

1.0 Introductory Letter

- **Grant: Homeless Housing, Assistance & Prevention Program (DHHS2023-02)**
- **Applicant Organization: Redwoods Rural Health Center, Inc.**
- **Contact: Tina Tvedt Schaible, Executive Director**
- **Address: 121 Briceland-Thorn Rd./PO Box 769, Redway, CA 95560 |**
- **Telephone: (707) 923-7521 | Email: ttvedt@rrhc.org**

Redwoods Rural Health Center (RRHC), a 501c3 non-profit corporation, proposes to continue its Street Outreach Program in Southern Humboldt and expand the program's current capacity to serve the homeless community throughout the entirety of Humboldt County. This project seeks to continue its current success in providing housing stability and housing placement services, build its referral and resource services, conduct direct outreach, host outreach events, and increase collaboration with other services providers in order to address the immediate homelessness challenges in our county using evidence-based practices and solutions.

We are seeking funding to be able to offer street outreach services followed by intensive case management services, utilizing evidence-based practices, so we can help our homeless community access permanent housing. This proposal seeks to provide support for staff including a Community Supports Coordinator, who will act as lead case manager, the Program Director, a dedicated Housing Specialist and a Community Supports Case Manager who will provide street outreach. This proposal will also provide funding to purchase a transportation van used to bring clients to appointments that will support housing placement, healthcare appointments, and outreach events. The funds will also be used to purchase and distribute emergency needs supplies and incentives. Finally, this proposal will provide support for outreach events including the Redwoods Rural Health Center Community Supports Program monthly shower gatherings. Through this project, RRHC's team will engage and support individuals and families with housing location and applications, referrals to services, and emotional support. The project will provide housing navigation services and will continue matching project clients with the appropriate programs and services utilizing our status as an Entry Point for the Coordinated Entry system.

RRHC meets the requirements of this RFP. RRHC has established procedures and best practices to serve the target population; policies that adhere to the County's Housing First Principles; written conflict of interest and grievance procedures; accessibility policies and procedures; data collection procedures; as well as accounting policies to adequately operate and track the proposed project activities. RRHC has written policies and procedures towards the preparation and maintenance of project related records in compliance with local, state, and federal laws. RRHC is an established Coordinated Entry System Provider and is currently prepared to meet the County's Homeless Management Information System data collection and reporting requirements.

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3.0 Signature Affidavit


**REQUEST FOR PROPOSALS – NO. DHHS2023-02
HOMELESS HOUSING, ASSISTANCE AND PREVENTION PROGRAM
ATTACHMENT A – SIGNATURE AFFIDAVIT
(Submit with Proposal)**

REQUEST FOR PROPOSALS – NO. DHHS2023-02 SIGNATURE AFFIDAVIT	
NAME OF ORGANIZATION/AGENCY:	Redwoods Rural Health Center, Inc.
STREET ADDRESS:	101 West Coast Rd./PO Box 769
CITY, STATE, ZIP	Redway, CA 95560
CONTACT PERSON:	Michele Hernandez
PHONE #:	(707) 923-2783
FAX #:	(707) 923-2543
EMAIL:	mhernandez@rrhc.org

Government Code Sections 6250, *et seq.*, the "Public Records Act," define a public record as any writing containing information relating to the conduct of public business. The Public Records Act provides that public records shall be disclosed upon written request, and that any citizen has a right to inspect any public record, unless the document is exempted from disclosure.

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

The undersigned is an authorized representative of the above-named organization and hereby agrees to all the terms, conditions and specifications required by the County in Request for Proposals No. DHHS2023-01 and declares that the attached Proposal and pricing are in conformity therewith.


 _____ 10/3/2023
 Signature
 Date
 Tina Tvedt Schaible

 Name
 Date

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

4.0 Professional Profile

4.1 Organizational Overview

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

This summer, the Community Supports Program moved to a new office at 76 Briceland Thorne Rd., Redway which houses the Case Managers, Housing Placement Specialist, Street Outreach program staff, as well as the hospitality and emergency needs supplies. In addition to the 101 West Coast Rd. site, RRHC has a second dental office at 217 Briceland Thorn Road, in Redway, as well an office in Fortuna offering acupuncture and chiropractic services. The medical team also travels to rural sites with the Mobile Medical Office. And medical, dental and behavioral health conduct school-based services during the school year.

RRHC served 5,913 unique patients in 2022, 60% (3,539) of whom are low-income residents (i.e., earning at or below 200% of FPL). The RRHC service area spans roughly 2,000 square miles and includes 25 zip code tabulation areas (ZCTAs) primarily serving Humboldt County, northern Mendocino County, and southwestern Trinity County. RRHC's service area harbors a total population of 82,673.1 The service area's target population is comprised of 31,895 total low-income residents, representing 39% of the total population.

Mission Statement

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

Current Staffing Levels

Redwoods Rural Health Center currently employs 73 team members. RRHC administrative offices house the Executive Director, Program Director, Payroll/Accounting staff, Admin/Quality Improvement Assistant, Director of Operations, Maintenance Technician, Housekeeping, Transportation Coordinator and Drivers, QI Coordinator, Billing, Referrals, Medical Records, and the Call Center. RRHC's Behavioral Health team includes six licensed

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

Project Staffing

This proposed project will provide support for our Programs Director, a Community Supports (CS) Coordinator, our Housing Specialist and our Community Supports Case Manager. This project will be staffed Monday through Friday and during community events where there are opportunities for outreach. The Program Director is dedicated to this project at .5 FTE and is responsible for recruiting, hiring, training and/or facilitating training, and directly supervising all housing staff. They report directly to the Director of Operations, and oversee all contracts and grants, participates in local and County housing and homeless collaborative meetings, and provides regular program reports. They will work with the RRHC Grant Writer to complete monthly, quarterly, annual reports to funders and facilitate invoicing with contractors monthly. They will provide oversight of both the Coordinated Entry Program and the County's Homeless Management Information System (HMIS) data and complete all required administrative reports, work with RRHC's housing specialist to correct errors, and be in direct contact with the County HMIS lead. They will possess a master's degree and/or 5 or more years' experience with the target population administering and directing programs.

