

DHHS2021-03 Hepatitis C Virus Collaboration Project

Open Door Community Health Centers
1275 8th Street
Arcata, CA 95521

Tory Starr, President and Chief Executive
1275 8th Street
Arcata, CA 95521
(707) 826-8633 x 5222

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**REQUEST FOR PROPOSALS NO. DHHS2021-03
Hepatitis C Virus Collaboration Project**

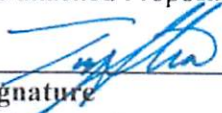

**ATTACHMENT A – SIGNATURE AFFIDAVIT
(Submit with Proposal)**

REQUEST FOR PROPOSALS – NO. DHHS2021-03 SIGNATURE AFFIDAVIT	
NAME OF ORGANIZATION/AGENCY:	Open Door Community Health Center
STREET ADDRESS:	1275 8th Street
CITY, STATE, ZIP	Arcata, Ca. 95521
CONTACT PERSON:	Cheyenne Spetzler
PHONE #:	707-826-8633 Ext. 5131
FAX #:	707-826-8628
EMAIL:	cspetzler@opendoorhealth.com

Government Code Sections 6250, *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. DHHS20-03 and declares that the attached Proposal and pricing are in conformity therewith.

	<u>9/17/2021</u>	_____
Signature		
Date		
	<u>9/17/2021</u>	_____
Name		
Date		

Professional Profile

Organization Overview:

Open Door Community Health Centers (ODCHC) was established in 1971 as a 501(c)(3) public benefit corporation in the state of California. Opening as a store front walk-in service center in Arcata, California, it responded to the community's needs for a variety of resources.

Several public service organizations were established under the ODCHC umbrella, moving on to become independent organizations. Over time, ODCHC focused its resources on what was perceived to be the most critical need for the area; access to quality health care services, with special consideration for community members and families with low-income, the uninsured and others who could not access such services through other providers.

Outgrowing its original site, it opened a larger community health center in 1984 in Arcata and began a slow evolution into a comprehensive delivery system for primary medical, dental and behavioral health care stretching across an 8,000 square mile service area covering Del Norte County, Humboldt County and Trinity County in rural far northwest California. This is an area equivalent in size to the state of Connecticut.

Our service area's population is about 170,000 lives in several small cities along the coast and around the bays; however, more than half of the population lives in unincorporated areas in small towns, villages and enclaves. This is an area isolated by terrain, roads, limited transport, weather and lifestyle.

The underlying philosophy of the Open Door Community Health Centers is that an individual has primary responsibility for their own life. As people learn more about their bodies, their health needs, and the social institutions which affect them, they gain more control over their lives. To this end, Open Door Community Health Centers exist to provide health, education, and social services to the residents of Humboldt and Del Norte counties and surrounding rural areas. Through example, education and participation in the local health care community, ODCHC seeks to promote the development of a health care system which meets the needs and enhances the health of all the individuals in our community.

It is the mission and purpose of Open Door Community Health Centers to provide quality medical, dental, and behavioral health care and health education to all regardless of financial, geographic, or social barriers:

- To provide high quality health care to those persons presently without access to such care do to financial, geographical, social, or age barriers.
- To provide education on health and social issues to the community as an integral part of clinic services and through outreach efforts.
- To seek out areas of health needs which are inadequately met by existing services.

- To work with other health care providers to improve services and fill unmet community needs.
- To be receptive to new trends and practices which seek to treat and maintain the health and wellbeing of the whole person.
- To provide a structure whereby workers and the community have input into the decision making process at Open Door Community Health Centers.
- To actively seek community input.
- To provide a meaningful and rewarding work environment for Open Door Community Health Centers staff.
- To recognize the importance of, and fully use the skills of, all levels of health workers.
- To provide an evolving model of health care by: promoting client involvement and responsibility for health care recognizing health workers as facilitators and teachers of the healing process promoting preventive health care to maintain the health and well-being of the whole person.
- To work toward change in the present health care system through example, education, and direct participation.
- To level the playing field of human dignity by providing high quality health care for all.

Open Door is the single largest provider of primary health care services in the two-county area and provides the vast majority of primary care for the target population of low-income, uninsured and publicly insured individuals unable to access care through other providers.

In recent years, Open Door expanded its capacity and has seen an increase in privately and ACA insured patients. The private sector for primary care has been decreasing for some years as medical practitioners age, retire, relocate or reduce the number of hours they work. Therefore, ODCHC has seen a marked increase in the number of patients, in general, and the percentage of patients who present with private insurance, choosing to use ODCHC clinics. ODCHC is sensitive to and aware of the needs among those with private insurance and has worked to increase capacity so that the target population of uninsured, low-income and publicly insured individuals and families continues to have unfettered access.

ODCHC is the only provider of primary dental care for uninsured and publicly-insured individuals and families in both counties.

ODCHC operates 13 medical service locations and 3 dental service locations and 3 mobile vans.

Cities/Communities We Serve and their Zip Codes:

Eureka - 95501, 95502, 95503
Arcata - 95518, 95521
McKinleyville - 95519

Bayside - 95524
Samoa - 95564
Fields Landing - 95537

Fortuna - 95540
Crescent City - 95531, 95532
Klamath - 95548
Orick - 95555
Hoopa - 95546
Willow Creek - 95573

Trinidad - 95570
Blue Lake - 95525
Kneeland - 95549
Loleta - 95551
Ferndale - 95536
Rio Dell - 95562

In 2020 calendar year ODCHC provided services to 59, individuals at 243,752 medical, dental and behavioral health visits. Our annual expenses January 1 – December 31, 2020 were \$74,777,134. Calendar year January 1-December 31, 2021 is projected to have expenses of \$76,826,000. ODCHC employs 726 staff. We have the capacity to employ the additional staff outlined in this proposal.

