

AGREEMENT FOR
COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD
LOCAL INDIGENT CARE NEEDS IMPLEMENTATION GRANT PROGRAM

between

**COUNTY MEDICAL SERVICES PROGRAM
GOVERNING BOARD
("Board")**

And

**HUMBOLDT COUNTY DHHS, PUBLIC HEALTH
("Grantee")**

Effective as of:
July 1, 2022

AGREEMENT

COUNTY MEDICAL SERVICES PROGRAM LOCAL INDIGENT CARE NEEDS GRANT PROGRAM

FUNDING IMPLEMENTATION GRANT

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

A. The Board approved the funding of the Local Indigent Care Needs Grant Program (the "Grant Program") in participating County Medical Services Program ("CMSP") counties in accordance with the terms of its Request for Proposals for the CMSP Local Indigent Care Needs Grant Program in the form attached as Exhibit B ("RFP").

B. Grantee submitted an Application ("Application") for the CMSP Local Indigent Care Needs Grant Program in the form attached as Exhibit C (the "Project"). The Project is a grant project ("Grant Project").

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

The Board and Grantee agree as follows:

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

2. Grant Funds.

A. Payment. Subject to the availability of Board funds, the Board shall pay Grantee the amounts in the time periods specified in Exhibit A ("Grant Funds") within thirty (30) calendar days of the Board's receipt of an invoice and reports as required in this Agreement from Grantee for a Grant Project, as described in Exhibit A. Neither the Board nor CMSP shall be responsible for funding additional Project costs, any future CMSP Local Indigent Care Needs Grant Program or services provided outside the scope of the Grant Program.

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

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

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

the Grant Funds to fund Grantee's administrative and/or overhead costs except as provided herein. Grantee may use an amount of the Grant Funds up to ten percent (10%) of the total Project expenditures to fund Grantee's administrative and/or overhead expenses directly attributed to the Project. In addition, Grantee shall comply with the terms of Exhibit E Use of Grant Funds attached hereto. Grantee shall provide Board with reasonable proof that Grantee has dedicated the Grant Funds to the Project. Grantee shall refund to the Board any Grant Funds not fully dedicated to the Project.

E. Matching Funds and In-Kind Match. The Grantee is not required to provide dedicated matching funds; however, the Grantee is required to provide an in-kind match of a minimum of ten percent (10%) of the Grant Funds as a means of demonstrating the commitment of the Grantee and participating (partnering) agencies to implement the strategies and/or services being developed with the Grant Funds. Such in-kind match (or alternatively, matching fund of a minimum of ten percent (10%) of the Grant Funds) may be provided solely by the Grantee or through a combination of funding sources; provided, however, such matching funds shall not originate from any CMSP funding source.

F. Commencement of Expenditures. Grantees shall begin spending Grant Funds during the first calendar year after receipt of Grant Funds and shall continue expending such Grant Funds on a consistent basis throughout the term of this Agreement and in accordance with the terms of this Agreement.

G. Possible Revision to Payment Schedule. If the Project warrants a change in payment schedule as described in Exhibit A, or if Grantee's expenditures are not in compliance with the Project, the Board may, within its sole discretion, revise the payment schedule or withhold payment of further amounts.

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

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

5. Board's Interest in Real Property and/or Improvements. If Grantee's Application anticipates the purchase of real property and/or improvements to real property (including leaseholds) with Grant Funds, then this real property and/or improvements to real property shall be purchased in Grantee's name and shall be dedicated exclusively to the

Grantee's health care or administrative purposes. Further, Board may, in its sole discretion, require that Grantee grant a security or other interest in the real property and/or improvements to real property, including but not limited to a right of reverter to Board upon a change or use or other circumstance as a condition of receiving Grant Funds, which shall be described in Exhibit A.

If the real property and/or improvements to real property will no longer be used exclusively for the Grantee's health care or administrative purposes, then Grantee shall, at the discretion of the Board, immediately upon the change of use: (a) pay to the Board the fair market value of the real property and/or improvements to real property at the time of the change of use, and (b) obtain the Board's written consent to the change of use no later than ninety (90) days after such change of use. After this payment identified in (a) above or Board's consent as provided in (b) above, Grantee may either keep or dispose of the real property and/or improvements to real property. Grantee shall list all real property and/or improvements to real property to be purchased with Grant Funds on Exhibit A. This Section 5 shall survive the termination or expiration of this Agreement.

6. Board Consent Required for Purchase of Specified Personal Property. If Grantee's Application anticipates the purchase of any personal property valued in excess of \$5,000 with Grant Funds, including but not limited to computers, software, equipment or vehicles ("Specified Personal Property"), then Grantee must obtain the Board's prior written consent for any such purchase. Grantee shall make such request for the Board's consent pursuant to a form and manner as determined by the Board.

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

8. Data and Project Evaluation. Grantee shall collect Project data and conduct a Project evaluation. Grantee shall budget for evaluation expenses in an amount equal to a minimum of 10% of the total project expenditures. Grantee shall report data and evaluation findings to the Board as part of the Progress and Final Reporting set forth in Section 12, below. The Grantee shall not submit any protected health information ("PHI") to the Board. The Board reserves the right to hire an external Grant Program evaluator to conduct an evaluation of the Project ("Grant Program Evaluator"). Grantee shall cooperate fully with the Board, its agents and contractors, including but not limited to the Grant Program Evaluator, and provide information to the Board, its agents and contractors in a timely manner. The Board may, within its sole discretion, terminate this Agreement at any time and suspend and/or discontinue payment of any Grant Funds if Grantee does not satisfactorily meet data collection and reporting requirements as set forth in this Agreement and in the RFP.

9. Technical Assistance Consultant. The Grantee shall participate in technical assistance programs and collaborate with the Technical Assistance Consultant as hired by the Board ("Technical Assistance Consultant") as requested. At a minimum, Grantee is required to participate in one or more interviews with the Technical Assistance Consultant and have a minimum of one (1) representative participate in two (2) Implementation conferences over the grant period and host the Technical Assistance Consultant at (1) site visit.

10. Record Retention. Grantee shall maintain and provide the Board with reasonable access to such records for a period of at least four (4) years from the date of expiration of this Agreement.

11. Audits. The Board may conduct such audits as necessary to verify Grantee's compliance with the terms of this Agreement. Such audit rights shall include auditing 100% of expenditure of Grant Funds and such information and documents as necessary to verify use of Grant Funds and Grantee's performance of the Project in accordance with the terms of this Agreement. Grantee shall cooperate fully with the Board, its agents and contractors in connection with any audit and provide information to the Board, its agents and contractors in a timely manner.

