

AGREEMENT FOR
COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD

HEALTH SYSTEMS DEVELOPMENT GRANT PROGRAM

between

COUNTY MEDICAL SERVICES PROGRAM
GOVERNING BOARD
("Board")

and

HUMBOLDT COUNTY DHHS - PUBLIC HEALTH
("Grantee")

Effective as of:
May 1, 2019

AGREEMENT

COUNTY MEDICAL SERVICES PROGRAM HEALTH SYSTEMS DEVELOPMENT GRANT PROGRAM

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 Health Systems Development Grant Program (the "Grant Program") in participating County Medical Services Program ("CMSP") counties in accordance with the terms of its Request for Proposals for the CMSP Health Systems Development Grant Program in the form attached as Exhibit B ("RFP").

B. Grantee submitted an Application ("Application") for the CMSP Health Systems Development Grant Program 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, any future CMSP Health Systems Development Grant Program or services provided outside the scope of the Grant Program.

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/or 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.

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. Such annual expenditure reports shall contain, at a minimum, the information described in Section 7.C of this Agreement.

F. Matching Funds and In Kind Match. The Grantee is not required to provide dedicated matching funds; however, the Grantee is required to provide an in kind match of a minimum of twenty percent (20%) of the Grant Funds as a means of demonstrating the commitment of the Grantee and participating (partnering) agencies to implement the strategies and/or services being developed with the Grant Funds. Such in kind match (or alternatively, matching fund of a minimum of twenty percent (20%) of the Grant 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 Grant Program evaluator to conduct an evaluation of the Project ("Grant Program

Evaluator"). The Grantee may be required to participate in one or more interviews with the Grant Program Evaluator, have a minimum of one (1) representative participate in quarterly web-based technical assistance meetings, and participate in surveys with the Grant Program 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 Grant Program 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.

A. Notification of Project Changes. Grantee shall notify the Board of any proposed substantial changes to the Project's components. The Project's components shall include: (1) the Project plan; (2) the target population; (3) the structure and process for completing grant activities as outlined in the Application as set forth in Exhibit C; (4) the roles and responsibilities of all participating (partnering) agencies; (5) services provided; (6) key Grantee personnel; (7) the budget; and (8) timelines.

B. Biannual Progress Reports. Grantee shall submit five (5) biannual progress reports to the Board, and each should: (1) highlight the Project's key accomplishments, to date; (2) identify challenges and barriers encountered during the prior six (6) months; (3) describes what the Project has learned, to date, about the target population; and (4) compare Project progress to the Application, Implementation Work Plan as set forth in Exhibit C; and (5) provide an update on data collection and evaluation efforts as they related to the Application, Grant Project Goals and Outcome Reporting as set forth in Exhibit C. These five (5) biannual progress reports shall be due to the Board on the following dates: November 1, 2019; May 15, 2020, November 2, 2020, May 17, 2021, and November 1, 2021.

C. Annual Expenditure Reports. Grantee shall submit three (3) annual expenditure reports to the Board, each should: (1) compare budget expenditures to actual expenditures for the reporting year and provide an explanation for expenditures that deviate from the original budget; (2) detail total grant funds received and expended to date; and (3) detail any proposed budget modifications for the following grant year(s). These three (3) expenditure reports shall be due to the Board on the following dates: May 15, 2020, May 17, 2021, and June 29, 2022.

D. Final Report. Grantee shall submit a final report to the Board by June 29, 2022, that: (1) highlights the Project's key accomplishments; (2) identifies challenges and barriers encountered during the Project; (3) describes what the Project has learned about the target population; (4) reports the evaluation findings; and (5) thoroughly describes the Project's future activities following the Grant Program. 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 May 1, 2019, to September 30, 2022, 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. Nuclear Free Humboldt County Ordinance Compliance. The Board certifies by its signature below that it is not a Nuclear Weapons Contractor, in that the Board is not knowingly or intentionally engaged in the research, development, production or testing of nuclear warheads, nuclear weapons systems or nuclear weapons components as defined by the Nuclear Free Humboldt County Ordinance. The Board agrees to notify Grantee immediately if it becomes a Nuclear Weapons Contractor as defined above. Grantee may immediately terminate this Agreement if it determines that the foregoing certification is false or if the Board subsequently becomes a Nuclear Weapons Contractor.

19. 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 May 1, 2019.

BOARD:
COUNTY MEDICAL SERVICES
PROGRAM GOVERNING BOARD

GRANTEE:
HUMBOLDT COUNTY DHHS - PUBLIC
HEALTH

By: _____

By: _____

Kari Brownstein, Administrative Officer

Title: _____

Date: _____

Date: _____

EXHIBIT A

GRANTEE: HUMBOLDT COUNTY DHHS - PUBLIC HEALTH

GRANTEE'S PARTNERS UNDER CONTRACT¹

GRANT FUNDS:

Total Amount To Be Paid under Agreement: \$300,000.00

1. Amount to Be Paid Upon Execution Of This Agreement (10%): \$30,000.00
2. Amount To Be Paid Following Receipt of First Biannual Report (anticipated to be 11/1/19) (16%): \$48,000.00
3. Amount To Be Paid Following Receipt of Second Biannual Report and Year 1 Expenditure Report (anticipated to be 5/15/20) (16%): \$48,000.00
4. Amount To Be Paid Following Receipt of Third Biannual Report (anticipated to be 11/2/20) (16%): \$48,000.00
5. Amount To Be Paid Following Receipt of Fourth Biannual Report and Year 2 Expenditure Report (anticipated to be 5/17/21) (16%): \$48,000.00
6. Amount To Be Paid Following Receipt of Fifth Biannual Report (anticipated to be 11/1/21) (16%): \$48,000.00
7. Amount To Be Paid Following Receipt of Final Grant Report and Year 3 Expenditure Report (anticipated to be 6/29/22) (10%): \$30,000.00

If Funds will be Used to Purchase Personal Property, List Personal Property to be Purchased:

¹ Attach copy of any contract.

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 DHHS - Public Health

Attn: Lara Weiss

529 I Street

Eureka, CA 95501

707-268-2122

707-445-6097 (facsimile)

EXHIBIT B
REQUEST FOR PROPOSAL
BOARD'S REQUEST FOR PROPOSAL

REQUEST FOR PROPOSALS

CMSP Health Systems Development Grant Program

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 1995 and 2005 the Governing Board contracted with DHS to administer CMSP. Between 2005 and 2014, Anthem Blue Cross Life & Health (Anthem) administered CMSP medical, dental, and vision benefits. Today, Advanced Medical Management (AMM) administers CMSP medical, dental and vision benefits. MedImpact Healthcare Systems, Inc. (MedImpact) administers CMSP pharmacy benefits, which it has done since 2003.

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 welfare 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 (SOC). Enrollment terms for CMSP members are up to six months. At the end of the enrollment term, CMSP members must reapply for CMSP to continue eligibility for benefits.

II. ABOUT THE CMSP HEALTH SYSTEMS DEVELOPMENT GRANTS PROGRAM

With the CMSP Health Systems Development Grant Program, the CMSP Governing Board seeks to support local health care systems in CMSP counties develop and implement strategies to reduce barriers between health care providers and systems and promote collaboration and system linkages that facilitate effective delivery of health care services to enrolled CMSP members and potential CMSP members, and to additionally assist other persons receiving publicly funded health coverage.

Under the Program, applicants may seek one-time funding of up to \$300,000 over three years for development of health systems linkages across health care providers and/or across the health and behavioral health systems serving CMSP and potential CMSP members. Funding is intended to support activities that can be completed in a maximum of 36 months. Efforts funded by the grants must target persons eligible for or potentially eligible for CMSP, but may also additionally contribute to improvements for populations served by other publicly funded health care programs, such as Medi-Cal. Applicants may apply for grants for a county-wide strategy or a regional strategy that incorporates two or more CMSP counties.

Grants may support CMSP county-specific or multi-county efforts to:

- Expand access to care for primary care, specialty care and/or behavioral health services
- Coordinate and/or integrate health and behavioral health care service systems
- Strengthen the overall health care delivery system in the county across a range of health and behavioral health providers

Proposed activities may include items such as:

- **Planning activities:** organizational assessments; strategic planning; fund development; or communications/outreach.
- **Staff development/training:** relevant training for health care and behavioral health professionals.
- **Strategic relationships/collaboration:** technical assistance; consultant support; restructuring; development of interagency agreements; or business planning.
- **Internal operations:** improvements to financial management; development of evaluation systems and training; or facility planning.
- **Equipment improvements:** improving health care delivery capacity through upgrades to medical and/or dental equipment.

