIT (Point in Time) Counts and compare numbers over the next 5 years commencing with the most recent PIT count. This will help to determine whether or not the number of homeless residents is increasing or decreasing. Surveys will assist in determining reasons that led to homelessness so that prevention strategies can be utilized. The project will work in partnership with the community at baseline and annually thereafter to measure community perceptions, stigma, and nimbyism.

### **HMIS Data Collection**

RRHC will sign the Humboldt County HMIS Partner Agency Agreement. All project staff will be trained in HMIS. Direct services staff will participate in the required training and the Program Director will participate in the administrative training. RRHC will also include the HMIS training manual. Included as attachments are the HMIS intake form as well as the Client Consent Agreement, HMIS Release of Information Form, HMIS Grievance procedure, HMIS Exit Form, HMIS Policies and Procedures, and intake procedures.

### **Evidence Based Practices**

The project staff will be trained in evidence-based practices including Housing First, Motivational Interviewing, Harm Reduction, Adverse Childhood Experiences (ACES), Client Centered Case Management, etc.

**Housing First** - The project embraces a "housing first" approach to ending homelessness by first helping people find or maintain permanent housing with stability and then connecting them with community, health, human, and financial services they need to prevent future experiences of homelessness. Through coordinated entry and assessment, the project prioritizes housing and services based on vulnerability and need rather than on a first come, first serve basis. Through progressive engagement, clients are given just as many services and support they need to success

in order to preserve costly interventions like permanent supportive or subsidized housing for families and individuals with significant and lasting barriers to housing stability.

The Project will embrace Humboldt County's Housing First Principles:

- Participants are moved into permanent housing as quickly as possible with no services of program readiness requirements.
- The project rules are limited to participant safety and do not try to change or control participants or their behaviors.
- The project uses a trauma-informed approach.
- The project does not require detox treatment and/or days of sobriety to enter.
- The project does not conduct drug testing
- The project does not prohibit program entry based on mental illness diagnosis and does not have a policy requiring medication and/or treatment compliance to enter.
- The project does not bar participants based on past, non-violent rules infractions.
- The project accepts all participants regardless of sexual orientation or gender identification and follows all fair housing laws.
- The project does not exclude participants with zero income and/or limited to no work history.
- The project does not terminate program participants for any of the above-listed reasons. The project also does not terminate participants for low or no income, current or past substance use, history of domestic violence, failure to participate in supportive services, failure to make progress, criminal records, with exceptions of restrictions imposed by federal, state, or local law ordinance.
- If the project entails housing placement and/or housing stability services, program staff treats eviction and/or termination of housing as a last resort. Before termination/eviction, staff will engage as many other alternative strategies as are applicable and reasonable, including, without limitation:
  - Conflict resolution
  - Landlord mediation
  - Support with rental/utility arrears
  - Tenancy skills building
  - Relocation

### **Motivational Interviewing/OARS**

All staff will be trained in and utilize Motivational Interviewing and OARS (Open ended, Affirmations, Reflection, and Summarizing) skills, which is an Evidence Based collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion. (Miller & Rollnick, 2013, p. 29). Staff will be trained on Motivational Interviewing within the first 90 days of employment and will be trained on OARS within the first 30 days of employment.

Motivational Interviewing (MI) is a guiding style of communication, that sits between following (good listening) and directing (giving information and advice). MI is designed to empower people to change by drawing out their own meaning, importance and



capacity for change. MI is based on a respectful and curious way of being with people that facilitates the natural process of change and honors our clients' autonomy.

OARS is the attending to the language of change and the artful exchange of information based on open questions and reflections presented to draw out a person's experiences and perspectives. The exchange of information respects that both the case managers and client have expertise. Sharing information is considered a two-way street and needs to be responsive to what the client is saying.

### **Trauma Informed Care**

All staff working on this project will be trained in Trauma-Informed Care (TIC), an essential framework for working effectively and compassionately with individuals experiencing homelessness. TIC is based on the understanding that trauma is both pervasive and often unacknowledged, particularly among people who have faced chronic instability, violence, or systemic discrimination. For many individuals who are unhoused, trauma is not a past event—it is an ongoing reality that shapes daily survival and interactions with service systems.

Trauma-Informed Care is not a treatment model, but an organizational philosophy that prioritizes safety, trust, empowerment, and collaboration. It recognizes that the overwhelming majority of people served, especially those living unsheltered or cycling through institutional systems—are likely to have experienced multiple forms of trauma, including physical and sexual violence, loss, displacement, and profound neglect. TIC challenges staff to shift the question from “What is wrong with you?” to “What happened to you?”—and to design services accordingly. In practical terms, this means that every aspect of service delivery—outreach, intake, case planning, housing placement, and follow-ups are designed to avoid re-traumatization. Case managers are trained to recognize trauma responses such as dissociation, mistrust, hypervigilance, and emotional withdrawal, and to avoid triggering these responses by promoting consistency, choice, and respect in every interaction. Staff are also encouraged to reflect on their own experiences and potential triggers, creating a service environment where both clients and providers feel safe and supported.

The importance of a trauma-informed approach to homeless services cannot be overstated. Re-traumatization is a real and present risk when individuals are exposed to systems that feel disempowering, chaotic, or judgmental. For people who have experienced multiple traumas, each additional incident compounds the impact, often leading to disengagement from services, emotional shutdown, or escalation in crisis behaviors. This is a key reason why some clients disengage from programs or struggle to maintain housing after placement.

By grounding all services in TIC principles, RRHC increases the likelihood that individuals will remain engaged, build trusting relationships with staff, and succeed in long-term housing. TIC enhances every element of the program—from daily outreach interactions to structured case management—and reinforces the project's broader commitment to Housing First, client autonomy, and whole-person care.

RRHC's trauma-informed model is not static; it evolves through ongoing staff training, reflective supervision, and feedback from clients with lived experience. This continuous learning ensures

that our work remains both **responsive and resilient**, in the service of individuals whose healing often begins the moment they are treated with dignity, not judgment.

#### **Client- Centered Approach**

Above all, RRHC as an organization adheres to the Client-Centered Approach through all phases of working with the clients. Best practices for a client-centered approach include:

- Assisting participants in clarifying their key values, challenges, and strengths.
- Allowing participants to drive the process of identifying goals.
- Asking motivating questions to prompt participants to determine the best course of action and to take action when ready.
- Informing participants of expressed interests and desires of the participant.
- Helping participants understand the pros and cons of different approaches and supporting them when they decide how best to meet their goals.
- Making referrals to services in partnership with participants' motivation and timeline, on the assumption that the participant is the expert

#### **ACES (Adverse Childhood Experiences)**

All project staff will receive training and be sensitive to ACES. As a best practice, RRHC has begun conducting ACEs screenings for medical patients ages 0-30. For the housing clients, RRHC staff will not facilitate ACES assessments, but it is important to understand the longer-term effects of childhood trauma and apply the fundamental principles to all interactions with clients.

