AGENDA ITEM NO.
C-16

COUNTY OF HUMBOLDT

For the meeting of: January 3, 2017

Date: December 13, 2016

To: Board of Supervisors

From: Connie Beck, Director
Department of Health and Human Services - Public Health

Subject: Grant agreement with County Medical Services Program Governing Board for the County Wellness and Prevention Pilot Project and Supplemental Budget (4/5 Vote)

RECOMMENDATION(S):
That the Board of Supervisors:

1. Approve the County Wellness and Prevention Pilot Project grant agreement with the County Medical Services Program (CMSP) Governing Board in the amount of $300,000 for the period of Jan. 1, 2017 through June 30, 2020;
2. Authorize the Director of Public Health to sign grantee data sheet and four (4) original signature pages of the agreement;
3. Approve Attachment B: Supplemental budget to increase revenues by $50,000 in fund 1175 Public Health, budget unit 449 Fiscal Agent (4/5 vote);
4. Direct Auditor-Controller to supplement Fund 1175, per Attachment B;
5. Approve the allocation of 1.0 full- time equivalent (FTE) Health Education Specialist I/II (class 1595, salary range 370/403) position in budget unit 414, effective immediately upon Board approval; and

Prepared by Karen Baker, Administrative Analyst CAO Approval

REVIEW:
Auditor County Counsel Human Resources Other

TYPE OF ITEM:
x Consent
____ Departmental
____ Public Hearing
____ Other

PREVIOUS ACTION/REFERRAL:

Board Order No.

Meeting of:

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT
Upon motion of Supervisor Sundberg Seconded by Supervisor Fennell
Ayes Sundberg, Fennell, Bass, Bohn, Wilson
Nays
Abstain
Absent

and carried by those members present, the Board hereby approves the recommended action contained in this Board report.

Dated: Jan. 3, 2017
By:
Kathy Hayes, Clerk of the Board

6. Authorize the Director of Public Health or designee to approve all future amendments to the grant agreement and documents directly related to those agreements, that do not require matching funds from the county, with County Counsel and Risk Management review and approval.

SOURCE OF FUNDING:
Public Health Fund

DISCUSSION:
The CMSP Governing Board awarded Humboldt County Public Health a Wellness Prevention Pilot Project Grant. The goal of this project is to create linkages to medical and behavioral healthcare for indigent adults through CMSP and increase the efficacy of that care in addressing the three leading causes of preventable death in Humboldt County.

The three leading causes of preventable death in Humboldt County are liver disease/cirrhosis, alcohol and other drug (AOD) overdose, and suicide. Liver disease is caused by alcoholism and/or hepatitis C virus (HCV). Humboldt has a very high HCV prevalence rate of 4.6% compared to the national average of 1.9% and from 2011 to 2014 the county reported an average of 508 new HCV cases annually. AOD overdose also disproportionately impacts Humboldt; our county leads the state in the number of overdose hospitalizations and ranks fourth for overdose deaths. Finally, suicide rates are consistently identified as a major issue in Humboldt County; suicide rates are approximately 2.5 times that of the state of California.

The Healthy Communities division of Public Health has developed innovative strategies to work with and engage at-risk individuals and healthcare systems to address liver disease, AOD overdose, and suicide. The North Coast AIDS Project (NorCAP) utilizes its mobile outreach van to reach underserved populations throughout Humboldt County to provide free rapid HCV testing, free naloxone (overdose prevention) kits, and referral and linkage to medical and behavioral health services. The Suicide Prevention Program reaches out to medical and service providers to deliver suicide prevention trainings, review agency capacity to address suicide, and train medical providers to assess suicide risk, and provide support, resources and referrals along a continuum of care model.

The Wellness and Prevention Pilot Project will expand the capacity of these existing Public Health programs by hiring an additional Health Education Specialist (HES). The HES will work in both the NorCAP and Suicide Prevention Programs to create linkages to medical and behavioral healthcare; increasing enrollment and access to services among the indigent adult target population. They will also provide trainings for service providers to increase identification and treatment of HCV and behavioral health issues including addiction and overdose and suicide risk in the community to ensure that high-risk individuals receive the treatment they need to avoid hospitalizations and death.

FINANCIAL IMPACT:
Approval the County Wellness and Prevention Pilot Project agreement with the CMSP Governing Board will allow the Department of Health and Human Services - Public Health to be reimbursed a maximum of $300,000 for the period of Jan. 1, 2017 to June 30, 2020. The supplemental budget before your board will supplement Fund 1175, Budget Unit 449, Fiscal Agent in the amount of $50,000 for the period of Jan. 1, 2017 to June 30, 2017. The salary and benefits costs for this position will be transferred out of Fund 1175, Budget Unit 414, Health Education to Budget Unit 449 for the purposes of tracking grant expenditures for reporting.

The allocated position of Health Education Specialist I/II (class 1595, salary range 370/403) will be funded through this grant, the anticipated costs associated with the salary and benefits for this position in fiscal year (FY) 2016-17 are $32,223. Health Education Specialist positions are used in a variety of programs in Public Health. If grant funding was to be lost, the position would be reassigned to another program as funds permit.

The remaining amount of the budgeted $50,000 will be used for operating costs and program start up. As the grant will be on a calendar year funding cycle, $100,000 will be incorporated into the county budget process for FY 2017-18, $100,000 will be incorporated into the FY 2018-19 budget and $50,000 will be incorporated into the FY 2019-20 budget. While CMSP plans to pay us in the increments listed in exhibit A of the agreement, funds will be budgeted as previously outlined. Unallocated portions of the funding will be held in the small grants trust so the remaining amount can be used in subsequent fiscal years. There is no impact to the General Fund.

This agreement supports the Board's Strategic Framework by protecting vulnerable populations and providing community-appropriate levels of service.

OTHER AGENCY INVOLVEMENT:
County Medical Services Program Governing Board

ALTERNATIVES TO STAFF RECOMMENDATIONS:
If the Board chooses not to approve the recommendations, it will result in a loss or delay of funding and services to the County.

ATTACHMENTS:
Attachment A: Agreement for County Wellness and Prevention Pilot Project
Attachment B: Supplemental budget - fund 1175, Public Health, budget unit 449, Fiscal Agent FY 16-17
Attachment C: Classification Review Request

Attachment A

AGREEMENT FOR

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD

COUNTY WELLNESS & PREVENTION PILOT PROJECT

between

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD ("Board")

and

HUMBOLDT COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES - PUBLIC HEALTH ("Grantee")

Effective as of:
January 1, 2017

AGREEMENT

COUNTY MEDICAL SERVICES PROGRAM
COUNTY WELLNESS & PREVENTION PILOT PROJECT

FUNDING GRANT

This agreement ("Agreement") is by and between the County Medical Services Program Governing Board ("Board") and the lead agency listed on Exhibit A ("Grantee").

A. The Board approved the funding of the County Wellness & Prevention Pilot Project (the "Pilot Project") in participating County Medical Services Program ("CMSP") counties in accordance with the terms of its Request for Proposals for the County Wellness & Prevention Pilot Project in the form attached as Exhibit B ("RFP").

B. Grantee submitted an Application ("Application") for the County Wellness & Prevention Pilot Project in the form attached as Exhibit C (the "Project"). The Project is a grant project ("Grant Project").

C. Subject to the availability of Board funds, the Board desires to award funds to the Grantee for performance of the Project.

The Board and Grantee agree as follows:

1. Project. Grantee shall perform the Project in accordance with the terms of the RFP and the Application. Should there be a conflict between the RFP and the Application, the RFP shall control unless otherwise specified in this Agreement.

2. Grant Funds.

A. Payment. Subject to the availability of Board funds, the Board shall pay Grantee the amounts in the time periods specified in Exhibit A ("Grant Funds") within thirty (30) calendar days of the Board's receipt of an invoice from Grantee for a Grant Project, as described in Exhibit A. Neither the Board nor CMSP shall be responsible for funding additional Project costs, future County Wellness & Prevention Pilot Projects or services provided outside the scope of the Pilot Project.

B. Refund. If Grantee does not spend the entire Grant Funds for performance of the Project within the term of this Agreement, then Grantee shall immediately refund to the Board any unused Grant Funds.

C. Possible Reduction in Amount. The Board may, within its sole discretion, reduce any Grant Funds that have not yet been paid by the Board to Grantee if Grantee does not demonstrate compliance with the use of Grant Funds as set forth in Section 2.D, below. The Board's determination of a reduction, if any, of Grant Funds shall be final.

D. Use of Grant Funds. As a condition of receiving the Grant Funds, Grantee shall use the Grant Funds solely for the purpose of performance of the Project, and shall not use

the Grant Funds to fund Grantee's administrative and/or overhead costs; provided, however, an amount of the Grant Funds equal to or less than fifteen percent (15%) of the total Project expenditures may be used to fund Grantee's administrative and/overhead expenses directly attributed to the Project. Grantee shall provide Board with reasonable proof that Grantee has dedicated the Grant Funds to the Project. Grantee shall refund to the Board any Grant Funds not fully dedicated to the Project. Grantee shall budget for evaluation expenses (such as time spent performing data collection, analyzing data, or preparing reports) in an amount not to exceed ten percent (10%) of total Pilot Project expenditures.

E. Annual Expenditure Reports. The Grantee shall provide the Board with annual expenditure reports documenting the use of Grant Funds in a form as determined by the Board.

F. Matching Funds. The Grantee is not required to provide in kind and/or matching funds but are strongly encouraged to provide such in kind and/or added funds from other sources to maximize the potential scope and reach of the Project. In kind and/or matching funds may be provided solely by the Grantee or through a combination of funding sources.

3. Grantee Data Sheet. Grantee shall complete and execute the Grantee Data Sheet attached as Exhibit D ("Grantee Data Sheet"). Board may, within its sole discretion, demand repayment of any Grant Funds from Grantee should any of the information contained on the Grantee Data Sheet not be true, correct or complete.

4. Board's Ownership of Personal Property. If Grantee's Application anticipates the purchase of personal property such as computer equipment or computer software with Grant Funds, then this personal property shall be purchased in Grantee's name and shall be dedicated exclusively to the Grantee's health care or administrative purposes. If the personal property will no longer be used exclusively for the Grantee's health care or administrative purposes, then Grantee shall, immediately upon the change of use, pay to the Board the fair market value of the personal property at the time of the change of use. After this payment, Grantee may either keep or dispose of the personal property. Grantee shall list all personal property to be purchased with Grant Funds on Exhibit A. This paragraph 4 shall survive the termination or expiration of this Agreement.

5. Authorization. Grantee represents and warrants that this Agreement has been duly authorized by Grantee's governing board, and the person executing this Agreement is duly authorized by Grantee's governing board to execute this Agreement on Grantee's behalf.

6. Data and Project Evaluation. Grantee shall collect Project data and conduct a Project evaluation. Grantee shall report data and evaluation findings to the Board as part of the Progress and Final Reporting set forth in Section 7, below. The Grantee shall not submit any protected health information ("PHI") to the Board. The Board reserves the right to hire an external pilot project evaluator to conduct an evaluation of the Project ("Pilot Project Evaluator"). The Grantee may be required to participate in one or more interviews with Pilot Project Evaluator, have a minimum of one (1) representative participate in quarterly web-based technical assistance meetings, and participate in surveys with the Pilot Project Evaluator as determined by the Board. Grantee shall maintain and provide the Board with reasonable access

to such records for a period of at least four (4) years from the date of expiration of this Agreement. Grantee shall cooperate fully with the Board, its agents and contractors, including but not limited to the Pilot Project Evaluator, and provide information to any such contractor in a timely manner. The Board may, within its sole discretion, terminate this Agreement at any time and suspend and/or discontinue payment of any Grant Funds if Grantee does not satisfactorily meet data collection and reporting requirements as set forth herein and in the RFP.

7. Progress and Final Reporting. Grantee shall notify the Board of any proposed substantial changes to the Project's components. The Project's components shall include: (a) the Project plan; (b) the target population; (c) the structure and process for providing services/support; (d) the roles and responsibilities of all participating (partnering) agencies; (e) services provided; (f) key Grantee personnel;(g) the budget; and (h) timelines. The Grantee shall submit five (5) biannual progress reports to the Board, that: (a) highlights the Project's key accomplishments, to date; (b) identifies challenges and barriers encountered during the prior six (6) months; (c) describes what the Project has learned, to date, about the target population; and (d) provides an update on data collection and evaluation efforts. In addition, the Grantee shall submit a final report to the Board by March 31, 2020, that: (a) highlights the Project's key accomplishments; (b) identifies challenges and barriers encountered during the Project; (c) describes what the Project has learned about the target population; (d) reports the evaluation findings; and (e) thoroughly describes the Project's future activities following the Pilot Project. The Board may, within its sole discretion, terminate this Agreement at any time and suspend and/or discontinue payment of any Grant Funds if Grantee does not satisfactorily meet reporting requirements as set forth herein and in the RFP.

8. Term. The term of this Agreement shall be from January 1, 2017, to June 30, 2020, unless otherwise extended in writing by mutual consent of the parties.

9. Termination. This Agreement may be terminated: (a) by mutual consent of the parties; (b) by either party upon thirty (30) days prior written notice of its intent to terminate; or, (c) by the Board immediately for Grantee's material failure to comply with the terms of this Agreement, including but not limited to the terms specified in paragraphs 6, 7 and 8. Upon termination or expiration of the term, Grantee shall immediately refund any unused Grant Funds to the Board, and shall provide the Board with copies of any records generated by Grantee in performance of the Project and pursuant to the terms of this Agreement.

10. Costs. If any legal action or arbitration or other proceeding is brought to enforce the terms of this Agreement or because of an alleged dispute, breach or default in connection with any provision of this Agreement, the successful or prevailing party shall be entitled to recover reasonable attorneys' fees and other costs incurred in that action, arbitration or proceeding in addition to any other relief to which it may be entitled.