- **Technology improvements:** improving IT capacity through upgrades to hardware and software; networking; updating websites; and staff training to optimize use of technology.
- **Innovation activities:** pilot testing and evaluation of new health care delivery models or programs.

Awarded projects will be required to file five biannual reports and one Final Grant Report which shall address specified reporting on the strategies, collaborations, negotiated and executed agreements, and changes in service delivery that have resulted from Grant activities for enrolled CMSP members, potential CMSP members, and other persons receiving publicly funded health coverage. The Final Grant Report shall be due to the Governing Board within 60 days following the end of the Grant.

III. ELIGIBLE PROGRAM APPLICANTS

A. Lead Agency Applicant and Partner Requirements

Grant projects may be focused within one or more counties that participate in CMSP. The lead agency applicant must be either a CMSP county or a not-for-profit organization and must have the demonstrated capacity to bring together varied stakeholders within the county or region. The lead agency and all key project partners must be in good standing with the Governing Board. If the lead agency is a health care provider, that provider must be a contracting provider with the Governing Board. The lead agency must have support to submit the proposal from the County Board of Supervisors (in instances where the Lead Applicant is a county) or the organization's Board of Directors (in instances where the Lead Applicant is a not-for-profit organization).

Grant applications must have support from at least one local hospital and at least one primary care provider such as a clinic, private practice physician, or physician group, as demonstrated by Letters of Commitment/Support. Grant applications must also have support from at least two of the following CMSP County agencies or departments: Health/Public Health, Social Services/Welfare, Mental Health, and Drug and Alcohol Services, as demonstrated by Letters of Commitment/Support.

IV. HEALTH SYSTEMS DEVELOPMENT GRANT PROGRAM TIMELINE

The following tentative timeline shall guide the Grant program:

- 01/02/19: Grant Request for Proposals (RFP) Released
- 01/17/19: First RFP Assistance Teleconference at 9:30 AM
(888) 296-6500, participant code 738196
- 02/06/19: Second RFP Assistance Teleconference at 9:30 AM
(888) 296-6500, participant code 738196
- 03/01/19: Grant Applications due by 12:00 PM
- 04/04/19: Applications Reviewed and Approved
- 04/05/19: Awards Announced Via Letter

05/01/19: Grant Agreements Executed and Projects Begin
11/01/19: First Biannual Grant Report due
05/15/20: Second Biannual Grant Report and Year 1 Expenditure Report due
11/02/20: Third Biannual Grant Report due
05/17/21: Fourth Biannual Grant Report and Year 2 Expenditure Report due
11/01/21: Fifth Biannual Grant Report due
04/30/22: Grant Program Ends
06/29/22: Final Grant Report on Program Outcomes and Year 3 Expenditure Report due

V. FUNDING AWARDS – ALLOCATION METHODOLOGY

The Governing Board, within its sole discretion, may provide Grant funding to one or more applicants. As approved by the Governing Board on May 31, 2018, total funding for the Health Systems Development Grant Program is up to \$9 million over three years, and individual grant amounts shall not exceed \$300,000 over three years. The Governing Board shall have no obligation to provide Grant funding or continue to provide Grant funding at any time.

Following the Governing Board's approval of the applicant's Grant application, the successful applicant will receive an allocation, which shall be distributed as follows:

- 10% upon execution of the Grant Agreement
- 16% following receipt of First Biannual Report
- 16% following receipt of Second Biannual Report and Year 1 Expenditure Report
- 16% following receipt of Third Biannual Report
- 16% following receipt of Fourth Biannual Report and Year 2 Expenditure Report
- 16% following receipt of Fifth Biannual Report
- 10% following receipt of Final Grant Report and Year 3 Expenditure Report

Applicants receiving funding under the Grant program shall not be required to provide dedicated matching funds to receive the grant. However, applicants shall be required to provide an in-kind match of a minimum of 20% of the grant award as a means of demonstrating the commitment of the applicant and local partners to implementing the strategies and/or services being developed with grant funding.

Administrative and/or overhead expenses shall not exceed 15% of total Grant funded expenditures.

VI. FUNDING AWARDS – METHODOLOGY FOR REVIEW AND SCORING

The Governing Board shall have sole discretion on whether or not to award Grant funding for a proposed project. Project proposals shall be reviewed and scored to assure that the projects meet minimum standards for receipt of funding. Grant applications will be reviewed and scored based upon the following criteria:

- 1) Project Narrative (70% in total)
 - Statement of Need (10%)
 - Target Population (5%)
 - Proposed Project/ Approach (20%)
 - Capacity (10%)
 - Organization and Staffing (5%)
 - Project Implementation (20%)
- 2) Budget (15%)
- 3) Letters of Commitment/Support (15%)

The foregoing criteria are for general guidance only. If the Grant applications are scored, the scoring will be for guidance and informational purposes only. The Governing Board will award Grants based on the applications the Governing Board determines, in its sole discretion, are in the best interest of CMSP and the Governing Board.

Grant applications which, in the Governing Board's sole and absolute discretion, are deficient, are not competitive, are non-responsive, do not meet minimum standards or are otherwise lacking in one or more categories may be rejected without further consideration.

The grant application process is a competitive process and not all applications may be funded or funded in the amounts requested. All applications will be ranked in order of quality and potential impact for CMSP members and potential members. In order for the Governing Board to consider approving funding for a Grant application, the applicant's proposal must achieve a minimum score of 75% and the proposal must achieve a ranking, in comparison with all other submitted proposals, that merits funding approval.

VII. APPLICATION ASSISTANCE

A. RFP Assistance Teleconference Information

To assist potential applicants, Governing Board staff will conduct Health Systems Development Grant RFP teleconferences on 01/17/19 at 9:30 AM and repeated on 02/06/19 at 9:30 AM to present RFP requirements and answer questions. Applicants are encouraged to participate on a call and bring any questions they have regarding Grant requirements and the application process. The RFP assistance teleconferences can be accessed by dialing (888) 296-6500, participant code 738196.

B. Frequently Asked Questions (FAQ)

Once the Health Systems Development Grant application process gets underway, questions that are received by the Governing Board within the time period indicated by the Governing Board will be given written answers. These questions and answers will be organized into a Frequently Asked Questions (FAQ) document that will be posted on the Governing Board's website [here](#).

C. Grant Program Contact Information

Please direct any questions regarding the RFP to Laura Moyer, Program Analyst at lmoyer@cmspcounties.org or (916) 649-2631 ext. 110.

VIII. PROPOSAL FORMAT AND REQUIREMENTS

A. Application Cover Sheet

Using the *Attachment A* Excel spreadsheet available [here](#), please provide the county name or names if counties are acting jointly or the Not-for-Profit Organizations' name, requested and in-kind funding amounts, Primary Contact, Secondary Contact and Financial Officer contact information, confirm area(s) of focus, and complete the signature section.

B. Grant Project Summary (no longer than one page)

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

C. Grant Project Narrative (no longer than five pages)

1. Clear Statement of Problem or Need Within Community

All projects should be based upon identified needs of the target population(s) within the community. Please describe the target population(s) to be served by 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). 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 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 project partners' roles within the health care delivery system. Please describe any prior or current efforts to develop health systems linkages across health care providers and/or the health and behavioral health systems serving CMSP and other publically funded populations.

3. Description of Proposed Grant Project

Describe and discuss the proposed activities to be performed in the project. All activities should be incorporated into the Implementation Work Plan.

4. Organization and Staffing

Describe and demonstrate the Applicant's organizational capability to implement, operate, and evaluate the impact and effectiveness of the proposed project. Further, clearly delineate the roles and responsibilities of the Lead Applicant, the county, other counties if acting jointly, and key project partners.

5. Implementation Work Plan

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

D. Grant Project Goals and Outcome Reporting (no longer than two pages)

Please provide specific policy, program, organizational, service delivery, and/or financial goals that the project intends to accomplish during the Grant period. Describe what records or metrics the project intends to collect to assess the progress and success of the Grant efforts.

E. Budget and Budget Narrative (no longer than two 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. As a reminder, applicant and/or partners must provide an in-kind match of a minimum of 20% of the grant award. These Budget Templates are available as an Excel spreadsheet for download [here](#).

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

F. Letters of Commitment and/or Support

Letters of Commitment and/or Support from key partners should be included and will be utilized in scoring (15%). Letters should describe the key partner's understanding of the proposed project and their organizations' role in the project.