#### **HARM Reduction**

In compliance with the Housing First evidence-based practice, the project will utilize Harm Reduction to address substance use rather than substance use being a barrier to accessing services. Harm reduction will focus on reducing the negative effects of substance use, rather than trying to prevent or stop the usage itself.

#### **Sustainability**

Redwoods Rural Health Center (RRHC) is committed to the long-term sustainability of its Street Outreach and Community Supports Services (CSS) programs. Delivering consistent, high-quality care to individuals experiencing homelessness, particularly those with complex behavioral health and medical needs, requires not only compassion but also strong infrastructure, sustained leadership, and reliable funding. RRHC continues to pursue diverse, long-term funding sources, including alignment with Medi-Cal reimbursable programs like CalAIM Community Supports and Enhanced Care Management, as well as public and private grant opportunities. However, we acknowledge the increasing unpredictability of the current funding environment, shaped by shifting policy priorities and a fragmented system that too often leaves essential services vulnerable despite their proven effectiveness.

If future funding falls short, RRHC will scale services responsibly, using data and community feedback to prioritize the most critical supports. In the event of reductions, we will ensure warm handoffs and personal referrals to preserve client relationships and maintain trust. Sustainability at RRHC means being honest about limitations while staying rooted in our mission: to show up consistently, adapt with integrity, and center client dignity.

## 5.2 Project Budget

Item	Description	HHAP Request
<b>A. Personnel Costs</b>		
<b>Title:</b>		
CS Department Manager	.45 FTE @ \$40.00 hr. x 936 hrs.	\$37,440
Housing Specialist Case Manager	.75 FTE @ \$30.00 hr. x 1560 hrs.	\$46,800
Community Supports Case Manager	1.0 FTE @ \$28.00 hr. x 2080 hrs.	\$58,240
<b>Total Wage Cost</b>		<b>\$142,480</b>
<b>Fringe Benefits</b>	23%	\$32,770
<b>Total Personnel Costs</b>		<b>\$175,250</b>
<b>B. Operational Costs</b>		
Vehicle Operations Costs	Insurance, Registration	\$2,500
<b>Total Operational Costs</b>		<b>\$2,500</b>
<b>C. Supplies</b>		
Food Pantry Support	\$500/month x 12	\$6,000
Visa Incentives	Cards to be distributed for use in obtaining goods for housing, incentives for client milestones	\$2,400
Emergency Supplies/Incentives	Sleeping bags, tents, document fees, pet supplies, hygiene products, shoes	\$24,000
<b>Total Supply Costs</b>		<b>\$32,400</b>
<b>D. Transportation/Travel</b>		
Bus Tickets	\$10 regional tickets x 150	\$1,500
Gas Cards	Renner Cards for appointments	\$1,500
Staff Mileage/Vehicle Fuel	Client Transportation	\$2,000
<b>Total Transportation</b>		<b>\$4,500</b>
<b>E. Other Costs</b>		
Printer and Ink	Printer and Ink Supplies	\$1,560
Cell Phone	5 Phones @ \$340/month x 12	\$4,080
Shower Event Costs	Rental of Space, general events supplies.\$500/month x 12	\$6,000
Outreach Event Costs	4 events per year @\$500/event –rental fees and other costs not already in the budget – printing, etc.	\$2,000
<b>Total Other Costs</b>		<b>\$7,640</b>
<b>Subtotal</b>		<b>\$ 222,290</b>
<b>Grand Total</b>	<b>(Indirect not claimed)</b>	<b>\$ 222,290</b>

## **6.0 Job Descriptions**

- I. **Community Supports Program Manager:** The Program Manager is responsible for overseeing the emergency shelter program and related services including coordinated entry and outreach. The Project Director will directly supervise all staff positions and maintain compliance with all funding sources including contracts management, confidentiality, HIPPA, and additional local/state/federal dictates related to the provision of homeless services. Specifically:
- Hire, train, and be a motivating mentor to staff.
  - Lead large group discussions to answer questions and remedy complaints.
  - Build a strong team through open communication and by collaborating on decision-making responsibilities.
  - Create and nurture effective communication within the organization.
  - Initiate and set goals for programs based on the organization's strategic objectives.
  - Plan programs from start to finish, including identifying processes, deadlines, and milestones.
  - Develop and approve operations and budgets.

### **Educational Requirements**

The Program Manager position requires a bachelor's degree in psychology, social work, counseling or related degree. A master's degree is highly desirable. Successful long-term similar work-experience may substitute educational requirements.

### **Experience**

At least 5 years of experience managing/directing programs that serve individuals and/or families that are experiencing homelessness and/or housing insecurity is highly desirable. Experience with relevant contracts and grants management, grant writing, supervising staff, managing budgets, developing budgets, facilitation of small and large group meetings, and other relevant

- II. **Case Manager:** The case manager will provide direct case management services to both individuals and families at risk of homelessness and individuals who are currently houseless and meet the federal definition of homelessness. Case Management duties include intake assessment, data entry into HMIS, case management (housing sustainability plans, case notes, weekly meetings with clients, referrals to ancillary services, discharge planning, and continuing care) and other duties as assigned. Specifically:
- Assessing client's physical and mental wellness, needs, preferences and abilities, and developing case plans to overcome barriers.
  - Working with client's family and friend support networks, and other care providers to ensure client success.
  - Evaluating client's progress and making adjustments as needed.
  - Listening to client concerns and providing counseling or interventions as needed.
  - HMIS intake.
  - Recording client progress and referrals in weekly notes.

- Following up with newly housed clients for up to six months to ensure maintenance of interventions and they are in good physical and mental health.

#### Qualifications

- Propensity for compassion and ability to relate to clients with various needs.
- Ability to motivate and engage clients to follow care plans utilizing motivational interviewing and other evidence-based practices.
- Great communication skills and ability to work in partnership with client to develop strengths-based case plans.
- Excellent organizational and time management skills as well as record-keeping and multi-tasking skills.
- Sound critical thinking and problem-solving skills to assess clients, analyze feedback from other providers to enable targeted case management.
- Computer literacy to maintain case files – HMIS, etc.

Educational Requirements - The Case Manager position requires at least a bachelor's degree in psychology, social work, counseling or related degree. Degree OR equivalent experience

Experience - Experience providing direct services to individuals and/or families that are experiencing homelessness, housing insecurity is highly desirable. At least one year in a paid position as a case manager is required.