11. Entire Agreement of the Parties. This Agreement constitutes the entire agreement between the parties pertaining to the subject matter contained herein and supersedes all prior and contemporaneous agreements, representations and understandings of the parties.

12. Waiver. To be effective, the waiver of any provision or the waiver of the breach of any provision of this Agreement must be set forth specifically in writing and signed by the

giving party. Any such waiver shall not operate or be deemed to be a waiver of any prior or future breach of such provision or of any other provision.

13. No Third-Party Beneficiaries. The obligations created by this Agreement shall be enforceable only by the parties hereto, and no provision of this Agreement is intended to, nor shall it be construed to, create any rights for the benefit of or be enforceable by any third party, including but not limited to any CMSP client.

14. Notices. Notices or other communications affecting the terms of this Agreement shall be in writing and shall be served personally or transmitted by first–class mail, postage prepaid. Notices shall be deemed received at the earlier of actual receipt or if mailed in accordance herewith, on the third (3rd) business day after mailing. Notice shall be directed to the parties at the addresses listed on Exhibit A, but each party may change its address by written notice given in accordance with this Section.

15. Amendment. All amendments must be agreed to in writing by Board and Grantee.

16. Assignment. This Agreement shall be binding upon and shall inure to the benefit of the parties to it and their respective successors and assigns. Notwithstanding the foregoing, Grantee may not assign any rights or delegate any duties hereunder without receiving the prior written consent of Board.

17. Governing Law. The validity, interpretation and performance of this Agreement shall be governed by and construed by the laws of the State of California.

18. Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument.

Dated effective January 1, 2017.

BOARD:	GRANTEE:
COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD	
By: _____	By: _____
Kari Brownstein, Administrative Officer	Title: _____
Date: _____	Date: _____

EXHIBIT A

GRANTEE: Humboldt County Department of Health & Human Services - Public Health

GRANTEE'S PARTNERS UNDER CONTRACT[1]

_____
_____
_____

GRANT FUNDS:

Total Amount To Be Paid under Agreement: $300,000
Amount to Be Paid Upon Execution Of This Agreement: $100,000
Amount To Be Paid On January 1, 2018: $100,000
Amount To Be Paid On January 1, 2019: $75,000
Amount To Be Paid On Board's Determination and Acceptance of Grantee's Completion of its Obligations under the Terms of this Agreement: $25,000
If Funds will be Used to Purchase Personal Property, List Personal Property to be Purchased:

_____
_____
_____

NOTICES:

Board:
County Medical Services Program Governing Board
Attn: Alison Kellen, Program Manager
1545 River Park Drive, Suite 435
Sacramento, CA 95815
(916) 649-2631 Ext. 119
(916) 649-2606 (facsimile)

Grantee:
Humboldt County Department of Health & Human Services - Public Health
Attn: Susan Buckley, Director of Public Health
529 I Street
Eureka, CA 95501
(707) 445-6200
(707) 445-6097 (facsimile)

1 Attach copy of any contract.

EXHIBIT B

REQUEST FOR PROPOSAL

BOARD'S REQUEST FOR PROPOSAL

REQUEST FOR PROPOSALS
County Wellness & Prevention Pilot Project

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD

I. ABOUT THE COUNTY MEDICAL SERVICES PROGRAM

The County Medical Services Program (CMSP) was established in January 1983, when California law transferred responsibility for providing health care services to indigent adults from the State of California to California counties. This law recognized that many smaller, rural counties were not in the position to assume this new responsibility. As a result, the law also provided counties with a population of 300,000 or fewer with the option of contracting back with the California Department of Health Services (DHS) to provide health care services to indigent adults. DHS utilized the administrative infrastructure of Medi-Cal's fee-for-service program to establish and administer the CMSP program.

In April 1995, California law was amended to establish the County Medical Services Program Governing Board (Governing Board). The CMSP Governing Board, composed of ten county officials and one ex-officio representative of the Secretary of the California Health and Human Services Agency, is authorized to set overall program and fiscal policy for CMSP. This law also authorized the Governing Board to contract with DHS or an alternative contractor to administer the program. Between April 1995 and September 2005, the Governing Board contracted with DHS to administer CMSP. Beginning October 1, 2005, Anthem Blue Cross Life & Health (Anthem) assumed administrative responsibility for CMSP medical, dental, and vision benefits. Advanced Medical Management (AMM) assumed this responsibility on April 1, 2015. MedImpact Healthcare Systems, Inc. (MedImpact) assumed administrative responsibility for CMSP pharmacy benefits beginning April 1, 2003 and continues to serve in this role.

Thirty-five counties throughout California now participate in CMSP: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Modoc, Mono, Napa, Nevada, Plumas, San Benito, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Tuolumne, Yolo and Yuba.

CMSP is funded by State Program Realignment revenue received by the CMSP Governing Board and county general purpose revenue provided in the form of County Participation Fees. CMSP members are medically indigent adults, ages 21 through 64, who meet all of CMSP's eligibility criteria and are not otherwise eligible for Medi-Cal or Covered California. Enrollment in CMSP is handled by county social services departments located in the 35 participating counties. All CMSP members must be residents of a CMSP county and their incomes must be less than or equal to 300% of the Federal Poverty Level (based on net nonexempt income). Depending on individual circumstances, CMSP members may have a share-of-cost. Enrollment terms for CMSP

members are up to 6 months. At the end of the enrollment term, CMSP members must reapply for CMSP to continue eligibility for benefits.

For all CMSP members *except* undocumented members, the CMSP Standard Benefit provides coverage of medically necessary inpatient, outpatient, vision, dental, and prescription drug services based upon a defined benefit package that is determined by the Governing Board. For undocumented CMSP members, the CMSP Standard Benefit provides coverage for medically necessary emergency care services only, including prescription drug services.

Beginning May 1, 2016 and for a two-year pilot project period, all CMSP members with a monthly share-of-cost for their Standard Benefit and all undocumented CMSP members are provided an additional Primary Care Benefit that does not require a monthly share of cost payment. This added benefit provides coverage of the following health care services:

- Up to three (3) medical office visits with a primary care doctor, specialist or for physical therapy (any combination of visits);
- Preventive health screenings, including annual physical, specific lab tests and cancer screenings;
- Specific diagnostic tests and minor office procedures; and,
- Prescription drug coverage with a $5.00 copay for each prescription (maximum benefit limit of $1,500 in prescription costs).

II. ABOUT THE CMSP COUNTY WELLNESS & PREVENTION PILOT PROJECT

The CMSP Governing Board seeks to test the effectiveness of providing local-level wellness and prevention services to CMSP eligible and potentially eligible persons that address any of the following three project areas:

- *Community Wellness:* Community based, collaborative strategies to provide wellness and prevention services for uninsured populations, with a focus on potential CMSP enrollees.
- *Whole Person Care:* Integrated systems development strategies that link local health and human service delivery systems to better serve CMSP enrollees, potential CMSP enrollees, and other publicly funded populations.
- *Addressing the Social Determinants of Health:* Collaborative local efforts to work across five determinants – Economic Stability, Education, Social and Community Context, Health and Health Care, and Neighborhood and Built Environment – to establish policies and strategies that positively influence social and economic conditions and those that support changes in individual behavior for the uninsured, including potential CMSP enrollees.

The target populations for county Pilot Projects must include persons potentially eligible for CMSP or enrolled in CMSP. In addition, the target populations may also include persons potentially eligible for or enrollees of other public programs. The goals of the Pilot Project are to promote timely delivery of necessary medical and support services to the target populations, improve their health outcomes, and link the target populations to other wellness resources and support. County Pilot Projects shall identify and

describe all of its target populations based upon the project area or areas that the Pilot Projects will be giving focus.

III. PILOT PROJECT APPLICANTS

Lead Agency Applicant Requirements

County Pilot Projects may focus within one CMSP county or two or more counties that participate in CMSP. Additionally, they may focus on one geographic region of a county or operate countywide. The Lead Agency Applicant must be a CMSP county that is applying solely for the county or on behalf of a group of CMSP counties working jointly. Lead Agency Applicants may be a County Health and Human Services Agency, County Health Department, or County Public Health Department. The Lead Agency Applicant must describe the community support they have in carrying out the project and provide evidence of that support through Letters of Commitment and/or Support from community based providers or organizations, such as local hospitals, primary care providers, non-profit community service agencies, or the local Medi-Cal managed care plan. In addition, the Lead Agency Applicant must demonstrate their collaboration with other county agencies, as relevant and appropriate for their project focus, as demonstrated by Letters of Commitment and/or Support. Such other county agencies may include Social Services, Mental Health, Drug and Alcohol Services, and the Justice System (including Probation, Sheriff and Courts).

IV. PILOT PROJECT TIMELINE

The following timeline shall guide the County Wellness & Prevention Pilot Project:

7/8/16	Pilot Project Request for Proposals (RFP) Released
8/4/16	RFP Assistance Teleconference
8/8/16	Pilot Project Letters of Intent (LOI) Due
9/2/16	Pilot Project Applications Due
10/27/16	Pilot Project Applications Reviewed and Approved by Governing Board
10/31/16	Pilot Project Awards Announced Via Letter
1/1/17	Pilot Project Agreements Executed and Projects Begin Implementation
12/31/19	Pilot Projects End
3/31/20	Final Pilot Project Reports due from Counties to Governing Board

V. FUNDING AWARDS – ALLOCATION METHODOLOGY

The Governing Board, within its sole discretion, may provide funding to counties participating in CMSP for the County Wellness and Prevention Pilot Project activities described in this RFP. As approved by the Governing Board on May 26, 2016 the maximum amount of funding available to each participating CMSP County is presented in APPENDIX Table 1. The Governing Board, within its sole discretion, may release all or some of the amounts presented in Table 1 based on the overall quality of the Pilot Project proposal submitted by the county or group of counties acting jointly and the manner in it which it addresses the needs of the identified target populations. Total

funding provided by the Governing Board for the County Wellness & Prevention Pilot Project may equal up to $7.65 million over the three-year period.

Following the Governing Board's approval of a County's Wellness and Prevention Pilot Project Application, the County will receive a total 3-year allocation, one-third of which will be allocated each program year, with Year 2 and Year 3 funding allocated on the basis of County compliance with program requirements, including specified Pilot Project reporting on services and outcomes.

Applicants receiving funding under the Pilot Project shall not be required to provide in-kind and/or matching funds to receive the grant, but are strongly encouraged to provide such in-kind and/or added funding from other sources to maximize the potential reach and scope of their Pilot Projects. Administrative and/or overhead expenses shall equal no more than 15% of the total Pilot Project expenditures. No Pilot Projects funds shall be used for administrative and/or overhead costs not directly attributed to the project. In addition, Pilot Projects shall be required to budget for evaluation expenses (such as time spent performing data collection, analyzing data, or preparing reports) in an amount not to exceed10% of total Pilot Project expenditures.

VI. FUNDING AWARDS – METHODOLOGY FOR REVIEW AND SCORING

The Governing Board shall have sole discretion on whether to award funding for a Pilot Project. Pilot Project proposals shall be reviewed and scored to assure that the projects meet minimum standards for receipt of County Wellness and Prevention Pilot Project funding. County Wellness & Prevention Pilot Project Applications will be reviewed and scored based upon the following criteria:

1) Project Narrative (65% in total)
    - Statement of Need (5%)
    - Target Population (5%)
    - Proposed Project/ Approach (15%)
    - Capacity (15%)
    - Organization and Staffing (10%)
    - Project Implementation (15%)
2) Budget (10%)
3) Logic Model (10%)
4) Proposed Evaluation Method (10%)
5) Letters of Commitment/Support (5%)

In order for the Governing Board to consider approving funding for a CMSP county's Pilot Project, the county's proposal must achieve a minimum score of seventy-five percent (75%).

VII. APPLICATION ASSISTANCE

A. RFP Assistance Teleconference

To assist potential applicants, Governing Board staff will conduct an RFP assistance teleconference on August 4, 2016 at 10:00 a.m. *Call-in details (including phone number, pass code, etc.) will be provided at a later time.* Applicants are encouraged to "save the date" for this teleconference, participate on the teleconference, and bring any questions they have regarding Pilot Project requirements and the application process to this teleconference.

B. Frequently Asked Questions (FAQ)

Once the application process gets underway, questions that are received by the Governing Board will be given written answers and these questions and answers will be organized into a Frequently Asked Questions (FAQ) document that will be posted on the Governing Board's website under the Pilot Project tab.

C. Letter of Intent (LOI)

The Governing Board requests that all Pilot Project funding applicants intending to submit an application provide a brief Letter of Intent (LOI) to the Governing Board that is presented on the letterhead of the applicant organization. While the LOI is not required, receipt of an LOI from all likely applicants will assist the Governing Board in planning for application review and related processing. Please submit the LOI no later than August 8, 2016 by 5:00 p.m. PST. The LOI may be submitted by e-mail or fax to the addresses listed below:

Via E-Mail: wellness&preventionpp@cmspcounties.org
SUBJECT: Wellness & Prevention Pilot Project RFP

Via Fax: CMSP Governing Board
ATTN: Wellness & Prevention Pilot Project
916-649-2606

D. Pilot Project Contact Information

Please direct any questions regarding the RFP to: lkemper@cmspcounties.org

VIII. PILOT PROJECT PROPOSAL FORMAT AND REQUIREMENTS

A. Application Cover Sheet

Using the form provided, please include the county name or names (if counties are acting jointly), identified Lead County Applicant and Lead Applicant's contact name(s), address, telephone, and e-mail contact information. The application cover sheet

(Attachment A) is available for download at the Governing Board's website at http://www.cmspcounties.org/about/grant_projects.html.

B. Project Summary (no longer than 2 pages)

Describe the proposed project concisely, including its goals, objectives, overall approach, target population(s), key partnerships, anticipated outcomes, and deliverables.