Grant applications must have the support, as demonstrated by Letters of Commitment, from at least one local hospital and at least one primary care provider such as a clinic, private practice physician, or physician group; and, must have the demonstrated

support, as demonstrated by Letters of Commitment, from at least two of the following CMSP County agencies or departments: Health/Public Health, Social Services/Welfare, Mental Health, and Drug and Alcohol Services. Throughout the project, the lead agency shall make efforts to establish relationships and garner the support of additional community resources.

G. County Board of Supervisors or Board of Directors Approval

Documentation must be provided showing that the Grant application was approved by the County Board of Supervisors (in instances where the Lead Applicant is a county) or the organization's Board of Directors (in instances where the Lead Applicant is a not-for-profit organization).

H. Other Information

The Governing Board may request any other information that it deems in its sole discretion is necessary or useful in order to make the award. The Governing Board reserves the right to contact Applicants informally to receive additional information.

IX. APPLICATION INSTRUCTIONS

- A. All Grant 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 will not be accepted.
- C. The application shall be signed by a person with the authority to legally obligate the Applicant.
- D. Provide one original hard-copy Grant application clearly marked original, and three hard-copies.
- E. Provide an electronic copy (flash drive or CD) of the following components of the application: 1) Application Cover Sheet (as an Excel Document), 2) Grant Project Summary (as a Word Document), 3) Grant Project Narrative (as a Word Document), 4) Detailed and Summary Budget (as an Excel Document), and 5) Grant Project Goals and Outcome Reporting (as a Word Document).
- F. Do not provide any materials that are not requested as the materials will not be considered by reviewers.

- G. Folders and binders are not necessary or desired; please securely staple or clip the application in the upper left corner.
- H. Grant applications must be received in the office no later than 12:00 PM on 03/01/19. Address all applications to:

CMSP Governing Board
ATTN: Laura Moyer, Program Analyst
1545 River Park Drive, Suite 435
Sacramento, CA 95815

X. GENERAL INFORMATION

- A. All applications become the property of the Governing Board and will not be returned to the Applicant unless otherwise determined by the Governing Board in its sole discretion.
- B. Any costs incurred by the responding Applicant for developing a proposal are the sole responsibility of the responding Applicant and the Governing Board shall have no obligation to compensate any responding Applicant for any costs incurred in responding to this RFP.
- C. Proposals may remain confidential during this process only until such time as determined by the Governing Board in its sole discretion. Thereafter, all information submitted by a responding Applicant may be treated as a public record by the Governing Board. The Governing Board makes no guarantee that any or all of a proposal will be kept confidential, even if the proposal is marked "confidential," "proprietary," etc.
- D. The Governing Board reserves the right to do the following at any time, at the Governing Board's sole discretion:
 - 1. Reject any and all applications, or cancel this RFP.
 - 2. Waive or correct any minor or inadvertent defect, irregularity or technical error in any application.
 - 3. Request that certain or all Applicants supplement or modify all or certain aspects of their respective applications or other materials submitted.
 - 4. Modify the specifications or requirements for the Grant program in this RFP, or the required contents or format of the applications prior to the due date.
 - 5. Extend the deadlines specified in this RFP, including the deadline for accepting applications.
 - 6. Award, or not award, any amount of Grant funding to any Applicant.

APPLICATION COVER SHEET
CMSP Health Systems Development Grant Program

1. CMSP County, Counties, or Not-For-Profit Organization Included in the Project:

2. Funding:

Requested Grant Amount (3-year total): _____

In-Kind and/or Other Matching Funds Provided by Applicant: _____

3. Lead Applicant:

Organization: _____ Tax ID Number: _____

Applicant's Director or Chief Executive: _____

Title: _____

Applicant's Type of Entity (*Specify county department or non-profit*): _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone: _____ Fax: _____

Email address: _____

4. Primary Contact Person (*Serves as lead contact person during the application process*):

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone: _____ Fax: _____

Email address: _____

5. Secondary Contact Person (*Serves as alternate contact during the application process*):

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone: _____ Fax: _____

Email address: _____

6. Financial Officer (*Serves as Fiscal representative for the project*):

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone: _____ Fax: _____

Email address: _____

7. Focus Area(s) (Check all that apply):

- Expand access to care for primary care, specialty care and/or behavioral health services
- Coordinate and/or integrate health and behavioral healthcare service systems
- Strengthen the overall health care delivery system in the county across a range of health and behavioral health providers

Agreement:

By submitting this application for CMSP Health Systems Development Grant Program, the applicant signifies acceptance of the applicant's responsibility to comply with all requirements stated in the 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 grant funding to the applicant, the Governing Board is not obligated to fund the grant until the applicant submits the correct and complete documents as required for the grant agreement; the Governing Board is otherwise satisfied that the applicant has fully met all Governing Board requirements for receipt of grant funding; and the grant 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 grant funding of any amount of the applicant.

I declare that I am the 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 CMSP Health Systems Development Grant Program is true and correct.

Signature: _____ **Date:** _____
Name: _____
Title: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip Code: _____ County: _____
Telephone: _____ Fax: _____
Email address: _____

CMSP Health Systems Development Grant Program Budget Guidelines

Applicants must use the budget summary and detail formats provided in Attachment B2. Grant amounts shall not exceed a total of \$300,000 over three years.

The Summary Budget is a summary of *all* project related costs and funding sources for each year of the project. Budgets must include 20% in-kind and/or matching funding which is to be shown on the Summary Budget.

The Detail Budget is a breakdown of *only* CMSP funded expenses for each year of the project.

Administrative and/or overhead expenses shall not exceed 15% of total grant funded expenditures.

Budget items should be placed into one of six categories. A brief description of each category is listed below. Any expenses that are categorized within "Other" should be explained in the budget narrative.

Personnel

Gross salary and fringe benefits related to staff or funded project. Fringe benefits include 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

Expenses attributable to managing an office including photocopies, postage, telephone charges, utilities, facilities, educational materials and general office 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.

Equipment

Items purchased, leased or upgraded which improve health care delivery capacity such as computer hardware and software, medical exam room equipment, diagnostic equipment and dental operatories.

Other

Items that do not fall into any of the other categories listed above. Each item listed in other should be noted briefly in budget summary and explained in the budget narrative.

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

Budget Narrative

Provide a brief (no more than two pages) written description detailing all expense components and the source(s) of in-kind and/or direct matching funding. Describe all administrative costs and efforts to minimize use of grant funds for administrative and overhead expenses.

Budget Template - Summary Budget
CMSP Health Systems Development Grant Program

Applicant:

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3 Year Summary Budget Includes a summary of CMSP Funds, In-Kind Funds and Total Funds.

Category	CMSP Funding (Year 1)	In-Kind Funding (Year 1)	Total Funds (Year 1)
Personnel			0
Contractual Services	0	0	0
Office Expenses	0	0	0
Travel	0	0	0
Equipment	0	0	0
Other	0	0	0
TOTAL YEAR 1	0	0	0

Category	CMSP Funding (Year 2)	In-Kind Funding (Year 2)	Total Funds (Year 2)
Personnel			0
Contractual Services	0	0	0
Office Expenses	0	0	0
Travel	0	0	0
Equipment	0	0	0
Other	0	0	0
TOTAL YEAR 2	0	0	0

Category	CMSP Funding (Year 3)	In-Kind Funding (Year 3)	Total Funds (Year 3)
Personnel	0	0	0
Contractual Services	0	0	0
Office Expenses	0	0	0
Travel	0	0	0
Equipment	0	0	0
Other	0	0	0
TOTAL YEAR 3	0	0	0
TOTAL PROJECT COST	0	0	0

Budget Template - Summary Budget
CMSP Health Systems Development Grant Program

Applicant:

--

3 Year Summary Budget Includes a summary of CMSP Funds, In-Kind Funds and Total Funds.

Category	CMSP Funding (Year 1)	In-Kind Funding (Year 1)	Total Funds (Year 1)
Personnel			0
Contractual Services	0	0	0
Office Expenses	0	0	0
Travel	0	0	0
Equipment	0	0	0
Other	0	0	0
TOTAL YEAR 1	0	0	0

Category	CMSP Funding (Year 2)	In-Kind Funding (Year 2)	Total Funds (Year 2)
Personnel			0
Contractual Services	0	0	0
Office Expenses	0	0	0
Travel	0	0	0
Equipment	0	0	0
Other	0	0	0
TOTAL YEAR 2	0	0	0

Category	CMSP Funding (Year 3)	In-Kind Funding (Year 3)	Total Funds (Year 3)
Personnel	0	0	0
Contractual Services	0	0	0
Office Expenses	0	0	0
Travel	0	0	0
Equipment	0	0	0
Other	0	0	0
TOTAL YEAR 3	0	0	0
TOTAL PROJECT COST	0	0	0