Our clinics are licensed by the State of California Department of Health Care Services Licensing and Certification Division. IN 2021 we are celebrating our 50th Anniversary and we have extensive familiarity with local, State and federal laws and regulations. Our sites are reviewed by state and federal reviewers and out policies, procedures and standards are all in compliance with those applicable to this RFP. Our Primary care locations have achieved Primary Care Medical Home recognition from the federal government.

Open Door providers have more than 15 years of experience in screening for and treating Hepatitis C Virus. We will employ staff to support the increased testing and treatment proposed by ODCHC. We have a robust testing and treatment program in place that can immediately be expanded to meet the requirements of this RFP.

Open Door has a robust credentialing process that screens professional staff according to state and federal regulations. We have no record of unsatisfactory performance, lack of integrity or poor business ethics,

Our description of evidence based practices, our processes and procedures are further outlined in the Narrative portion. We have the capacity to meet the data requirements of the RFP.

Key Staff

Malia Honda, MD, Internal Medicine, Clinical Site Director ECHC

Malia Honda is an Internal Medicine physician. She received her medical degree and completed her Internal Medicine Residency at University of California, San Francisco where she was a leader in Trauma Recovery and quality improvement. She joined Open Door in 2017 and has championed ODCHC HCV testing and treatment activities since she arrived.

Tory Starr, President and Executive Officer



Tory Starr is the President and Executive Officer for Open Door Community Health Centers, in Northern California. He has worked in the field of performance / quality improvement for over 30 years in both community health and acute care settings and has focused on organizational development and change management, navigating health care organizations through transitions.

Tory received his undergraduate degree in Nursing from Humboldt State University and his Master of Science degree in Nursing from Walden University. He has a specialty certification in Infection Prevention and more than three decades of nursing practice focused on population health management, community development, and cross-continuum care management. He is a nursing educator and taught at HSU's Department of Nursing.

A 2012 graduate of the California Health Care Foundation Health Care Leadership Program, Tory joined Open Door in January 2020 from Sutter Health, a not-for-profit integrated health delivery system headquartered in Sacramento, California, which operates 24 acute care hospitals and over 200 clinics in Northern California. He was the health system's Senior Vice President of Care Coordination.

As CEO, Tory is focused on facilitating collaboration between Open Door's organizational and medical leadership and its clinical service teams, to advance continuous improvement to care and service delivery to its patients across the North Coast.

Kelvin Vu, D.O., Senior Vice President, Clinical Services



Kelvin Vu is a family physician who received his medical degree from Western University and completed his residency at the University of California, Davis Medical Center, where he also served as Chief Resident in his last year.

Kelvin has been with Open Door Community Health Centers since 2011 and during his time, he has served in multiple positions, including Staff Physician, Site Medical Director, Associate Chief Medical Officer, and now in his current position as the Executive Medical Officer and Senior Vice President of Clinical Services.

In his free time, Kelvin enjoys traveling the world with his wife and two sons, watching movies, and playing sports.

Cheyenne Spetzler, Senior Vice President, Organizational Development



Since beginning her work with Open Door in 1979, Cheyenne has been instrumental in the growth and success of the organization. Open Door's Del Norte Community Health Center, Eureka Community Health Center, and McKinleyville Community Health Center were founded under her stewardship and supervision. Cheyenne has shepherded many other programs implementations, practice acquisitions and the construction of new modern facilities to increase access to quality health care in the region.

Before transitioning to the SVP, Development role, Cheyenne served Open Door for many years as Chief Operations Officer and interim Chief Executive Officer and was recognized for her exemplary service in the promotion of the health of the community by the US House of Representatives and the California Legislature.

Cheyenne has served on numerous Boards, including the California Family Planning Advisory Board, Humboldt Child Care Council, North Coast Clinic's Network, and as a founding member of the California Reproductive Health Association and Northern California Rural Roundtable. Interested in contributing to the community at large, Cheyenne has played a role in supporting youth and adult recreational soccer in Humboldt County and was instrumental in establishing women's soccer as an intercollegiate sport at Humboldt State University.

Cheyenne holds a Bachelor of Arts degree in Social Science (Anthropology) and Geography from Humboldt State University. She is also a graduate of the CLI Executive Leadership Program. She has a longstanding interest in Ancient Maya Culture and has published papers on Maya Hieroglyphic Decipherment. She served as a researcher for the production of the film "Breaking the Maya Code" and the NOVA television special "Cracking the Maya Code" both by Nightfire Films

Linda (Heising) D'Agati, Vice President, Quality Improvement



Linda D'Agati has worked over 35 years in health care administration with rural health clinics, federally qualified health centers, private specialty practices, hospital-based primary care, and an Independent Practice Association. She has had oversight for a wide range of services/programs such as billing/coding, business intelligence, compliance, contracts, credentialing, finance, grants management, health plan management, meaningful use/promoting interoperability, operations, patient-centered medical home accreditation, quality improvement and more.