III. **Housing Specialist Case Manager:** The case manager will provide direct case management services to individuals and families at risk of homelessness and individuals who are currently houseless and meet the federal definition of homelessness. Case Management duties include intake assessment, data entry into HMIS, case management (housing sustainability plans, case notes, weekly meetings with clients, referrals to ancillary services, discharge planning, and continuing care) and other duties as assigned. Specifically:

- Assessing and documenting client's physical and mental wellness, needs, preferences and abilities, and developing case plans to overcome barriers.
- Working with client's family and friend support networks, and other care providers to ensure client success.
- Evaluating client's progress and making adjustments as needed.
- Listening to client concerns and providing counseling or interventions as needed.
- HMIS data entry and intake.
- Entry of clients into the Humboldt County Coordinated Entry System, and participation on the Humboldt County Coordinated Entry Prioritization Committee.
- Recording client progress and referrals in weekly notes, including data entry into NextGen.
- Participation in monthly Southern Humboldt Case Manager's meetings.
- Supporting clients in obtaining permanent housing by development of a Housing Sustainability Plan, and open communication with landlords.
- Following up with newly housed clients for up to six months to ensure maintenance of interventions and they are in good physical and mental health.

- Completing necessary RRHC and Humboldt County Trainings.
- HMIS data oversight & CES prioritization participation

#### Qualifications

- Propensity for compassion and ability to relate to clients with various needs.
- Ability to motivate and engage clients to follow care plans utilizing motivational interviewing and other evidence-based practices.
- Great communication skills and ability to work in partnership with client to develop strengths-based case plans.
- Excellent organizational and time management skills as well as record-keeping and multi-tasking skills.
- Sound critical thinking and problem-solving skills to assess clients, analyze feedback from other providers to enable targeted case management.
- Computer literacy to maintain case files – HMIS, etc.
- Lived experience whenever possible

Educational Requirements - The Case Manager position requires at least a bachelor's degree in psychology, social work, counseling or related degree. Experience may meet this requirement.

Experience - Experience providing direct services to individuals and/or families that are experiencing homelessness, housing insecurity is highly desirable. At least one year in a paid position as a case manager is required.

This position requires the ability to pass a drug screen in order to transport clients

#### **7.0 Exceptions, Objections & Requested Changes**

Not Applicable

## 8.0 Required Attachments

### Attachment 1 – RFP Signature Affidavit

REQUEST FOR PROPOSALS NO. DHHS2025-01  
HOMELESS HOUSING, ASSISTANCE AND PREVENTION PROGRAM

ATTACHMENT A – SIGNATURE AFFIDAVIT  
(Submit with Proposal)

REQUEST FOR PROPOSALS – NO. DHHS2025-01 SIGNATURE AFFIDAVIT	
NAME OF ORGANIZATION/AGENCY:	Redwoods Rural Health Center
STREET ADDRESS:	PO Box 769
CITY, STATE, ZIP	Redway, CA 95560
CONTACT PERSON:	Seth Whitmer
PHONE #:	707-923-7521
FAX #:	
EMAIL:	<a href="mailto:swhitmer@rrhc.org">swhitmer@rrhc.org</a>

Government Code Sections 7920.00, *et seq.*, the “Public Records Act,” define a public record as any writing containing information relating to the conduct of public business. The Public Records Act provides that public records shall be disclosed upon written request, and that any citizen has a right to inspect any public record, unless the document is exempted from disclosure.

In signing this Proposal, I certify that this firm has not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or agency to submit or not to submit a Proposal; that this Proposal has been independently arrived at without collusion with any other Proposer, competitor or potential competitor; that this Proposal has not been knowingly disclosed prior to the opening of Proposals to any other Proposer or competitor; that the above statement is accurate under penalty of perjury.

The undersigned is an authorized representative of the above-named agency and hereby agrees to all the terms, conditions and specifications required by the County in Request for Proposals No. DHHS2021-04 and declares that the attached Proposal and pricing are in conformity therewith.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Executive Director  
Title

Seth Whitmer  
\_\_\_\_\_  
Name

April 24, 2025  
\_\_\_\_\_  
Date

This agency hereby acknowledges receipt / review of the following Addendum(s), if any)  
Addendum # [ ] Addendum # [ ] Addendum # [ ] Addendum # [ ]

**Attachment 2 – Project Budget:**

Item	Description	HHAP Request
<b>A. Personnel Costs</b>		
<b>Title:</b>		
CS Department Manager	.45 FTE @ \$40.00 hr. x 936 hrs.	\$37,440
Housing Specialist Case Manager	.75 FTE @ \$30.00 hr. x 1560 hrs.	\$46,800
Community Supports Case Manager	1.0 FTE @ \$28.00 hr. x 2080 hrs.	\$58,240
<b>Total Wage Cost</b>		<b>\$142,480</b>
<b>Fringe Benefits</b>	23%	\$32,770
<b>Total Personnel Costs</b>		<b>\$175,250</b>
<b>B. Operational Costs</b>		
Vehicle Operations Costs	Insurance, Registration	\$2,500
<b>Total Operational Costs</b>		<b>\$2,500</b>
<b>C. Supplies</b>		
Food Pantry Support	\$500/month x 12	\$6,000
Visa Incentives	Cards to be distributed for use in obtaining goods for housing, incentives for client milestones	\$2,400
Emergency Supplies/Incentives	Sleeping bags, tents, document fees, pet supplies, hygiene products, shoes	\$24,000
<b>Total Supply Costs</b>		<b>\$32,400</b>
<b>D. Transportation/Travel</b>		
Bus Tickets	\$10 regional tickets x 150	\$1,500
Gas Cards	Renner Cards for appointments	\$1,500
Staff Mileage/Vehicle Fuel	Client Transportation	\$2,000
<b>Total Transportation</b>		<b>\$4,500</b>
<b>E. Other Costs</b>		
Printer and Ink	Printer and Ink Supplies	\$1,560
Cell Phone	5 Phones @ \$340/month x 12	\$4,080
Shower Event Costs	Rental of Space, general events supplies.\$500/month x 12	\$6,000
Outreach Event Costs	4 events per year @\$500/event –rental fees and other costs not already in the budget – printing, etc.	\$2,000
<b>Total Other Costs</b>		<b>\$7,640</b>
<b>Subtotal</b>		<b>\$ 222,290</b>
<b>Grand Total</b>	<b>(Indirect not claimed)</b>	<b>\$ 222,290</b>



**Attachment 3 – Supplemental Documentation -Administrative Policies & Procedures**  
**Patient Housing Fund and Board Adoption of Housing First Principles**

<b>REDWOODS RURAL HEALTH CENTER, INC.</b>  <b>POLICY/PROCEDURE</b>	EFFECTIVE DATE: February 2021  REVISED DATE:
SUBJECT  <b>RRHC Patient Housing Fund</b>	PAGE: 1 OF 6 Section

**POLICY:** RRHC Patient Housing Fund

**PURPOSE:** The RRHC Patient Housing Fund provides small grants to individuals who are Redwoods Rural Health Center patients for housing related needs.