EXHIBIT C
APPLICATION
GRANTEE'S APPLICATION

APPLICATION COVER SHEET
CMSP Health Systems Development Grant Program

1. CMSP County, Counties, or Not-For-Profit Organization Included in the Project:Humboldt County**2. Funding:**Requested Grant Amount (3-year total): \$300,000In-Kind and/or Other Matching Funds Provided by Applicant: \$257,000**3. Lead Applicant:**Organization: Humboldt County DHHS - Public Health Tax ID Number: 94-6000513Applicant's Director or Chief Executive: Michele StephensTitle: Public Health DirectorApplicant's Type of Entity (Specify county department or non-profit): County AgencyAddress: 529 I StreetCity: Eureka State: CA Zip Code: 95501 County: HumboldtTelephone: (707) 445-6200 Fax: (707)-445-6097Email address: mstephens@co.humboldt.ca.us**4. Primary Contact Person (Serves as lead contact person during the application process):**Name: Lara WeissTitle: Public Health Deputy DirectorOrganization: DHHS - Public HealthAddress: 529 I StreetCity: Eureka State: CA Zip Code: 95501 County: HumboldtTelephone: 707-268-2122 Fax: 707-445-6097

Email address: _____

5. Secondary Contact Person (Serves as alternate contact during the application process):Name: Lara ZintsmasterTitle: Administrative AnalystOrganization: DHHS - Public HealthAddress: 529 I StreetCity: Eureka State: CA Zip Code: 95501 County: HumboldtTelephone: 707-268-2195 Fax: 707-445-6097

Email address: _____

6. Financial Officer (Serves as Fiscal representative for the project):Name: Olivia WilderTitle: Budget SpecialistOrganization: DHHS - Public HealthAddress: 529 I StreetCity: Eureka State: CA Zip Code: 95501 County: HumboldtTelephone: (707) 441-5435 Fax: (707) 441-5580Email address: owilder@co.humboldt.ca.us

7. Focus Area(s) (Check all that apply):

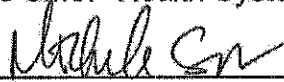
- Expand access to care for primary care, specialty care and/or behavioral health services
- Coordinate and/or integrate health and behavioral healthcare service systems
- Strengthen the overall health care delivery system in the county across a range of health and behavioral health providers

Agreement:

By submitting this application for CMSP Health Systems Development Grant Program, the applicant signifies acceptance of the applicant's responsibility to comply with all requirements stated in the 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 grant funding to the applicant, the Governing Board is not obligated to fund the grant until the applicant submits the correct and complete documents as required for the grant agreement; the Governing Board is otherwise satisfied that the applicant has fully met all Governing Board requirements for receipt of grant funding; and the grant 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 grant funding of any amount of the applicant.

I declare that I am the 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 CMSP Health Systems Development Grant Program is true and correct.

Signature:



Date:

2/27/2019

Name: Michele Stephens

Title: Public Health Director

Organization: DHHS - Public Health

Address: 529 I Street

City: Eureka

State: CA

Zip Code: 95501

County: Humboldt

Telephone: 707-268-2121

Fax:

707-445-6097

Email address: mstephens@co.humboldt.ca.us

B. Grant Project Summary

Goals: Public Health's two goals are to (1) Link CMSP, CMSP-eligible and other county residents to hepatitis C (HCV) services including prevention, treatment and other supportive services to assist in achieving sustained virologic response (SVR); and (2) Strengthen the backbone structure for the *Live Well Humboldt* initiative.

Objectives: The goals of this project will be accomplished via the following objectives:

1. Improving disease surveillance systems to reduce barriers to successful treatment; improving access to HCV prevention services for at-risk individuals and access to treatment for HCV positive patients; supporting Humboldt County's Hepatitis C Task Force to build capacity at the community level; and
2. Developing and maintaining a data-sharing strategy map platform for community health care and other stakeholders to utilize in efforts to strengthen the local health care delivery system and align shared goals to improve county health outcomes.

Overall Approach: A HCV Specialist will review local HCV-related data to identify how many HCV positive individuals are linked to care and achieve SVR. They will work with CDPH to add a function in CalREDIE to track "cure" as a data point. The Specialist will work with internal and community partners to provide prevention and education, screening and linkage to treatment and related services. Activities will include syringe services program delivery through NorCAP, educational sessions with groups of high-risk individuals, confidential HCV testing, risk assessments counseling. The Specialist will also be an active member in the Hepatitis C Task Force, provide updates to the group, monitor system improvements and help maintain group cohesion.

Live Well Humboldt will obtain support of a contracted facilitator to lead meetings to align goals and strategies, and create a collaborative work plan among the group. The group will create the Community Health Improvement Plan, and build a dashboard to share data and monitor progress through aligned strategy maps.

Target Population: The HCV Specialist and outreach staff will do targeted outreach to underserved populations who are potentially eligible or already enrolled in CMSP and/or other public programs and also at high risk for liver failure due to HCV. *Live Well Humboldt* will also focus on similarly underserved and vulnerable populations experiencing health disparities.

Key Partnerships: Community service providers including Open Door Community Health Centers, United Indian Health Services, K'ima:w Medical Center, Southern Humboldt Community Healthcare District, Redwoods Rural, St. Joseph Hospital, DHHS Social Services and DHHS Mental Health and family resource centers.

Outcomes and Deliverables: Anticipated outcomes include increased linkages and access to treatment for HCV, increase in viral suppression among people with HCV, and an overall reduction in HCV prevalence rates within the county. Outcomes for the *Live Well Humboldt* include a published Community Health Improvement Plan with aligned goals and strategies to be shared on a public data sharing platform.

C. Grant Project Narrative

1. Clear Statement of Problem or Need Within Community

Humboldt County is a large rural county in Northwest California with an average of 38 people per square mile. According to the 2015 Census estimates Humboldt County's population is about 75% non-Hispanic white, 6% American Indian, and 11% Latino. Asians, Pacific Islanders and African Americans represent less than 5% of the county population. American Indian tribal lands encompass approximately 95,000 acres and there are eight federally recognized tribes. 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.

Liver disease/cirrhosis is among the eight leading causes of premature death in Humboldt County stemming from high rates of 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 2014 - 2018, there has been an annual average incidence of 436 newly reported chronic HCV cases in the county. Humboldt has an estimated HCV prevalence at 5.6%, well above national prevalence estimates of 1.0% from the CDC. The age distribution of 2014 - 2018 HCV cases in Humboldt is significantly younger than the national average, suggesting on-going transmission of HCV among people who inject drugs.

Department of Health and Human Services (DHHS) – Public Health publishes a Community Health Assessment (CHA) summarizing the health status of the county and identifies priority health concerns. The CHA has revealed that not only are Humboldt County's overall health outcomes poor in comparison to the state and on a national level, as represented in the data surrounding HCV, there are notable health disparities that indicate health inequities. Our most vulnerable populations, such as CMSP and CMSP-eligible populations, have significant barriers to achieve wellness. Public Health recognizes that, in order to effectively impact population health outcomes, Public Health staff, health care providers and other community stakeholders need to deliberately and strategically align efforts. This recognition has led to the development of a collective impact initiative, *Live Well Humboldt*, which is in its beginning stages but needs structure and resources in order to be successful.

2. Local Health Care Delivery System Landscape

Humboldt County is located in remote northwest California. The county encompasses 2.3 million acres, 80 percent of which is forestland, protected redwoods and recreation areas. Humboldt County is a healthcare and behavioral health care provider shortage area, and many individuals living in outlying areas of the county must travel long distances for access to healthcare services. Many of these individuals are uninsured and are eligible for CMSP or other publicly funded programs.

The Open Door Community Health Centers, a network of federally qualified health centers, currently serves 44% of the Humboldt County population. St. Joseph Hospital

includes two hospitals located in Fortuna and Eureka. Tribal health is served by a few different providers including K'ima:w Medical Center on the Hoopa reservation in northeast Humboldt, and United Indian Health Services, four medical clinics and behavioral health promotion sites. Redwoods Rural Health Center provides the majority of care for those living in southern Humboldt.

Public Health's Communicable Disease program and the Healthy Communities Division work together to identify people with HCV and link them to treatment. Communicable Disease program staff monitor all case reports. They contact HCV positive residents and work with them to connect to them to care. They also identify the potential source of infection to assist in prevention of further disease spread. The North Coast AIDS Project (NorCAP) Outreach Program offers syringe exchange and free rapid HCV testing, hygiene and safe injection kits, referrals and linkages for substance use disorder treatment, mental health and medical care. As program staff identify gaps and challenges, they work with community partners through the newly established Hepatitis C Task Force to make system improvements.