Linda studied Business Finance and Computer Science at Humboldt State University, graduated from CPCA's Clinical Leadership Institute's Executive Excellence program and is a Certified Professional in Healthcare Quality. She joined Open Door Community Health Centers as Chief Quality Improvement Officer in December 2010.

Joseph Ohens, Senior Vice President, Compliance and Risk Management



Joseph Ohens is a certified healthcare compliance, privacy, ethics, and risk management professional, with broad experience in developing and implementing an effective compliance program and navigating healthcare administrative and clinical operations through standards development, deployment, and change management.

He joined Open Door Community Health Centers on June 22, 2020 from Clinica Sierra Vista in Bakersfield, where he was Chief Compliance and Risk Officer from January 7 to April 27, 2020. From November 1, 2016 to January 3, 2018, Joseph was Chief Compliance and Risk Officer at Ravenswood Family Health Center. Prior to joining Ravenswood, Joseph worked at Dignity Health-St. Mary's Medical Center in San Francisco, where as Director of Programs and a member of the hospital's nine-member leadership team (2012 – 2016), he had oversight of Administrative Operations; Regulatory Compliance; Patient Relations & Satisfaction; Physician Relations, Contracts & Payments; Business Development, Strategy & Sales; Telecommunications; Security & Parking Services; and Interpreter Services.

Joseph holds a *Juris Scientiae Doctorate* (Doctor of the Science of Law, JSD) and *Legum Magister* (Master of Laws, LL.M) degrees from the University of California, Berkeley School of Law, and a *Legum Baccalaureus* (LL.B) degree (JD equivalent) from Lagos State University, Nigeria. He is a member of the American College of Healthcare Executives (ACHE), the Health Section of the American Bar Association (ABA), Health Care Compliance Association (HCCA), the American Society for Healthcare Risk Management (ASHRM), and the National Association Medical Staff Services (NAMSS). Joseph is certified in healthcare compliance (CHC), privacy compliance (CHPC), compliance and ethics (CCEP), and risk management (CPHRM).

Sarah Ross, Vice President of Operations: Southern Division



Sarah Ross oversees operations at six health center sites for Open Door Community Health Centers in Eureka, Fortuna, and Ferndale. In this role, Sarah oversees medical, dental, and pregnancy services and is responsible for the Advanced Practice Clinician Residency and Family Medicine Residency Program.

Prior to joining Open Door, Sarah worked is several health care and health access organizations in Humboldt County and the Bay Area. She served as Program Director for North Coast Clinics Network, Women's Health Manager for Ole Health in Napa, Director of Policy for Essential Health Access, and Director of Community Affairs and Finance for Community Clinic Consortium of Contra Costa and Solano Counties.

Sarah graduated from University of California Berkeley with a Bachelor's degree in Public Policy, Public Health, and Legal Studies. She is also a graduate of the UCSF Center for Health Professional Clinic Leadership Institute.

Sarah Kerr, Vice President of Operations: Northern Division



Sarah Kerr oversees operations at seven health center sites for Open Door Community Health Centers in Arcata, Mckinleyville, Willow Creek, and Crescent City. In this role, Sarah oversees medical and pregnancy services and is responsible for Special Population service lines including HIV/AIDS, Gender-Affirming Care and Teen Health.

Sarah has worked in community health care for over 20 years in a variety of roles and settings, focusing primarily on health center operation. In addition to her over 13 years of service to Open Door, Sarah has served as Patient Services Director for Six Rivers Planned Parenthood and as Regional Director for Planned Parenthood Northern California.

Sarah graduated from Humboldt State University with a Bachelor’s degree in Anthropology and a multiple subjects teaching credential. She is also a graduate of the UCSF Center for Health Professions Clinic Leadership Institute.

Overview of Qualifications and Experience

ODCHC has provided HCV testing and treatment for many years. We do not have easy access to records before 2007 when our Electronic Health Record was implemented. We have established business relationships with Lab Corp and local hospital laboratories. We submit billing to over 800 insurers and maintain a sliding scale for patients who have no coverage. Our proposal aims to leverage the detailed knowledge of Karen O’Shell, LCSW to teach other clinic staff how to successfully get eligibility for treatment. We have provided the number of patients with HCV diagnosis for the past 3 years.

Patients in Care – HCV Diagnosis

2020	2019	2018
576	798	879

Narrative

A. Description of Services.

The ODCHC HCV program was created using the most current guidance and recommendations from the American Association of the Study of Liver Disease (ASLD), Infectious Disease Society of America (IDSA), Center for Disease Control and Prevention (CDC) and U.S. Preventative Task Force (USPTF). The program is outlined in the organization's current policy, standard operating procedure and accompanying workflows; which address testing, diagnosis, treatment and follow up. These organizational documents are reviewed by the internal HCV task force to determine accuracy on an annual and as needed basis. All HCV treaters and clinical support staff are invited to attend the UCSF HCV Project ECHO clinic twice a month during the Wednesday lunch hour, where they review HCV cases and receive updated HCV clinical information and guidance. In addition to the UCSF Project Echo clinic meetings, ODCHC treating providers and involved clinical support staff meet to compose ODCHC's internal HCV task force. ODCHC's HCV task force members are also encouraged to attend HCV county task force meetings, low barrier HCV treatment meetings and other pertinent clinical trainings as available. Current organizational HCV services are summarized below to include our proposed improved processes which incorporate a HCV navigator.