**PROCEDURE:**

**Who can apply?**

- Applications must be made through a RRHC staff member acting as the individuals funding request sponsor.
- This sponsor takes on the responsibility of administering the grant if the application is approved.
- Funds are not provided directly to the person in need of assistance.
- Checks cannot be made payable to the sponsor or his/her organization/business.

**What are the Grant Guidelines?**

- The RRHC Housing Fund is designed to provide assistance with housing related needs for Redwoods Rural Health Center patients.
- Funds are granted on a one-time basis per person per 365-day period.
- Items of a recurrent nature are generally not funded; some utility needs may be considered.
- Funding will not be provided for items that have other identifiable sources of funding, either from insurance, government organizations or other charitable organizations.
- The fund cannot pay for expenses which are incurred prior to funding approval.
- Decisions to grant funds are contingent upon funding criteria and the availability of funds at the time of review.
- Occasionally the committee will ask for additional information before making a decision.
- The grant awards will vary in size depending on the patient's needs. Grants in excess of \$500 are seldom approved, with the exception of move in costs which are considered on a case by case basis
- There could be up to a five-week turn-around time required for application review and check processing.

- The Housing Fund Committee meets monthly prior to the RRHC Board of Directors meeting.
- All applications must be complete and submitted to RRHC Administrative Assistant by the third Wednesday of the month (one week prior to the Board Meeting) to be considered by the committee on Tuesday.

**Who to contact:**

- Get in touch first with a RRHC Staff member who will act as your "Sponsor".
- Questions about how to apply, call RRHC's IBHS Care Manager – 707-923-2783
- Questions about an application that has already been submitted? Contact the Sponsor for status update.

**Grant Requirements**

The purpose of this fund is to assist individuals in obtaining and/or maintaining safe housing. Whenever possible we hope that local resources have been fully researched before patients apply for this funding.

To apply for funding, we require the following information in addition to the completed funding request form:

- Written verification of the patient's need (Letter from landlord, bills and/or statements relevant to request)
- Date funding is needed
- Name and contact information of person and/or business check should be made out to
- Explanation of need
- List of other agencies/organizations whom you have requested assistance from for this need
- Amount received from other agencies/organizations whom you have received funding from

Please note:

- Once a request is approved by our committee it typically takes about a week for the check to be prepared.
- Please submit requests at least four weeks in advance of the patient's need to ensure funding is available by any deadlines relevant to the request.

**Types of Items Considered for Funded (List is not prioritized):**

- First and/or last month's rent when securing housing
- Security Deposit when securing housing
- Minor home repairs (if related to safety)
- Minor vehicle maintenance (tires, batteries, etc.)
- Firewood
- Smoke alarms
- Waste removal
- Utility Bills (emergency cases)
- Fireplace gates
- Tents & tarps for the houseless
- Moving expenses or transportation to move to stable housing (out of area moving expenses reviewed on case-by-case basis).

**APPROVED:**

  
\_\_\_\_\_  
President, Board of Directors

  
\_\_\_\_\_  
Medical Director

  
\_\_\_\_\_  
Executive Director

Annual Review \_\_\_\_\_

**REDWOODS RURAL HEALTH CENTER**  
**BOARD OF DIRECTORS MEETING MINUTES**  
Wednesday, February 24, 2021 at 3:30pm

Join Zoom Meeting  
<https://us02web.zoom.us/j/87454276763?pwd=V3hQcUdGMkdpMHBF80I2Y2SDbFFsOT09>  
1-669-900-9128 US (San Jose)  
Meeting ID: 874 5427 6763  
Passcode: 878241

Christina Huff, Terri Klemetson,

*MISSION: Redwoods Rural Health Center will provide responsive, preventive, high quality primary health care services, through a variety of healing disciplines, to all people without regard to social or economic status.*

**Board Members Present:** Erica Boyd, Janet Fitzgerald, Marcia Mendels, Scott Bliss, Elise Sauer, Christina Huff. **Staff Members Present:** Tina Tvedt, Michele Hernandez, Terri Klemetson. Aleksandra Jakic taking meeting minutes.

Agenda

- Call to Order & Assign Time-Keeper

The meeting was called to order at 3:33pm by Erica.

- Approve Agenda

**ACTION: Janet moved to approve the Agenda, Marcia seconded, and the motion passed unanimously.**

- Correspondence/Public Comment

Marcia sent an email to Tina regarding the Covid vaccination issue. Tina clarified that RRHC has been very stringent about following the County guidelines regarding vaccine distribution. We received zero vaccines for the last two weeks. We have mostly vaccinated population 75+ and have expanded the availability to patients 70+, all emergency services workers, all licensed childcare providers, and all K-12 and early childhood educators and support staff, as per the County. After the three-week delay, we are conducting a vaccine clinic this Saturday. An email with the latest vaccine communication was sent to the patients on the waitlist form. A lot of the people are anxious to get the vaccine and we are receiving many inquiries. Large number of waitlist people have already been vaccinated elsewhere. Marcia presented a situation in which a person was scheduled for vaccination due to the care of a cancer patient, but our team asked her to reveal the cancer patient name. Tina clarified this is not necessary and will address with the team. However, we do have to verify essential/health worker occupation due to the County tier eligibility. Marcia suggested connecting with the person ahead of the time to do so, and Tina proposed additional volunteer training regarding HIPPA. Michele shared a compliment from a patient regarding Morgan.

- Update from Board Members &/or Staff Members

Michele informed the team that had the first transportation scheduled through MTM. Our next Shower event is happening this Sunday. Michele further commended both Jessi and Dion on their work, positive attitude, and flexibility.

- Executive Director Update

Tina and Christina discussed the Housing Project. Macman billing services will be discontinued; instead, we are looking to hire a Biller. PCMH application was approved thanks to Stephen Paytash. The process was accomplished in two meetings, instead of the usual three. We received Henry Schein grant which will fund a lot of dental supplies.