C. Project Narrative (no longer than 10 pages)

1. Clear Statement of Problem or Need Within Community

All Pilot Projects should be based upon identified needs of the target population(s) within the community. Please describe the target population(s) to be served in your proposed project. Define the characteristics of the target population(s) and discuss how the proposed project will identify members of the target population(s). Provide an estimate of the total number of clients that will be served through each year of the Pilot Project. Include any background information relating to the proposed county or counties to be served, geographical location, unique features of the community, or other pertinent information that helps shape the target population's need within the community.

2. Local Health Care Delivery System Landscape

Describe how medical care is delivered within the proposed county or counties. Identify the main sources of care for the target population(s) as well as strengths and existing challenges in the health care delivery system. Describe the Lead Applicant role and the roles of other counties, if acting jointly, as well as all key planning project partners' roles within the health care delivery system.

3. Description of Proposed Project

Describe and discuss the proposed activities to be performed in the Pilot Project. All activities discussed should correspond with the items listed in the logic model (see Section VIII D below) and be incorporated into the Implementation Work Plan. *As a part of this description, identify how the proposed Pilot Project will educate the public about CMSP and the CMSP Primary Care Benefit and link potential CMSP applicants to the county social services department for CMSP application assistance and processing.*

4. Organization and Staffing

This section should describe and demonstrate the Applicant's organizational capability to implement, operate, and fully participate in the evaluation of the proposed project. In addition, information provided should clearly delineate the roles and responsibilities of the Lead Applicant County, other counties if acting jointly, and key partners and include the following:

- An organizational chart and description of organizational structure, lines of supervision, and management oversight for the proposed project, including oversight and evaluation of consultants and contractors;
- Identification of a project manager with day-to-day responsibility for key tasks such as leadership, monitoring ongoing progress, preparing project reports, and communicating with other partners; and,
- The roles, qualifications, expertise, and auspices of key personnel.

5. *Implementation Work Plan*

This section should include a Project Implementation Work Plan and timetable for completion of implementation activities.

D. Logic Model

All applicants are required to submit a logic model. A logic model is a series of statements linking target population conditions/circumstances with the service strategies that will be used to address the conditions/circumstances, and the anticipated outcomes. Logic models provide a framework through which both program and evaluation staff can view the relationship between conditions, services and outcomes. (A brief guide on designing logic models is found in Attachment C.) All logic models should include a description of the: 1) target population(s); 2) program theory; 3) activities; 4) outcomes, and 5) impacts.

E. Proposed Evaluation Methodology (no longer than 2 pages)

To inform the Governing Board of the Pilot Project's proposed strategy for providing evidence of the effectiveness of the Pilot Project, all applicants shall outline and describe the specific programmatic, clinical and/or financial metrics that will be used to evaluate the effectiveness of their proposed Pilot Project. As a part of this effort, applicants shall identify the data sources to be used and the frequency of data submission, and provide a brief written assessment of the relative availability and reliability of the data sources. Applicants shall also identify any barriers to data collection or the evaluation that could impede a determination of the effectiveness of the Pilot Project. Finally, applicants shall describe how the Pilot Project will comply with federal and state laws requiring confidentiality of protected health information. Please Note: Pilot Projects may additionally be subject to external evaluation by an evaluation contractor hired by the Governing Board, at the sole discretion of the Governing Board.

F. Budget and Budget Narrative (no longer than 2 pages)

Complete the Detail & Summary Budget Templates (See Attachments B1 and B2) and provide a brief budget narrative detailing all expense components that make up total operating expenses and the source(s) of in-kind and/or direct matching funding. These Budget Templates are available as an Excel spreadsheet for download at http://www.cmspcounties.org/about/grant_projects.html.

As part of the budget narrative, describe all administrative costs and efforts to minimize use of Pilot Projects funds for administrative and overhead expenses. Please note: No Pilot Projects funds shall be used for administrative and/or overhead costs not directly attributed to the project. In addition, administrative and/or overhead expenses shall equal no more than 15% of the total Pilot Project expenditures.

All Pilot Projects are required to budget for evaluation related activities in an amount up to 10% of total Pilot Project expenditures. Evaluation related activities shall include tasks such as data collection, data cleaning, and data analysis. Such funding is intended to support the evaluation component of the Pilot Project as set forth in Section VIII E above. Projects may additionally be required to work with an external project-wide evaluation contractor that is contracted with the CMSP Governing Board.

G. Letters of Commitment and/or Support

Letters of Commitment and/or Support from key partners should be included and will be utilized in scoring (5%). Letters should describe the key partner's understanding of the proposed Pilot Project and their organizations' role in supporting or providing services.

Lead Applicants (CMSP county alone or lead CMSP county acting on behalf of a group of counties working jointly) must provide evidence of support from community based providers or other service organizations in the county or counties, if acting jointly, through Letters of Commitment and/or Support. In addition, the Lead Applicants must demonstrate their collaboration with other county agencies, as relevant and appropriate for their Pilot Project focus. Such other county agencies may include Social Services, Mental Health, and Drug and Alcohol Services, and Justice System (including Probation, Sheriff, and Courts)

IX. APPLICATION INSTRUCTIONS

A. All Pilot Project applications must be complete at the time of submission and must follow the required format and use the forms and examples provided:

   1. The type font must be Arial, size 12 point.
   2. Text must appear on a single side of the page only.
   3. Assemble the application in the order and within the page number limits listed with the Proposal Format & Requirements sections.
   4. Clearly paginate each page.

B. Applications transmitted by facsimile (fax) or e-mail <u>will not be accepted</u>.

C. The application shall be signed by a person with the authority to legally obligate the Applicant.

D. Provide one original hard-copy Pilot Project application clearly marked original, and two (2) hard copies.

E. Provide an electronic copy (CD) of the following application documents: 1) Project Summary (Word document), 2) Project Narrative (Word document), and 3) Budget (Excel document), 4) Logic Model, and 5) Proposed Evaluation Methodology.

F. Do not provide any materials that are not requested, as reviewers will not consider the materials.

G. Folders and binders are not necessary or desired; please securely staple or clip the application in the upper left corner.

H. Applications must be received in the office no later than 5:00 p.m. PST on September 2, 2016. Submit all applications to:

CMSP Governing Board
ATT: Wellness & Prevention Pilot Project Applications
1545 River Park Drive, Suite 435
Sacramento, CA 95815

APPENDIX: Table 1 CMSP County Wellness and Prevention Pilot Project Maximum County Allocations			
Population Category	**County**	**County Population**	**3-Year Grant Amount**
> 400,000 population	Sonoma County	500,292	$375,000
	Solano County	431,131	$375,000
> 100,000 population	Marin County	260,750	$300,000
	Butte County	224,241	$300,000
	Yolo County	207,590	$300,000
	El Dorado County	183,087	$300,000
	Shasta County	179,804	$300,000
	Imperial County	179,091	$300,000
	Madera County	154,548	$300,000
	Kings County	150,269	$300,000
	Napa County	141,667	$300,000
	Humboldt County	134,809	$300,000
> 50,000 population	Nevada County	98,893	$225,000
	Sutter County	95,847	$225,000
	Mendocino County	87,869	$225,000
	Yuba County	73,966	$225,000
	Lake County	64,184	$225,000
	Tehama County	63,067	$225,000
	San Benito County	58,267	$225,000
	Tuolumne County	53,831	$225,000
< 50,000 population	Calaveras County	44,624	$150,000
	Siskiyou County	43,628	$150,000
	Amador County	36,742	$150,000
	Lassen County	31,749	$150,000
	Glenn County	27,955	$150,000
	Del Norte County	27,212	$150,000
	Colusa County	21,419	$150,000
	Plumas County	18,606	$150,000
	Inyo County	18,410	$150,000
	Mariposa County	17,682	$150,000
	Mono County	13,997	$150,000
	Trinity County	13,170	$150,000
	Modoc County	9,023	$150,000
< 5,000 population	Sierra County	3,003	$75,000
	Alpine County	1,116	$75,000
	TOTAL	3,671,539	$7,650,000

Attachment A

APPLICATION COVER SHEET
CMSP Wellness & Prevention Pilot Project

1. **CMSP County or Counties Included in the Pilot Project:**

2. **Funding:**
   CMSP Pilot Project Requested Amount: $_____
   In-Kind and/or Other Matching Amount Provided by Applicant (if any): $_____

3. **Applicant:**
   Organization:
   Applicant's Director or Chief Executive:
   Title:
   Applicant's Type of Entity (specific county department):
   Address:
   City: State: CA Zip Code: County:
   Telephone: ( ) Fax: ( )
   E-mail Address:

4. **Primary Contact Person** (*Serves as lead contact person during the application process.)*
   Name:
   Title:
   Organization:
   Address:
   City: State: CA Zip Code: County:
   Telephone: ( ) Fax: ( )
   E-mail Address:

5. **Secondary Contact Person** (*Services as alternate contact during the application process.)*
   Name:
   Title:
   Organization:
   Address:
   City: State: CA Zip Code: County:
   Telephone: ( ) Fax: ( )
   E-mail Address:

6. **Financial Officer** *(Serves as chief Fiscal representative for project.)*
   Name:
   Title:
   Organization:
   Address:
   City: State: CA Zip Code: County:
   Telephone: ( ) Fax: ( )
   E-mail Address:

7. By submitting this application for Wellness & Prevention Pilot Project funding, the applicant signifies acceptance of the applicant's responsibility to comply with all requirements stated in this Request for Proposals (RFP) authorized by the County Medical Services Program Governing Board ("Governing Board"). Further, the applicant understands that should the Governing Board award pilot project funding to the applicant, the Governing Board is not obligated to fund the pilot project grant until the applicant submits correct and complete documents as required for the pilot project agreement; the Governing Board is otherwise satisfied that the applicant has fully met all Governing Board requirements for receipt of pilot project funding; and the pilot project agreement between the Governing Board and the applicant has been fully executed. The Governing Board shall have sole discretion on whether or not to award pilot project funding of any amount to the applicant.

   I declare that I am an authorized representative of the applicant described herein. I further declare under penalty of perjury under the laws of the State of California that the information set forth in this Cover Sheet and the attached response to the Wellness & Prevention Pilot Project RFP is true and correct.

Official Authorized to Sign for Applicant:

Signature: Date:

Name:
Title:
Organization:
Address:
City: State: CA Zip Code: County:
Telephone: ( ) Fax: ( )
E-mail Address:

Attachment B1

County Wellness & Prevention Pilot Project Budget Guidelines

Applicants should use the budget detail and summary formats provided. Applicants may either use the actual tables or create a spreadsheet with the same categories and format. ***Pilot Projects*** should budget for anticipated expenditures in all three years of the pilot project.

Budget items should be placed into one of 5 categories. Five categories and a brief description of each category are listed below. Any expenses that are categorized within "Other" should be explained the budget summary.

Personnel
Gross salary and fringe benefits related to staff or funded project. Fringe benefits included employer FICA, unemployment and workers compensation taxes, medical insurance, vacation/sick leave and retirement benefits.

Contractual Services
Payments related to subcontractors and consultants who provide services to the project. Includes all expenses reimbursed including salaries, office expenses, travel.

Office Expenses
Directly attributable expenses for photocopies, postage, telephone charges, utilities, facilities, educational materials, general office supplies, computer equipment and software, and medical supplies.

Travel
Actual project-related travel expenses, including airfare, meals, hotels, mileage reimbursement, parking and taxis. If the organization has an established per diem policy, per diem may be charged to the grant in lieu of actual incurred expenses.

Other
Items that do not fall into any of the other categories listed above. Each item listed in other should be discussed in the brief budget summary.

No grant funding should be used for administrative and/or overhead costs not directly attributed to the project.

Budget Narrative
Provide a brief (no more than 2 pages) budget summary detailing all expense components that make up total operating expenses and the source(s) of in-kind and/or direct matching funding, if any. Describe all administrative costs and efforts to minimize use of pilot projects funds for administrative and overhead expenses.

Attachment B2: Budget Template - Summary Budget
CMSP County Wellness & Prevention Pilot Project

Applicant:

Summary Budget – CY 2017 through CY 2019:

Category	Total Cost (Year 1)	CMSP Funding (Year 1)	Other Funding (Year 1)
Personnel			
Contractual Services			
Office Expenses			
Travel			
Other			
TOTAL YEAR 1			

Category	Total Cost (Year 2)	CMSP Funding (Year 2)	Other Funding (Year 2)
Personnel			
Contractual Services			
Office Expenses			
Travel			
Other			
TOTAL YEAR 2			

Category	Total Cost (Year 3)	CMSP Funding (Year 3)	Other Funding (Year 3)
Personnel			
Contractual Services			
Office Expenses			
Travel			
Other			
TOTAL YEAR 3			

Attachment B2: Budget Template - Detail Budget
CMSP County Wellness & Prevention Pilot Project

Applicant:

Detail Budget – CY 2017 through CY 2019:

Category Item/Service	Qnty (Year 1)	Cost (Year 1)	Qnty (Year 2)	Cost (Year 2)	Qnty (Year 3)	Cost (Year 3)	**Total Cost**
Personnel							
Contractual Services							
Office Expenses							
Travel							
Other							

ATTACHMENT C

Guidelines for Logic Model

I. Purpose

Applicants for County Wellness & Prevention Pilot Project funding must submit a logic model. Designing a logic model will enable applicants to define their program, pinpoint their approach, identify resources and consider outcomes. The purpose of a logic model is to build a foundation for program development, ensure consensus among stakeholders and provide a framework for program evaluation. Each site is responsible for completing an evaluation of their project. A logic model provides a common "map" to be used by program staff and evaluators to design a useful evaluation. Designing an evaluation, before completing a logic model, may lead to collecting information on irrelevant outcomes. Conversely, programs may fail to collect information regarding individuals or services that may contribute to the success of a program. The creation of thoughtful logic model is the first step in designing an effective County Wellness & Prevention Pilot Project.

Applicants are encouraged to use the guidelines that follow, although other forms of logic models are acceptable.

II. Overview

The development of logic models is a useful tool for establishing dialogue between evaluation and system development efforts. Logic modeling is a method of articulating a program's theory or beliefs about how and why services are expected to produce particular results. In its simplest form, a logic model describes the clients that a system of care intends to serve, the services and supports that will be offered, and the short and long term outcomes that are expected to be achieved.