ODCHC providers will interpret laboratory results, order additional tests and use approved standardized ICD-10 codes on problem list to allow for problem list (ICD-10 code) based reports to be generated. Due to the nature of multiple testing options available in EMR, a single test (CPT code) is not directly linked to a diagnosis (ICD-10 code). The HCV navigator will be utilizing reporting capabilities in the EMR to capture test results monthly, to ensure that all positive tests have correct diagnosis and added to correct patient list. Patient lists and problem list based reports will allow patients to be differentiated into different stages of HCV diagnosis and treatment for monthly communication with DHHS.

ODCHC providers offer Hepatitis C antibody testing with reflex to RNA (CPT code LV4812) to all patients born between the years of 1945-1965, current injection drug users (IDU) and HIV-infected MSM patients annually, pregnant women at the initiation of prenatal care and to all patients with the following identifiable risk factors; history of illicit injection drug use or intranasal drug use, history of long-term hemodialysis, receiving a tattoo in an unregulated facility/setting, healthcare workers upon accidental exposure, children born to anti-HCV positive mothers, history of transfusion with blood or organ transplantation, were ever in prison, HIV infection, chronic liver disease, hepatitis with unknown cause, and elevated liver enzymes.

Patients found to have positive HCV antibody test and waiting RNA test to determine if current infection will have problem list documented as *Hepatitis C antibody test Positive* with ICD-10 code *R76.8*. This ICD-10 code will primarily be used for referrals received from outside agencies, as HCV antibody tests should not be ordered alone without reflex by ODCHC providers. Patients tested by community partners and referred to ODCHC will also have problem list documented as such. In alignment with ODCHC's mission all referrals will be accepted regardless of financial, geographic or social barriers.

Including, but not limited to; homelessness, lack of insurance, IVDU or residential treatment. ODCHC HCV navigator will work with the ODCHC Member Service's department and HCV Care Coordinator to address barriers as possible. As a secondary measure to capture patients who have a positive antibody test and did not receive RNA testing, the HCV navigator will run a monthly report in Epic's (EMR) reporting work bench. This report shall include all lab tests that have possibility of a positive HCV antibody, including: LP358 (Hep 5 Profile), LV1427 (HCV AB W/RFLX HCV AB VERIF), 86803 (Hepatitis C Antibody), LV4182 (HEPATITIS C ANTIBODY WITH REFLEX TO HCV, RNA, QUANTITATIVE, REAL-TIME PCR). Any patient found to have a positive antibody test with no RNA ordered, will have the RNA test ordered by the HCV navigator per standing order as outlined in ODCHC HCV policy.

Patients found to have a positive HCV antibody and negative HCV RNA should be counseled that they were exposed in the past and spontaneously cleared the virus (unless they were previously treated for HCV). These patients do not need any further tests or referral to treatment. Their problem list will be documented as having *History of Hepatitis C* with ICD-10 code *Z86.19*.

Patients found to have a positive HCV antibody and positive HCV RNA should be counseled that they are currently infected with HCV. The HCV navigator should receive internal referrals from the PCP who ordered confirmatory testing if the patient is an ODCHC patient. As a secondary measure to capture patients who are not referred, the HCV navigator will run a monthly report in the Epic's (EMR) reporting work bench. This report shall include all lab tests that have possibility of a positive RNA. All patients found to be infected with HCV must have a CMR submitted to county Public Health. Patient should be advised and counseled on treatment. Their problem list should be documented as *Chronic Hepatitis C without Hepatic Coma* with ICD-10 code *B18.2*. Additional tests and imaging, such as; PT/INR, CBC, CMP, HCV RNA w/reflex to genotype, HCV viral load, Hepatitis serology (Hep 5 profile), HIV screening, NS5A resistance testing and complete abdominal ultrasound should be ordered as necessary. In addition to correct problem list notation, these patients will be added to a shareable patient list in Epic (EMR), for ease of tracking and reporting. This list will be used a secondary reporting tool to assist in ensuring that a minimum of 65% of patients receive care coordination by HCV navigator. This list will also differentiation between patients being treated and not treated, to allow HCV to ensure at least 65% of the people who start HCV treatment, complete treatment. Note that 100% of patients will be offered care coordination and 100% of patients will be offered treatment.

ODCHC has noted previous barriers with achieving success in following up with patients who have a positive antibody with no confirmatory RNA testing. These barriers include ability to contact patient (due to incorrect phone number, no phone, or phone number out of minutes and cannot receive calls only texts), transportation for patient to arrive at clinic for confirmatory labs and lack of education regarding lab results and treatment. To start addressing these barriers additional information could be collected at time of antibody testing when referral is made to ODCHC. Information can include additional phone numbers, areas they frequent if homeless and information regarding treatment (common misinformation includes length and difficulty of treatment as well no current IVDU). Collaboration between the HCV navigator and HCV care coordinator to

physically find patients when they do not have phones, assist with transportation to labs, provide mobile phlebotomy in place of transportation to labs, provide education to common treatment misinformation at time of testing and communicate via text messages are all potential ways to address barriers.

Once patient has determined to proceed with treatment, HCV navigator will assist in determining ideal treatment site and provider based on provider availability, patient's history of being established at clinic, transportation to clinic location and patient preference. HCV navigator will assist care team in completing prior authorization to specialty pharmacy to get medication approved in a timely manner, serving as an expert resource and liaison between the clinics and the pharmacy.