12. Reporting.

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

B. Biannual Progress Reports. Grantees shall submit five (5) biannual progress reports to the Board using the Biannual Progress Report Form on the following dates: January 31, 2023, July 31, 2023, January 31, 2024, July 31, 2024, and January 31, 2025. Each report should: (1) clearly define the target population and its needs; (2) demonstrate progress toward meeting the Project's goals posed in the Grantee's application; (3) describe the Project's current evaluation efforts; (4) identify challenges and barriers to meeting Project goals encountered during the prior six (6) months; (5) compare Project progress to the Application, Timeline and Work Plan as set forth in Exhibit C; (6) provide changes to any key grantee personnel or their responsibilities; (7) describe the Grantee's experience utilizing Technical Assistance; (8) describe any changes in key partnerships; and (9) report on target population impact to date and share significant success stories.

C. Mid-Year Expenditure Reports. Grantees shall submit three (3) mid-year expenditure reports to the Board using the Mid-Year Expenditure Report Template on the following dates: January 31, 2023, January 31, 2024, and January 31, 2025. Each report should: (1) compare budgeted expenditures to actual expenditures for the first-half of the year; (2) detail total grant funds received and expended to date; and (3) provide estimates of any proposed budget modifications for the following grant year(s). Grantees must provide an explanation for expenditures that are projected to deviate more than 5% from the most recently approved budget for the given budget year.

D. Year-End Expenditure Reports. Grantees shall submit two (2) Year End-Expenditure reports to the Board using the Year End -Expenditure Report Template on the following dates: July 31, 2023, and July 31, 2024. Each report should: (1) compare budget expenditures to actual expenditures for the reporting year; (2) detail total grant funds received and expended to date; (3) provide an explanation for expenditures that deviated more than 5%

from the most recently approved budget for the given budget year; and (4) detail any proposed budget modifications for the following grant year(s).

E. Final Report. Grantee shall submit a final report to the Board using the Final Report Template on July 31, 2025. The Final Report should: (1) compare project outcomes to the goals posed in the Grantee's application; (2) identify challenges and barriers to meeting Project goals encountered during project implementation; (3) compare Project progress to the Implementation Workplan and Timeline as set forth in Exhibit C; (4) describe the Grantee's experience utilizing Technical Assistance; (5) report on target population impact and share significant success stories; (6) report on Project's evaluation findings; (7) describe the Grantees sustainability efforts to continue the project activities beyond the life of the grant and sustainability of key partnerships post grant; (8) compare budget expenditures to actual expenditures for the entire project period; and (9) detail total grant funds received and expended.

F. Non-Compliance with Reporting Requirements. The Board may, within its sole discretion, terminate this Agreement at any time and suspend and/or discontinue payment of any Grant Funds if Grantee does not satisfactorily meet reporting requirements as set forth in this Agreement and in the RFP.

13. Term. The term of this Agreement shall be from July 1, 2022, to June 30, 2026, unless otherwise extended in writing by mutual consent of the parties.

14. Termination. This Agreement may be terminated: (a) by mutual consent of the parties; (b) by either party upon thirty (30) days prior written notice of its intent to terminate; or, (c) by the Board immediately for Grantee's material failure to comply with the terms of this Agreement, including but not limited to the terms specified in Sections 2.B, 2.D, 2.E, 2.F, 4, 5, 6, 7, 8, 9, 10, 11 and 12. Upon termination or expiration of the term, Grantee shall immediately refund any unused Grant Funds to the Board, and shall provide the Board with copies of any records generated by Grantee in performance of the Project and pursuant to the terms of this Agreement.

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

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

17. Waiver. To be effective, the waiver of any provision or the waiver of the breach of any provision of this Agreement must be set forth specifically in writing and signed by the giving party. Any such waiver shall not operate or be deemed to be a waiver of any prior or future breach of such provision or of any other provision.

18. No Third-Party Beneficiaries. The obligations created by this Agreement shall be enforceable only by the parties hereto, and no provision of this Agreement is intended to, nor

shall it be construed to, create any rights for the benefit of or be enforceable by any third party, including but not limited to any CMSP client.

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

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

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

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

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

24. Nuclear Free Humboldt County Ordinance Compliance. The Board certifies by its signature below that it is not a Nuclear Weapons Contractor, in that the Board is not knowingly or intentionally engaged in the research, development, production or testing of nuclear warheads, nuclear weapons systems or nuclear weapons components as defined by the Nuclear Free Humboldt County Ordinance. The Board agrees to notify Grantee immediately if it becomes a Nuclear Weapons contractor as defined above. Grantee may immediately terminate this Agreement if it determines that the foregoing certification is false or if the Board subsequently becomes a Nuclear Weapons Contractor.

Dated effective July 1, 2022.

BOARD:
COUNTY MEDICAL SERVICES
PROGRAM GOVERNING BOARD

GRANTEE:
HUMBOLDT COUNTY DHHS, PUBLIC
HEALTH

By: _____
Kari Brownstein, Executive Director

By: _____
Title: _____

Date: _____

Date: _____

EXHIBIT A

GRANTEE: HUMBOLDT COUNTY DHHS, PUBLIC HEALTH

GRANTEE'S PARTNERS UNDER CONTRACT¹

GRANT FUNDS:

Total Amount To Be Paid under Agreement: \$1,500,000.00

1. Amount To Be Paid Upon Execution of This Agreement (10%): \$150,000.00
2. Amount To Be Paid Within 30 Days Following Receipt of Invoice, First Biannual Progress Report and First Mid-Year Expenditure Report (reports due 01/31/23) (16%): \$240,000.00
3. Amount To Be Paid Within 30 Days Following Receipt of Invoice, Second Biannual Progress Report and First Year-End Expenditure Report (reports due 07/31/23) (16%): \$240,000.00
4. Amount To Be Paid Within 30 Days Following Receipt of Invoice, Third Biannual Progress Report and Second Mid-Year Expenditure Report (reports due 01/31/24) (16%): \$240,000.00
5. Amount To Be Paid Within 30 Days Following Receipt of Invoice, Fourth Biannual Progress Report and Second Year-End Expenditure Report (reports due 07/31/24) (16%): \$240,000.00
6. Amount To Be Paid Within 30 Days Following Receipt of Invoice, Fifth Biannual Progress Report and Third Mid-Year Expenditure Report (reports due 01/31/25) (16%): \$240,000.00
7. Amount To Be Paid Within 30 Days Following Receipt of Invoice and Final Grant Report (report due 07/31/25) (10%): \$150,000.00

The Board may, within its sole discretion, revise the payment schedule or withhold payments in accordance with Section 2.G of the Agreement.