Kumpfer, et al. (1993) believe that logic models are useful tools for local stakeholders for several reasons. First, logic models can elicit consensus among staff and other system stakeholders regarding the service strategies and outcomes for a particular program. Second, they serve as a model to compare the intended program approach with what actually occurred. Third, they facilitate the articulation of specific beliefs about what services and strategies are related to the achievement of outcomes. Finally, logic models provide a framework for evaluation efforts through the linkage of action to results. Overall, logic models provide a framework through which both program and evaluation staff can view the linkages between conditions, services and outcomes.

The first step for stakeholders in developing a logic model is to clearly articulate their service delivery strategy. This means that stakeholders throughout a service system, including administrators, service providers, and inter-agency collaborators, should be able to describe the target population they intend to serve, the services they expect to provide along with the supporting collaborative infrastructures, and the results they expect to achieve (Usher, 1998; Hernandez,

Hodges, & Cascardi, 1998). When these basic questions are answered, stakeholders will be in a better position to complete their logic model.

Logic models depicting a program's approach can be compared to maps with guideposts that help keep program strategies on course (Alter & Murty, 1997). This approach takes into account the slippage or shifts that often occur in service delivery and uses the logic model as a stabilizer for a program or services during times of change. By knowing what changed in a program and when it changed, outcome information can be better interpreted and utilized. In this regard, the logic model becomes the ongoing documentation of changes in a program and enables stakeholders to track them.

Evaluators have the important role of eliciting the underlying service delivery theory by asking service personnel, managers, interagency stakeholders key questions about the target population served, the service approach employed and the goals that the service approach hopes to accomplish. If there is not agreement among program staff and stakeholders in their answers to these questions, then the evaluator helps the group reach consensus through further discussion. This process makes the results of evaluation more relevant to the service strategy under study, and hence more useful toward improving services.

III. Components of a Logic Model

It seems that there is a different vocabulary used for each type of logic model. Although logic models may vary slightly in their purpose (i.e., program logic model vs. evaluation logic model), most models include the same types of components described in slightly different ways. In general, a logic model can be broken down into five (5) basic components: 1) Target Population; 2) Program Theory; 3) Program Activities; 4) Outcomes; and, 5) Impact/Goals. A logic model template is shown in chart 1.

- ***Target Population***

Consider the target population carefully. Ethnicity, race, age, gender, geographic location, primary language spoken, housing status, and medical conditions contribute to the definition of the target population.

Program Theory
This component should discuss the "theory" or the basis of the program or intervention. The "program theory" refers to the underlying assumptions that guide program planning and service delivery. These assumptions are critical to producing change and improvement in the target population. For example, a program theory regarding disease case management for diabetics may state:

> "Case management services for CMSP diabetics should include local coordination of all health and social service providers to address needs in

a timely and efficient manner that conserves resources and eliminates duplication."

The program theory assumes that local coordination across service providers is important for serving an indigent population. Several theories may be combined to define an overall approach to serving the target population. For example, a program to serve children with severe emotional disturbances and their families had the following program theories:

- Family involvement in program design and implementation
- Incentive-oriented for providers
- Wide array of services to address needs in multiple areas
- Broad network of local providers
- Collaboration with multiple sectors
- Collaboration with existing local systems of care

It is important to note that these are theories and approaches, *not* activities. Activities are the actual services offered or the formation of a collaborative body with family members, or the linking of regional providers through a formal referral system. Program theories shape the creation of activities. The formation of program theories is one of the most difficult components of logic model development, however, clearly developed theories will ensure consensus among stakeholders.

- ***Activities***

Activities are the specific processes and/or events that comprise the program. Some examples of activities are:

- Mental health counseling
- Case management
- Community forums
- Creation of a new health service
- Dental referral mechanism

Activities are the interventions focused on the target population that are intended to impact individual health or community health outcomes. Activities are often measured by process outcomes. For example, 35 individuals received case management services for 6 months.....20 individuals received preventative dental care..... 10 injury prevention classes were held during 6 months....12 men and 23 women attended the diabetes self-management workshop.

- ***Outcomes***

Outcomes are the results of the activities provided by the program. Outcomes may be measured on an individual or group level. Outcomes provide a way to measure change in participants' lives and/or community conditions. Outcomes may be short-term, intermediate or long-term depending on how far in to the

future they are measured. For example, a diabetes case management program may not expect to see differences in kidney disease among diabetics for several years (long-term outcome), however, the program may see decreases in hospitalizations due to hypoglycemia during the first year of the program (short-term).

Identifying short-, intermediate- and long-term outcomes also will enable programs to define indicators. Indicators describe outcomes in specific and measurable terms. For example, a disease case management program may target fewer health complications due to diabetes as an outcome. Several indicators may include, a 10% reduction in hypoglycemic episodes among diabetics whom are case managed. Another example may be a substance abuse program that seeks to reduce drug use by 50% among participants. An indicator variable would be the number of clients who tested negative for drug use over a 6-month period. Defining outcomes and indicators will contribute to the development of useful program evaluations.

- ***Impacts***

Impacts are the long-term changes that the program expects to make. They provide direction and focus to the program and should be consistent with the larger mission and vision of the organization. Impacts are often closely influenced by many other factors in addition to the program such as economic conditions, and cultural values. Some examples of impacts are:

- Improved mental health among program participants
- Better health outcomes for the medically under served in the community

IV. Completing a Logic Model

Use the categories above to create a logic model for your Pilot Project. Begin with the overall impacts of the program and then jump to the target population and move forward. As you fill in the program theory, activities and outcomes for your model always go back to the target population and make sure the activities you plan are effecting the appropriate people. Use a flowchart, like the one provided in chart 1, to help visualize the flow of the program as you are constructing the different components.

The logic model should provide your program with a clear map that can be used as a reference for program design, implementation and evaluation.

References

Alter, C. & Murty, S. (Winter 1997). Logic Modeling: A Tool for Teaching Practice Evaluation. *Journal of Social Work Education, 33* (1), 103-117.

Hernandez, M., Hodges, S., & Cascardi, M. (1998). The Ecology of Outcomes: System Accountability in Children's Mental Health. *The Journal of Behavioral Health Services & Research, 25*(2), 136-150.

Kumpfer, K.L., Shur, G.H., Ross, J.G., Bunnell, K.K., Librett, J.J. & Millward, A.R. (1993). Measurements *in Prevention*. Rockville, MD: U.S. Dept. Of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention.

Usher, C. L. (1998). Managing Care Across Systems to Improve Outcomes for Families and Communities. *The Journal of Behavioral Health Services & Research, 25*(2), 217-229.

Source

Modified from original source. Originally prepared by Dennis Rose & Associates for the
County Medical Services Program's Wellness & Prevention Program (2001)

ATTACHMENT C

Chart 1: Logic Model Template

Target Population	Program Theory	Activities	Outcomes	Impact
The target population consists of:	*If the services are:*	*And if the program provides:*	*Then,*	*Ultimately,*
•				
•				
•				
•				
•				

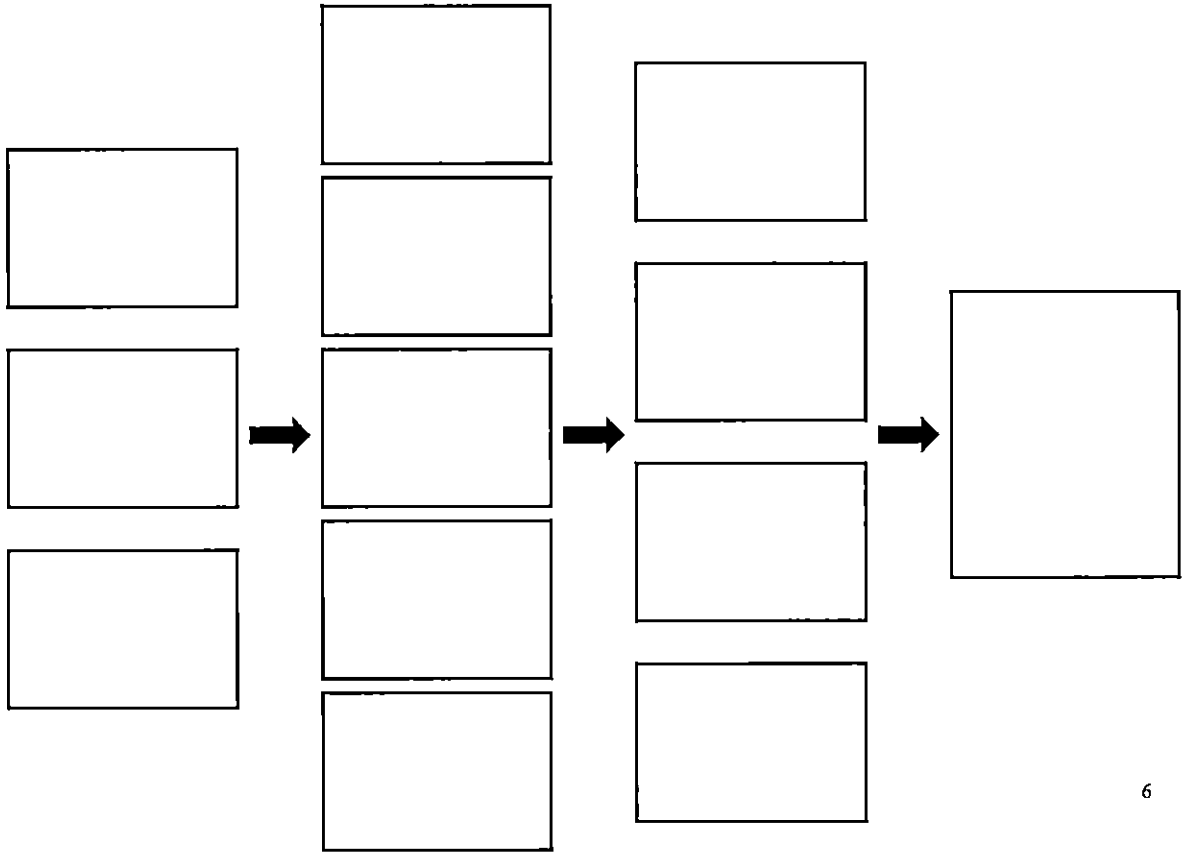


EXHIBIT C

APPLICATION

GRANTEE'S APPLICATION

Attachment A

ORIGINAL

APPLICATION COVER SHEET
CMSP Wellness & Prevention Pilot Project

1. **CMSP County or Counties Included in the Pilot Project:**
   Humboldt

2. **Funding:**
   CMSP Pilot Project Requested Amount: $300,000.00
   In-Kind and/or Other Matching Amount Provided by Applicant (if any): $272,781.00

3. **Applicant:**
   Organization: Humboldt County Dept. of Health & Human Services - Public Health
   Applicant's Director or Chief Executive: Susan Buckley
   Title: Director of Public Health
   Applicant's Type of Entity (specific county department): Public Health
   Address: 529 I Street
   City: Eureka State: CA Zip Code: 95501 County: Humboldt
   Telephone: (707) 445-6200 Fax: (707) 445-6097
   E-mail Address: sbuckley@co.humboldt.ca.us

4. **Primary Contact Person** (*Serves as lead contact person during the application process.)*
   Name: Dana Murguia
   Title: Senior Program Manager
   Organization: Humboldt County Public Health
   Address: 908 7th Street
   City: Eureka State: CA Zip Code: 95501 County: Humboldt
   Telephone: (707) 441-5086 Fax: (707) 268-0415
   E-mail Address: dmurguia@co.humboldt.ca.us

5. **Secondary Contact Person** (*Services as alternate contact during the application process.)*
   Name: Michael Weiss
   Title: Program Services Coordinator
   Organization: Humboldt County Public Health
   Address: 908 7th Street
   City: Eureka State: CA Zip Code: 95501 County: Humboldt
   Telephone: (707) 441-5074 Fax: (707) 268-0415
   E-mail Address: mweiss@co.humboldt.ca.us

Attachment A

6. **Financial Officer** *(Serves as chief Fiscal representative for project.)*
Name: Olivia Wilder
Title: Budget Specialist
Organization: Humboldt County Public Health
Address: 529 I Street
City: Eureka State: CA Zip Code: 95501 County: Humboldt
Telephone: (707) 441-5435 Fax: (707) 441-5580
E-mail Address: owilder@co.humboldt.ca.us

7. By submitting this application for Wellness & Prevention Pilot Project funding, the applicant signifies acceptance of the applicant's responsibility to comply with all requirements stated in this Request for Proposals (RFP) authorized by the County Medical Services Program Governing Board ("Governing Board"). Further, the applicant understands that should the Governing Board award pilot project funding to the applicant, the Governing Board is not obligated to fund the pilot project grant until the applicant submits correct and complete documents as required for the pilot project agreement; the Governing Board is otherwise satisfied that the applicant has fully met all Governing Board requirements for receipt of pilot project funding; and the pilot project agreement between the Governing Board and the applicant has been fully executed. The Governing Board shall have sole discretion on whether or not to award pilot project funding of any amount to the applicant.

I declare that I am an authorized representative of the applicant described herein. I further declare under penalty of perjury under the laws of the State of California that the information set forth in this Cover Sheet and the attached response to the Wellness & Prevention Pilot Project RFP is true and correct.

Official Authorized to Sign for Applicant:

Signature: Susan Buckley Date: 09/01/2016

Name: Susan Buckley
Title: Director of Public Health
Organization: Humboldt County Public Health
Address: 529 I Street
City: Eureka State: CA Zip Code: 95501 County: Humboldt
Telephone: (707) 268-2120 Fax: (707) 445-6097
E-mail Address: sbuckley@co.humboldt.co.us

Project Narrative

1. Statement of Need and Target Population

Humboldt County is a large rural and frontier county in Northwest California with an average of 37 people per square mile. According to the 2013 Census estimates Humboldt County's population is about 84% non-Hispanic white, 6% American Indian, and 10% Latino. Latinos are Humboldt's fastest growing and largest minority group. Asians, Pacific Islanders and African Americans represent less than 4% of the county population. American Indian tribal lands encompass approximately 95,000 acres and there are eight federally recognized tribes in Humboldt County. Incomes for the county are lower than the state average, and compared to California and the United States, Humboldt County has higher poverty rates for every race/ethnicity.