The Community Supports (CS) Coordinator for this proposal is dedicated at .9 FTE and is responsible for receiving and assigning client referrals to the appropriate case manager; ensuring all client files are documented and reported appropriately to partner organizations; and working with other Community Supports team members to ensure that all files are kept up to date. They will be responsible for coordinating weekly staffing meetings with the Community Supports team; twice monthly multi department case management meetings with other RRHC departments; scheduling team meetings with external partners; and sessions with clients, including referrals, documentation, and discharge planning. They will work closely with other community providers to ensure a seamless system of care.

The Housing Specialist for this proposal is dedicated .9 FTE and is responsible for placement of houseless individuals and families into permanent housing and diversion into shelter when necessary. They will work with the RRHC Community Supports team to assist clients in obtaining permanent housing in collaboration with the county and landlords; participate in weekly case management sessions with clients, make referrals, complete documentation, and discharge planning. They will work closely with other community providers to ensure a seamless system of care. Additionally, they will be responsible for HMIS data entry, Coordinated Entry intake and completion of VI-SPDAT, and participation on the Coordinated Entry System Prioritization Committee. The Housing Specialist will participate in regularly scheduled case management meetings as well as coordinate Multi-Disciplinary Team meetings as needed. They will work to resolve any landlord tenant issues and assist with housing vouchers, etc. This position works closely with the Community Supports (CS) Coordinator and (CS) Case Manager to ensure that individuals receive supportive services and referrals necessary for successful housing placement.

The Community Supports (CS) Case Manager for this proposal is a dedicated .9 FTE, though we are only requesting support for .25 FTE. This position provides outreach and emergency needs services to the houseless population at offsite events and at our Community Supports office. Additionally, they provide case management services including the development of individualized care plans, referrals, supportive services, transportation and direct outreach to homeless individuals and families. This role is also vital because of their work verifying billing and QI data for the team.

RRHC History

In the early 1970's a small group of community members living in the rural area of Southern Humboldt started organizing to develop a local health care system that would meet their unique needs and interests. This initial founding group included midwives, people interested in exploring alternative therapies and many who had received what they'd considered disrespectful and insufficient treatment they believed was due to discrimination based on their income, their apparent counter cultural appearance, or their ethnic or racial status. Officially founded in 1976, the common vision this group had is reflected the current Mission Statement of Redwoods Rural Health Center which emphasizes that RRHC is a place where a person will receive healthcare that is respectful, client led, that recognizes the validity of a variety of healing modalities and is committed to treating the whole person.

Throughout the past five years, the community served by RRHC has had significant challenges, and has met them with the innovation and compassion required for such a rural and isolated community. The impacts of isolation, stress and anxiety of the past few years on the local population are significant, and Southern Humboldt suffers a clear lack of many accessible physical, emotional, spiritual and cultural support systems. Changes in the local and national economy and the challenges that have come with the COVID pandemic, and its aftermath, have required RRHC to pivot several times. In addition to its ongoing core medical and dental services, RRHC has assembled a robust Community Supports (CS) team to meet growing mental health and community social health determinants needs. The CS team has been funded through initiative grants, specifically California Advancing and Innovating Medical (CalAIM). This team connects persons experiencing homelessness with community supports to help address many of the complex challenges facing California's most vulnerable residents, such as homelessness, insufficient behavioral health care access and the growing number of justice-involved populations who have significant clinical needs. Through partnerships agreements with County Department of Health and Human Services, RRHC has also provided both emergency shelter services and extreme winter weather shelter and plans to continue these efforts as funding is available.

From the beginning, the health center was committed to a vision of healthcare that combined community-based and modern methods of healing and healthcare. RRHC has seen this cutting-edge vision become an accepted standard even in medically conservative circles as more and more insurance companies and doctor's groups recognize complementary therapies as effective and cost-effective means of healing. RRHC's services encompass medical, dental, nutrition education, acupuncture, suboxone, tele-med, perinatal and behavioral health services. In addition to primary care services, RRHC CS offers enabling services to address social

determinants of health, such as transportation and food assistance, insurance eligibility, case management, patient self-management education, and homeless outreach, hygiene, food and clothing and emergency and/or extreme winter weather shelters when funding allows.

The Redwoods Rural Health Center Board of Directors represents the non-profit organization. Anyone may become a member of the RRHC board, and the board actively seeks to maintain a composition that is representative of the communities it serves, including patients and members of the various ethnic groups that reside within our regions and those with current lived experience with poverty and homelessness.

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

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

4.2 Overview of Qualifications & Experience

1. Organizational Overall Experience

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

RRHC's Core Services include:

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

Additional Services Provided by RRHC include:

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

In addition to primary care services, RRHC offers enabling services to address social determinants of health, such as transportation and food assistance, insurance eligibility, case management, telemedicine, patient self-management education and homeless outreach. RRHC employs Spanish speaking medical staff professionals who are available to assist with interpretation during the patient's visit. When a Spanish-speaking employee isn't available, RRHC has established a service agreement for on-demand, video interpretation services to ensure we're able to meet the language needs of RRHC's diverse clientele.

RRHC is also a Certified Enrollment Entity for Covered CA, California's health insurance marketplace. Each uninsured patient who comes to the health center is screened for insurance eligibility. When a patient is identified as needing assistance with an insurance application, the front desk refers the patient to one of the Eligibility Assistors. RRHC currently employs two eligibility assistors that work with all incoming patients to determine eligibility for health insurance programs including Medi-Cal, and they also assist patients in changing their insurance coverage during open enrollment, and re-certifying annually for Medi-Cal or subsidized insurance through the marketplace. To help aging patient populations with their insurance applications, RRHC also has a Health Insurance Counseling and Advocacy Program (HICAP) counselor available one day a week during the Medicare enrollment period and once a month throughout the year.

Experience Providing Street Level Homeless Services

In addition to general medical, dental, and behavioral health care, RRHC has a long history of providing outreach and social support services to our most vulnerable populations, including our homeless community members. Last year, RRHC served over 250 homeless clients. Current support services include:

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

The overarching collaborative nature of the Community Supports program hinges on relationships with the natural leaders in our local homeless population, actively including them in the development of services and policies, honoring their experience and wisdom on the topic of homelessness, allowing us to develop services that our community members want to receive and will utilize. Building and maintaining these relationships is the core of the success of our

community supports programming. Additionally, RRHC is excited to participate in and provides supportive leadership to the development of South County Homes for All, a collaborative of local community members, agencies and organizations working to reduce barriers and increase access to housing in southern Humboldt County.