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

¹ Attach copy of any contract.

If Funds will be Used to Purchase Specified Personal Property, List Specified Personal Property to be Purchased and Date of Consent by the Board:

If Funds will be Used to Purchase Real Property and/or Improvements to Real Property, List Real Property and/or Improvements to Real Property to be Purchased:

List any Conditions to Grant Funds regarding Real Property and/or Improvements to Real Property to be Purchased:

LICN-046

NOTICES:

Board:

County Medical Services Program Governing Board
Attn: Meegan Forrest, Director of Finance & Administration
1545 River Park Drive, Suite 435
Sacramento, CA 95815
(916) 649-2631 Ext. 111
(916) 649-2606 (facsimile)

Grantee:

(Insert Grantee name, address, contact person, phone and fax numbers)

Humboldt County DHHS, Public Health

Michael Weiss

908 7th Street

Eureka, CA 95501

Phone: 707-441-5074

EXHIBIT B
REQUEST FOR PROPOSAL
BOARD'S REQUEST FOR PROPOSAL



REQUEST FOR PROPOSALS

Implementation Grant Program

Eligible Applicants: Round 1 LICN Planning Grantees Only

County Medical Services Program Governing Board

CMSP Local Indigent Care Needs Grant Program

Winter 2022 Application Submission Period: March 1, 2022 – March 30, 2022

I. ABOUT THE COUNTY MEDICAL SERVICES PROGRAM

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

In April 1995, California law was amended to establish the County Medical Services Program Governing Board (Governing Board). The Governing Board, composed of ten county officials and one ex-officio representative of the Secretary of the California Health and Human Services Agency, is authorized to set overall program and fiscal policy for CMSP. Thirty-five counties throughout California participate in CMSP: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Modoc, Mono, Napa, Nevada, Plumas, San Benito, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba.

CMSP is funded by State Program Realignment revenue (sales tax and vehicle license fees) received by the Governing Board and county general-purpose revenue provided in the form of County Participation Fees. CMSP members are medically indigent adults, ages 21 through 64, who meet CMSP's eligibility criteria and are not otherwise eligible for Medi-Cal or Covered California. County welfare departments located in the 35 participating counties handle eligibility for and enrollment in CMSP. All CMSP members must be residents of a CMSP county, and their income level must be less than or equal to 300% of the Federal Poverty Level (based on net non-exempt income).

The Path to Health Pilot Project was launched in 2019 to test the effectiveness of providing primary and preventive services to low-income, undocumented county residents that are not otherwise eligible for CMSP and are eligible for and enrolled in emergency medical services under the Medi-Cal program. Path to Health serves undocumented adults ages 26 and older that are enrolled in an emergency services only Medi-Cal program aid code and reside in one of the 35 CMSP counties.

Additionally, CMSP launched the Connect to Care Program in December 2020 to provide primary and preventive services to documented and undocumented county residents, ages 21-64, with income levels between 138% and 300% FPL. The goal for the program is the same as Path to Health – to promote timely delivery of necessary primary and preventive medical services to the target population to improve health outcomes for the population and reduce the incidence of emergency services utilization and inpatient hospitalization by the population.

Member enrollment in Path to Health and Connect to Care occurs through contracted Community Health Centers, including Federally Qualified Health Centers, Rural Health Clinics, and Tribal Health Program, where many program enrollees will also obtain covered primary care services.

The Governing Board administers other projects, including the Health Systems Development grant program, two healthcare workforce development programs, the Specialty Care Access Grant, and the COVID-19 Emergency Response Grant.

II. ABOUT THE CMSP LOCAL INDIGENT HEALTH SERVICES PROGRAM

Through the Local Indigent Care Needs Program (LICN Program), the Governing Board seeks to expand the delivery of locally directed indigent care services for low-income uninsured and under-insured adults that lack access to health, behavioral health, and associated support services in CMSP counties. The principal goals of the LICN Program are to promote timely delivery of necessary medical, behavioral health and support services to locally identified target populations; link these populations to other community resources and support; and improve overall health outcomes for these target populations.

A. Implementation Program Description

Implementation Program Grants shall be available to CMSP county or non-profit agency applicants to support concrete, defined Implementation Plans that address the goals and objectives of the LICN Program. Applicants must have demonstrated experience bringing local stakeholders together and a demonstrated role providing health and/or human services for low-income and/or indigent residents in CMSP counties.

B. Target Populations

The target populations for LICN Implementation Program efforts must focus on one or more of the following uninsured or under-insured groups within one or more CMSP count(ies):

- 1) Adults that need follow up specialty services and/or other support services following an inpatient hospital stay
- 2) Adults receiving inpatient hospital care that have limited home or community support to facilitate healing and recovery
- 3) Adults with complex health or behavioral health conditions that have housing and/or transportation challenges which impede their ability to obtain necessary health care services

4) Adults with health and/or behavioral health conditions released from incarceration

Within the target populations outlined above, program activities may further narrow the focus of efforts to one or more of the following sub-groups within the target populations:

- Homeless adults
- Adults with chronic health or behavioral health conditions; and/or
- Adults in need of pain management support

Projects do **not** need to only support CMSP members or CMSP-eligible individuals.

C. Four Alternative Components for Local Indigent Care Needs Programs

Implementation Programs shall incorporate **at least (1)** of the following (4) program components into their program strategies:

1) Local-Level Care Management

Develop Care Management interventions that:

- Provide linkage to other services and supports in the community that facilitate management of each client's needs.
- Are tailored to meet individual client service needs and involve clients as decision makers in the care planning process.
- Have capacity to meet with clients in community locations such as at physicians' offices, hospitals, county social services departments, homeless shelters, or client's homes (as appropriate).
- Provide data system capacity that is sufficient to comprehensively document and track Care Management services provided to clients and provide a mechanism that assures timely and appropriate identification and care management service needs.

2) Continuity of Care

Develop county-wide or regional Continuity of Care strategies that:

- Facilitate linkages across the continuum of care, specifically inpatient care to appropriate outpatient care. Linkages may include access to specialty care, primary care, prescription medical support, home health, hospice, long-term care, mental health treatment, substance abuse treatment, and durable medical equipment.