	Humboldt	California
Per capita income	$23,516	$29,906
Household	$42,153	$61,489

Liver disease/cirrhosis, alcohol and other drug (AOD) overdoses, and suicide are among the eight leading causes of premature death in Humboldt County. The leading causes of liver disease are hepatitis C virus (HCV) and alcoholism. Humboldt County HCV rates are well above state and national rates, and the county has the highest new incidence of HCV cases among California counties. From 2011 - 2014, there has been an annual average incidence of 508 newly reported chronic HCV cases in Humboldt County. Humboldt has an estimated HCV prevalence at 4.6%, well above national prevalence estimates of 1.9% from the CDC. The age distribution of 2013 - 2015 (YTD) HCV cases in Humboldt is significantly younger than the national average, suggesting on-going transmission of HCV among injectors in the county. Humboldt County is disproportionately affected by the opioid overdose epidemic, ranking fourth among California counties for opioid overdose deaths, and first for opioid overdose hospitalizations. The county has approximately 36 overdose deaths a year. Humboldt has a high level of Opioids prescribing, with 114 Opioids prescriptions for every hundred people.

According to *Key Indicators for Humboldt County Mortality and Morbidity Related to Suicide, 2011-2015,* the rate trend of annual suicide deaths in county residents increased during the five year period from 2011 to 2015. The rate per 100,000 persons remains approximately two to 2.5 times that of California and Healthy People 2020 objectives. The Humboldt County 2015 Age-Adjusted Mortality Rate (AAMR) of 27.6 per 100,000 persons represents the largest local rate ever recorded. Benchmark Comparison Rates per 100,000, 2012-2014:

- Humboldt County: **24.7**
- California: **10.2**
- Healthy People 2020: **10.2**

(Source: 2016 CDPH California County Health Status Profiles.)

Emergency room visits for suicide attempts is also higher than the state average. 2012-2014 Humboldt County Self-Inflicted Injury Emergency Department Visits, with California for Comparison (Source: California OSHPD, Emergency Department Data and County of Humboldt DHHS-Public Health-Epidemiology):

- Humboldt County Rate (all ages): **118.0 per 100,000 persons**
- California Rate (all ages): **82.6 per 100,000 persons**
- Humboldt County Rate, age 15-24 years: **257.8 per 100,000 persons**
- California Rate, age 15-24 years: **215.3 per 100,000 persons**

Earlier this year, the Yurok Tribe declared a state of emergency due to increases of deaths by suicide among Yurok people. According to a related press release from the tribe, seven young tribal members took their own lives over an 18-month span. All of the suicides were tribal members between the ages of 16 and 31, and all took place in or near Weitchpec, an extremely isolated community in north-eastern Humboldt County, north of Hoopa, without cell phone or internet connectivity.

Public Health staff will reach on average 1000 unduplicated individuals per year via mobile outreach to be screened for CMSP eligibility and risk for HCV, AOD overdose, and suicide.

2. Local Health Care Delivery System and Landscape

Humboldt County is a healthcare and behavioral health care provider shortage area, and many individuals must travel long distances to access healthcare services. Many of these individuals are uninsured and are eligible for CMSP or other public programs. The Open Door Community Health Centers, a network of federally qualified health centers currently serves 44% of the Humboldt County population. Most low-income individuals in the county are served by Open Door Community Health Centers. St. Joseph Hospital includes two hospitals located in Fortuna and Eureka, CA. Tribal health is served by a few different providers including K'ima:w Medical Center on the Hoopa Reservation and United Indian Health Services, four medical clinics and behavioral health promotion sites serving other native populations, including the Yurok in Weitchpec. Redwoods Rural Health Center provides the majority of care for those living in Southern Humboldt. The Open Door Community Health Centers, Eureka Liver Center, and Redwoods Rural Health Center are currently the only providers offering HCV treatment and specialty care.

Rx Safe Humboldt is a community coalition focused on reducing negative consequences from opioids in Humboldt County and the Suicide Prevention Network focuses on reducing the rates of suicide. Both coalitions includes members from Public Health, Open Door Clinic, St Joseph's hospital, pharmacies, Partnership Health Plan, local law enforcement, city council, Board of Supervisor representatives, library staff, educators, homeless advocates, AOD treatment providers and public health staff. The RX coalition is working to change provider prescribing practices, increase access to medication assisted treatment, and increase access to Narcan, the overdose antidote. The proposed programmatic approach of suicide prevention is based on the realization that suicidal individuals often fall through cracks in a fragmented, and sometimes

distracted, health care system. Health system transformation has been identified as a Priority Area for *"Live Well Humboldt!"*, the collaborative partnership supporting the Humboldt County Community Health Improvement Plan. Together we will work to establish policies and strategies that support changes in individual behavior for the uninsured, including potential CMSP enrollees.

Differences in service utilization by insurance type exist, with commercially insured individuals demonstrating higher use of primary and specialty care before and after intent-to-harm-self emergency department encounters and Medicaid beneficiaries are more likely to use emergency department services. These differences suggest that access to care represents a barrier that is "keeping individuals from receiving services that would reduce their likelihood of engaging in self-harm behavior" and that there is a "need for more effective care transitions and active outreach to those who self-harm following emergency department discharge."[i]

Public Health, Healthy Communities programs are effective liaisons between individuals at high risk for HCV, overdose, and suicide and health care providers. NorCAP offers syringe exchange, free rapid HIV/HCV testing, Narcan distribution and overdose prevention education, hygiene kits, safe injection kits, and referrals and linkages for addiction treatment, mental health, and medical care. The Suicide Prevention Program provides education, training and support services providers to improve screening and assessment of risk of suicide and development of systems wide policies to address suicide intervention.

3. Description of Proposed Project

Public Health will partner with medical providers at Open Door Community Health Centers to expand awareness of CMPS, link target population to HCV treatment and care, overdose prevention, suicide prevention and other behavioral health care referrals. The Public Health Suicide Prevention program will provide education and training to local medical providers including physicians and also nurses, nurse practitioners, physician assistants, paraprofessionals, and administrative staff to recognize risk factors and warning signs (On average, 45% of suicide victims have contact with primary care providers within one month of suicide).[ii] Suicide Prevention staff will also assist primary care practices develop policies and protocols for referring and managing patients at risk for suicide. Staff will provide capacity building trainings for medical and other service providers who interface with the at risk population including Family Resource Centers, Syringe Exchange Programs, schools and other non-traditional service organizations.

The grant will cover the costs of one Health Education Specialist (HES) who will be responsible for addressing three of the leading causes of death in Humboldt County as identified the in Community Health Assessment: suicide, alcohol and other drug overdoses, and liver disease/cirrhosis. Public Health will leverage existing resources and staff within NorCAP and the Suicide Prevention Programs to support the new HES and these efforts. This would be addressed through three key goals as part of the *"Live Well Humboldt/Health System Transformation"* campaign:

1. Expand outreach to identify and better serve CMSP enrollees, potential CMSP enrollees, and other publicly funded populations,
   - Services include improved outreach to people in the community in need of care. HES would help oversee and work on the NorCAP mobile outreach van to target underserved individuals, and screen for CMSP eligibility.
   - Coordinate free rapid HCV screening tests and risk reduction education.
   - Coordinate overdose prevention education and distribute Narcan overdose reversal medication kits.
   - Coordinate screening for risk of suicide and train providers to do the same.

2. Improve access and linkages to CMSP and necessary medical care,
   - Provide case management and linkages to CMSP and necessary medical care and treatment for HCV and suicide
   - Coordinate trainings for providers and partners to ensure that by year three 90% of community members who attend Mental Health First Aid & Suicide Prevention trainings will report understanding of CMSP eligibility.

3. Enhance systems change to improve provider capacity to identify and effectively treat hepatitis C (HCV) and behavioral health issues including addiction, overdose and suicide risk.
   - Focus on opportunities related to improving health care systems, capacity to provide HCV treatment, to do screening, treatment and referral for appropriate mental health care (to include AOD Treatment and services to address Suicide),
   - Increase participation of CMSP and CMSP eligible and (the other public program participants) in accessing services and preventative care, and a collaborative process to support "*Live Well Humboldt!*"
   - Support community collaborations that improve access to care such as the Sexual Health Task Force and Suicide Prevention Network.
   - Improved evaluation, collaboration and community engagement (InsightVision management software & "*Live Well Humboldt!*").

The new HES will work with Public Health's NorCAP and Suicide Prevention Programs and community partners to implement a collaborative community initiative to reduce Humboldt County's high rates of HCV, overdose, and suicide. The HES will coordinate the implementation of community and agency assessments, establishing and maintaining linkages with community health care partners, provide technical assistance with policies and procedures implementation and systems change and lead the Suicide Prevention Network and Sexual Health Task Force. Our focus for collaboration and service enhancement will be to improve clients accessing their primary care providers, health and behavioral health care services through United Indian Health Services, K'ima:w (tribal) Medical Center, Southern Humboldt Community Healthcare District, Redwoods Rural, Open Door Clinic network, St. Joseph Hospital, DHHS Mental Health Services, Transitional Age Youth, and Children Youth and Family Services.

4. Capacity

The Suicide Prevention and Early Intervention (PEI) Program and NorCAP's Mobile Street Outreach Program are part of the Healthy Communities Division of the Public Health Branch within Humboldt County's Department of Health and Human Services. This structure provides strong administrative, fiscal and partnership capacity to successfully implement and manage and evaluate the CMSP project.

The Suicide Prevention Program has been providing Evidence Based Practice trainings since 2008 to community partners and providers to build community capacity and awareness of the signs and resources for suicide. The Suicide Prevention program enhances individual, family, community and workforce ability to prevent suicide. The strategic goal of suicide prevention for whole person care includes integrated systems strategies that link local health and human service delivery systems to better serve CMSP enrollees, potential CMSP enrollees, and other publicly funded populations. The foundational belief of whole person care is that suicide deaths for individuals under care within health and behavioral health systems are preventable.

The Suicide Prevention program also performs education, outreach, training and collaboration in order to move to a "help first" system which engages individuals before the development of serious mental illness or serious emotional disturbance or to alleviate the need for additional or extended mental health treatment by facilitating access to services and supports at the earliest signs of mental health struggles. Potential multiple negative outcomes can be dramatically reduced for all age groups via programs which are provided in places where behavioral health services are not traditionally given, such as schools, community centers, and faith-based organizations. Members of the community attend trainings such as: Mental Health First Aid - an 8-hour course that teaches people how to identify, understand and respond to signs of mental illnesses and substance use disorders; Applied Suicide Intervention Skills Training (ASIST) - a two-day intensive, interactive and practice-dominated course designed to help caregivers recognize and review risk, and intervene to prevent the immediate risk of suicide; QPR - an emergency mental health intervention for suicidal persons; the intent is also to identify and interrupt the crisis and direct that person to the proper care. Our recent QPR trainings have been custom tailored to medical providers.

NorCAP does targeted outreach to specific sub populations who are most at risk for transmission of HIV/HCV, overdose, and suicide. Staff serves on average 1000 unduplicated individuals per year. Populations include Injection Drug Using (IDU) and substance using, chronically homeless, low income, and disenfranchised and underserved people who are often dealing with mental health issues. NorCAP has provided outreach services to vulnerable and disenfranchised populations since 1986. The program has an established history of building trust, relationships, and serving populations at high risk for overdose and vulnerable for contracting HIV and HCV due to addiction, mental health challenges, and stigma. Staff brings education, counseling, testing and referral services to high risk individuals where they are rather than rely on service in the clinical setting. NorCAP also has a history of collaborating with community based organizations such as homeless services organizations, food banks, emergency

shelters, alcohol and other drug residential treatment centers, other syringe services programs, and clean and sober housing units and works closely with local providers. The Open Door Clinics System is a Federally Qualified Health Center that provides the majority of HCV specialty care throughout most of Humboldt County. Redwoods Rural Health Center provides the only HCV care in Southern Humboldt County.

Healthy Community's staff coordinate the Sexual Health Task Force and the Suicide Prevention Network. These two community coalitions focus on reducing the impact of disease, overdose, and suicide. Participants include representatives of all major HIV/HCV service providers, mental health providers, alcohol and other drug prevention and treatment providers, social services providers, homeless service agencies, needle exchange programs, and community groups. Public Health successfully collaborates with the following organizations: United Indian Health Services, K'ima:w Medical Center, Southern Humboldt Community Healthcare District, Redwoods Rural, Open Door Clinic network, St. Joseph Hospital, DHHS Mental Health Services, Transitional Age Youth, and Children Youth and Family Services, Family Resource Centers and other public non-profit and private service providers.

5. Organization and Staffing

Humboldt County Department of Health & Human Services (DHHS) has integrated Mental Health, Public Health, and Social Services into one department. The stated mission is *"To reduce poverty and connect people and communities to opportunities for health and wellness"*. Humboldt County DHHS Public Health Branch is committed to promoting community health, disease and injury prevention, and a healthy human environment. DHHS Financial Services administers DHHS budgets and grants under the oversight of the County Auditor's Office and in adherence to the OMB-Circular. This unit monitors grant expenditures to ensure adherence to grant agreements and reports on the grant expenditures quarterly. Staff work directly with program staff to assist if budget amendments are needed during the course of the operating year. This ensures that grant dollars received are being used to support current program need.