- Consent Agenda *Includes Minutes of the January 2021 Board & Finance Committee meetings; January 2021 Medical, Facilities, Dental, Behavioral Health, and HR Department Reports; January 2021 Financial Statements including Productivity.*

Action item of approving ~~Merritt~~ Hawkins's physician recruitment was added to the agenda. **ACTION: Marcia moved to approve the Consent Agenda with the added Action Item, Janet seconded, and the motion passed unanimously.**

- Recruiting Update

New front desk clerk started in Dental and a new clerk is starting tomorrow at Medical. New Med Records Specialist is starting Monday. It is very exciting to start filling the vacant positions. We had a great response to our Billing/Coding position ad. Marcia complemented the new DFD person as well as the DA intern. With Michele's help, we will conduct resiliency training for the Front Desk team members due to major changes coming and the challenges of learning new technology. Tina briefed the board on the new workflow (e.g. stations) at MFD, and Michele briefed the team on the resiliency training.

- Action Items for Review and Approval
  - A. **ACTION: Janet moved to approve revised P&P: Sliding Fee Policy and Income Table, Elise seconded, and the motion passed unanimously.** Main changes we are incorporating chiropractic services and the update of income tables figures to reflect 2021 guidelines.
  - B. Approve revised P&P: Known or Suspected Exposure to COVID P&P. Janet asked for clarification. This action item was not approved. The BOD members requested Tina ask Mandi and Tatyana to clarify and modify the P&P to include staff testing prior to return to work.
  - C. **ACTION: Christina moved to approve Privileging Request for Dr. Ronald Kehl, Janet seconded and the motion passed unanimously. ACTION: Janet moved to approve Privileging Request for Kelly Noble, Marcia seconded and the motion passed unanimously.**
  - D. **ACTION: Janet moved to adopt Housing First Principles, Scott seconded, and the motion passed unanimously.**
  - E. **ACTION: Janet moved to accept the \$40,000 grant from Humboldt Area Foundation for Housing Support Council, Christina seconded and the motion passed unanimously.**
  - F. **ACTION: Janet moved to approve Housing Fund P&P, Elise seconded and the motion passed unanimously.** Michele clarified that the Board would approve all fund applications. Christina suggested forming a Housing Committee, to include board members, BH staff and/or Michele, to meet, set up parameters, and eventually vote on the applications. Christina and Janet volunteered for the Committee positions, and Christina further suggested using Survey Monkey to approve applications in a speedy manner. Most applicants will come through BH department. Terri briefed the team of the recent County monies available for such a project and will forward the information to Michele. It was decided that the Housing committee will meet at 2:30pm before the next BOD meeting.
  - G. **ACTION: Janet moved to approve Merritt Hawkins physician recruitment, Marcia seconded, and the motion passed unanimously.** Tina clarified that a 90 day guarantee is offered for retention.

### **Conflict of Interest, Grievance, Non-discrimination & Accessibility policies**

<b>Redwoods Rural Health Center Inc.</b> <b>POLICY/PROCEDURE</b>	EFFECTIVE DATE 09/03 REVISED DATE 04/2012
SUBJECT <b>CONFLICT OF INTEREST</b>	PAGE 1 OF 9

#### **PURPOSE**

**Redwoods Rural Health Center** (the "Corporation") requires its directors, officers, employees and volunteers to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. The Board of Directors (the "Board") of the Corporation, recognizing that it is entrusted with resources devoted to charitable purposes, has adopted this Conflict of Interest Policy (the "Policy"). The purpose of this Policy is to protect the Corporation's interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of a director, officer or other person in a position of authority within the Corporation. The Corporation strives to avoid conflicts of interest to ensure that it continues to operate in accordance with its tax-exempt purpose. This Policy is intended to supplement but not replace any state and federal laws governing conflicts of interest applicable to nonprofit and charitable organizations.

#### **DEFINITIONS**

**Section 1. Duty of Loyalty of Interested Persons.** Conflicts of interest can place personal interests at odds with the fiduciary "duty of loyalty" owed to the Corporation. The duty of loyalty requires that a director, manager, principal, officer, or member of a committee with governing board-delegated powers (each, an "Interested Person"), refrain from using his or her position for personal gain, and avoid acting on issues in which his or her personal or financial interests could conflict with the interests of the Corporation.

**Section 2. Direct and Indirect Conflicts of Interest.** Conflicts of interest arise from personal relationships or from a financial interest. Conflicts can arise either directly or indirectly. A direct conflict can arise where an Interested Person has a personal or financial interest in any matter involving the Corporation or has a financial or agency relationship (i.e., is a director, officer, manager, partner, associate, trustee or has a similar agency relationship) with an entity involved in a transaction or other business with the Corporation. An indirect conflict can arise where someone related to an Interested Person by business affiliation, or a "Family Member" (spouse, parents-in-law, ancestors, brothers and sisters (whether whole or half blood), children (whether natural or adopted), grandchildren, great-grandchildren, and spouses of brothers, sisters, children, grandchildren, and great-grandchildren) of the Interested Person has dealings with the Corporation. By way of example, an Interested Person has a financial interest if such person has, directly or indirectly, through business, investment or a Family Member:

- (a) an ownership or investment interest in any entity with which the Corporation has a transaction or arrangement;



- (b) a compensation arrangement with the Corporation or with any entity or individual with which the Corporation has a transaction or arrangement; or
- (c) a potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Corporation is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

**Section 3. Potential and Actual Conflicts of Interest.** Acts that mix the personal or financial interests of an Interested Person with the interests of the Corporation are indicative of a conflict of interest. Not every potential conflict is an actual conflict, however. An Interested Person who has a financial interest in a matter involving the Corporation may have a conflict of interest requiring application of the mitigating procedures described in this Policy only if the appropriate party designated in Article III, Section 3 decides that such a potential conflict of interest is actual or material. However, acts that even have the appearance of a conflict of interest can be damaging to the reputation of the Corporation. Consequently, the Corporation seeks to avoid potential and actual conflicts of interest, as well as the appearance of conflicts.

**Section 4. Activities that May Present a Conflict of Interest.** The following is a non-exclusive list of the types of activities that may present a conflict of interest and should be disclosed in accordance with Article III.

- (a) Adverse Interest.** Participation by an Interested Person in decisions or negotiations related to a contract, transaction or other matter between the Corporation and: (i) the Interested Person; (ii) an entity in which the Interested Person or a Family Member of such person has financial interest; or (iii) an entity with which the Interested Person has an agency relationship.
- (b) Competing Interests.** Competition by an Interested Person, either directly or indirectly, with the Corporation in the purchase or sale of property or property rights, interests, or services, or, in some instances, competition directly for the same donor or external resources.
- (c) Use of Resources.** Use of the Corporation's resources (for example, staff, contracts, donor lists, or name) for personal purposes of the Interested Person or a Family Member of such person.
- (d) Inside Information.** Disclosure or exploitation by an Interested Person of information pertaining to the Corporation's business for the personal profit or advantage of such person or a Family Member of such person or a person/entity with whom the Interested Person has an agency relationship.