3) Enabling Services

Establish or strengthen existing mechanisms that:

- Engage clients in obtaining nutritional support, housing, transportation, legal assistance, and income assistance to support LICN Program goals through referrals to existing service providers.
- Provide access to enabling services not otherwise available in the community through new service creation or expansion of currently limited services. Equipment purchases,

expansions of current facilities, and/or renovation/remodeling of current facilities may be considered under this initiative. No LICN Program grant funds may be used for the lease/ purchase of land, buildings, or new construction. (Further detail is available in the Allowable vs. Unallowable Expenses resource on the [LICN library](#)).

- Establish effective working relationships with county welfare department(s) in their service area to help facilitate applications for health coverage and other public assistance.

4) Disease Management

Establish or strengthen existing mechanisms to:

- Halt or decrease the severity of the conditions of clients with chronic, ongoing health and/or behavioral health conditions through such strategies as symptom management, medication compliance, adherence to treatment plans, and lifestyle changes

D. Technical Assistance Contractor Support to Grantees

Technical Assistance (TA) services will be available to Implementation Program Grantees through the following services:

- Three Implementation Program conferences
- Quarterly TA conference calls and/or webinars to foster a “learning community” across grantees
- One in-person or virtual site visit during the second year of the Implementation Grant project period
- Monthly consults (calls, emails)
- Ad Hoc TA Consultant support can be provided upon request

III. ELIGIBLE APPLICANTS

A. Implementation Program Grants: Lead Agency Applicant and Project Partner Requirements

Eligible applicants for this program are limited to LICN Planning Project grantees who were funded in Round 1 of the LICN program who have not yet been awarded an Implementation Program Grant. Additionally:

- Implementation efforts must be focused within one or more CMSP counties.
- The lead agency applicant must be either an eligible CMSP county agency or department or a not-for-profit organization. The lead agency does not need to be located within a CMSP county; however, all project performance must occur within a CMSP county.
- The lead agency applicant must possess organizational capacity to carry out its Implementation Plan in accordance with the requirements described in this RFP.
- The lead agency and all key implementation project partners must be in good standing with the Governing Board.
- Grant applicants must have support, as demonstrated by either Letters of Commitment

- or Memorandums of Understanding, from at least one local hospital and at least one primary care provider such as a clinic, private practice physician, or physician group.
- Grant applicants must have the demonstrated support, as evidenced by either Letters of Commitment or Memorandums of Understanding, of at least two of the following CMSP county agencies or departments: Health/Public Health, Social Services/Welfare, Mental Health, Drug and Alcohol Services and Probation.
- The lead agency applicant should have the support of other local providers of safety-net services, as demonstrated by either Letters of Commitment or Memorandums of Understanding.

IV. TENTATIVE PROJECT TIMELINES

Below is the anticipated timeline for the Winter 2022 Round of the Local Indigent Care Needs Grant Program. This timeline is tentative and subject to change at Governing Board discretion.

| Local Indigent Care Needs Grant: Winter 2022 Grant Timeline | |
|---|--|
| Date | Activity |
| 2/10/22 | RFP Released |
| 2/25/22 | RFP Assistance Webinar at 9:00 AM PST |
| 2/25/22 | Letters of Intent due by 3:00 PM PST |
| 3/01/22 | Submission Period Opens |
| 3/11/22 | RFP Assistance Webinar (repeated) at 1:00 PM PST |
| 3/30/22 | Implementation Program Grant Applications Due by 3:00 PM PST |
| 5/26/22 | Governing Board Application Review and Approval |

V. ALLOCATION METHODOLOGY

The Governing Board, in its sole discretion, may fund or not fund Implementation Grants in this round. Total Local Indigent Care Needs grant awards and technical assistance provided by the Governing Board may equal up to fifty-million dollars (\$50,000,000) over the life of the program. Awards up to \$500,000 per year per project may be made for Implementation Program Grants, with a total award up to \$1.5 million. Grants may be provided for up to 3-years.

Allowable vs. Unallowable Expenses

Please refer to the full list of allowable vs. unallowable expenses on the [LICN library](#).

In-direct Costs/Overhead Expenses

No project funds shall be used for administrative and/or overhead costs not directly attributable to the project. Indirect costs also include office expenses attributable to managing an office including photocopies, postage, telephone charges, utilities, facilities, educational materials, and general office supplies. Administrative and/or overhead expenses shall equal 10% or less of the total project expenditures.

In-Kind/Matching Funds Required

Awardees are required to provide a minimum of 10% in-kind and/or matching funds of the Implementation Grant Program amount per year. In-kind and/or matching funds may be provided solely by the lead applicant or through a combination of funding sources.

Evaluation Expenses

Implementation Programs are required to budget a minimum of 10% total project expenditures for Evaluation Expenses. Evaluation expenses may include time spent performing data collection, analyzing data, or preparing reports.

Equipment and Renovation Expenses

No LICN Program grant funds may be used for the lease/purchase of land, buildings, or new construction. Equipment purchases, expansions of current facilities, and/or renovation or remodeling of current facilities may be considered under this initiative.

VI. AWARD METHODOLOGY

Implementation Program Grant applications will be reviewed and scored based upon the following criteria:

- 1) Project Narrative (50% in total)
 - Statement of Need (5%)
 - Target Population (10%)
 - Proposed Project/Approach (20%)
 - Organization and Staffing (15%)
- 2) Implementation Work Plan (15%)
- 3) Budget (15%)
- 4) Logic Model (5%)
- 5) Data Collection and Evaluation Method (10%)
- 6) Letters of Commitment/ Support (5%)

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

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

The application process is competitive and not all applications may be funded or funded in the amounts requested. All applications will be ranked in order of their ability to promote timely delivery of necessary medical, behavioral health and support services to locally identified target populations, to link these populations to other community resources and support, and to improve overall health outcomes for these target populations.

An applicants' Implementation Grant proposal must achieve a minimum score of 85% and must achieve a ranking, in comparison with all other submitted proposals, that merits funding approval.

VII. GRANT PROPOSAL FORMAT AND REQUIREMENTS

A. Implementation Program Grant Cover Sheet

Please include the applicant name(s), CMSP count(ies) to be served, address, telephone, and email contact information.