Patients with *Chronic Hepatitis C without hepatic Coma*, who agree to HCV treatment will have standardized documentation in problem list to contain pertinent components of history, labs and treatment. Patients receiving treatment will be provided education prior and at medication initiation regarding side effects, compliance, treatment course and liver health by RN or HCV navigator. Patients will be called regularly for monitoring of side effects, compliance and to identify any barriers in completing treatment. Pt will also be contacted for mid treatment labs as well as post treatment labs to determine sustained viral response 12 and 24 weeks after treatment completion.

Patients with labs indicating HCV and cirrhosis will have this diagnosis of *Compensated Cirrhosis, related to Hepatitis C virus* with ICD-10 codes *K74.69/B19.20* during treatment so they can be differentiated as having Cirrhosis in addition to HCV. These pts will require ongoing monitoring for complications of cirrhosis including liver cancer and will need to be tracked after treatment.

Patients who have completed treatment and achieved SVR with cirrhosis will have the diagnosis of *Cirrhosis* in there problem list with ICD-10 code *K74.60* as they require ongoing monitoring for complications of cirrhosis including liver cancer. Depending on HCV treater, follow up tests will need to be ordered by PCP or HCV treater with assistance of the HCV navigator.

Each month the ODCHC HCV Navigator will initiate a meeting with DHHS HCV Care Coordinator to review the following information: list of patient referrals for previous month and year to date, list of patients with HCV antibody and no RNA for previous month and year to date, list of patients with positive HCV antibody and RNA, list of those patients who are starting treatment, list of patients completed treatment, list of patients with SVR at 12 weeks. This information will be reviewed and if any one list becomes stagnant and the patients are not progressing, the HCV Navigator and Care Coordinator can work together and pull in task force and low barrier treatment team to determine intervention based on need. Potential interventions if patients are unable to get RNA testing; mobile phlebotomy, lab testing in field, additional contact information for patients. Potential interventions in starting treatment; have lab freeze extra tube of blood in case NS5A resistance testing is needed, working with PHC to have an easier approval process, simpler treatment regimen, have funds available for patients who have difficulty paying co-pays. The intervention will be dependent on the needs that arise from the patients.

The HCV navigator will report to the two primary treaters Dr. Hovorka and Dr. Honda with any clinical concerns while working with the quality improvement department to ensure that reports created in reporting workbench in Epic (EMR) are accurate. HCV program goals will be reviewed at quarterly meetings, so progress, challenges and performance can be reviewed.

B. Quality Assurance Capabilities.

ODCHC has devoted considerable resources to Quality Improvement and Quality Assurance with an Executive Leadership position, Linda D'Agati, VP of Quality designated to oversee these activities.

We propose to dedicate time from Malia Honda, MD, Internal Medicine, already providing HCV treatment to oversee the clinical staff and assure the proper workflows and communication.

Cost Proposal – Exhibit B

A. Personnel Costs	
Title: Hepatitis C Navigator - TBD Salary Calculation: \$66,000.00 /yr @ 0.90 FTE x 30 months + 28.23% fringe ¹ Duties Description: Expert resource for all HCV questions, point of contact for referrals from DHHS staff and other agencies, work with patients to coordinate entry and appointments in the clinic setting, assist providers with lab ordering and referrals, initiate authorizations for prescription medications, provide training and answer questions to facilitate successful implementation of Hep C collaboration grant, Attend meetings and provide updates as requested.	\$186,036
Title: HCV Project Medical Director - Malia Honda, MD, Internal Medicine Salary Calculation: \$194,646/yr @ 0.10 FTE x 6 months +28.23% fringe Duties Description: Provides clinical oversight of the HCV navigator and assures staff training and support. Attends required meetings. ODCHC will support salary in years 2 & 3.	\$12,479
Title: HCV Consultant MD – Gail Hovorka, MD, Infectious Disease Salary Calculation: \$202592.00 /yr @ 0.10 FTE x 6 months + 28.23% fringe Duties Description: Oversees outreach to community sources of patients, serves as a consultant in program design during year one.	\$12,989
Title: Behavioral Health Consultant - LCSW - Gregg Moore, LCSW, Behavioral Health Director ODCHC Salary Calculation: \$202592.00 /yr @ 0.10 FTE x 6 months + 28.23% fringe Duties Description: Serves as a consultant in year one to enhance program design. Trains program staff to achieve more effective interventions and support for patients to increase treatment compliance.	\$8,942
Title: Laboratory Assistant – Mobile Van and MAT Program - TBD Salary Calculation: \$45,760.00 /yr @ 01.0 FTE x 6 months + 28.23% fringe Duties Description: Staffs the lab service on the Mobile Van to assure timely testing capability at homeless clinics and SUD treatment clinics to assure timely testing and treatment.	\$29,339
Title: Laboratory Assistant – Community Outreach - TBD Salary Calculation: \$39,520.00 /yr @ 0.60 FTE x 6 months + 28.23% fringe Duties Description: Staffs the lab service at non-ODCHC affiliated partnership locations (HACHR, eg) and assures timely to assure timely testing capability at needle exchange and other locations PWID are encountered.	\$17,737
Title: Registered Nurse – Clinic Manager – Phaedra Carlson, RN (HODC); Jennifer Webster, RN (NCC); Sheryl Johnson, RN (TVSC – Annex); Melissa McCall, RN (MODC); Nichole Hartigan, RN (ECHC); Nichole Walters, RN (FOHC); Isabelle Lunsford, RN (TVSC) Salary Calculation: \$101,920.00 /yr @ 0.60 FTE x 6 months + 28.23% fringe Duties Description: Assures efficient and supportive transfer to care at locations in Humboldt County. FTE is comprised of funding for 6 RN-CM staff at the locations where treatment occurs now. Responsible for staff training, developing workflows for care at their location.	\$45,742
Title: Behavioral Health Clinician – LCSW – Karen O’Sheil, LCSW Salary Calculation: \$94,619.20 /yr @ 0.20 FTE x 6 months + 28.23% fringe Duties Description: Serves as an expert to impart knowledge of referral resources, patient eligibility for programs to enhance the capacity for HCV treatment. Eligible patients will allow the program to become self-sustaining.	\$18,200
Title: Care Team Manager – Ashley Chiu, MA, Care Team Manager Salary Calculation: \$64,209.00 /yr @ 0.20 FTE x 6 months + 28.23% fringe Duties Description: Supports Medical Director and serves as a training resource for MA staff as HCV Project is spread across the organization. ODCHC will support salary in years 2 & 3.	\$6,175
Total Personnel Costs:	\$337,639
B. Operational Costs	
Title: Uncompensated Laboratory Fees \$4,566.00 /mo x 6 months Description: DHHS approved materials for potential participants – various / multiple languages.	\$19,500