RRHC Capacity and Government Collaboration

RRHC has been providing community-based services since 1976 and has decades of experience successfully managing grants and contracts and submits monthly, quarterly, and annual reports. RRHC also has staff dedicated to invoicing and billing. Currently RRHC manages 14 grants and contracts and has four pending applications for services and technology upgrade funding. 2023-2024 grants/contracts include but are not limited to:

- CalFresh - \$48,000 for eligibility assistance, nutrition counseling, and on-site food bank.
- Partnership Health Plan - \$5,000 for a Telemedicine Coordinator Support Grant for telemedicine supportive services.
- Health Resources and Services – over \$3,500,000 spread across four separate grants. The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving health care to people who are geographically isolated, economically or medically vulnerable. These grants include support for Early Childhood Development and Lead Poisoning education and screening and core services.
- Health Resources and Services COVID funding \$797,000 for two grants for COVID testing, prevention, diagnosis, and treatment as well as capacity building and equipment.
- Delta Dental - \$100,000 for support of periodontal referrals for youth and support for low-income seniors
- CCHI - \$159,000 for MediCal navigator enrollment support and outreach
- Partnership Health Street Medicine Outreach Program - \$50,000 to develop and implement a street medicine outreach program
- MHSA -Staff Training \$25,000 for RRHC staff to participate in capacity building training on issues of suicide prevention and trauma-informed care.

Administrative and Legal Understanding Requirements

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

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

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

Collaboration & Partnerships

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

- **South County Homes For All Council (SCHFA)**: A group of nonprofits and community leaders gathering to address the housing needs of their constituents in southern Humboldt County. Since late 2019, RRHC has been participating in the SCHFA, which was then facilitated by the Executive Director and Program Manager of the Humboldt Area Foundation (HAF). Since then, the group has grown and in early 2021, the HAF staff stepped down and new members were recruited and added to the group. The HAF funded Redwoods Rural Health Center to hire a strategic planning facilitator and a grant writer and new members were recruited and joined the group. Currently, the SCHFA council consists of representatives from Vocality Community Credit Union, RRHC, SoHum Housing Opportunities, Southern Humboldt Community Healthcare District, Family Resource Center, Humboldt Area Foundation, & Cedar Street Senior Apartments.
- **Southern Humboldt Community Healthcare District (SHCHD)**: Operates a critical access hospital, emergency room, community clinic, skilled nursing facility, and pharmacy. We collaborate in numerous ways including diagnostic services, radiological services, and RRHC's medical director is on the staff of the hospital.
- **Southern Humboldt Unified School District (SHUSD)**: RRHC partners with the local schools to offer on-site school-based services including medical, dental and behavioral health.
- **Humboldt County Public Health Branch**: RRHC is an active participant in Humboldt County's Public Health meetings addressing the COVID pandemic and supporting disaster preparedness.
- **North Coast Clinics Network**: A Humboldt County based consortia of community health centers in Humboldt, Trinity, and Del Norte counties. RRHC's Executive Director is the president of NCCN's board. The group works together to collaborate on quality improvement, recruitment efforts, and funding opportunities.

Project Staff Experience and Qualifications

This proposed project will provide support for our Programs Director, a Community Supports (CS) Coordinator, our Housing Specialist and our CS Case Manager. This project will be staffed

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

Monday through Friday and during community events where there are opportunities for outreach.

The main individuals responsible for evaluation will be the Program Manager, Michele Hernandez, and RRHC's Executive Director, Tina Tvedt. Michele has developed and managed grant-funded programs for over two decades. Tina has managed RRHC for over 11 years and oversees the day-to-day operations of RRHC. Tina has reporting relationships with the department managers at RRHC as well as experience developing contracts with external partners and ensuring program outcomes.

The Executive Director (ED) is the top executive position and maintains broad oversight in terms of policy, mission, and strategy as charged by the Board of Directors. The ED is responsible for all administrative, human resources, financial, operational, public relations, and clinical functions of the health center, and actively manages all day-to-day operations. RRHC's management team is led by Executive Director, Tina Tvedt, MHA, CMPE. Ms. Tvedt has been with RRHC since March 2012. Prior to becoming RRHC's Executive Director, Ms. Tvedt was known to RRHC in her capacity as Grants and Policy Administrator at North Coast Clinics Network (NCCN), of which RRHC is a member. In addition to her position as administrator at NCCN, Ms. Tvedt was the North Coast Area Health Education Center Director, led the Integrated Behavioral Health Project, and assisted with acquiring and retaining grant funding for RRHC and other community clinics in the region. Her extensive knowledge and understanding of FQHC operations and funding requirements has greatly benefited RRHC. Ms. Tvedt holds a master's degree in healthcare administration and possesses leadership capabilities, and strong understanding of fiscal operations and processes.

The primary responsibility of the ED is to foster an organizational culture and health care delivery model that promotes high quality service delivery, ethical practices, individual integrity and accountability. The Executive Director manages Medical Director, Dental Director, Behavioral Health Director, Director of Operations, HR Specialist, Program Manager, and the QI Manager. The ED works closely with the contracted CFO and the department directors to manage and report on the budget, including expense management, approvals and monitoring of FTEs and operating expenses, and is responsible for reporting on these functions to the Board of Directors.

Job descriptions are included in Section 6.0 – Supplemental Documentation.

Project Staffing

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

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

Suicide Prevention and Intervention Training. We will provide Question, Persuade, Refer (QPR) training to medical and behavioral health providers and case managers through local providers and the Suicide Triage Training QPR Institute.¹ This will be an in-person opportunity for the whole team to enhance workflow development that supports patients with suicidal ideation, depression and anxiety. Our team will be encouraged to complete an associated online self-guided training <https://qprinstitute.com/professional-training>. RRHC will also support our team to complete the online program through Zero Suicide, Seven Zero Suicide Elements.²

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

Focus on Trauma Informed Approaches Through a MHSA grant, staff are planning a training through Gabriella Grant Consulting, Inc. focused on integrated intervention and treatment strategies.⁴ Training topics include improving integration of co-occurring treatment of trauma and substance abuse; approaches for understanding trauma, PTSD and complex PTSD as keys to working with individuals at risk for suicide or self-harm; de-escalation, and grounding safety planning practices.