Public Health is the lead facilitator of *Live Well Humboldt*, a collective impact initiative working to improve health equity in Humboldt County. *Live Well Humboldt* is a collaborative effort of community health care providers, other programs of DHHS, tribal members, family resource centers and other invested stakeholders. These partners provide input and contributions to the DHHS-published Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP), responsive to the data in the CHA. These two documents are integral to Public Health's Strategic Plan to bring positive health outcomes to the Humboldt community.

3. Description of Proposed Grant Project

Public Health will focus on two key areas of need:

- I. **Link CMSP-eligible, potentially CMSP-eligible, and other county residents to hepatitis C (HCV) related services including prevention, treatment for HCV and other supportive services to assist in their success in achieving sustained virologic response.**

Improve disease surveillance systems to help reduce barriers to successful treatment.

Currently, Public Health receives reports of all HCV positive results. However, it is unknown how many of those individuals have confirmatory test results, how many are linked to appropriate care and ultimately how many achieve sustained virologic response. This grant will support our efforts to systematically review HCV cases in CalREDIE to establish answers to these questions. We will work with California Department of Public Health to add a function in CalREDIE to allow us to track "cure" as a data point. A HCV Specialist will work with health care providers and people living with HCV directly to collect this information. This activity will allow us to track our progress as we work with the local Hepatitis C Task Force to improve our community's capacity as a

system overall to identify cases and link people to care and support them in their success to cure or sustained virologic response (SVR).

Improve access to HCV prevention services for at-risk individuals and improve access to health care for HCV positive patients.

The HCV Specialist will work with internal and community based partners to provide prevention and education, screening and linkage to HCV treatment and related services. Examples of partner agencies include substance use disorder (SUD) treatment providers, correctional facilities, homeless shelters, NorCAP and the DHHS Mobile Engagement Vehicle. Activities will include syringe services program delivery through NorCAP's Outreach Program and educational sessions provided in group settings to individuals at high risk for HCV. Additionally the HCV Specialist may provide confidential HCV testing, risk assessments and risk reduction counseling for those seeking support in prevention.

Support Humboldt County's Hepatitis C Task Force to build capacity at the community level in order to make progress toward eliminating hepatitis C overall.

Humboldt County's Hepatitis C Task Force was formed in May 2018 to coordinate efforts with the goal of *eliminating hepatitis C* in Humboldt County. So far we have explored the scope of the problem and worked to identify gaps and opportunities along the continuum of care and prevention. Participants have included health care providers, syringe services program providers, substance use disorder treatment providers and outreach / homeless support services and others. The group also includes a subcommittee focused on creating a detailed navigation guide to help patients connect to care. The HCV Specialist is an active member of the Task Force and will provide updates to the group, monitor system improvements, and help maintain group cohesion.

II. Strengthening the backbone structure for the collective impact efforts of *Live Well Humboldt*

This program will develop and maintain support of Humboldt County's CHIP and the related collective impact initiative - *Live Well Humboldt* with the aim of aligning strategies to improve health outcomes for all residents, with a focus on vulnerable groups that are experiencing health disparities, such as CMSP, CMSP-eligible and other publicly funded residents. Specific focus will be given to the development and implementation of a data sharing platform that will track shared goals and health outcomes for the *Live Well Humboldt* collaborative. The process will include collaboratively identifying priorities and mutually reinforcing strategies.

In 2013 – 2014 Public Health produced our first CHA and CHIP. In 2017, a team of community partners convened to provide input on an update of the CHA and help align our collective efforts to improve community health outcomes for Humboldt County. The 2018 CHA is currently being finalized. Our current CHIP will be updated based on the

information revealed in our updated CHA. We are asking questions such as: Do the previous Priority Areas still make sense? Who else do we need at the table? How can we align our efforts? What additional data do we need to measure progress? What support is needed to maximize impact? Many people in the health care community are doing important, effective work to promote a healthy Humboldt County. We believe that by identifying common goals, mutually reinforcing strategies and communication, together we can have more impact and better results.

4. Organization and Staffing

Humboldt County 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"*. Public Health is committed to promoting community health, disease and injury prevention, and a healthy human environment.

Public Health's Healthy Communities and Communicable Disease divisions work together in prevention of disease spread and ensuring county residents are able to access treatment services by providing linkages and assisting residents in overcoming barriers, such as geographic location, to health care access. Resources such as outreach, support and testing are also provided to high-risk populations. Proposed in this grant is partial funding of a HCV Specialist, who would be supervised by the Communicable Disease supervisor, working closely with both Communicable Disease and Healthy Communities staff to address the prevalence of HCV in the county.

Public Health's Office of Performance Improvement and Accreditation (OPIA) is responsible for ensuring Public Health maintains its accreditation status, achieved in 2016, with a high-level focus on performance management and quality improvement, in efforts to optimize health outcomes within the community. OPIA is integral in collecting and organizing meaningful data from Public Health's various divisions and from within the community to create the CHA and evaluate the data in the CHA to create the CHIP, which guides the *Live Well Humboldt* initiative's priority areas and focus.

5. Implementation Work Plan

Link CMSP-eligible, potentially CMSP-eligible, and other county residents to hepatitis C (HCV) related services including prevention, treatment for HCV and other supportive services to assist in their success in achieving sustained virologic response.

Improve disease surveillance systems to help reduce barriers to successful treatment.

Analyze CalREDIE data of all HCV positive results for one year retrospectively (2018) and on a monthly basis on-going. Develop and maintain a system to track how many of those individuals have confirmatory test results, how many are linked to appropriate care and ultimately how many achieve SVR. Analyze data to identify barriers to successful treatment.

Year 1 Work with CDPH to adapt or modify CalREDIE, Complete a summary of findings, including identification of missing data points, Share findings with internal and external partners such as the Hepatitis C Task Force and local healthcare providers.

Years 2 – 3 Work with partners to identify fixes in order to fill data gaps and continue to monitor data and report findings.

Improve access to HCV prevention services for at-risk individuals and improve access to health care for HCV positive patients.

Prevent new cases of HCV through NorCAP's Outreach Program with people who inject drugs by providing access to clean syringes and other harm reduction services, including information and referrals, as well as screening test for HCV. Outreach activities will focus on low-income and homeless populations who may be CMSP-eligible or already enrolled in CMSP. The goal is to reach 1,200 individuals. This grant request will support a portion of supplies to achieve this goal.

Provide educational sessions in group settings to individuals at high risk for HCV. Activities will include establishing relationships and schedules with SUD Treatment programs. Provide 6 educational sessions each year.

Work with the Navigation Guide Workgroup of the Humboldt County Hepatitis C Task Force to complete the navigation guide. Distribute the guide to system partners and community residents. Maintain and update as needed.

Use *Live Well Humboldt* strategy-mapping platform to keep alignment and data-sharing fluid and in real time.

Strengthen the backbone structure for the collective impact efforts of *Live Well Humboldt*.

Year 1 By September, 2019: Consider model such as Impact Monterey supported by Insight Vision and establish agreement among core partners for collaborative work plan and division of roles and responsibilities. Seek support of a contracted facilitator to plan and lead the meetings. By December, 2019, establish a contract to facilitate a process to identify agreed upon priorities, align strategies and create a Community Health Improvement Plan. Additionally, establish a contract to build a dashboard to share data and monitor progress.

Year 2 By December, 2020, coordinate community health improvement planning process. This process will include considering information from the CHA and annual data updates for leading health concerns, broad participation of community partners, consideration of priorities and current work plans already underway. The core group will build alignment perspective & knowledge of each other's' work through the creation of shared strategy maps.

Year 3 The CHIP is finalized and a public website launched. There is a process for tracking and monitoring progress with regular reporting.

D. Grant Project Goals and Outcome Reporting

Goal #1: Link CMSP-eligible, potentially CMSP-eligible and other county residents to hepatitis C related services including prevention, treatment and other supportive services to assist in their success in achieving sustained virologic response.

The Hepatitis C (HCV) Specialist will be entering and accessing data in multiple state and local databases, such as CalREDIE, and analyzing quantitative and qualitative data from multiple sources in conjunction with the epidemiologist to identify trends that indicate gaps in service to clients with HCV. The HCV Specialist will track progress of the Hepatitis C Task Force and HCV Specialist's efforts in linking people to care and other supportive services for one year retrospectively and on a monthly ongoing basis. By the end of Year 1 of this grant, the HCV Specialist will have a complete summary of findings, including identification of missing data points. This will be shared with the Hepatitis C Task Force and local health care providers. This report would be included in the first annual report to the CMSP Governing Board.