Benefits: FICA	@ 07.65% x \$SUBTOTAL
Benefits: State Unemployment Insurance	@ 00.85% x \$SUBTOTAL
Benefits: Health Insurance Contribution	@ 13.99% x \$SUBTOTAL
Benefits: Retirement Contribution	@ 01.50% x \$SUBTOTAL
Benefits: Workers’ Compensation Insurance	@ 02.99% x \$SUBTOTAL
Benefits: Other (LTD, EAP, Leave)	@ 01.25% x \$SUBTOTAL
Total Fringe	28.23%

Title: Disposable phones – 100 @ \$45, Description: Disposable phones for patient to contact them for monitoring and follow up during treatment	\$3,850
Title: Specialized Freezer \$2000 Description: Freezer to keep blood specimens adequately cold until testing can be run	\$2,000
Total Operational Costs:	\$25,350
C. Consumables/Supplies	
Title: Meeting Supplies Description: \$500.00/ mo x 6 months	\$3,500
Total Consumable/Supplies:	\$3,500
D. Transportation/Travel	
Title: Mileage for Community Outreach Lab Assistant Description: 10,000 miles x \$0.50/mile	\$5,000
Total Transportation/Travel:	\$5,048
E. Other Costs	
Title: Indirect Project Costs @ 20% Description: Overhead, administrative costs	\$74,307
Total Other Costs:	\$74,307
Total:	\$445,845

RECEIVED

8 '998

Internal Revenue Service District Director

Department of the Treasury

P. O. Box 2508

Cincinnati, OH 45201

Date: AUG 05 1998

Person to Contact:

Open Door Community Health Centers 770
Tenth St.
Arcata, CA 95521-6210

D. Downing
Telephone Number:

513-241-5199

Fax Number:

513-684-5936

Federal Identification Number:

95-2671433

Dear Sir or Madam:

This letter is in response to your submission of amended Articles of Incorporation that changed your name from Humboldt Open Door Clinic to Open Door Community Health Centers.

Our records indicate that a determination letter issued in March 1972 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(2).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal

Insurance Contributions Act (social security taxes) on remuneration

Page2

Open Door Community Health
Centers95-2671433

of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its 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.

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

Please direct any questions to the person identified in the letterhead above. This letter affirms your organization's exempt status.