The Program Director position is dedicated to this project at .5 FTE and is responsible for recruiting, hiring, training and/or facilitating training, and directly supervising all housing staff. They report directly to the Director of Operations, oversee all contracts and grants, participates in local & County housing and homeless collaborative meetings, and provides regular program reports. In collaboration with the grant writer, they will complete monthly, quarterly, annual reports to funders and facilitate invoicing with contractors monthly. They will provide oversight of both the Coordinated Entry Program and the County’s Homeless Management Information System (HMIS) data and complete all required administrative reports, work with RRHC’s case managers to correct errors, and be in direct contact with the County HMIS lead. They will possess a master’s degree and/or 5 or more years’ experience with the target population administering and directing programs.

The job duties of the Program Director may include, but not limited to the following:

- Assists with development of grant proposals to ensure support services are provided to the health center and community.
- Devises project work plans - estimates, budgets, timetables, and resources needed.
- Assists with reviewing and editing grant proposals and preparation of grant budgets.

¹ <https://qprinstitute.com/>

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

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

⁴ <https://trauma-informed-california.org/training/>

- Communicates project objectives effectively to employees, contractors and partners associated with the project.
- Manages grant projects to ensure activities are completed according to requirements, policies, and guidelines.
- Responsible for keeping projects on track and completing key program tasks in a timely manner.
- Anticipates needs of the grant and develops recommendations for filling these needs.
- Collects data using various data collection methods such as interviews and surveys.
- Coordinates with RRHC employees' external collaborators and maintains good relations.
- Problem solving and conflict resolution for project issues and delays.
- Ensures the grant projects comply with all legal or regulatory requirements.
- Performs other duties as assigned.

The Community Supports Coordinator for this proposal is dedicated at .9 FTE and is responsible for receiving and assigning client referrals to the appropriate case manager; ensuring all client files are documented and reported appropriately to partner organizations; and working with other Community Supports team members to ensure that all files are kept up to date.

They will be responsible for coordinating weekly staffing meetings with the Community Supports team; twice monthly multi department case management meetings with other RRHC departments; scheduling team meetings with external partners; and sessions with clients, including referrals, documentation, and discharge planning. They will work closely with other community providers to ensure a seamless system of care.

The Housing Specialist for this proposal is dedicated .9 FTE and is responsible for the placement of houseless individuals and families into permanent housing and diversion into shelter when necessary. They will work with the RRHC Community Supports team to assist clients in obtaining permanent housing in collaboration with the county and landlords; participate in weekly case management sessions with clients, make referrals, complete documentation, and discharge planning. They will work closely with other community providers to ensure a seamless system of care. Additionally, they will be responsible for HMIS data entry, Coordinated Entry intake and completion of VI-SPDAT, and participation on the Coordinated Entry System Prioritization Committee. The Housing Specialist will participate in regularly scheduled case management meetings as well as coordinate Multi-Disciplinary Team meetings as needed. They will work to resolve any landlord tenant issues and assist with housing vouchers, etc. This position works closely with the Community Supports (CS) Coordinator and (CS) Case Manager to ensure that individuals receive supportive services and referrals necessary for successful housing placement.

The Community Supports (CS) Case Manager for this proposal is a dedicated .9 FTE, though we are only requesting support for .25 FTE. This position provides outreach and emergency needs services to the houseless population at offsite events and at our Community Supports office. Additionally, they provide case management services including the development of individualized care plans, referrals, supportive services, transportation and direct outreach to homeless individuals and families. This role is also vital because of their work verifying billing and QI data for the team.

5.0 PROJECT DESCRIPTION

5.1 Project Design

Need for Services

The Humboldt County 2022 Point in Time count reported that 19% of all homeless persons, recording 261 out of 1309, were located in the RRHC service area. However, we believe this number to be underreported similarly to race and ethnicity. Between September 2022 and August 2023, according to RRHC UDS data, 300 patients were experiencing homelessness. Of those 261 persons identified in the PIT, RRHC Housing Case Manager has assisted placement of 51 individuals into permanent housing, assisting 20% of the homeless population. With dedicated funding to continue and expand the program throughout the county, we intend to maintain that percentage during the project period and increase to 30% over the next five years.

RRHC is proposing to continue its existing Street Outreach Program with enhanced case management and coordinated entry services. This project will continue onsite case management and linkages to income, public benefits, health services, housing or shelter, and additional assessed services identified at intake and case plan development.

The project will provide case management, housing support and referrals to the entirety of Humboldt County homeless population. To that end, the project also supports the purchase of a transportation vehicle. Public transportation in Humboldt County is inefficient to meet the needs of many people that reside in the outlying areas of the county outside the general centrally located services. For a person seeking housing, it is wholly inadequate. Bus rides between areas of the county are extremely long, limited in scope and for someone attempting to make timely appointments, the buses are unreliable. Our case managers currently use a transport van leased by RRHC from SoHum Housing Opportunities (SHO). However, SHO has been informed that they need to turn over possession of this vehicle to another organization due to specific grant funding, so RRHC needs to purchase a different vehicle to continue to provide these vital services. We are seeking to purchase a hybrid van under warranty. This will enable us to save money on fuel and take advantage of rebates. The van is essential to move people and their possessions to their new housing.

RRHC as an organization has adopted a Housing First model which centers on providing or connecting homeless people to permanent housing as quickly as possible with minimal requirements for assistance. The project offers services as identified through intake interviews and as requested on a voluntary basis and does not make housing contingent on participation in services. The project will not employ a waitlist for services. Intakes will be conducted quickly, and outreach workers will work in close collaboration with other members of the Street Outreach and Community Supports teams to ensure that clients' needs are prioritized in order of what is necessary to achieve permanent housing.

In addition to Housing First, the project will employ a variety of evidence-based practices. Staff will engage and link individuals to supportive services that will assist in overcoming barriers to housing and overall well-being. RRHC Street Outreach Program staff will engage landlords and assist with all aspects of obtaining housing from applications to move-in including utility-set up.

Upon placement into permanent housing, project staff will continue to case manage towards sustaining housing and supportive services.