B. Project Summary

Describe the proposed project concisely and include the following items:

- 1) Project goals
- 2) Project objectives
- 3) The project's overall approach (including target population and key partnerships),
- 4) Any prior efforts to address the target population,
- 5) Any previous applicant experience working with CMSP,
- 6) Anticipated outcomes and deliverables,
- 7) The project's sustainability plan once the grant has ended.

C. Implementation Program Grant Proposal Narrative

This document is not to exceed 10 pages and must include:

- 1) Clear Statement of Problem or Need Within Community

All Implementation Programs should focus on identified needs of one or more eligible target populations within the community. Please describe the target population, and any sub-populations, to be served in the proposed project. Define the characteristics of the target population and discuss how the proposed project will identify members of the target population. Please include the total estimated number of individuals your organization will serve each year over the three-year grant period. Include background information relating to the proposed CMSP county or counties to be served, unique features of the community or communities, and other pertinent information that helps explain the problem or need within the community.

Please identify current sources of health and behavioral health care for the target population(s), strengths in the health care delivery system, and existing or foreseen challenges in the delivery system. Applicants should use county-level and/or community-level data and other relevant data to demonstrate need.

- 2) Description of Proposed Project

Provide a summary of current and prior efforts to address the needs to the target population(s). Also, describe the range of project activities to be performed that will meet the remaining needs of the target population.

All activities discussed should correspond with the items listed in the *Logic Model* (see Section VII. D. below) and the *Implementation Work Plan and Timeline*. This section should be used to clearly describe steps necessary for program development efforts to be effectively undertaken and for program implementation to be carried out. This section should also describe which one or more of the following core LICN Program components will be incorporated into the program:

- Local-level Care Management
- Continuity of Care
- Linkages to Enabling Services
- Disease Management

Using the Required Form noted below, create a workplan and timeline for completion of all implementation, contracting, consultant/staff recruitment, evaluation, reporting, and sustainability planning activities.

The required form, “Implementation Work Plan and Timeline” is available as an Excel spreadsheet for download on the [LICN library](#).

3) Description of Planning Efforts

Provide a detailed description of how your organization is adequately prepared to implement this project. List any programmatic changes the organization will need to make or objectives that will need to be met before grant program can be implemented

4) Organization and Staffing

This section should describe and demonstrate organizational capability to implement, operate, and evaluate the proposed project. Additionally, information provided should clearly delineate the roles and responsibilities of the applicant organization(s) and key partners and include the following:

- An organizational chart and description of organizational structure, lines of supervision, and management oversight for the **proposed project**, including oversight and evaluation of consultants and contractors.
- Identification of a project manager with day-to-day responsibility for key tasks such as leadership, monitoring ongoing progress, preparing project reports, and communicating with other partners; and,
- The roles, qualifications, expertise, and auspices of key personnel.
- Describe the lead agency and all key partner roles within the delivery system.
- Identify additional organizations and/or agencies with which the lead agency wishes to establish relationships with through the implementation process.
- Identify any staff that will need to be recruited and hired upon Project inception.

The organizational chart should only include staff, key partners, and additional partners to be recruited for the proposed project.

5) Sustainability Planning

Awarded Implementation Grant projects will be required to produce a sustainability plan during the second year of the grant. Please outline initial ideas about how some or all the proposed grant activities can be sustained into the future after grant funding ends.

- What organization or funding sources will the applicant utilize after the three-year grant period ends?
- What key partners will assist in sustaining this project effort?
- Will the project rely on any state-funded programs such as CalAIM to support its continuation?

D. Logic Model

This document may not exceed 2-pages.

All applicants are required to submit a logic model. A logic model is a series of statements linking target population conditions/circumstances with the service strategies that will be used to address those conditions/circumstances, and the anticipated measurable outcomes. Logic models provide a framework through which both program staff and the TA consultant can view the relationship between conditions, services, and outcomes. All logic models should include a description of the 1) target population; 2) program theory; 3) activities; 4) outcomes; and 5) impacts. All logic models should include **quantifiable** outcome measures as detailed in the logic model resource.

The required form, "Implementation Logic Model" is available as a word document for download in the [LICN library](#).

E. Data Collection and Reporting

All applicants shall present a plan for data collection, analysis and reporting that specifies data to be collected and/or retrieved and reported, and how that data set will be used to document the outcomes and impacts expected to be achieved through the Program, as described in the Logic Model. This data set should include demographic data in addition to the project's chosen data sets. Examples of demographic data points could include age, gender, nationality, income-level, and geographic distribution. If awarded, each Project will be required to report upon this core set of data elements.

F. Budget and Budget Narrative

Complete the "Required Form: Implementation Grant Budget and Budget Narrative." The budget narrative must detail expense components that make up total operating expenses and the source(s) of in-kind and/or direct matching funding. Please describe all administrative costs and efforts to minimize use of project funds for administrative and overhead expenses. No project funds shall be used for administrative and/or overhead costs not directly attributable to the project. Administrative and/or overhead expenses shall not exceed ten percent (10%) of total project expenditures. In the Budget Narrative, briefly explain any expenses whose purpose may be ambiguous to a reviewer.

The required form, “Implementation Grant Budget and Budget Narrative” is available as an Excel spreadsheet for download on the [LICN library](#).

Please note, prior to contracting, the Governing Board reserves the right to request copies of the applicant’s most recent audited financial statements.

H. Letters of Commitment or Memorandums of Understanding

Letters of Commitment are required from all key partners and will be utilized in scoring. Letters should detail the key partner’s understanding of the proposed Implementation Program and their organizations’ role in supporting or providing direct services. Implementation Programs must have support, as demonstrated by either Letters of Commitment or Memorandums of Understanding, from at least 1 local hospital and 1 primary care provider such as a clinic, private practice physician, or physician group. If the application organization is a hospital or primary care provider, it does not need to obtain a Letter of Commitment from another hospital or primary care provider or find another partner to fill this role.

In addition, Implementation Program Grants must have support, as demonstrated by either Letters of Commitment or Memorandums of Understanding, of at least 2 of the following CMSP county agencies or departments: Health/Public Health, Social Services/Welfare, Mental Health, Drug and Alcohol Services, and Probation. Implementation Program Grants serving more than one CMSP county will need to obtain the minimum of two Letters of Commitment or Memorandum of Understanding from CMSP county agency or departments within each county to be served.

Finally, the lead agency applicant should have the support of other local providers of safety-net services. Additional Letters of Commitment or support from other interested agencies and stakeholders may be provided.