Sincerely,

C. Ashley Bullard
District Director

Open Door Community Health Centers



Del Norte County

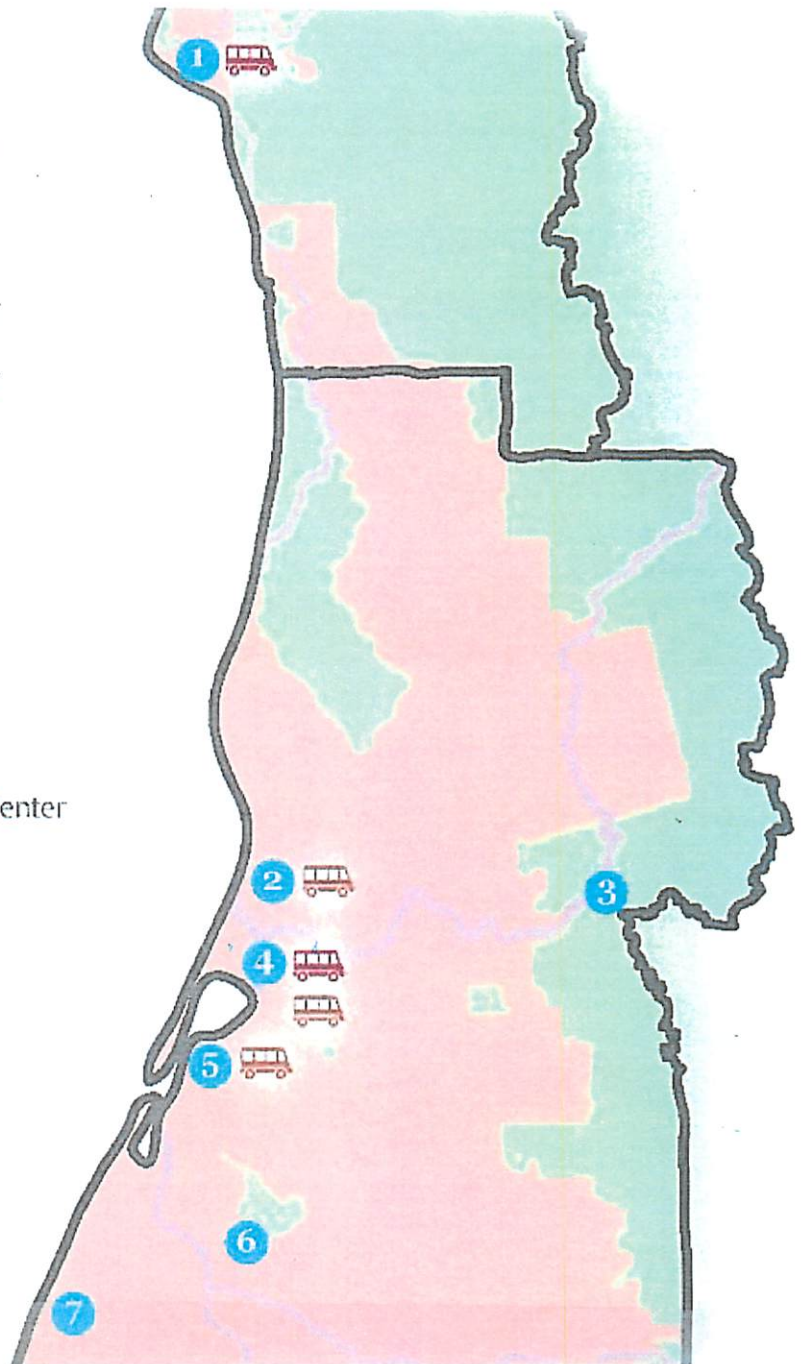
- 1 Del Norte Community Health Center
(including Member Services, Del Norte)