**Section 5. Disclosure.** The primary obligation of any person subject to this Policy who may be involved in a conflict of interest situation is to bring it to the attention of those designated under the disclosure procedures in Article III so that the potential conflict can be evaluated and addressed. An Interested Person should not make the decision about whether a conflict of interest exists unilaterally.

#### **PROCEDURES TO DISCLOSE AND RESOLVE CONFLICTS**

##### **Section 1. Duty to Self-Disclose.**

- (a) An Interested Person shall make an appropriate disclosure of all material facts, including the existence of any financial interest, at any time that any actual or potential conflict of interest arises. This disclosure obligation includes instances in which an Interested Person who is a director knows of the potential for a self dealing transaction as described in Section 4, or a transaction involving common directorship as described in Section 7, related to his or her interests. It also includes instances in which the Interested Person plans not to attend a meeting of the Board or a Board committee with governing board-delegated powers (a "Committee") at which he or she has reason to believe that the Board or Committee will act regarding a matter about which he or she may have a conflict. Depending on the circumstances, this disclosure may be made to **the Board President or Executive Director** or, if the potential conflict of interest first arises in the context of a Board or Committee meeting, the entire Board or the members of the Committee considering the proposed transaction or arrangement that relates to the actual or possible conflict of interest.
- (b) In addition, Interested Persons shall, in accordance with Article VI, make an annual disclosure of on-going relationships and interests that may present a conflict of interest.

**Section 2. Disclosure of Conflicts of Others.** If an Interested Person becomes aware of any potential self dealing or common directorship transaction or other conflict of interest involving another Interested Person, he or she should report it in accordance with the requirements of this Article III.

##### **Section 3. Evaluation of Potential Conflict.**

- (a) After disclosure of all material facts and any follow-up discussion with the Interested Person with a potential conflict of interest, a determination must be made about whether a material financial interest, self dealing transaction or other kind of actual conflict exists. If the potential conflict is first disclosed during a Board or Committee meeting at which the Interested Person with the potential conflict is in attendance, the Interested Person shall leave



the meeting while the determination of whether a conflict of interest exists is either discussed and voted upon or referred to Committee for further consideration. In either event, the decision-making body will evaluate the disclosures by the Interested Person, and will determine on a case-by-case basis whether the disclosed activities constitute an actual conflict of interest. If the disclosure is made outside of the context of a meeting, then the determination of whether a conflict exists will be referred to the **Executive Committee** for decision and action. Factors the decision-making body may consider when determining whether an actual conflict exists include (i) the proximity of the Interested Person to the decision-making authority of the other entity involved in the transaction, (ii) whether the amount of the financial interest or investment is minimal relative to the overall financial situation of the Corporation, and (iii) the degree to which the Interested Person might benefit personally if a particular transaction were approved.

- (b) If it is determined that an actual conflict of interest exists which also constitutes a "self dealing" transaction as described in Section 4, then the transaction or matter in question can only be authorized if approved by the vote described in Section 6(a) after the Corporation has followed the procedures set forth in Section 5.
- (c) If it is determined that an actual conflict of interest exists which is not a "self dealing" transaction, but involves participation by the Interested Person in decisions or negotiations related to a material contract, transaction or other matter between the Corporation on the one hand and (i) the Interested Person, (ii) an entity in which the Interested Person or a Family Member of such person has financial interest, or (iii) an entity with which the Interested Person has an agency relationship on the other hand, then the matter in question can only be authorized if approved by the vote described in Section 6(b) after the Corporation has followed the procedures set forth in Section 5.
- (d) In all other circumstances where it is determined that an actual conflict of interest exists, the decision-making body will recommend an appropriate course of action to protect the interests of the Corporation. All disclosures and the outcome of the deliberation about whether a conflict of interest exists will be recorded in the minutes of the appropriate deliberative meeting.

**Section 4. "Self Dealing" Transactions of Directors.**

- (a) Section 5233 of the California Corporations Code requires that certain procedures be followed in order for the Board to approve any specific transaction that involves "self dealing" on the part of a director. Section 5233 defines self dealing as a transaction in which a director has a material financial interest (an "interested director"). Section 5233 requires

<b>REDWOODS RURAL HEALTH CENTER, INC.</b>  <b>POLICY/PROCEDURE</b>	EFFECTIVE DATE: Sept 2003 REVISD DATE: December 2019
<b>SUBJECT</b> Patient Satisfaction Survey & Grievance	PAGE: 1 OF 5

**POLICY:** In alignment with RRHC's Quality Assurance and Quality Improvement Program, patient satisfaction surveys are conducted on a quarterly basis. In addition to the periodic satisfaction assessment, Redwoods Rural Health Center collects on-going feedback from patients through a formal feedback and grievance process.

**PURPOSE:**

- Regularly collect information to assess and improve patient satisfaction
- Provide a formal mechanism by which patients may seek redress for problems not able to be solved by informal means
- Comply with CQI policies and procedures

**PROCEDURE:**

Patient Satisfaction Survey:

Two weeks prior to disseminating the survey questionnaire, the QI Coordinator consults with the Leadership Team to develop the survey questions and discusses the process for disseminating the survey. At least once a year, RRHC collects an expanded questionnaire that is aligned with the CAHPS survey.

Throughout the month designated on the CQI calendar, surveys are available at all reception desks. RRHC's team encourages patients to complete the survey following their appointment. The goal is to collect surveys from at least 5% of RRHC's patients during the month. As survey responses are collected, they are turned into the Administrative Assistant. The quantitative and narrative survey responses, excluding identifiable patient information, are entered into Survey Monkey. An aggregated Survey Monkey report is generated at the end of the month.

Patient satisfaction survey results may be reviewed at bi-monthly CQI Committee meetings, the annual strategic planning session, and during all staff meetings. If a specific provider or department is the source of a patient concern, the survey results will be shared directly with that provider or department director. Corrective action plans to address operations, service, and access issues are developed and acted upon by the Board of Directors and Executive Director within three months.

Patient Feedback/Grievance:

All staff members are expected to assist in resolving patient complaints. When a staff member is not able to resolve the matter, the employee's supervisor will be called to assist with the problem. When the situation cannot be rectified via this course of action, a formal grievance may be initiated.