The HCV Specialist will, in collaboration with NorCAP's Outreach Program, reach approximately 1,200 individuals annually with a focus on low-income and homeless populations who may be CMSP-eligible or already enrolled, providing clean syringes and other harm reduction services as well as screenings for HCV and prevention information.

The HCV Specialist will also provide 6 educational sessions in each grant Year to individuals at high-risk for contracting HCV. Activities will include establishing relationships and schedules with Substance Use Disorder Treatment Programs.

The HCV Specialist will, along with the Hepatitis C Task Force's Navigation Guide Workgroup, complete and distribute a navigation guide to system partners and community residents within the three years of the grant project.

The HCV Specialist will work with the Public Health epidemiologist to review data surrounding newly diagnosed HCV cases within Humboldt County and monitor sustained virologic response rates through the newly established data point in CalREDIE within Humboldt County to determine success of these efforts.

Goal #2: Strengthen the backbone structure for the collective impact efforts of Live Well Humboldt.

This goal will be achieved through selection, development and implementation of a data sharing, strategy-mapping platform intended to track shared goals and health outcomes for the *Live Well Humboldt* collaborative. The success of this effort will be measured by monitoring progress of the platform's development and implementation against the proposed timeline, along with the progress and finalization of the Community Health Improvement Plan (CHIP). The platform's effectiveness and success will be measured by checking in with *Live Well Humboldt* partners, health care stakeholders in the community to ensure the platform is a useful tool in identifying priorities and strategies that align with *Live Well Humboldt's* goals and targeted health outcome ideals. This would be achieved via discussions in meetings and potentially e-mailed surveys once

the platform is developed and implemented. The development of the data sharing platform will be a concerted effort with input from all entities valued and considered.

Evaluation of the success of the project overall will also be measured and monitored with performance management tracking software. Public Health is investing in a cloud-based performance management system to track Public Health program measures, which also include community measures related to 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.

**Budget Template - Summary Budget
CMSP Health Systems Development Grant Program**

Applicant:

County of Humboldt

3 Year Summary Budget

Category	CMSP Funding (Year 1)	Other Funding (Year 1)	Total Cost (Year 1)
Personnel	29,607	76,236	105,843
Contractual Services	45,000	1,400	46,400
Office Expenses	-	-	-
Travel	393	2,607	3,000
Equipment	-	-	-
Other	25,000	25,000	50,000
TOTAL YEAR 1	100,000	105,243	205,243

Category	CMSP Funding (Year 2)	Other Funding (Year 2)	Total Cost (Year 2)
Personnel	44,441	64,038	108,479
Contractual Services	30,000	700	30,700
Office Expenses	-	-	-
Travel	559	2,441	3,000
Equipment	-	-	-
Other	25,000	25,000	50,000
TOTAL YEAR 2	100,000	92,179	192,179

Category	CMSP Funding (Year 3)	Other Funding (Year 3)	Total Cost (Year 3)
Personnel	72,026	34,552	106,578
Contractual Services	-	-	-
Office Expenses	-	-	-
Travel	2,974	26	3,000
Equipment	-	-	-
Other	25,000	25,000	50,000
TOTAL YEAR 3	100,000	59,578	159,578

**Budget Template - Detail Budget
 CMSP Health Systems Development Grant Program**

Applicant:

County of Humboldt

3 Year Detail Budget

Category Item/Service	Qty (Year 1)	Cost (Year 1)	Qty (Year 2)	Cost (Year 2)	Qty (Year 3)	Cost (Year 3)	Total Cost
Personnel							
Health Education Specialist	0.44	29,607.00	0.62	44,441.00	0.95	72,026.00	146,074.00
Contractual Services							
Facilitator Costs		7,500.00		7,500.00			15,000.00
Website and software design		37,500.00		22,500.00			60,000.00
Office Expenses							
Travel							
Local Mileage		393.00		500.00		500.00	1,393.00
Out of County				59.00		2,474.00	2,533.00
Equipment							
Other							
Hep C Prevention supplies		25,000.00		25,000.00		25,000.00	75,000.00
TOTAL		100,000.00		100,000.00		100,000.00	240,000.00

E2. Budget Narrative

I. Personnel

\$320,900

Hepatitis C Prevention Specialist – The Hepatitis C Specialist will coordinate service referral for people who test positive with Hepatitis C (HCV), educate people at risk of infecting HCV, gather data to identify gaps in services for people with HCV and share data with community partners. The Hepatitis C Specialist will also coordinate with California Department of Public Health (CDPH) to build a new function in CalREDIE to track individuals who have been “cured” of Hepatitis C. The only expense for the build-out of this function will be the Hepatitis C Prevention Specialist’s time spent following up with CDPH to ensure the data point is properly integrated into CalREDIE, therefore there is no separate expense in this grant budget for the addition of this data point into CalREDIE.

Grant request – Year 1 - .44 FTE (\$29,607), Year 2 - .62 FTE (\$44,441), Year 3 - .95 FTE (\$72,026) for a total of \$146,074

In-kind contribution – Year 1 - .56 FTE (\$37,682), Year 2 - .38 FTE (\$27,237), Year 3 - .05 FTE (\$3,791) for a total of \$68,710

Supervising Public Health Nurse – The Supervising Public Health Nurse will be supported with in-kind funds. The Supervising Public Health Nurse will provide direct supervision to the HCV Specialist.

In-kind contribution – Year 1 - .10 FTE (\$14,975), Year 2 - .10 FTE (\$15,691), Year 3 - .10 FTE (\$16,442) for a total of \$47,108

Program Manager – The Office of Performance Improvement and Accreditation (OPIA) Program Manager will supported with in-kind funds. The OPIA Program Manager will act as the liaison between the contractor and/or facilitator and the stakeholders to coordinate the strategic alignment process. OPIA staff will maintain the software platform to make the shared data and strategies available to all stakeholders as well as the community.

In-kind contribution – Year 1 - .25 FTE (\$23,579), Year 2 - .20 FTE (\$21,110), Year 3 - .10 FTE (\$14,319) for a total of \$59,008

Total Personnel – \$146,074 grant request and \$174,826 in-kind contribution for a total of \$320,900

II. Contractual Services

\$77,100

Data Sharing Platform and Consulting – A strategy management software that enables organizations to articulate, communicate, and improve performance by translating strategy into specific and measurable objectives and initiatives. The contractor will also provide consulting services to develop shared strategies amongst stakeholders towards Live Well Humboldt health improvement goals.

Grant request – Year 1 – \$45,000, Year 2 – \$30,000 for a total of \$75,000.

Facility Rentals – In-kind match to provide facility rental costs for three large meetings to be held with stakeholders to align strategic goals. Rental costs are

estimated to cost \$700 per session for a total of \$2,100.

In-kind contribution – \$2,100

Total Contractual Services – \$75,000 for Live Well Humboldt grant request and \$2,100 in-kind contributions for a total of \$77,100

The Live Well Humboldt Project will include contractual services for meeting facilitation of the Governance Committee to produce the Community Improvement Plan (CHIP) Priorities (4-6 meetings). Meeting facilitation for the Steering Committee meetings to be held every other month for the duration of the project (12 meetings). Meeting facilitation to hold 3-5 community meetings to present the CHIP Priority areas, these would be held regionally to give community members ample opportunity to add input. Facilitator fees are estimated to cost \$15,000. Contractor fees to develop a robust website design and purchase a software package to map community data into priorities. Software and website design is estimated to cost \$60,000.

III. Office Expenses \$0

IV. Travel \$9,000

In County Travel – A total of \$1,500 is requested in travel. The HES will be completing an estimated 862 miles per year to be reimbursed at the federal rate. Local travel is comprised of travel to community healthcare partners and to provide trainings to outlying areas.

Grant request – Year 1 - \$393, Year 2 - \$500, Year 3 - \$500 for a total of \$1,393.

In-kind contribution – Year 1 - \$107 for a total of \$107.

Out of County Travel – Out of county travel will include \$2,500 annually for to travel trainings and state meetings that will be held in other areas of California for a total of \$7,500.

Grant request – Year 2 - \$59, Year 3 - \$2,474 for a total of \$2,533.

In-kind contribution – Year 1 - \$2,500, Year 2 - \$2,441, Year 3 - \$26 for a total of \$4,967.