All letters of commitment or support must be submitted as a part of the application. Any letters submitted outside of the application will **not** be considered in scoring the application.

A suggested Letter of Commitment template “Implementation Letter of Commitment Template” is available for download on the [LICN library](#).

VIII. APPLICATION INSTRUCTIONS

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

- 1) The type font must be Arial, minimum 11-point font.
- 2) Text must appear on a single side of the page only with margins at a minimum of 0.5.”
- 3) Assemble the application in the order and within the page number limits listed with the Proposal Format & Requirements section.
- 4) Clearly paginate each uploaded document.

- B. All application documents and forms are available for download on the [LICN library](#).
- C. The application must be signed by a person with the authority to legally obligate the Applicant.
- D. Submit all applications via email to grants@cmspcounties.org.

The following documents **must be submitted** to grants@cmspcounties.org:

- 1) Implementation Grant Cover Sheet
- 2) Grant Project Summary
- 3) Grant Project Narrative
- 4) Implementation Work Plan & Timeline
- 5) Implementation Grant Budget and Budget Narrative
- 6) Logic Model
- 7) Data Collection and Reporting
- 8) Letter of Commitment
- 9) Authorized Signature

Please note items 1 and 4-9 may be found on the [LICN library](#).

- E. Do not provide any materials that are not requested, as reviewers will not consider those materials.
- F. The application period for Implementation Grants will begin on Tuesday, March 1, 2022, and end on **Wednesday, March 30, 2022, at 3:00 PM PST**. All grant applications must be complete and received at grants@cmspcounties.org by this deadline.

IX. APPLICATION ASSISTANCE

A. RFP Assistance Webinar Information

To assist potential applicants, Governing Board staff will conduct 2 RFP assistance webinars. Applicants are encouraged to participate in at least 1 of the webinars and to bring any questions they have regarding LICN Program requirements or the application process. Dates, times, and links to the webinars are as follows:

RFP Assistance Webinar

Friday, February 25, 2022, at 9:00 AM PST

<https://us06web.zoom.us/j/88006781774?pwd=djYvR3BINytoSThEUWFCZy84a1JjQT09>

Zoom Meeting Number: 880 0678 1774

Zoom Password: LICNAPPLY

RFP Assistance Webinar (repeated)

Friday, March 11, 2022, at 1:00 PM PST

<https://us06web.zoom.us/j/83409180147?pwd=enl1b1NnNGZQemE4WGNUMS9TQnZlZz09>

Zoom Meeting Number: 834 0918 0147

Zoom Password: LICNAPPLY

B. Frequently Asked Questions (FAQ)

CMSP staff will post a Frequently Asked Questions document to the [LICN library](#) following the first webinar and will update it following the second.

C. Letter of Intent (LOI)

The Governing Board requests that all likely grant applicants submit a Letter of Intent (LOI) to the Board. While the LOI is not required, receipt of an LOI from all likely applicants will assist the Governing Board in planning for application reviews and processing. Please submit the LOI no later than **February 25, 2022, 3:00 PM PST** to grants@cmspcounties.org. There is no required format or template for the LOI. In the LOI, likely applicants should state that they intend to apply for an Implementation Program Grant and provide the name of the CMSP county or counties they anticipate serving.

D. Project Contact Information

Please direct any questions regarding the RFP to:

Laura Moyer, Grants Administrator
CMSP Governing Board
1545 River Park Drive, Suite 435
Sacramento, CA 95815
(916) 649-2631 ext. 110
lmoyer@cmspcounties.org

X. GENERAL INFORMATION

- A. The Governing Board shall have no obligation to provide Grant funding or continue to provide Grant funding at any time.
- B. All applications become the property of the Governing Board and will not be returned to the Applicant unless otherwise determined by the Governing Board in its sole discretion.
- C. Any costs incurred by the responding Applicant for developing a proposal are the sole responsibility of the responding Applicant and the Governing Board shall have no obligation to compensate any responding Applicant for any costs incurred in responding to this RFP.
- D. Proposals may remain confidential during this process only until such time as determined by the Governing Board in its sole discretion. Thereafter, the Governing Board may treat all information submitted by a responding Applicant as a public record. The Governing Board makes no guarantee that any or all a proposal will be kept confidential, even if the proposal is marked “confidential,” “proprietary,” etc.

E. The Governing Board reserves the right to do the following at any time, at the Governing Board's sole discretion:

- 1) Reject all applications or cancel this RFP
- 2) Waive or correct any minor or inadvertent defect, irregularity, or technical error in any application
- 3) Request that certain or all Applicants supplement or modify all or certain aspects of their respective applications or other materials submitted
- 4) Modify the specifications or requirements for the Grant program in this RFP, or the required contents or format of the applications prior to the due date
- 5) Extend the deadlines specified in this RFP, including the deadline for accepting applications
- 6) Award, or not award, any amount of Grant funding to any Applicant

Appendix A Grant Terminology Glossary

Allowable Expense – an expense that is allowable per the terms of the RFP and aligns with goals and mission of the grant. It is ultimately up to the discretion of CMSP staff to determine what expenses are allowable or unallowable. Also see the Allowable vs. Unallowable Informational Resource.

Unallowable Expense – an expense that is unallowable per the terms of the RFP and does not align with the goals and mission of the grant. It is ultimately up to the discretion of CMSP staff to determine what expenses are allowable or unallowable. Also see the Allowable vs. Unallowable Informational Resource.

Indirect Cost (Overhead/Administrative Cost) – a cost that is not directly attributed to a single project cost but encompass multiple other costs that accrue while completing the project. This may include items such as rent and utilities, accounting and other program administration costs, legal expenses, Internet costs, and office supplies.

Direct Cost (Direct Service Cost) – a direct service expense that contributes to the success of a project. This may include direct expenses attributable to the project of a program manager's salary and fringe benefits, those of other direct service providers, subcontracted service providers, and travel, training or equipment costs directly related to the provision of services.

Equipment – a *single* item that costs \$5,000 or greater at the time of purchase.

Fringe Benefits – an Allowable Expense meant to cover the cost of an employee's benefits package. This may include worker's compensation, vacation, sick time, etc.

Matching/In-Kind Funds – a portion of the project or program costs not covered by funds to be awarded by the CMSP Governing Board, and therefore covered or contributed by another funding source.

Key Personnel – any project staff that will be paid out of the potential grant funding and/or will be directly contributing to the success of the project.