The following is list of staffing that will directly support the CMSP Pilot Project activities as well as organizational chart depicting the structure of the Healthy Communities Division within DHHS, Public Health:

CMSP Project Manager: Dana Murguía, Sr. Program Manager, Healthy Communities Division. Over 15 years experience as a Project & Program Manager in large organizations. Multi-lingual: Spanish & English. Entrepreneurship & Health Care MBA, George Washington University. https://www.linkedin.com/in/danamurguia

Michael Weiss, HHS Program Services Coordinator: 11 years' experience providing oversight and programmatic development of the North Coast AIDS Project, Alcohol and Other Drug and Suicide Prevention Programs. Bachelor's Degree Indiana University: Apparel Merchandising. AA, Long Beach City College: Nutrition Ed. – emphasis in HIV.

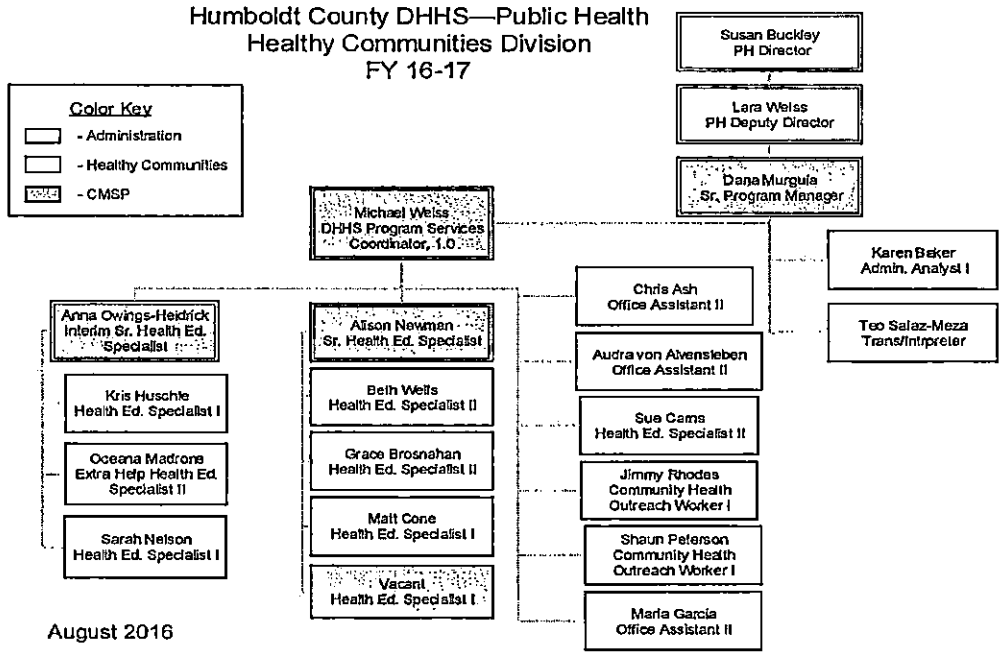
Alison Newman, Senior Health Education Specialist Alcohol and Other Drug Prevention Program and North Coast AIDS Project: Fulbright Scholar. Three years as a Viral Hepatitis Prevention Coordinator, State of Vermont. Worked as an Evaluation and Community Outreach Associate, CA Center for Rural Policy. MPH, International Health, Oregon State University, Summa cum laude.

Anna Owings-Heidrick, Senior Health Education Specialist, Prevention and Early Intervention Program: Plans, implements, and evaluates public health education and leads PEI, Stigma & Discrimination Reduction program and Family Violence Prevention efforts for the county. Previous experience as a medical outreach coordinator and clinical assistant. Bachelor of Arts, Social Work, Humboldt State University.

Health Education Specialist (Vacant): Staff will need to be culturally competent in working with underserved and diverse populations including homeless, low-income, substance using, and those with mental health challenges. This person will be the:

- Case manager who will assist eligible clients with applying for CMSP, provide education and help accessing necessary medical and behavioral health care for HCV treatment, overdose prevention and drug treatment, and suicide prevention.
- Coordinator of trainings for medical providers
- Coordinator of the community coalitions: Suicide Prevention Network and Sexual Health Task Force.

<u>Administrative Analyst II</u> (not yet assigned) will support contract oversight and evaluation activities, including maintenance of Insight Vision. This position will gather and evaluate data related to overdose, suicide, and Hepatitis C; and will be responsible for updating dashboard on website and other online platforms.



6. Implementation Work Plan

Activities	Strategies	Short Term Outcomes (1st Year)	Intermediate Term Outcomes (2nd year)	Long Term Outcomes (3rd Year)	Impact
Program Theory: Improved outreach to people in the community in need of care. *Community Wellness:* Community based collaborative strategies to provide wellness and prevention services for uninsured populations, with a focus on potential CMSP enrollees.					
Provide free rapid hepatitis C testing and prevention education	Reach CMSP eligible and underserved populations in remote areas of Humboldt County that are at risk for HCV including IDU, homeless, and low income	• 500 HCV testing and prevention educations sessions will be conducted. • 100% of CMSP eligible and HCV positive clients will be referred to Case Management	• 200 additional unduplicated clients will know their HCV status and know how to prevent transmission • 100% of CMSP eligible and HCV positive clients will be referred to Case Management	• 200 additional unduplicated clients will know their HCV status and know how to prevent transmission • 100% of CMSP eligible and HCV positive clients will be referred to Case Management	Reduced number of new HCV infections Increased awareness about CMSP and other public services
Provide overdose prevention & Narcan distribution	Reach underserved populations in remote areas of Humboldt County that are at risk for overdose and community organizations who interface with at risk groups including patients using opioids, individuals using non-prescribed opioids, IDU, homeless, mentally ill, low income, and CMSP el.	• 1000 Narcan kits will be distributed • 100 individuals at partner organizations will be trained to administer or distribute Narcan. • 300 clients will be trained • 100% of IDU will be given appropriate referrals.	• 1000 Narcan kits will be distributed • 50 individuals at partner organizations will be trained to administer or distribute Narcan. • 100 clients will be trained • 100% of IDU will be given appropriate referrals to AOD treatment	• 1000 Narcan kits will be distributed • 50 individuals at partner organizations will be trained to administer or distribute Narcan. • 100 clients will be trained • 100% of IDU will be given appropriate referrals to AOD treatment	Reduce number of overdose deaths
Program Theory: Improve access and linkages to comprehensive medical and behavioral health care and monitoring: Whole Person Care: strategies that link local health and human service delivery systems to better serve CMSP enrollees, potential CMSP enrollees, and other publicly funded populations. Inclusive of enhanced assistance for enrolling in MediCal, CMSP, Covered CA or other health insurance plans. Enhance medical capacity.					
Case Management Linkages to:	Provide Case Management:	• 100% of clients will be linked to	• 100% of clients will be linked to CMSP/Medi-	• 100% of clients will be linked to	Increased number of CMPS

• CMSP, Medi-Cal and other public programs • HCV care and treatment • Mental Health providers • AOD recovery programs	Establish a continuum of care for people who are living with HCV that begins with raising awareness about their status & local resources, facilitation of CMSP & other public programs, linking to care & treatment, & providing follow up	CMSP/Medi-Cal or other public services • 90% of clients will receive a confirmatory test	Cal or other public services • 80% of clients will be linked to care and treatment	CMSP/Medi-Cal or other public services • 60% of clients will complete treatment	enrollees Increased number of people treated of HCV
CMSP awareness campaign: Provide training on access to behavioral health care and enrollment of potential CMSP clients	Leverage training to community partners.	Implement protocol to share CMSP enrollment opportunity at all trainings with community partners.	Publish resource guide with behavioral health care options for CMSP enrollees, and other publically funded populations. This will include peer led, self-help, and alternative behavioral health self-management.	90% of community partners and providers who attend MHFA & QPR training will report having knowledge of CMSP.	Increased access to behavioral health services by CMSP enrollees, potential CMSP enrollees, and other publically funded populations.
Program Theory: Improved evaluation, collaboration, community engagement and capacity: Enhance systems change to improve provider capacity to identify and effectively treat hepatitis C (HCV) and behavioral health issues including addition, overdose and suicide risk.					
Provide trainings to Medical providers on current treatment & payment options for HCV	Expand provider capacity to meet the needs of HCV care and treatment	Identify primary care providers to adopt HCV treatment protocols and prioritize needs	Connected providers to HCV technical support through USCF	5 primary care providers will be trained to provide HCV care and treatment	Increased number of medical providers able to provide HCV care and treatment.
Engage with community partners.	Support community collaborations working on aligning key priority areas such as Behavioral Health Board, "*Live*	Monthly community engagement team meetings	Release revised/updated Community Health	Implement strategies to address key priories	Improved community capacity to affect systems change related to HCV, AOD

	Well Humboldt", Sexual Health Task Force, and Suicide Prevention Network. Shift norms around AOD, and mental health; Increase access to Health & Behavioral Health care; Share information and best practices; leverage relationships;		Assessment (CHA) and Community Health Improvement Plan (CHIP)		overdose, and suicide
Education on prevention and early intervention (suicide / mental illness, substance abuse).	Establish suicide prevention implementation team to develop an evaluation plan which assesses the impact of the suicide reduction initiative. This team monitors continuous quality improvement and the development of specific approaches to measuring & reporting on all suicide deaths, evaluate systems change to improve provider capacity: collaboration and provide service enhancement to improve clients accessing their primary care providers, health & behavioral health care services	Suicide Prevention Network, Partnership Health, Humboldt Independent Practice Association and United Indian Health Services will conduct an assessment of staff knowledge, practices, and confidence in providing safer suicide care.	Provide training to clinical staff at Open Door and St. Joseph's hospital to ensure a further level of skill in assessing, and treatment planning for patients at risk of suicide. • 50 medical providers will be trained to screen for risk of suicide	Design policies and procedures for engaging a patient in a suicide care management plan and gain buy – in for implementation at one of the four largest health care facilities, as well as DHHS Mental Health Branch.	Policy and practice which address suicide risk at every visit within an organization, from one behavioral health clinician to another or between primary care and behavioral health staff in integrated care settings. Increased number of medical providers able to systematically identify and assess suicide risk among people receiving care.
Measure and Evaluate community wide outcomes	InsightVision performance management system	Support Purchase	Implement	Sharing progress on goals for community partners	Improved communication and alignment of efforts

[i] Michael F. Hogan and Julie Goldstein Grumet. doi: 10.1377/hlthaff.2015.1672
Health Affairs 35, no.6 (2016):1084-1090
Suicide Prevention: An Emerging Priority For Health Care

Program Summary

Goals:
Public Health's goal for the CMSP County Wellness & Prevention Pilot Project is to address three of the primary preventable leading causes of death in Humboldt County, Cirrhosis of the liver, drug induced (overdose) death, and suicide.

Objectives:
The goals of this project will be accomplished through three primary objectives:

1. Expand outreach to identify and better serve CMSP enrollees, potential CMSP enrollees, and other publicly funded populations,

2. Improve access and linkages to CMSP and necessary medical care,

3. Enhance systems change to improve provider capacity to identify and effectively treat hepatitis C (HCV) and behavioral health issues including addiction and overdose and suicide risk.

Overall Approach:
The Healthy Communities Division of Public Health houses both the North Coast AIDS Project (NorCAP) street based outreach and testing mobile van program as as well as the Suicide Prevention Program / Prevention & Early Intervention (PEI). The North Coast AIDS Project will utilize its mobile outreach van to reach underserved populations where they congregate and in remote areas throughout Humboldt County including homeless service agencies, free meals, Alcohol and Other Drug (AOD) treatment, and Syringe Exchange Services to provide free rapid HCV testing and free naloxone (overdose prevention) kits. Naloxone is the opioid overdose reversal medication. The Suicide Prevention Program will do outreach to medical and service providers to deliver suicide prevention trainings, review agency capacity to address suicide, and train medical providers to assess suicide risk, provide support, resources and referrals along a continuum of care model.

Activities will include:

- All individuals will be referred to and assisted with the CMSP application process.
- Individuals who test positive for HCV will be link to a primary care medical provider for care and treatment.
- All substance using individuals will be linked to AOD treatment services and provided with overdose prevention education and a free naloxone kit if appropriate.
- All individuals will be screened and assessed for risk of suicide and linked to prevention resources and providers.
- Medical providers will be trained to recognize and screen for signs of suicide and learn to make linkages to appropriate resources.

Potential multiple negative outcomes can be dramatically reduced for all age groups via

programs which are provided in places where behavioral health services are not traditionally given, such as schools, community centers, and faith-based organizations.