Total Travel – \$3,926 grant request and \$5,074 in-kind contribution for a total of \$9,000

V. Other \$150,000

Outreach Supplies – The HCV Specialist will work closely with the North Coast AIDS Project (NorCAP) Outreach Vans. As part of this partnership the project will contribute to testing supplies and client incentive items. Items include: HIV & HCV testing kits, personal hygiene items, educational materials, syringes and small medical kits. Please see below breakdown of supply descriptions, quantities and cost (also attached as "E.3 HCV Outreach Supplies").

Grant request – Year 1 - \$25,000, Year 2 - \$25,000, Year 3 - \$25,000 for a total of \$75,000

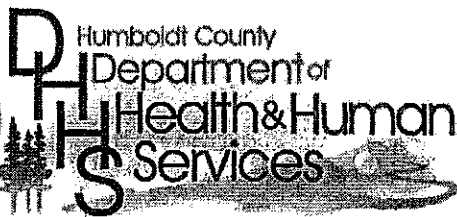
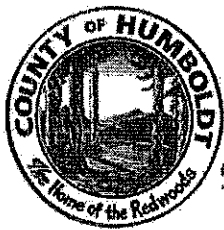
In-kind contribution – Year 1 - \$25,000, Year 2 - \$25,000, Year 3 - \$25,000 for a total of \$75,000

Total Other – \$75,000 grant request and \$75,000 in-kind contributions for a total of \$150,000

Annual HCV Outreach Supplies Broken Down by Quantity and Cost

CLEARINGHOUSE SUPPLIES			
Item	Qty	Price	Total
EasyTouch syringe, 28 gauge, 1/2" needle, .5ml barrel, 10/polybag (100/box)	700	\$ 6.99	\$ 4,893.00
EasyTouch syringe, 28 gauge, 1/2" needle, 1ml barrel, 10/polybag (100/box)	1,500	\$ 6.99	\$ 10,485.00
EasyTouch syringe, 31 gauge, 5/16" needle, 1ml barrel, 10/polybag (100/box)	100	\$ 9.75	\$ 975.00
.5 lb cotton, #3 pellet, 5/32", non-sterile, approx 29,000 pieces (.5 lbs.)	11	\$ 40.00	\$ 440.00
BD 1 quart, red base, flip-top lid (60/case)	10	\$ 71.00	\$ 710.00
CareFusion suctioning solution, sterile water, 5ml vial (1000/case)	25	\$ 76.60	\$ 1,915.00
Dual adhesive plastic strip bandage, 3/4"x3", sterile, tan (1200/case)	14	\$ 23.04	\$ 322.56
McKesson isopropyl alcohol wipe, individual packet, medium (4000/case)	50	\$ 27.00	\$ 1,350.00
McKesson tourniquet strap, 18" length, non-latex, blue (1000/case)	3	\$ 76.00	\$ 228.00
subTOTAL			\$ 21,318.56
OTHER VENDORS			
	Qty	Price	Total
Razor	600	\$ 0.10	\$ 57.43
Toothbrush	432	\$ 0.09	\$ 40.00
Cookers	3,000	\$ 0.05	\$ 150.00
HCV Tests	100	\$ 19.53	\$ 1,953.00
HIV Tests	100	\$ 10.90	\$ 1,089.76
Controls (HIV & HCV)	12	\$ 32.42	\$ 389.03
subTOTAL (NOT INCLUDING STAFF AND OPERATIONAL COSTS)			\$ 3,679.22
Grand Total			\$ 24,997.78

F. Letters of Support



Mental Health
Emi Botzler-Rodgers, MFT, Director
720 Wood Street, Eureka, CA 95501
phone: (707) 268-2990 | fax: (707) 476-4049

February 15, 2019

CMSP Governing Board
1545 River Park Drive, Suite 435
Sacramento, CA 95815

Dear Grant Committee:

Humboldt County Mental Health enthusiastically supports the Humboldt County Department of Health & Human Services (DHHS) – Public Health in their County Medical Services Program (CMSP) Health Systems Development grant application. The grant's intent is to assist CMSP counties in expanding access to care for primary care, specialty care and/or behavioral health services; coordinating and/or integrating health and behavioral health care service systems, and strengthening the overall health care delivery system in the county across a range of health and behavioral health providers. There is a focus on the CMSP, CMSP-eligible populations, as well as other publicly funded health care recipients.

We appreciate working with Public Health in various local collaborative groups to improve the healthcare system collaborative network, such as development of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) with the goal of improving linkages and eliminating barriers to health care access for vulnerable populations while promoting health equity within Humboldt County. This grant will provide an important opportunity for strengthening the backbone supports for an effective collective impact approach referred to as Live Well Humboldt. Additionally, the grant will help Public Health advance important work related specifically to leading health concerns in our community such as substance use disorder and hepatitis C.

We know that this opportunity will further develop collaborative strategies to strengthen the overall health care delivery system for residents within Humboldt County for uninsured populations, with a focus on potential CMSP enrollees.

Thank you for your consideration.

Sincerely,

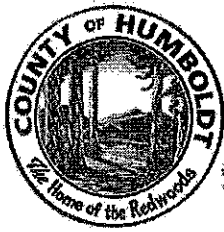
Emi Botzler-Rodgers, MFT
Mental Health Director



DHHS Administration
phone: (707) 441-5400
fax: (707) 441-5412

Public Health
phone: (707) 445-6200
fax: (707) 445-6097

Social Services
phone: (707) 476-4700
fax: (707) 441-2096



Social Services
929 Koster Street, Eureka, CA 95501
phone: (707) 476-4700 | fax: (707) 441-2096

2/21/19

CMSP Governing Board
1545 River Park Drive, Suite 435
Sacramento, CA 95815

Dear Grant Committee:

Humboldt County Department of Health and Human Services-Social Services enthusiastically supports the Humboldt County Department of Health & Human Services (DHHS) – Public Health in their CMSP Health Systems Development grant application. The grant's intent is to assist CMSP counties in expanding access to care for primary care, specialty care and/or behavioral health services; coordinating and/or integrating health and behavioral health care service systems, and strengthening the overall health care delivery system in the county across a range of health and behavioral health providers. There is a focus on the CMSP, CMSP-eligible populations, as well as other publicly funded health care recipients.

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We know that this opportunity will further develop collaborative strategies to strengthen the overall health care delivery system for residents within Humboldt County for uninsured populations, with a focus on potential CMSP enrollees.

Thank you for your consideration.

Sincerely,

Kelly Hampton
Deputy Branch Director
DHHS – Social Services



DHHS Administration
phone: (707) 441-5400
fax: (707) 441-5412

Mental Health
phone: (707) 268-2990
fax: (707) 476-4049

Public Health
phone: (707) 445-6200
fax: (707) 445-6097

February 19, 2019

CMSP Governing Board
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) – Public Health in their CMSP Health Systems Development grant application. The grant's intent is to assist CMSP counties in expanding access to care for primary care, specialty care and/or behavioral health services; coordinating and/or integrating health and behavioral health care service systems, and strengthening the overall health care delivery system in the county across a range of health and behavioral health providers. There is a focus on the CMSP, CMSP-eligible populations, as well as other publicly funded health care recipients.

We appreciate working with Public Health in various local collaborative groups to improve the healthcare system collaborative network, such as development of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) with the goal of improving linkages and eliminating barriers to health care access for vulnerable populations while promoting health equity within Humboldt County. This grant will provide an important opportunity for strengthening the backbone supports for an effective collective impact approach referred to as Live Well Humboldt. Additionally, the grant will help Public Health advance important work related specifically to leading health concerns in our community such as substance use disorder and hepatitis C.

We know that this opportunity will further develop collaborative strategies to strengthen the overall health care delivery system for residents within Humboldt County for uninsured populations, with a focus on potential CMSP enrollees.

Thank you for your consideration.