Key Partner – any organization whose contributions to the project are necessary for successful project implementation. Key partner contributions may include collaboration, shared resources or shared talents.

Sub-Contractor/Sub-Awardee – a contract administered by the Prime/Lead applicant to provide funding to another organization or independent contractor/consultant.

Prime/Lead Applicant – the applicant who will act as the primary contact for all CMSP communication and is responsible for completing all necessary grant administrative duties.

Grant Agreement – an agreement with the CMSP Governing Board setting forth the terms of the award and the obligations of the grantee. Awarded applicants are required to execute a Grant Agreement to receive grant funding.

Project Period – the term of the Grant Agreement (i.e., commencing the effective date of the Grant Agreement and ending the expiration or termination date of the Grant Agreement.

Authorizing Official – the applicant’s authorized representative that has been duly authorized by the applicant to execute the Grant Agreement on behalf of the applicant. This is typically the Chief Executive Officer or Agency Director.

Budget Revision – a formal change in the originally submitted budget spend-down plan. Any budget revision over 5% of the total costs must be approved by CMSP staff in writing prior to implementation.

Budget Roll-over – the carry-over of unobligated funds from one budget period to the subsequent budget period.

Letter of Intent (LOI) – a letter submitted to CMSP prior to a grant due date stating the applicant intends to apply.

Letter of Support/Commitment – a letter included in the grant application from an organization or county, other than the lead applicant, expressing support or commitment to the project. Also see Letter of Support Template.

Memorandum of Understanding (MOU) – a document describing an agreement that two or more parties have reached.

No-Cost Extension – Any extensions must be approved in writing by the Governing Board, including No-Cost Extensions.

Appendix B

USE OF GRANT FUNDS

1. Use of Grant Funds. Grantee shall use the Grant Funds solely for the purpose to performance of the Project.

2. Allowable Expenses. Grant Funds may be used to fund allowable expenses. Grantee shall provide Board with reasonable proof that Grantee has dedicated the Grant Funds to allowable expenses. Allowable expenses must be *appropriate, necessary, reasonable and applicable to the Grant Program* and may include but are not limited to:

- Costs that comply with the limitations of the Grant Agreement as well as other applicable federal, state, and county laws and regulations
- Costs that are accounted for consistently and in accordance with generally accepted accounting principles
- Rental or purchase of necessary equipment, expansions of current facilities, and/or renovation/remodeling of current facilities
- Speaker fees for services rendered
- Purchase of supplies for scheduled training if the supplies are received and used during the budget period
- Food and non-alcoholic refreshments for scheduled training events up to \$15 per individual total for the duration of the Project when justified as an integral and necessary part of a training event (i.e., a working meal where business is transacted)
- Food and non-alcoholic refreshments for client incentives up to \$15 per individual total for the duration of the Project when justified as an integral and necessary part of the Project
- Gift Cards and Gas Cards or Vouchers up to \$30 per client total for the duration of the Project when justified as an integral and necessary part of the Project
- Stipends for non-salary employees**
- Travel costs for both patients and staff. Travel shall be limited to the relevant days plus the actual travel time to reach the destination location by the most direct route and shall not include first class travel. Local mileage costs only may be paid for local participants. No per diems for meals or lodging shall be included.
- All or part of the reasonable and appropriate salaries and benefits of professional

personnel, clerical assistants, editorial assistants, and other non-professional staff in proportion to the time or effort directly related to the Project

- Medical Supplies
- Conferences and trainings, including necessary recording of proceedings, simultaneous translation, and subsequent transcriptions
- IT Expenses

** All expenses must be comprised in a budget previously approved by Board staff.*

***Common stipend recipients include Clinical Interns, Volunteers or Community Partners.*

3. Unallowable Expenses. Grant Funds shall not be used to fund unallowable expenses. Grantee shall refund to the Board any Grant Funds expended for unallowable expenses. Unallowable expenses include but are not limited to:

- Alcohol
- Bad debt expenses
- Defense and prosecution expenses, including but not limited to prosecuting claims against the Board or defending or prosecuting certain criminal, civil or administrative proceedings and related legal fees and costs
- Entertainment costs (unless specifically written into the budget and approved by the Board), including costs of amusement, diversion, social activities, ceremonials, and related incidental costs, such as bar charges, tips, personal telephone calls, and laundry charges of participants or guests
- Fines and penalties
- Traffic citations, including but not limited to parking citations
- Fundraising or lobbying costs
- Advertising (unless specifically written into the budget and approved by the Board)
- Memorabilia or promotional materials
- Honoraria or other payments given for the purpose of conferring distinction or to symbolize respect, esteem, or admiration
- Goods or services for personal use, including automobiles housing and personal living expenses or services
- Per diem or expenses for participants in a scheduled training event

- Investment management fees
- Losses on other sponsored projects
- Lease/purchase of land, buildings, or new construction
- Firearms
- Signing and Retention Bonuses
- Membership dues, including but not limited to memberships in civic, community or social organizations, or dining or country clubs
- Direct legal fees and costs incurred in development and implementation of the Project provided by individuals who are not employees of Grantee.***

4. Determination of Allowable and Unallowable Expenses. It is recommended that expenses be included in Grantee's budget with sufficient detail and that such budget is approved by Board staff prior to expenditure or, alternatively, expenditures be otherwise approved by the Board staff prior to expenditure. The Board shall determine whether an expense is an allowable or unallowable expense as provided in this Agreement. The Board's determination shall be in its sole discretion and shall be final.

****Such direct legal fees and costs that are both appropriate and reasonable may be included in Grantee's administrative and/overhead expenses directly attributed to the Project as set forth in Section 2.D of the Agreement.*

Appendix C

Data Collection Guide

All potential applicants are **required** to track demographic data within their core data set. Examples of potential demographic data measures include:

1. Race or Ethnicity
2. Age Range
3. Gender or Gender Identifier
4. Income Level
5. Geographic Distribution within County

In addition to demographic data, projects should collect additional data that will help assess project progress and success. Below are suggested data sets of common LICN themes and projects. These data sets *are not* required but can be used as a helpful tool if your organization is struggling to determine what information to collect.