Case Management

The project will employ both a dedicated Housing Specialist and general Case Managers who will provide case management services that will include assessment, care plan development and client progress reporting. Each client will have a case file that includes vulnerability index assessment (VI-SPDAT), emergency quick assessment, care plan, progress notes, referral logs and follow up. The housing specialist will also work with local landlords to develop and nurture landlord relationships. They will be available to landlords to problem solve any issues that may arise with newly housed clients. They will also assist clients with overcoming barriers to permanent housing such as back utility bills, deposits, and credit repair, and will be responsible for HMIS data entry and participation on the Coordinated Entry System Prioritization committee.

Continuing Care

When a client is permanently housed, case management services will continue for at least six months or until the client has fully adapted to their new environment. However, case management services will not continue for more than a year unless approved by the Program Director. Service Plans will be developed in partnership with the client and will be client centered. The Case Manager will complete the initial assessment within three business days of the client volunteering to engage in services. The Housing Sustainability Plan will be completed within five business days from the date of initial assessment and the VISPDAT.

Services Coordination

The case manager will make referrals including mental health, physical health, substance abuse treatment and/or substance abuse supports, social services (eligibility, SSI, etc.), educational/vocational training, employment readiness training, and other identified ancillary services. They will work closely with other providers including but not limited to RRHC's medical, dental and behavioral health teams and participate in regular service coordination meetings. They will educate clients on resources and COVID related safety measures and provide them with masks, resources that will include health related services and other essential services in the community such as food banks. They will provide a quick health assessment/screening for COVID symptoms and provide necessary referrals and transportation as needed to clinics. Services Coordination will ensure no duplication of services, consistency in services, provider communication, problem solving any barriers that may arise, and support client successes.

Administrative Oversight

The Project will employ a Program Director who will ensure administrative oversight including supervision of the case managers. They will meet with the case managers weekly to provide direction and support and problem solve any issues that may arise. The Program Director will also participate in other relevant meetings to ensure coordination of services, project evaluation, and continuous quality improvement. They will be responsible for contractual compliance and monthly invoicing, reports, and monitoring the project budget.

Key Project Activities:

Street Outreach Project Logic Model

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

Street Outreach

RRHC Street Outreach Program Staff currently use a variety of methods to engage persons experiencing homelessness. Street Outreach staff provide direct outreach to homeless individuals and at the numerous camps in our service area. In the Community Supports office, case managers meet with clients during scheduled appointment times and drop-in hours to work on their individual case plans, identifying needed resources and connecting them with referrals. RRHC also hosts community events such as monthly shower events which provides more opportunities for engagement. In most cases, clients are connected to RRHC services through various types of incentives such as offers of transportation and access to the food pantry or other supplies. Clients also access services through self-referral, RRHC in-house referral or through collaborations and referrals from other organizations that provide outreach services in other parts of the county including emergency shelter services, providers, family resource centers and substance abuse support services entities.

The project will support our monthly shower event which serves as a “one-stop” for persons in need of resources and referrals, in addition to a shower and other essential supplies. Held at a campground, the shower events provide showers, meals, and the option to talk with case managers as well as MediCal and CalFresh eligibility assistors and get support for emerging needs or issues that could be barriers to housing. Transportation is provided via the van leased from SHO, another reason we are seeking funding for the vehicle purchase.

In 2023, RRHC received funding in support of development of a Street Medicine project and it has been successful to date, meeting all required milestones and objectives. The Street Medicine team is comprised of a primary care provider, a medical assistant, the benefits enrollment assistor one case manager and the housing specialist, who accompanies the medical team and takes the lead in relationship building. Services provided include wound care, general health assessments and screenings, harm-reduction supplies, substance abuse screening and inductions, STD screening, perinatal services and hygiene supplies. While funds from this project will not support the main costs of continuing that project, it will support the ongoing participation of the Community Supports Case Manager and Housing Specialist.

Case managers who encounter clients who are determined not to be eligible for services, specifically housing assistance, work with those clients to ensure they are referred to appropriate resources, providing follow-up on those referrals when possible. Participants are only terminated from the program if they choose to discontinue services.

Case Management Tools and Assessment

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

The VISPDAT is an evidence-informed approach to assessing an individual’s or family’s acuity. The tool, across multiple components, identifies the areas in the person/family’s life where support is most likely necessary in order to avoid housing instability. The VISPDAT is used as both a prioritization tool and as a case management tool in RRHC’s programs and services. As a prioritization tool, the VISPDAT is completed with households by the case-manager to determine the most appropriate housing intervention for the household, and to determine the types of assistance that may be appropriate to assist the client. The VISPDAT is used to

determine the household's priority in being served, in the event that there are not enough resources to serve all households in need of services.

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

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

Household Budget

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

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

Housing Stability Plans

One of the primary goals is to help people experiencing homelessness move to permanent housing as quickly as possible. To do so, case managers in all programs help clients establish goals and action steps to obtain housing quickly, and to maintain that housing long-term.

The Housing Stability Plan is a standard template that allows case managers and clients to jointly identify goals and to detail the steps needed to achieve those goals. Goals identify the major achievements for gaining housing stability. Goals may be related to obtaining permanent housing, as well as other activities that will help the household maintain that stability long-term, such as connecting to health services, increasing income, or maintaining the terms of a lease.

Goals are informed by the client's VISPDAT, budget, and other related sources of information available to the client and the case manager. For each goal, additional action steps are created.

Action Steps are specific tasks that the client and case manager will take to reach the goals identified in the plan, with due dates listed for each task. Both the client and the case manager must sign the Housing Stability Plan for it to be considered complete. It is the case manager's responsibility to ensure that the Housing Stability Plan is complete. Typically, a Housing Stability Plan includes medium- to long-term goals and action steps that can be accomplished within the next 1-2 meetings or covering the next 30 days. A new Housing Stability Plan is created once those action steps are completed.

Clients and case managers develop goals and action steps jointly. To the extent appropriate, clients will be setting their own goals for housing stability, with support from case managers so that they are reasonable, actionable, and timely. Case managers will use techniques such as motivational interviews, active listening, housing-focused case management, and strengths-based case management to assist clients in developing goals and action steps.

To increase collaboration and consistency between the multiple providers a client may be working with, all Housing Stability Plans must be jointly created and/or shared with all case managers that are working with the same client within the provider network. This may include a joint session in which all case managers working with the client develop and sign the Housing Stability Plan together, or it may be that a primary case manager will develop the Housing Stability Plan with the client and then share it with the client's other case managers. In either case, it is the responsibility of every staff person or provider to make any Housing Stability Plan they create with a client available to the client's other case managers.