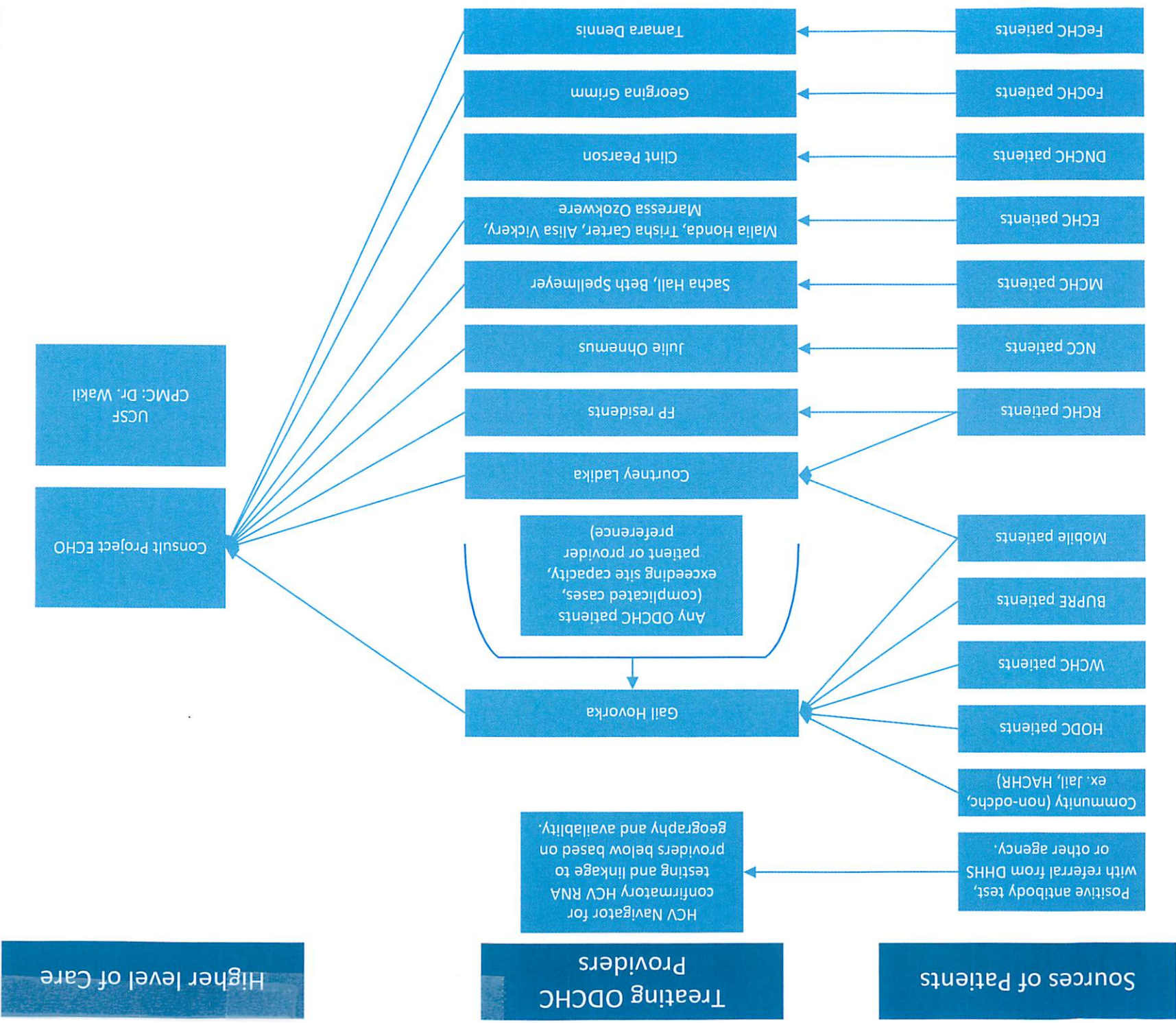
Humboldt County

- 2 McKinleyville Community Health Center
- 3 Willow Creek Community Health Center
- 4 **Arcata**
Humboldt Open Door Clinic
NorthCountry Clinic
NorthCountry Prenatal Services
Open Door Administration
- 5 **Eureka**
Burre Dental Center
Eureka Community Health & Wellness Center
Member Services, Humboldt
Redwood Community Health Center
Telehealth & Visiting Specialist Center
- 6 Fortuna Community Health Center
- 7 Ferndale Community Health Center

Mobile Health Services

-  Dental Van
-  Medical Van





Referrals for HCV Patients as of 9.1.2021



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/29/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. 505 N Brand Blvd, Suite 600 Glendale CA 91203 License#: 0726293 OPENDOO-04	CONTACT NAME: Kimberly Kleinman PHONE (A/C, No., Ext): 818-539-8619 E-MAIL ADDRESS: Kimberly_Kleinman@ajg.com FAX (A/C, No): 818-539-8719													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Quality Comp Inc</td> <td></td> </tr> <tr> <td>INSURER B : NORCAL Mutual Insurance Company</td> <td>33200</td> </tr> <tr> <td>INSURER C : Great American Insurance Company</td> <td>16691</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Quality Comp Inc		INSURER B : NORCAL Mutual Insurance Company	33200	INSURER C : Great American Insurance Company	16691	INSURER D :		INSURER E :		INSURER F :
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INSURED Open Door Community Health Centers 1275 8th Street Arcata, CA 95521														

COVERAGES **CERTIFICATE NUMBER:** 1923900603 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			610398	4/1/2021	4/1/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Included MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 8,000,000 PRODUCTS - COMPI/OP AGG \$ Included \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAP030794208	7/8/2020	7/8/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp & Collision \$ 100/\$500
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	0150441012	1/1/2021	1/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Professional Liability Claims-Made Form Retro Date: 4/5/1985			610398	4/1/2021	4/1/2022	Per Claim Aggregate \$2,000,000 \$8,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
o Professional Liability: Sexual Misconduct coverage included.
o General Liability: Fire Damage to Rented Premises coverage included.

Evidence of Coverage.

CERTIFICATE HOLDER Evidence of Coverage	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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CITY OF EUREKA, CA
531 K STREET EUREKA, CA 95501-1165 PHONE (707) 441-4120
BUSINESS LICENSE

OPEN DOOR COMM HEALTH CENTER
670 9TH ST
ARCATA CA 95521-6248



LICENSE YEAR: 2021

LOCATION: 670 9TH ST STE 203


LICENSE TYPE: NON-PROFIT

LICENSE NUMBER: 11516

ISSUED DATE: 1/01/2021

EXPIRATION DATE: 12/31/2021

This license is issued without verification that the licensee is subject to or exempt from licensing by the State of California.



Finance Director

NOTICE

Any transfer, change of use or occupancy may require review by the City Design Review Committee. This review takes time. The committee meets twice each month. This license does not signify compliance with any regulatory codes of the City of Eureka, including but not limited to building, fire and zoning laws.

THIS LICENSE MUST BE DISPLAYED IN A CONSPICUOUS PLACE

**REQUEST FOR PROPOSALS NO. DHHS2021-03
Hepatitis C Virus Collaboration Project**

**ATTACHMENT C – REFERENCE DATA SHEET
(Submit with Proposal)**

REFERENCE DATA SHEET

Provide a minimum of one (1) reference with name, address, contact person and telephone number whose scope of business or services is similar to those of Humboldt County (preferably in California). Previous business with the County does not qualify.

NAME OF AGENCY:	County of Del Norte California
STREET ADDRESS:	880 Northcrest Drive
CITY, STATE, ZIP:	Crescent City, Ca. 95531
CONTACT PERSON:	Heather Snow EMAIL: hsnow@co.del-norte.ca.us
PHONE #:	(707) 464-3191 Etx. 2550 FAX #: (707) 465-1783
Department Name:	Department of Health and Human Services
Approximate County (Agency) Population:	27,812
Number of Departments:	40
General Description of Scope of Work:	multi-branch department dedicated to serving the community. They strive to provide quality services through various programs and services. Every day, services benefit those with welfare, health, mental health, and safety needs throughout Del Norte County.
NAME OF AGENCY:	
STREET ADDRESS:	
CITY, STATE, ZIP:	
CONTACT PERSON:	EMAIL:
PHONE #:	FAX #:
Department Name:	
Approximate County (Agency) Population:	
Number of Departments:	
General Description of Scope of Work:	
Applicant Tracking System Implementation Date:	