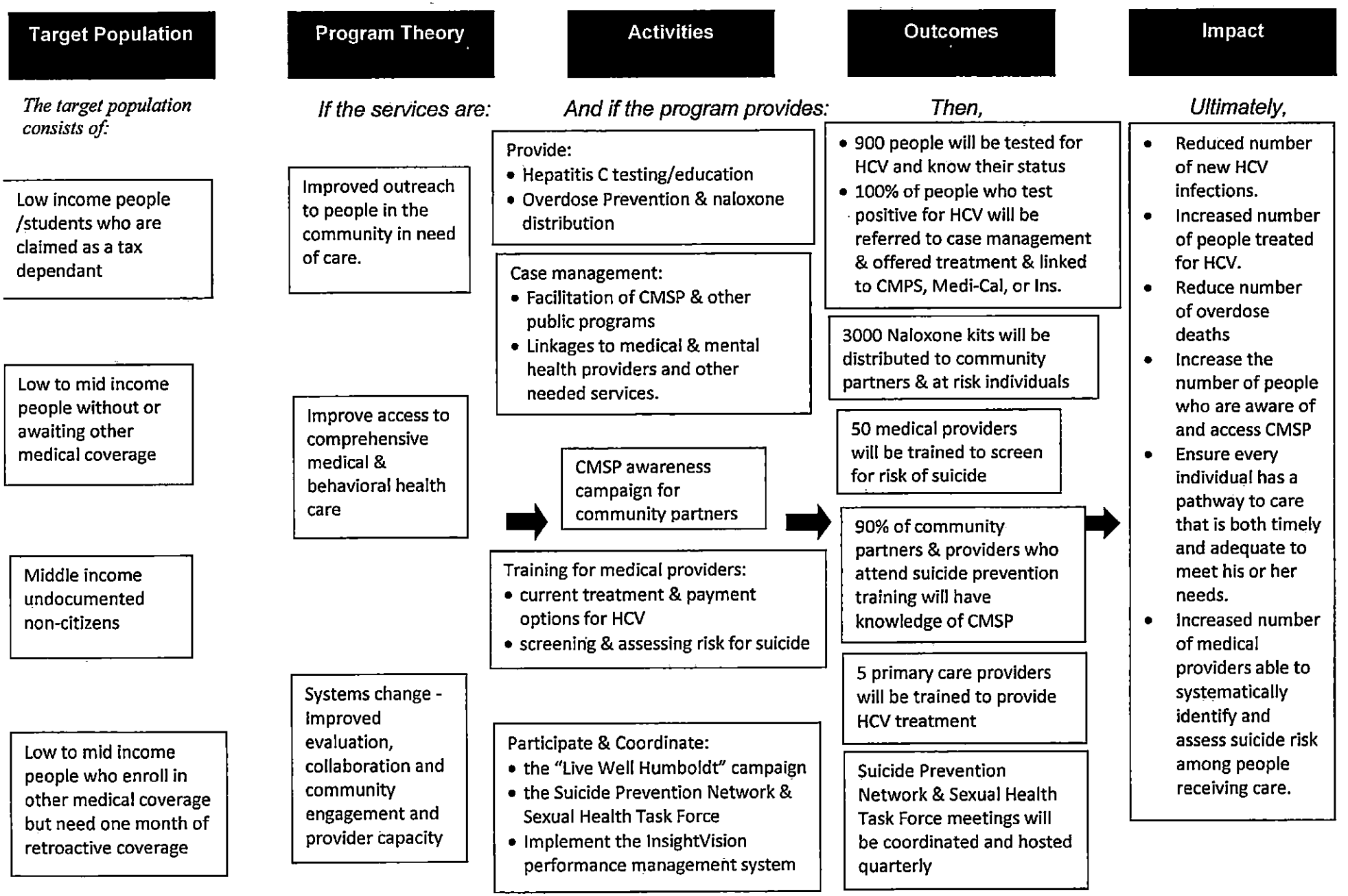
Target Population:
Staff will do targeted outreach to underserved populations who are potentially eligible for CMSP or enrolled in CMSP and other public programs and also at high risk for liver failure due to HCV, Opioid drug overdose, and suicide. Staff will provide training, education and technical support to service providers who interface with this population.

Key Partnerships:
DHHS Public Health has a long history of collaboration with community service providers including Family Resource Centers, Open Door Community Health Centers, United Indian Health Services, K'ima:w Medical Center, Southern Humboldt Community Healthcare District, Redwoods Rural, St. Joseph Hospital, Department of Health and Human Services (DHHS)Transitional Age Youth, and Children Youth and Family Services, DHHS Social Services and DHHS Behavioral Health,

Outcomes and Deliverables:
The program anticipated outcomes include an increase in eligible individuals who are aware of and apply for CMSP, increased linkages and access to medical care and treatment for HCV, Alcohol and Other Drug (AOD), and suicide, and increase in reported overdose reversal ultimately resulting in a reduction in opioid drug overdoses, suicides, and HCV in Humboldt County

ATTACHMENT C

Logic Model Humboldt County



Evaluation Methodology

Humboldt County Public Health has significant capacity to conduct community health and program evaluation. This capacity includes, but is not limited to, the public health epidemiologist, quantitatively and qualitatively evaluates population-based and programmatic health data. Specifically, the epidemiologist uses GIS to spatially array and analyze health outcomes, calculate and interpret rates of health events, and communicate findings to our community stakeholders.

Client data is tracked using the California Department of Public Health Office of AIDS "Local Evaluation Online" (LEO) system and our syringe exchange program data tracking sheets. Demographic information and outcomes are currently tracked by individual client's unique ID number using an excel spreadsheet. When a client is tested, they fill out an HIV/HCV risk assessment and a testing form is then logged into the tracking sheet. The spreadsheet is designed so that data is validated by drop-down menus and limited choices which make it much easier to sort without committing unintentional errors which corrupt the data. Data entry is performed on a weekly basis by the community health outreach worker who performs the testing.

All staff is required to complete the Health Insurance Portability and Accountability Act (HIPAA) training as required by law. Release of Information (ROI) forms currently exist in this program that allow case managers/outreach workers access to client's health information. These forms are renewed by the client on an annual basis and all community partners are required to have ROI form on file.

Evaluation of the success of the project model will be measured and monitored with performance management tracking software. The County of Humboldt, Public Health is investing in a cloud- based performance management system to track Public Health program measures, which also include community measures related to DHHS, Public Health's Community Health Improvement Plan. The platform is collaborative and allows for multiple licenses so that partnering local health care and behavioral health care providers can add and update their own data. Key data that is gathered and stored within this system will be shared with the public in dashboard style on Public Health's website, and other online platforms, in order to build support in the community and among policy makers.

This performance management system will be used to monitor and evaluate the strategies, outcomes and impact of this proposal. By tracking the number of deaths per year that are related to overdose, suicide, and Hepatitis C for example, the program will be able to set goals of reducing these deaths and show progress on a quarterly basis.

In addition to tracking these objectives, the InsightVision management software system enables Public Health to articulate, communicate, and improve the performance of specific activities by translating strategy into specific and measurable, prioritized objectives and initiatives.

Evaluation will also be monitored at a community level to track increased numbers of providers who are trained in suicide prevention strategies and in HCV care and treatment. For example we know that, on average, 45% of suicide victims had contact with primary care providers within 1 month of suicide.[i] Staff will track numbers of providers who are trained in suicide prevention strategies, anticipating that with the increased number of trained providers the number of suicide occurrence in our community will decrease and the number of individuals who can be treated for HCV will increase.

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[i] http://www.ncbi.nlm.nih.gov/pubmed/12042175R

Budget and Budget Narrative

I. Personnel **$239,957**

Health Education Specialist I/II (HES) - This 1.0 FTE of an HES will help oversee and work on the NorCAP mobile outreach van to target underserved individuals, and screen for CMSP eligibility. The new HES will work with Public Health's NorCAP and Suicide Prevention Programs and community partners to implement a collaborative community initiative to reduce Humboldt County's high rates of Hepatitis C, overdose, and suicide. The HES will coordinate the implementation of community and agency assessments, establishing and maintaining linkages with community health care partners, provide technical assistance with policies and procedures implementation and systems change and lead the Suicide Prevention Network and Sexual Health Task Force. $226,757

Administrative Analyst II- This .05 FTE of an Administrative Analyst will oversee implementation and oversight/maintenance of Insight Vision. This position will gather and evaluate data on the number of deaths related to overdose, suicide, and Hepatitis C; and will be responsible for updating of the dashboard on the Public Health website, and other online platforms. $13,200

II. Contractual Services **$10,650**

Mental Health First Aid (MHFA) Training- MHFA is a national program to teach the skills to respond to the signs of mental illness and substance abuse. The trainings will be open to 25 community healthcare partners and Public Health employees. Three trainings will be provided annually. $2,250

Applied Suicide Intervention Skills Training (ASIST) - ASIST is a two-day interactive suicide prevention workshop, during the two days participants learn how to intervene and prevent the immediate risk of suicide. The trainings will be open to 25 community healthcare partners and Public Health employees. One Training will be provided annually. $6,000

Facility Rentals- This will include the cost of rent for four facilities annually for provided trainings, estimated at $200 each. $2,400

III. Office Expenses **$44,197**

MHFA/YMHFA Training- This includes 25 manuals which will be purchased for each of the three trainings annually at $10 a manual. $2,250

ASIST Training- This includes 25 manuals which will be purchased for each of the annually trainings at $50 a manual. $3,750

Communications- This includes the share of telephone charges for the HES at the Community Wellness Center, charges set at $622 per FTE. $1,866

Rent- This includes the share of Rent for the HES at the Community Wellness

Center, rent is set at $5,900 per FTE. $9,909

Insight Vision - A strategy management software that enables organizations to articulate, communicate, and improve performance by translating strategy into specific and measurable objectives and initiatives. This includes year one startup costs and 10 licenses for the Vision Insight program as well as annual hosting, maintenance & service, and Insight Vision Web Embed Dashboard Service Link. This software will be used in evaluation of the objectives of this proposal. $26,422

IV. Travel **$1,296**

In County Travel- A total of $1,296 is requested in travel. The HES will be completing an estimated 800 miles per year to be reimbursed at the federal rate. HES will travel between community healthcare partners and to provide trainings. $1,296

V. Other **$3,900**

Catering- This includes lunch for four annual trainings to be provided to 25 people per training at $13 a person. $3,900

Attachment B2: Budget Template - Detail Budget
CMSP County Wellness & Prevention Pilot Project

Applicant: County of Humboldt

Detail Budget – CY 2017 through CY 2019:

Category / Item/Service	Qnty (Year 1)	Cost (Year 1)	Qnty (Year 2)	Cost (Year 2)	Qnty (Year 3)	Cost (Year 3)	Total Cost
Personnel							
Health Education Specialist I/II	1.00	$ 68,574.00	1.00	$ 78,292.00	1.00	$ 79,891.00	$ 226,757.00
Administrative Analyst II	0.05	$ 4,400.00	0.05	$ 4,400.00	0.05	$ 4,400.00	$ 13,200.00
							$ -
							$ -
							$ -
Contractual Services							
MHFA Training Facilitator Fee	3	$ 750.00	3	$ 750.00	3	$ 750.00	$ 2,250.00
ASIST Facilitator Fee	1	$ 2,000.00	1	$ 2,000.00	1	$ 2,000.00	$ 6,000.00
Facility Rentals	4	$ 800.00	4	$ 800.00	4	$ 800.00	$ 2,400.00
							$ -
Office Expenses							
MHFA Training Manuals	75	$ 750.00	75	$ 750.00	75	$ 750.00	$ 2,250.00
ASIST Manuals	25	$ 1,250.00	25	$ 1,250.00	25	$ 1,250.00	$ 3,750.00
Communications	1	$ 622.00	1	$ 622.00	1	$ 622.00	$ 1,866.00
Rent	1	$ 5,900.00	1	$ 2,804.00	1	$ 1,205.00	$ 9,909.00
Insight Vision	1	$ 13,222.00	1	$ 6,600.00	1	$ 6,600.00	$ 26,422.00
Travel							
In County Travel	800	$ 432.00	800	$ 432.00	800	$ 432.00	$ 1,296.00
							$ -
							$ -
							$ -
Other							
Catering Service	4	$ 1,300.00	4	$ 1,300.00	4	$ 1,300.00	$ 3,900.00
total		$ 100,000.00		$ 100,000.00		$ 100,000.00	$ 300,000.00
remaining		$ 0.00		$ 0.00		$ 0.00	

Attachment B2: Budget Template - Summary Budget
CMSP County Wellness & Prevention Pilot Project

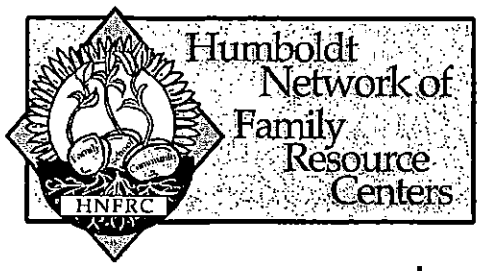
Applicant: County of Humboldt

Summary Budget – CY 2017 through CY 2019:

Category	Total Cost (Year 1)	CMSP Funding (Year 1)	Other Funding (Year 1)
Personnel	$ 156,678.00	$ 72,974.00	$ 83,704.00
Contractual Services	$ 3,550.00	$ 3,550.00	$ -
Office Expenses	$ 35,622.00	$ 21,744.00	$ 13,878.00
Travel	$ 432.00	$ 432.00	$ -
Other	$ 1,300.00	$ 1,300.00	$ -
TOTAL YEAR 1	$ 197,582.00	$ 100,000.00	$ 97,582.00

Category	Total Cost (Year 2)	CMSP Funding (Year 2)	Other Funding (Year 2)
Personnel	$ 166,396.00	$ 82,692.00	$ 83,704.00
Contractual Services	$ 3,550.00	$ 3,550.00	$ -
Office Expenses	$ 15,122.00	$ 12,026.00	$ 3,096.00
Travel	$ 432.00	$ 432.00	$ -
Other	$ 1,300.00	$ 1,300.00	$ -
TOTAL YEAR 2	$ 186,800.00	$ 100,000.00	$ 86,800.00

Category	Total Cost (Year 3)	CMSP Funding (Year 3)	Other Funding (Year 3)
Personnel	$ 167,995.00	$ 84,291.00	$ 83,704.00
Contractual Services	$ 3,550.00	$ 3,550.00	$ -
Office Expenses	$ 15,122.00	$ 10,427.00	$ 4,695.00
Travel	$ 432.00	$ 432.00	$ -
Other	$ 1,300.00	$ 1,300.00	$ -
TOTAL YEAR 3	$ 188,399.00	$ 100,000.00	$ 88,399.00



Arcata
Family Resource Center
(707) 822-4858

Blue Lake
St. Joseph's Community Resource Center
(707) 668-4281

Bridgeville
Community Resource Center
(707) 777-1775

Carlotta
Healthy Start Community Center
(707) 768-3860

Eureka
City Schools, Marshall Family Resource Center
(707) 441-2516

Eureka, Southern
Pine Hill, South Bay USD Healthy Start
(707) 445-5933

Eureka, Westside
Westside Family Resource Center
(707) 444-2988

Fortuna
Ambrosini and So. Fortuna Elementary
(707) 725-2519

Hoopa
Hupa Family Resource Center
(530) 625-4000

Lolita
St. Joseph's Community Resource Center
(707) 733-5239

Manila
Family Resource Center
(707) 444-9771

McKinleyville
Family Resource Center
(707) 840-0905

Petrolia
Mattole Valley Resource Center
(707) 629-3348

Rio Dell
St. Joseph's Community Resource Center
(707) 764-5239

Southern Humboldt
Redway Family Resource Center
(707) 923-1147

Willow Creek
St. Joseph's Community Resource Center
(530) 629-3141

211
Community Switchboard
(707) 441-1001 or 211

Humboldt Network of FRCs
PO Box 6863
Eureka, CA 95501
(707) 834-6460

CMSP Governing Board
ATT: Wellness & Prevention Pilot Project Applications
1545 River Park Drive, Suite 435
Sacramento, CA 95815

August 30, 2016

Dear Grant Committee:

The Humboldt Network of Family Resource Centers (HNFRC) enthusiastically supports the Humboldt County Department of Health & Human Services DHHS in their CMSP County Wellness & Prevention Pilot Project grant application. This project is designed to ensure that every individual has a pathway to care that is both timely and adequate to meet his or her needs. This will be achieved via: identifying CMSP eligible and other underserved populations in need of medical and behavioral health care; improving access/linkages to needed medical care; and improving health care systems in order to improve access to services and preventative care.