Patients with recommendations, concerns or complaints are encouraged to submit a written 'Feedback Form' (attached). Blank feedback forms and drop boxes are located in patient waiting rooms. If necessary, a staff member shall assist the patient in preparation of the written statement. This statement should clearly describe the issue and state the patient's recommended solution.

Feedback/Grievance forms will be given to the Department Directors and entered in the online Incident Tracking System by selecting the Feedback icon (figure 1) and then completing the online feedback form (figure 2). Multiple responses and feedback types can be submitted in the same online feedback form including compliments, complaints, grievances and suggestions (figure 3). Specific desired outcomes such as apologies, process changes, or corrective actions can be specified (figure 4).

Depending upon the scope and frequency of the grievance, the risk management issue may be brought before the CQI Committee and/or Board of Directors. The Executive Director, Department Director(s) and/or CQI Committee will discuss the matter to determine the appropriate resolution. The Executive Director will respond to the patient, via telephone and/or letter within two business days of receiving the complaint.

**APPROVAL:**

  
\_\_\_\_\_  
President, Board of Directors

  
\_\_\_\_\_  
Executive Director

  
\_\_\_\_\_  
Medical Director

Annual Review \_\_\_\_\_

## **II. LEGAL PROVISIONS**

### **EMPLOYMENT AT-WILL**

Employment at RRHC is employment at-will. Employment at-will may be terminated with or without cause and with or without notice at any time by the employee or RRHC. Nothing in this handbook or in any document or statement shall limit the right to terminate employment at-will. The Executive Director has the authority to make contractual agreements with any employee or independent contractor that specify specific time periods of employment and those agreements are done in writing.

### **EQUAL EMPLOYMENT OPPORTUNITY & ANTI-DISCRIMINATION**

RRHC is an equal opportunity employer and makes employment decisions on the basis of merit. We want to have the best available person in every job. RRHC policy prohibits unlawful discrimination based on race, color, creed, sex, gender identity, religion, marital status, age, national origin or ancestry, physical or mental disability, medical condition, sexual orientation, genetic and family history information or any other consideration made unlawful by federal, state or local laws. All such discrimination is unlawful.

RRHC is committed to complying with all applicable laws providing equal employment opportunities. This commitment applies to all persons involved in the operations of RRHC and prohibits unlawful discrimination by any employee of RRHC, including supervisors and co-workers.

To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, RRHC will make reasonable accommodations for the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee unless undue hardship would result.

Any applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact his or her supervisor or the Executive Director and request such an accommodation. The individual with the disability should specify what accommodation he or she needs to perform the job. RRHC will conduct an investigation to identify the barriers making it difficult for the applicant or employee to have an equal opportunity to perform his or her job. RRHC will identify possible accommodations, if any, that will help eliminate the limitation. If the accommodation is reasonable and will not impose an undue hardship, RRHC will make the accommodation.

If you believe you have been subjected to any form of unlawful discrimination, provide a written complaint to the Executive Director. RRHC will not retaliate against you for filing a complaint in good faith and will not knowingly permit retaliation by management, employees or co-workers to you or those who participate in an investigation of the claim.

### **UNLAWFUL HARASSMENT**

RRHC is committed to providing a work environment free of unlawful harassment. RRHC policy prohibits sexual harassment and harassment because of gender/sex, race, religious, creed, color, national origin or ancestry, physical or mental disability, medical condition

### Fiscal & Accounting Policies and Procedures

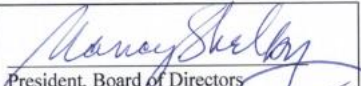

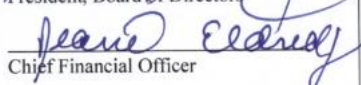
<b>REDWOODS RURAL HEALTH CENTER, INC.</b> <b>FISCAL POLICY/PROCEDURE</b>	EFFECTIVE DATE: 9/03 REVISED DATE: 6/13
SUBJECT: <b>PROPERTY, PLANT AND EQUIPMENT</b>	PAGE: 1 OF 1

**POLICY:** The Health Center will plan for equipment purchases in the budgeting process.

**PURPOSE:** To maintain control over the acquisition of assets  
To insure the safekeeping of the Health Center's assets

**PROCEDURE:**

1. Equipment purchases are defined as acquisitions of a specific asset with a cost in excess of \$5000.00 and a useful life of three or more years.
2. Property and plant expenditures will involve the approval of the Board of Directors prior to acquisition if unbudgeted or in excess of \$25,000.00.
3. To acquire equipment, the purchase order process is utilized.
4. Equipment is tagged when received and recorded in the property ledger system.
5. All identifying information regarding the equipment is put into the property ledger, including the funding source if acquired with grant funds.
6. The system calculates the annual depreciation for entry purposes. Equipment is given a useful life based on its category and depreciated on A straight line basis.
7. When equipment is taken out of service, it is fully depreciated and removed from the property ledger.
8. Periodic inventories are conducted at least every two years.

 _____ President, Board of Directors	 _____ Executive Director
 _____ Chief Financial Officer	_____ Annual Review Date:



## Data Collection Policies

REDWOODS RURAL HEALTH CENTER, INC.	EFFECTIVE DATE: July 2021
POLICY/PROCEDURE	REVISED DATE:
SUBJECT Data Collection and Reporting	PAGE: 1 OF 1

**POLICY:** Redwoods Rural Health Center (RRHC) is a data driven organization and has various data collection policies and procedures in place.

**PURPOSE:** To ensure Redwoods Rural Health Center is able to comply with data collection and grant reporting requirements for various funding agencies, including the County, State and Federal programs. To enhance the quality of care, healthcare outcomes, and financial performance of the health center.

**PROCEDURE:** When implementing new data collection processes, RRHC ensures that employees are oriented and adequately trained on the data reporting requirements, information to be collected, how to best collect the data, and how to pull reports to summarize the data collected. During employee onboarding and training, staff learn how to utilize the computer programs necessary for collecting and reporting data depending upon their job role.

Redwoods Rural Health Center uses various Information Technology (IT) programs to collect data. Information technology systems are vital to collect client-level data and data on the provision of services to individuals and families. Data collection and reporting occurs in the NextGen Practice management system and Electronic Health Record. Additionally, RRHC collects incidents and feedback data via RL Solutions. The data from NextGen feeds into Phreesia and i2i Tracks to further analyze operational and quality performance data. Financial and personnel data is collected and reported through Abila software.