The current Housing Stability Plan is updated at every case management meeting between a client and a case manager until all action steps on the plan have been addressed. Updates would include recording the actions taken by the client and case manager to achieve the goals/ action steps, as well as when goals/ action steps are completed.

If a client requires financial assistance to achieve their goals, the Housing Stability Plan must clearly describe any conditions required to receive that assistance, such as amount of client contribution, when payment is due, and how the client will demonstrate payment. In this way, the Housing Stability Plan clearly establishes expectations for both case managers and clients for providing and receiving financial assistance, with a written record of agreements. As noted above, all progress on meeting the goals related to financial assistance must be recorded (i.e., case managers must document on the Housing Stability Plan that a client did or did not pay their portion of a bill on time). This includes all Housing Counseling clients receiving financial assistance.

All Housing Stability Plans must be maintained in the client's file and be made available to the Director in the event of monitoring, client appeals, or otherwise as requested by the Program Director.

Landlord Engagement and Retention

The Housing Specialist will develop relationships with local landlords to provide support to newly housed individuals and families. Landlords will have contact information for project staff, should issues arise, or when a new unit becomes available. The Program Director will work with the housing authority and other entities to assist landlords to be in compliance with various housing voucher programs.

In partnership with RRHC staff, the project will provide housing search assistance. This is a business relationship which involves helping someone negotiate a lease, participating in unit inspections, and sometimes paying move-in or rent costs. RRHC has limited funding available to help pay the forementioned costs including back utility bills, application fees, etc.

The project will also provide neutral mediation. If something happens with a tenant, such as rent not being paid or disruption on the property, an intervention can often make the difference between someone remaining in housing or having to leave. Evictions are costly and time consuming, and landlords would like to avoid them if at all possible. Mediation is helpful when you have to work fast to secure and retain units in a competitive market. The Project will also facilitate Landlord and tenant education, through classes or coaching for landlords and tenants on their rights and responsibilities.

Case Notes

All interactions between clients and project staff will be documented in NextGen Electronic Health Record, with a case note corresponding to the date of the interaction. Case notes must include the mode of communication and date. Case management notes will be written using proper grammar, spelling, etc., and will convey the professionalism with which services are provided.

The case note must include a summary of the discussion and any information provided by the case manager to the client. This summary is to be written in objective language, not to contain the writer's subjective opinion. Notes documenting case management meetings provide a full accounting of the work done during the meeting. This includes progress meeting goals, new action items identified, income and budget work, review of service connections, etc. Any discussion that could be referenced later for an appeal- such as a discussion regarding compliance with the program's agreement policy or progress on meeting goals- must be documented clearly in the case notes.

Any time a new assessment or re-assessment, VISPDAT, or budget is completed, the case note must indicate this and include a summary of the result. It is the expectation that case notes are submitted into NextGen Electronic Health Record in a timely manner, reflecting current status and real-time. Case notes are to be entered within 1 week from the encounter, outreach, phone call, or other contact made with the client.

All case notes for the project are entered into NextGen Electronic Health Record by end of business day Monday for the week prior. Case notes must reflect all contact or attempted contact made (which includes voicemails, calls put in, texts exchanged). If a case note is not entered, it did not happen.

Records Retention – Client records will be retained for at least 7 years in a double locked facility. Current client records will be kept in the office in a locked file cabinet behind a locked door. No client files will be left on desks when they are not being used.

Confidentiality/HIPPA – All staff and volunteers adhere to confidentiality standards and HIPPA compliance.

Program Evaluation Plan

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

HMIS Data Collection

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

Evidence Based Practices

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

Housing First - The project embraces a “housing first” approach to ending homelessness by first helping people find or maintain permanent housing with stability and then connecting them with community, health, human, and financial services they need to prevent future experiences of homelessness. Through coordinated entry and assessment, the project prioritizes housing and services based on vulnerability and need rather than on a first come, first serve basis. Through progressive engagement, clients are given just as many services and support they need to succeed in order to preserve costly interventions like permanent supportive or subsidized housing for families and individuals with significant and lasting barriers to housing stability.

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

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

Motivational Interviewing/OARS

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

Motivational Interviewing (MI) is a guiding style of communication, that sits between following (good listening) and directing (giving information and advice). MI is designed to empower people to change by drawing out their own meaning, importance and capacity for change. MI is based on a respectful and curious way of being with people that facilitates the natural process of change and honors our clients' autonomy.

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

Trauma Informed Care

All project staff will be trained in Trauma-Informed Care, which understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize. Trauma-Informed Care (TIC) is an approach in the human service field that assumes that an individual is more likely than not to have a history of trauma. Trauma-Informed Care recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life- including service staff.

The intention of Trauma-Informed Care is not to treat symptoms or issues related to sexual, physical or emotional abuse or any other form of trauma but rather to provide support services in a way that is accessible and appropriate to those who may have experienced trauma. When service systems operating procedures do not use a trauma-informed approach, the possibility for triggering or exacerbating trauma symptoms and re-traumatizing individuals increases. Re-traumatization is a significant concern, as individuals who are traumatized multiple times frequently have exacerbated trauma-related symptoms compared to those who have experienced a single trauma. Individuals with multiple trauma experiences often exhibit a decreased willingness to engage in services and is the main reason why many persons experiencing homelessness do not continue services or are unsuccessful in maintaining housing. (<http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html>).

Client- Centered Approach

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

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

ACES (Adverse Childhood Experiences)

All project staff will receive training and be sensitive to ACES. As a best practice, RRHC has begun conducting ACEs screenings for medical patients ages 0-30. For the housing clients, RRHC staff will not facilitate ACEs assessments but is important to understand the longer-term effects of childhood trauma and apply the fundamental principals to all interactions with clients. Adverse Childhood Experiences (ACEs) have a tremendous impact on future violence

victimization and perpetration, and lifelong health and opportunity. Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). For example, experiencing violence, abuse, or neglect, witnessing violence in the home or community, having a family member attempt or die by suicide.