We agree that leveraging the Prevention and Early Intervention and North Coast Aids Project programs in Humboldt County to achieve the above goals will improve the overall long-term health of the community. HNFRC and DHHS have a long history and successful history of working together on mental health and HIV, hepatitis C, and overdose prevention efforts in our community through collaborations such as the Sexual Health Task Force, Overdose Prevention Workgroup and Suicide Prevention Network. We look forward to working with DHHS to eliminate community-level barriers in order to mitigate the adverse experiences encountered by middle income (139% FPL to 300% FPL) people seeking care.

Our team will assist in project activities, such as transportation assistance, linkage to medical care, support in accessing mental health services, and ongoing case management.

We know that this opportunity will help develop collaborative strategies to provide wellness and prevention services for uninsured populations, with a focus on potential CMSP enrollees.

Thank you for your consideration. If you have questions, please do not hesitate to contact me.

Sincerely,

Taffy Stockton
HNFRC Coordinator

McKinleyville
FAMILY RESOURCE CENTER

CMSP Governing Board
ATT: Wellness & Prevention Pilot Project Applications
1545 River Park Drive, Suite 435
Sacramento, CA 95815

August 29, 2016

Dear Grant Committee:

McKinleyville Family Resource Center enthusiastically supports the Humboldt County Department of Health & Human Services DHHS in their CMSP County Wellness & Prevention Pilot Project grant application. This project is designed to ensure that every individual has a pathway to care that is both timely and adequate to meet his or her needs. This will be achieved via: identifying CMSP eligible and other underserved populations in need of medical and behavioral health care; improving access/linkages to needed medical care; and improving health care systems in order to improve access to services and preventative care.

We agree that leveraging the Prevention and Early Intervention and North Coast Aids Project programs in Humboldt County to achieve the above goals will improve the overall long-term health of the community. McKinleyville Family Resource Center and DHHS have a long history and successful history of working together on mental health and HIV, hepatitis C, and overdose prevention efforts in our community through collaborations such as the Sexual Health Task Force, Overdose Prevention Workgroup and Suicide Prevention Network. We look forward to working with DHHS to eliminate community-level barriers in order to mitigate the adverse experiences encountered by middle income (139% FPL to 300% FPL) people seeking care.

Our team will assist in project activities, such as access to medical care, transportation assistance, mental health support, and case management.

We know that this opportunity will help develop collaborative strategies to provide wellness and prevention services for uninsured populations, with a focus on potential CMSP enrollees.

Thank you for your consideration. If you have questions, please do not hesitate to contact me.

Sincerely,

Robin Baker
Chief Operations Officer
McKinleyville Family Resource Center

open door
Community Health Centers

Administration, Finance & Billing
670 Ninth Street, Suite 203
Arcata, CA 95521
707-826-8633

Burre Dental Center
Mobile Dental Services
959 Myrtle Avenue
Eureka, CA 95501
707-442-7078

Del Norte Community
Health Center
550 East Washington Boulevard
Crescent City, CA 95531
Medical 707-465-6925
Dental 707-465-4636

Eureka Community
Health Center
2200 Tydd Street
Eureka, CA 95501
707-441-1624
Pediatrics 707-269-7051

Ferndale Community
Health Center
638 Main Street (PO Box 1157)
Ferndale, CA 95531
707-786-4028

Fortuna Community
Health Center
3304 Renner Drive
Fortuna, CA 95540
707-725-4477

Humboldt Open Door Clinic
770 Tenth Street
Arcata, CA 95521
707-826-8610

McKinleyville Community
Health Center
1644 Central Avenue
McKinleyville, CA 95519
707-839-3068

Mobile Health Services/
Telehealth & Visiting
Specialists Center
2426 Buhne
Eureka, CA 95501
707-443-4666

NorthCountry Clinic
785 18th Street
Arcata, CA 95521
707-822-2481

NorthCountry Prenatal Services
3800 Janes Road, Suite 101
Arcata, CA 95521
707-822-1385

Willow Creek Community
Health Center
38863 Highway 299
Willow Creek, CA 95573
Medical 530-629-3111
Dental 530-629-1941

Del Norte Member Services
550 E Washington Blvd, Suite 100
Crescent City, CA 95531
707-465-1988

Humboldt Member Services
936 Myrtle Avenue
Eureka, CA 95501
707-269-7073

CMSP Governing Board
ATT: Wellness & Prevention Pilot Project Applications
1545 River Park Drive, Suite 435
Sacramento, CA 95815

August 24, 2016

Dear Grant Committee:

Open Door Community Health Centers (ODCHC) enthusiastically supports the Humboldt County Department of Health & Human Services DHHS in their CMSP County Wellness & Prevention Pilot Project grant application. This project is designed to ensure that every individual has a pathway to care that is both timely and adequate to meet his or her needs. This will be achieved via: identifying CMSP eligible and other underserved populations in need of medical and behavioral health care; improving access/linkages to needed medical care; and improving health care systems in order to improve access to services and preventative care.

We agree that leveraging the Prevention and Early Intervention and North Coast Aids Project programs in Humboldt County to achieve the above goals will improve the overall long-term health of the community. ODCHC and DHHS have a long history and successful history of working together on mental health and HIV, hepatitis C, and overdose prevention efforts in our community through collaborations such as the Sexual Health Task Force, Overdose Prevention Workgroup and Suicide Prevention Network. We look forward to working with DHHS to eliminate community-level barriers in order to mitigate the adverse experiences encountered by middle income (139% FPL to 300% FPL) people seeking care.

Our team will assist in project activities, such as provision of primary care services, behavioral health services, and outpatient substance abuse services.

We know that this opportunity will help develop collaborative strategies to provide wellness and prevention services for uninsured populations, with a focus on potential CMSP enrollees.

Thank you for your consideration. If you have questions, please do not hesitate to contact me.

Sincerely,

Jay Molofsky

Jay Molofsky
Administrator: Mobile Health Services, Project Director: HIV Services
opendoor
707-443-4666 x 3211
jmolofsky@opendoorhealth.com
Compassionate care, Quality living

St. Joseph Health

St. Joseph • Redwood Memorial

August 26, 2016

CMSP Governing Board
ATT: Wellness & Prevention Pilot Project Applications
1545 River Park Drive, Suite 435
Sacramento, CA 95815

Dear Grant Committee:

St. Joseph Health – Humboldt enthusiastically supports the Humboldt County Department of Health & Human Services DHHS in their CMSP County Wellness & Prevention Pilot Project grant application. This project is designed to ensure that every individual has a pathway to care that is both timely and adequate to meet his or her needs. This will be achieved via: identifying CMSP eligible and other underserved populations in need of medical and behavioral health care; improving access/linkages to needed medical care; and improving health care systems in order to improve access to services and preventative care.

We agree that leveraging the Prevention and Early Intervention and North Coast Aids Project programs in Humboldt County to achieve the above goals will improve the overall long-term health of the community. St. Joseph Health and DHHS have a long and successful history of working together on mental health and overdose prevention efforts in our community through collaborations such as Live Well Humboldt, the Overdose Prevention Workgroup and Suicide Prevention Network. We look forward to working with DHHS to eliminate community-level barriers in order to mitigate the adverse experiences encountered by middle income (139% FPL to 300% FPL) people seeking care.

We know that this opportunity will help develop collaborative strategies to provide wellness and prevention services, such as increased screening for communicable disease with appropriate referral and linking to care, for uninsured populations, with a focus on potential CMSP enrollees.

Thank you for your consideration. If you have questions, please do not hesitate to contact me.

Sincerely,

Martha Shanahan, RD, MPH
Director, Community Benefit
St. Joseph Health – Humboldt County

EXHIBIT D

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD
GRANTEE DATA SHEET

Grantee's Full Name:	Humboldt County Department of Health & Human Services - Public Health
Grantee's Address:	529 I Street Eureka, CA 95501
Grantee's Executive Director/CEO: (Name and Title)	Susan Buckley, Director of Public Health
Grantee's Phone Number:	(707) 445-6200
Grantee's Fax Number:	(707) 445-6097
Grantee's Email Address:	sbuckley@co.humboldt.ca.us
Grantee's Type of Entity: (List Nonprofit or Public)	Public
Grantee's Tax Id# [EIN]:	94-6000513

I declare that I am an authorized representative of the Grantee described in this Form. I further declare under penalty of perjury under the laws of the State of California that the information set forth in this Form is true and correct.

GRANTEE:

By: _____
Title: _____
Date: _____

Attachment B

County of Humboldt
1175449 - Fiscal Agent
Revenues and Expenditures with Encumbrances
Fiscal Year 2016-2017

	Adopted Budget	Adjusted Budget	Supplemental Request	Revised Budget
Revenues				
50 Other Governmental Agencies				
526531 CMSP Wellness	-	-	50,000.00	50,000.00
586499 State Aid Health Realignment	6,923.00	6,923.00		6,923.00
590069 HUD Grant	43,331.00	43,331.00		43,331.00
Total Other Governmental Agenc	50,254.00	50,254.00	50,000.00	100,254.00
70 Other Revenues				
707010 Misc Revenue	-	-		
Total Other Revenues	-	-	-	-
Total Revenues	50,254.00	50,254.00	50,000.00	100,254.00
Expenditures				
02 Services and Supplies				
2106 Communications	60.00	60.00		60.00
2109 Household Expense	4.00	4.00		4.00
2110 Insurance	150.00	150.00		150.00
2113 Maintenance-Structures	4.00	4.00		4.00
2116 Postage	25.00	25.00		25.00
2117 Office Supplies	70.00	70.00		70.00
2120 Rents & Leases - Equipment	2.00	2.00		2.00
2121 Rents & Leases - Structures	650.00	650.00		650.00
2126 Utilities	44.00	44.00		44.00
Total Services and Supplies	1,009.00	1,009.00	-	1,009.00
03 Other Charges				
3109 Grant Fund Disbursements	37,800.00	37,800.00		37,800.00
3125 Information Services Charges	164.00	164.00		164.00
3137 A-87 Overhead Charges	88.00	88.00		88.00
3182 CMSP Wellness Grant	-	-	50,000.00	50,000.00
3928 Expense Transfers	11,193.00	11,193.00		11,193.00
Total Other Charges	49,245.00	49,245.00	50,000.00	99,245.00
Total Expenditures	50,254.00	50,254.00	50,000.00	100,254.00
Net Revenues Over (Under) Expenditures)	-	-	-	-

Attachment C

CLASSIFICATION REVIEW REQUEST

This form is intended for use in routine audits such as requests for additional allocated positions to existing job classifications. Please send the completed form and an organizational chart showing new positions to Personnel prior to the effective date of the new allocation. This form is to be submitted two-sided.

NOTE: This form should not be used for audits of existing positions or new job classifications.

Department: Public Health Date: 12/6/16

Division/Unit/Location of new position: Healthy Communities Div/Community Wellness Sec.

Name of contact person: Dana Murgia

Position status (check one) Regular X Grant _____ Other _____

If position is in a new grant or program, explain the general purpose or function of the program:

The purpose is to address three of the primary causes of death in Humboldt County: tobacco-related, drug-induced, and suicide

Anticipated start date: _____ Duration of grant: Jan 1, 2016 – Dec 31 2019

FTE of new position: 0 Budget unit: 414

Name and title of person supervising this position: Coordinator

Name and title of anyone currently in your department performing the same or similar duties:

all other Health Education Specialists in Healthy Communities

Please list the primary duties of this position on the reverse side.

PERSONNEL USE ONLY

RECOMMENDATION: Approved DATE: 12/7/16

NAME OF ANALYST: David Gauthier, HR Analyst II

Personnel notes: HR has reviewed this request and after discussion with Yvonne Winter, HHS Deputy Director of Employee Services, has determined that Health Education Specialist (class 1595, salary range 370/403) is the appropriate classification for this allocation request in budget unit 414. DHHS should submit an agenda item for Board approval that references this report and includes the following language:

That the Board of Supervisors:

Approve the allocation of 1.0 FTE Health Education Specialist I/II (class 1595, salary range 370/403) position in budget unit 414.

List the primary duties of the proposed position:

Plans [illegible] public health [illegible] and provides:

- [illegible] (HCV) testing and education
- [illegible] dose Prevention and Naloxone distribution

[illegible] community members and Public Health clients [illegible]

- [illegible] (CMSP) and [illegible] programs.
- Linkages to medical and [illegible] health providers and other [illegible] services

[illegible] Organizes special health education programs, conferences, meetings and speakers [illegible] related to CMSP awareness; [illegible] community [illegible]

- Training for medical providers: [illegible] treatment and pay options for HCV, screening in [illegible] risk for suicide

[illegible] materials [illegible] related to CMSP, HCV, Suicide [illegible]

Indicate any required licenses: None

Add any additional information, which might be useful for this review: Position will be funded by the grant funds being received for three years and then absorbed into other funding/programs.

Department head signature [illegible] Date 12-9-14

PERSONNEL USE ONLY