The following are some of the reports Redwoods Rural Health Center generates using data collection | platforms:

- 1) ALIRTS to the California Office of Statewide Health Planning and Development (annually)
- 2) UDS to the Health Resources and Services Administration (annually)
- 3) Risk Management Report for Federal Claims Tort Act (FTCA) (annually)
- 4) Partnership Health Plan of CA Quality Improvement Program (as required)
- 5) CalFresh activities to Humboldt County DHHS (quarterly)
- 6) Incident report and client feedback (bi-monthly)
- 7) Financial and operational reports (monthly)
- 8) PHQ-9 depression screening (weekly)

During the deployment of new information management systems, Redwoods Rural Health Center collaborates with the vendor to utilize the best practices for implementation. When trouble-shooting technical difficulties with data collection and reporting platforms, RRHC utilizes the online knowledge centers, submits technical support tickets, and contacts contract IT support services to ensure we are able to meet the data reporting needs of the organization and funding agencies.

### **APPROVED:**

\_\_\_\_\_  
President, Board of Directors

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Chief Financial Officer

## Record Retention Policies

<b>REDWOODS RURAL HEALTH CENTER, INC.</b> <b>POLICY/PROCEDURE</b>	<b>EFFECTIVE DATE:</b> 7/15 <b>REVISED DATE:</b>
<b>SUBJECT</b> <b><i>Business Document Retention</i></b>	<b>PAGE: 1</b>

**POLICY:** This policy outlines business record retention processes pertaining to employment documents, workplace records, accounting records, and legal records. This policy details the length of time for business record retention, process for systematic review of records, storage and security of business records, as well as the process for proper destruction of outdated records and documents. This policy is applicable to both electronic and physical records storage.

**PURPOSE:** The business record retention policy is utilized in order to maintain compliance with laws and regulations as well as make record-keeping organized and efficient. Appropriate records retention will ensure RRHC is prepared for audits and inspections.

### **PROCEDURE:**

- I. **Storage:** RRHC's physical business records are securely stored in designated locations in the basement of the health center and in secure file cabinets throughout the facility. Business records are also stored electronically on network servers in their associated network drives and file folders. When adding new records, records are placed in the appropriate location for easy retrieval should they need to be accessed or destroyed in the future.
- II. **Retention:** RRHC will maintain records as follows:
  - A. **Business Documents To Keep For One Year**
    - Correspondence with Customers and Vendors
    - Duplicate Deposit Slips
    - Requisitions
  - B. **Business Documents To Keep For Three Years**
    - Employee Personnel Records (after termination)
    - Employment Applications
    - Expired Insurance Policies
    - General Correspondence
    - Internal Audit Reports
    - Internal Reports
    - Petty Cash Vouchers
    - Physical Inventory Tags
    - Time Cards For Hourly Employees
    - Cash and Credit Card Receipts
    - Check Signature Authorizations

**C. Business Documents To Keep For Six Years**

- Accident Reports, Claims
- Accounts Payable & Receivable Ledgers and Schedules
- Bank Statements and Reconciliations
- Cancelled Checks
- Employment Tax Records
- Expense Analysis and Expense Distribution Schedules
- Expired Contracts, Leases
- Inventories of Products, Materials, Supplies
- Invoices to Customers
- Payroll Records and Summaries
- Purchasing Department Copies of Purchase Orders
- Sales Records
- Time, Travel, and Entertainment Records
- Vouchers for Payments to Vendors, Employees, etc.
- Voucher Register, Schedules
- Billing Forms and Remittance Advices

**D. Business Records to Keep for 10 years**

- Medicare Cost Reports & Related Patient Claims & Remittance Advices
- Administrative Billing Records, including claims & payments

\*\*If part of the patient records, refer to medical/dental records retention policies.

**E. Business Records To Keep Forever**

- Audit Reports from CPAs/Accountants
- Cancelled Checks for Important Payments (especially tax payments)
- Cash Books, Charts of Accounts
- Contracts, Leases Currently in Effect
- Corporate Documents (incorporation, charter, by-laws, etc.)
- Documents substantiating fixed asset additions
- Deeds
- Depreciation Schedules
- Annual Year End Financial Statements
- General and Private Ledgers, Year End Trial Balances
- Insurance Records, Current Accident Reports, Claims, Policies
- IRS Revenue Agent Reports
- Journals
- Legal Records, Correspondence and Other Important Matters
- Reports and Minutes of the Board of Directors
- Mortgages, Bills of Sale



**RRHC IRS Non-Profit Letter**



Department of the Treasury  
Internal Revenue Service  
P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248667583  
Aug. 03, 2010 LTR 4168C E0  
94-2337367 000000 00  
00014339  
BODC: TE

REDWOODS RURAL HEALTH CENTER INC  
PO BOX 769  
REDWAY CA 95560-0769



025355

Employer Identification Number: 94-2337367  
Person to Contact: Ms. Mosley  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your July 23, 2010, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 1976.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Beginning with the organization's sixth taxable year and all succeeding years, it must meet one of the public support tests under section 170(b)(1)(A)(vi) or section 509(a)(2) as reported on Schedule A of the Form 990. If your organization does not meet the public support test for two consecutive years, it is required to file Form 990-PF, Return of Private Foundation, for the second tax year that the organization failed to meet the support test and will be reclassified as a private foundation.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

## **RRHC Facility License**

License: 110000099  
Effective: 03/01/2021  
Expires: 11/18/2021

### ***State of California*** ***Department of Public Health***

In accordance with applicable provisions of the Health and Safety Code of California  
and its rules and regulations, the Department of Public Health hereby issues

*this License to*

**Redwood Rural Health Center Inc.**

to operate and maintain the following Community Clinic

**Redwoods Rural Health Center, Inc.**

101 West Coast Rd  
Redway, CA 95560

#### **Approved Intermittent Clinics**

RRHC Mobile Healthcare Services  
101 W Coast Rd  
Redway, CA 95560

South Fork High School  
6831 Avenue of the Giants  
Miranda, CA 95553

Redway Elementary  
344 Humboldt Ave  
Redway, CA 95560

Redwoods Rural Health Center - Fortuna  
930 S Fortuna Blvd  
Fortuna, CA 95540-3009

RRHC Mobile Medical Office  
101 W Coast Rd  
Redway, CA 95560

RRHC Satellite Dental Office  
217 Briceland Thorne Rd  
Redway, CA 95560

Rio Dell School  
95 Center St  
Rio Dell, CA 95562

(Additional Information Listed on License Addendum)

Refer Complaints regarding these facilities to: The California Department of Public Health, Licensing and Certification, Santa  
Rosa/Redwood Coast District Office, 2170 Northpoint Parkway, Santa Rosa, CA 95407, (707) 576-6775

POST IN A PROMINENT PLACE