HARM Reduction

In compliance with the Housing First evidence-based practice, the project will utilize Harm Reduction to address substance use rather than substance use being a barrier to accessing services. Harm reduction will focus on reducing the negative effects of substance use, rather than trying to prevent or stop the usage itself. The case manager will educate the clients and provide access to resources to encourage them to engage in treatment voluntarily. RRHC has a syringe exchange program as well as providers who are certified to provide suboxone, opioid addiction treatment services.

Sustainability

While it is the intention of RRHC to maintain Street Outreach Services, it is costly and requires a significant amount of agency and leadership capacity to execute at the standard of care which RRHC operates all its programming. Throughout the project period, RRHC will continue to seek funding in support of its Community Support Services programs overall. Should those efforts be unsuccessful, services will be scaled back in accordance with budgetary considerations and the overall needs of the clients as provided through assessments, conversations and satisfaction surveys. In short, if no further funding is available, we will do less with less and make every effort to provide warm referrals and introductions so that relationships are not harmed, and individuals are able to maintain dignity.

5.2 Project Budget

Item	Description	HHAP Request
A. Personnel Costs		
Title:		
Programs Director	.5 FTE @ \$40 hr. x 1040hrs	\$ 41,600
Community Supports Coordinator	.9 FTE @ \$31.72 hr. x 1872hrs	\$ 59,380
Housing Specialist Case Manager	.9FTE @ \$29.00 hr. x 1872 hrs.	\$54,288
Community Supports Case Manager	.25 FTE @ \$27 hr. x 520 hrs.	\$14,040
Fringe Benefits	30%	\$50,793
Total Personnel Costs		\$ 220,101
B. Operational Costs		
Transportation Van	2023 Toyota Sienna Silver or equiv.	\$50,000
Office Rental	\$1,500 X 12	\$18,000
Vehicle Operations Costs	Insurance, Registration	\$2,500
Total Operational Costs		\$70,500

C. Supplies		
Printer and Ink		\$1,000
Cell Phone	5 Phones @ \$340/month x 12	\$4,080
Food Pantry Support	\$500/month x 12	\$6,000
Visa Incentives	Cards to be distributed for use in obtaining goods for housing, incentives for client milestones	\$6,000
Shower Event Costs	Rental of Space, general events supplies.\$500/month x 12	\$6,000
Emergency Supplies/Incentives	Sleeping bags, tents, document fees, pet supplies, hygiene products, shoes	\$25,000
Total Supply Costs		\$48,080
D. Transportation/Travel		
Bus Tickets	\$10 regional tickets x 150	\$1,500
Gas Cards	Renner Cards for appointments	\$1,500
Staff Mileage/Vehicle Fuel	Client Transportation	\$2,000
Total		\$4,500
E. Other Costs		
Total Other Costs		\$ -
Subtotal		\$ 343,181
7% indirect		\$ 24,023
Grand Total		\$ 367,204

6.0 Supplemental Documentation

Policies and Procedures are available in Attachment 3

Non-Profit Status and Facility License is available in Attachment 3

Job Descriptions

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

- Plan programs from start to finish, including identifying processes, deadlines, and milestones.
- Develop and approve operations and budgets.

Educational Requirements

The Project Director position requires at least a bachelor's degree in psychology, social work, counseling or related degree. A master's degree is highly desirable.

Experience

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

- II. Community Supports Coordinator: This position will provide direct case management services to both individuals and families at risk of homelessness and individuals who are currently houseless and meet the federal definition of homelessness. Coordinating duties include intake assessment, data entry into HMIS, case management (housing sustainability plans, case notes, weekly meetings with clients, referrals to ancillary services, discharge planning, and continuing care) and other duties as assigned.

Specifically:

- Assessing client's physical and mental wellness, needs, preferences and abilities, and developing case plans to overcome barriers.
- Working with client's family and friend support networks, and other care providers to ensure client success.
- Evaluating client's progress and making adjustments as needed.
- Listening to client concerns and providing counseling or interventions as needed.
- HMIS data entry and intake.
- Recording client progress and referrals in weekly notes.
- Following up with newly housed clients for up to six months to ensure maintenance of interventions and they are in good physical and mental health.

Qualifications

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

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

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

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

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

Qualifications

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

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

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

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

IV. Community Supports Case Manager: This position works in the field to inform and engage houseless individuals and families on services to assist them out of homelessness. The CS Case Manager will coordinate food distribution and other necessary items to increase well-being such as COVID related information, resources, and protective supplies. The CS Case Manager will coordinate monthly shower events for street level homeless folks including those in encampments. When emergency shelter is available, this position will work collaboratively with shelter staff to facilitate shelter, case management, and supportive services. This may include transporting people to shelter and other necessary services. This position requires the ability to pass a drug screen in order to transport clients

- The CS Case Manager will document statistical daily activities, case notes, and additional forms to facilitate access to services such as Release of Information Forms.
- Qualifications and Experience: Must possess a high school diploma or a GED. Some coursework in human services is highly desirable with at least one-year experience working directly with the target population.
- Must have a working knowledge of Outlook, Word, Excel.
- The Outreach Worker must possess a positive attitude, time management skills, and consistency

7.0 Exceptions, Objections & Requested Changes

Not Applicable

8.0 Required Attachments

Attachment 1 – RFP Signature Affidavit

**REQUEST FOR PROPOSALS – NO. DHHS2023-02
HOMELESS HOUSING, ASSISTANCE AND PREVENTION PROGRAM
ATTACHMENT A – SIGNATURE AFFIDAVIT
(Submit with Proposal)**

REQUEST FOR PROPOSALS – NO. DHHS2023-02 SIGNATURE AFFIDAVIT	
NAME OF ORGANIZATION/AGENCY:	Redwoods Rural Health Center, Inc.
STREET ADDRESS:	101 West Coast Rd./PO Box 769
CITY, STATE, ZIP	Redway, CA 95560
CONTACT PERSON:	Michele Hernandez
PHONE #:	(707) 923-2783
FAX #:	(707) 923-2543
EMAIL:	mhernandez@rrhc.org

Government Code Sections 6250, *et seq.*, the “Public Records Act,” define a public record as any writing containing information relating to the conduct of public business. The Public Records Act provides that public records shall be disclosed upon written request, and that any citizen has a right to inspect any public record, unless the document is exempted from disclosure.