Sincerely,



Martha Shanahan
Manager, Community Health Investment
St. Joseph Health, Humboldt County

open door

Community Health Centers

- Administration, Finance & Billing
670 Ninth Street, Suite 203
Arcata, CA 95521
707-826-8633
- Burra Dental Center
Mobile Dental Services
969 Myrtle Avenue
Eureka, CA 95601
707-442-7078
- Del Norte Community Health Center
550 East Washington Blvd., Ste. 100
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 95536
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 Street
Eureka, CA 95601
707-443-4666
- Northcountry Clinic
785 16th Street
Arcata, CA 95521
707-822-2481
- NorthCountry Prenatal Services
3800 Janes Road, Suite 101
Arcata, CA 95521
707-822-1385
- Redwood Community Health Center
2350 Buhne, Ste. A
Eureka, CA 95521
707-443-4583
- Willow Creek Community Health Center
38883 Highway 299
P.O. Box 726
Willow Creek, CA 95573
Medical 530-629-3111
- Member Services Department
963 Myrtle Avenue
Eureka, CA 95501
707-269-7073
550 E Washington Blvd, Suite 100
Crescent City, CA 95531
707-465-1988

February 26, 2019

CMSP Governing Board
1545 River Park Drive, Suite 435
Sacramento, CA 95815

Dear Grant Committee:

Open Door Community Health Centers enthusiastically supports the Humboldt County Department of Health & Human Services (DHHS) – Public Health in their CMSP Health Systems Development grant application. The grant's intent is to assist CMSP counties in expanding access to care for primary care, specialty care and/or behavioral health services; coordinating and/or integrating health and behavioral health care service systems, and strengthening the overall health care delivery system in the county across a range of health and behavioral health providers. There is a focus on the CMSP, CMSP-eligible populations, as well as other publicly funded health care recipients.

We appreciate working with Public Health in various local collaborative groups to improve the healthcare system collaborative network, such as development of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) with the goal of improving linkages and eliminating barriers to health care access for vulnerable populations while promoting health equity within Humboldt County. This grant will provide an important opportunity for strengthening the backbone supports for an effective collective impact approach referred to as Live Well Humboldt. Additionally, the grant will help Public Health advance important work related specifically to leading health concerns in our community such as substance use disorder and hepatitis C.

We know that this opportunity will further develop collaborative strategies to strengthen the overall health care delivery system for residents within Humboldt County for uninsured populations, with a focus on potential CMSP enrollees.

Thank you for your consideration.

Sincerely,



Linda D'Agati
Chief Quality Improvement Officer

G. County Approval to Apply

At County of Humboldt, it is the County Administrative Office that provides oversight for grant applications. In order for any department within the County of Humboldt to apply for a grant that exceeds \$10,000, the department must fill out a **Pre-Grant Questionnaire** (attached) and that department's director must submit it to their appointed liaison staff member at the County Administrative Office for approval. Also attached please find the approval from our appointed liaison, Deputy County Administrative Officer, Elishia Hayes.

From: [Stephens, Michele](#)
To: [Zintsmaster, Lara](#); [Weiss, Lara](#)
Subject: FW: CMSP Grant - Pre-Grant Questionnaire
Date: Monday, February 25, 2019 2:52:38 PM
Attachments: [image004.png](#)
[image005.png](#)

It's approved!

Michele Stephens, LCSW
Public Health Director
529 I Street, Eureka, CA 95501
707-268-2121

[Click here for more information about Public Health!](#)



From: Hayes, Elishia <ehayes@co.humboldt.ca.us>
Sent: Monday, February 25, 2019 12:22 PM
To: Stephens, Michele <mstephens@co.humboldt.ca.us>; Beck, Connie <CBeck@co.humboldt.ca.us>
Cc: Wilson, Fiona <fwilson2@co.humboldt.ca.us>
Subject: RE: CMSP Grant - Pre-Grant Questionnaire

My apologies for the late response, this grant application is approved.

Thank you and have a great day!!



Elishia Hayes
Deputy County Administrative Officer
[Humboldt County Administrative Office](#)
Management & Budget Team
707.476.2386

Please consider the environment before printing this e-mail

From: Stephens, Michele <mstephens@co.humboldt.ca.us>
Sent: Thursday, February 14, 2019 4:11 PM
To: Hayes, Elishia <ehayes@co.humboldt.ca.us>; Beck, Connie <CBeck@co.humboldt.ca.us>
Subject: CMSP Grant - Pre-Grant Questionnaire
Importance: High

Please see attached pre-grant questionnaire. Thanks and Happy Valentine's Day!

Michele Stephens, LCSW

Public Health Director
529 I Street, Eureka, CA 95501
707-268-2121

[Click here for more information about Public Health!](#)



From: Zintsmaster, Lara <lzintsmaster@co.humboldt.ca.us>
Sent: Monday, February 11, 2019 3:52 PM
To: Stephens, Michele <mstephens@co.humboldt.ca.us>
Cc: Weiss, Lara <LWeiss@co.humboldt.ca.us>
Subject: CMSP Grant - Pre-Grant Questionnaire & Letter of Support Drafts
Importance: High

Hi Michele,

Lara W and I have worked on the attached Pre-Grant Questionnaire and an updated draft of the Letter of Support.

Can you please review the attached, and advise of any changes/input you'd like to see?

Thank you,

Lara Zintsmaster
Administrative Analyst
Humboldt County - Department of Health & Human Services
Public Health
(707)268-2195
[DHHS Public Health](#)





PRE-GRANT QUESTIONNAIRE

DATE: 2/4/2019

TO: County Administrative Officer

FROM: Department DHHS – Public Health

SUBJECT: Grant Pre-Application for CMSP Health Systems Development Grant

1) Title of Grant Program

CMSP Health Systems Development Grant Program – Due March 1, 2019

2) Grantor Agency

County Medical Services Program (CMSP) is a state program administered by the Department of Health Services that provides healthcare services to indigent adults.

3) Organizational Placement

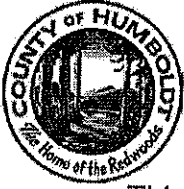
This grant will be placed within Public Health. Oversight of program activities will be provided by supervisors of the associated programs including the Communicable Disease Control and Prevention Program, the Healthy Communities Division and the Office of Performance Improvement and Accreditation.

4) Purpose of the Grant

This grant's intent is to expand access for primary care, specialty care and/or behavioral health services; coordinate and/or integrate health and behavioral health care service systems and strengthen the overall healthcare delivery system in the county across a range of health and behavioral health providers.

Public Health plans to achieve this by 1) Linking CMSP-eligible, potentially CMSP-eligible, and other county residents to hepatitis C related services including prevention, treatment for hepatitis C and other supportive services to assist in their success in achieving viral suppression. Additionally the grant will support system-level work by program staff internally and with community partners in Humboldt County's Hepatitis C Task Force to build capacity at multiple levels in order to make progress toward eliminating hepatitis C rates overall. 2) Developing and providing backbone support to Humboldt County's Community Health Improvement Plan and the related collective impact initiative - Live Well Humboldt with the aim of improving health outcomes for all residents. 3) Strengthen the health care delivery system's capacity to address suicide by supporting training and other activities in coordination with Humboldt County's Suicide Prevention Network.

5) Dollar Amount/Duration of Grant



This grant request is for \$300,000 over the course of three (3) years, with a total of \$100,000 per year. Application deadline is March 1, 2019, with grant awards to be provided April 5, 2019 and grant activities tentatively to begin May 1, 2019 (or upon execution of a formal grant agreement), and last through April 30, 2022.

6) Matching Requirement

This grant requires a 20% in-kind match of funding or staff time. Public Health will fulfill this match with staff time dedicated to the project.

7) Space Needs

No new space will be needed for any components of this project.

8) Equipment, Fixed Assets and Supplies

No additional items are needed for this project other than what is budgeted in the grant.

9) Staffing Needs

No new positions will be funded with this grant. Any staff involved with grant activities will be reassigned temporarily to the project. This will not impact existing programs.

10) A87 Overhead Charges

This grant supports A87 Overhead Charges.

11) Monitoring and Evaluation

Awarded projects will be required to file five biannual reports and one Final Grant Report which shall address specified reporting on the strategies, collaborations, negotiated and executed agreements, and changes in service delivery that have resulted from the grant activities. Program staff will track progress and prepare these reports. Special consultants will not be needed.

12) Events at Grant Termination

Final Grant Report is due to the CMSP Governing Board within 60 days following the end of the grant.

13) Other

This project fits into the County's Strategic Framework by protecting vulnerable populations, as the CMSP population is one of the most vulnerable.

EXHIBIT D

**COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD
GRANTEE DATA SHEET**

Grantee's Full Name:	HUMBOLDT COUNTY DHHS - PUBLIC HEALTH
Grantee's Address:	HUMBOLDT COUNTY DHHS - PUBLIC HEALTH 529 I STREET EUREKA, CA 95501
Grantee's Executive Director/CEO: (Name and Title)	Michele Stephens Public Health Director
Grantee's Phone Number:	707-268-2122
Grantee's Fax Number:	707-445-6097
Grantee's Email Address:	mstephens@co.humboldt.ca.us
Grantee's Type of Entity: (List Nonprofit or Public)	County Department
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: _____