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

The undersigned is an authorized representative of the above-named organization and hereby agrees to all the terms, conditions and specifications required by the County in Request for Proposals No. DHHS2023-01 and declares that the attached Proposal and pricing are in conformity therewith.



10/3/2023

Signature

Date

Tina Tvedt Schaible

Name

Date

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

Addendum # [] Addendum # [] Addendum # [] Addendum # []

Attachment 2 – Project Budget - Supplemental Documentation

Item	Description	HHAP Request
A. Personnel Costs		
Title:		
Programs Director	.5 FTE @ \$40 hr. x 1040hrs	\$ 41,600
Community Supports Coordinator	.9 FTE @ \$31.72 hr. x 1872hrs	\$ 59,380
Housing Specialist Case Manager	.9FTE @ \$29.00 hr. x 1872 hrs.	\$54,288
Community Supports Case Manager	.25 FTE @ \$27 hr. x 520 hrs.	\$14,040
Fringe Benefits	30%	\$50,793
Total Personnel Costs		\$ 193,060
B. Operational Costs		
Transportation Van	2023 Toyota Sienna Silver or equiv.	\$50,000
Office Rental	\$1,500 X 12	\$18,000
Vehicle Operations Costs	Insurance, Registration	\$2,500
Total Operational Costs		\$70,500
C. Supplies		
Printer and Ink		\$1,000
Cell Phone	5 Phones @ \$340/month x 12	\$4,080
Food Pantry Support	\$500/month x 12	\$6,000
Visa Incentives	Cards to be distributed for use in obtaining goods for housing, incentives for client milestones	\$6,000
Shower Event Costs	Rental of Space, general events supplies.\$500/month x 12	\$6,000
Emergency Supplies/Incentives	Sleeping bags, tents, document fees, pet supplies, hygiene products, shoes	\$25,000
Total Supply Costs		\$48,080
D. Transportation/Travel		
Bus Tickets	\$10 regional tickets x 150	\$1,500
Gas Cards	Renner Cards for appointments	\$1,500
Staff Mileage/Vehicle Fuel	Client Transportation	\$2,000
Total Transportation/Travel		\$4,500
E. Other Costs		
Total Other Costs		\$ -
Subtotal		\$ 343,181
7% indirect		\$ 24,023
Grand Total		\$ 367,204

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

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

POLICY: RRHC Patient Housing Fund

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

PROCEDURE:

Who can apply?

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

What are the Grant Guidelines?

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

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

Who to contact:

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

Grant Requirements

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

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

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

Please note:

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

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

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

APPROVED:



President, Board of Directors



Medical Director



Executive Director

Annual Review _____

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

Join Zoom Meeting
<https://us02web.zoom.us/j/87454276763?pwd=V3hOcUdGMkdpMHBFs0lY25DbFFsQT09>
1-669-900-9128 US (San Jose)
Meeting ID: 874 5427 6763
Passcode: 878241

Christina Huff, Terri Klemetson,

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

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

Agenda

- Call to Order & Assign Time-Keeper

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

- Approve Agenda

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

- Correspondence/Public Comment

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

- Update from Board Members &/or Staff Members

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

- Executive Director Update

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

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

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

- Recruiting Update

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

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

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

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

PURPOSE

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

PROCEDURES TO DISCLOSE AND RESOLVE CONFLICTS

Section 1. Duty to Self-Disclose.

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

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

Section 3. Evaluation of Potential Conflict.

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

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

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

Section 4. "Self Dealing" Transactions of Directors.

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

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

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

PURPOSE:

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

PROCEDURE:

Patient Satisfaction Survey:

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

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

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

Patient Feedback/Grievance:

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

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

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

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

APPROVAL:



President, Board of Directors



Executive Director



Medical Director

Annual Review _____

II. LEGAL PROVISIONS

EMPLOYMENT AT-WILL

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

EQUAL EMPLOYMENT OPPORTUNITY & ANTI-DISCRIMINATION

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

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

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

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

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

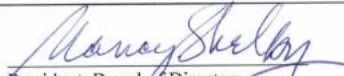
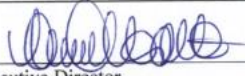
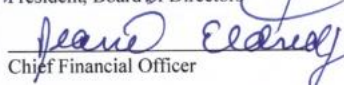
UNLAWFUL HARASSMENT

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

Fiscal & Accounting Policies and Procedures

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

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

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

Data Collection Policies

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

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

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

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

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

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

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

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

APPROVED:

President, Board of Directors

Executive Director

Chief Financial Officer

Record Retention Policies

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

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

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

PROCEDURE:

- I. **Storage:** RRHC's physical business records are securely stored in designated locations in the basement of the health center and in secure file cabinets throughout the facility. Business records are also stored electronically on network servers in their associated network drives and file folders. When adding new records, records are placed in the appropriate location for easy retrieval should they need to be accessed or destroyed in the future.

- II. **Retention:** RRHC will maintain records as follows:
 - A. Business Documents To Keep For One Year**
 - Correspondence with Customers and Vendors
 - Duplicate Deposit Slips
 - Requisitions

 - B. Business Documents To Keep For Three Years**
 - Employee Personnel Records (after termination)
 - Employment Applications
 - Expired Insurance Policies
 - General Correspondence
 - Internal Audit Reports
 - Internal Reports
 - Petty Cash Vouchers
 - Physical Inventory Tags
 - Time Cards For Hourly Employees
 - Cash and Credit Card Receipts
 - Check Signature Authorizations

C. Business Documents To Keep For Six Years

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

D. Business Records to Keep for 10 years

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

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

E. Business Records To Keep Forever

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

RRHC IRS Non-Profit Letter



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

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

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



025355

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

Dear Taxpayer:

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

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

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

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

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

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

RRHC Facility License

License: 11000099
Effective: 03/01/2021
Expires: 11/18/2021

State of California
Department of Public Health

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

this License to

Redwood Rural Health Center Inc.

to operate and maintain the following **Community Clinic**

Redwoods Rural Health Center, Inc.

101 West Coast Rd
Redway, CA 95560

Approved Intermittent Clinics

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

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

Redway Elementary
344 Humboldt Ave
Redway, CA 95560

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

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

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

Rio Dell School
95 Center St
Rio Dell, CA 95562

(Additional Information Listed on License Addendum)

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

POST IN A PROMINENT PLACE