If your project focuses on securing housing and improving respite care:

- Number of individuals experiencing homelessness
- Number of client referrals and where they come from
- Number of clients who received permanent housing
- Number of hospitalizations
- Percent reduction in hospital re-admission rates compared to baseline
- Number of emergency department visits and/or percent reduction
- Number of participants in temporary housing and duration of their stay
- Number of linkages to community resources

If your project focuses on improving linkages to enabling services and providing case management:

- Number of client referrals and where they come from
- Type of services clients are seeking
- Number of clients receiving case management
- Number of linkages to community resources
- Number of clients screened for behavioral health, substance abuse, medical treatment or other needs
- Number of clients establishing and/or maintaining primary care, specialty care, substance use services, behavioral health services or other referred services
- Number of individuals acquiring Medi-Cal, CalFresh, or disability or retirement benefits

If your project focuses on care coordination through improving client transportation:

- Number of client referrals
- Type of services clients require transport for
- Average travel time to appointments
- Cost of miles per transport
- Average wait time between initial client contact and provider visit
- Number of linkages to community resources
- Number of provider visits required per client
- Commonly reported barriers to transportation

Other common data metrics that can be applied to most projects include:

- No-show rates for services
- Health status indicators
- Patient testimonials
- Key Partner meeting minutes
- Number of outreach materials created and distributed
- Number of in-person connections made with target population members
- Number of digital connections made with target population members
- Number of health professionals trained (and type of training provided)
- Responses from client or health professional surveys
- Client satisfaction rating

EXHIBIT C
APPLICATION
GRANTEE'S APPLICATION

IMPLEMENTATION GRANT COVER SHEET

CMSP Local Indigent Care Needs Grant Program



1. CMSP County or Counties to be Served: Humboldt

2. Project Title: HCV Elimination Project

| 3. Funding: | Year 1 | Year 2 | Year 3 | Total |
|----------------------------|------------------|------------------|------------------|--------------------|
| Requested Grant Amount: | <u>\$500,000</u> | <u>\$500,000</u> | <u>\$500,000</u> | <u>\$1,500,000</u> |
| In-Kind or Matching Funds: | <u>\$337,342</u> | <u>\$402,175</u> | <u>\$435,038</u> | <u>\$1,174,555</u> |
| Project Totals | <u>\$837,342</u> | <u>\$902,175</u> | <u>\$935,038</u> | <u>\$2,674,555</u> |

4. Lead Applicant:

Organization: Humboldt County DHHS, Public Health Tax ID Number: 94-6000513

Applicant's Director/Chief Executive: Sofia Pereira

Title: Public Health Director

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

Address: 908 7th Street

City: Eureka State: CA Zip Code: 95501 County: Humboldt

Telephone: 707-268-2120

Director Email: spereira2@co.humboldt.ca.us

5. Primary Contact Person (*Serves as lead contact for the project*):

Name: Michael Weiss

Title: Program Services Coordinator

Organization: Humboldt County Public Health

Address: 908 7th Street

City: Eureka State: CA Zip Code: 95501

Telephone: 707-441-5074

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

6. Secondary Contact Person (*Serves as alternate contact*):

Name: Karen Baker

Title: Administrative Analyst

Organization: Humboldt County Public Health

Address: 908 7th Street

City: Eureka State: CA Zip Code: 95501

Telephone: 707-441-5575

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

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

Name: Kathy Epperly

Title: Senior Fiscal Assistant

Organization: Humboldt County Public Health

Address: 507 F Street

City: Eureka State: CA Zip Code: 95501

Telephone: 707-441-5444

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

8. Technical Assistance Needs *(Prioritize the top 3 Technical Assistance needs you have in regards to undertaking an Implementation Grant by placing a 1, 2 and 3 below):*

| | | | |
|-------------------|--------------------------------|-------------------|--|
| <u>3</u> | Data Development and Analysis | <u> </u> | Budgets and Finance |
| <u>1</u> | Identifying Best Practices | <u>2</u> | Determining Organizational Capacity |
| <u> </u> | Collaboration | <u> </u> | Developing program goals, objectives, and metrics for program evaluation |
| <u> </u> | Other (please describe below): | | |

Project Summary

Humboldt County Department of Health and Human Services Public Health is the only agency that provides mobile HCV testing to low-income residents (those earning less than 200% of the poverty level) in Humboldt County. The Department's mission statement is to reduce poverty and connect people and communities to opportunities for health and wellness. Public Health services are operated on a mobile clinic which is often the only point of access to enabling services such as Medi-Cal/CMSP, medical and mental health care, and substance use disorder treatment for individuals at risk for HCV.

Project Goals

Humboldt County has the highest rate of newly diagnosed cases of hepatitis C (HCV) infection in California (5.3% vs 1.5%). Humboldt County Public Health is requesting \$1,500,000 in CMSP LICN funding for the period of three years to establish and strengthen mechanisms for disease management of chronic HCV. Public Health's goal is to reduce barriers for people living with HCV to enter treatment and ultimately increase the number of people who are cured.

This funding will support 5.9 FTE of staffing for new and expanded services. The team will be responsible for implementing the work plan. Funding will also support infrastructure expenses in Year 1 for computers for new staff, state-required HCV testers training, mileage for the mobile clinics, and client incentives. Additionally, 10% of the funding will support data analysis and program evaluation and 10% will support project-related administrative services.

Project Objectives

The primary objective is to create an inclusive support system for high-risk individuals to access low-barrier HCV treatment. This includes providing education on current treatment options, increasing HCV testing of at-risk individuals, providing support with disease management through care coordination. Adding the 5.9 FTEs will increase contacts with the target population and increase testing to 160 in Year 1, 200 in Year 2, and 240 in Year 3, as well as increase the number of people who are able to get confirmatory testing, start treatment, and who have the necessary support to complete treatment while reducing re-infection.

The project's overall approach (including target population and key partnerships).

The project's approach is to support the target population in accessing HCV treatment (cure) - Adults in Humboldt County who are experiencing complex health conditions, specifically HCV, that are compounded by health inequity through high-risk substance use behaviors, many experiencing homelessness, and transportation challenges. Data collected from a survey of the target population states that the top three largest barriers to starting HCV treatment are lack of care coordination, transportation, and housing support. This is consistent with previously identified gaps in disease management.

Public Health has a long history of collaborating with community partners directly, through coalitions, and contractually.

Public Health will improve disease management by:

- Expanding rapid HCV testing to the target population with two mobile clinics,
- Providing HCV Care Coordination to assist with appointments, insurance, transportation, medication adherence, and re-infection prevention counseling.
- Partnering and contracting with the local FQHC to provide HCV treatment and a data sharing agreement.
- Partnering with Aegis Methadone clinic to provide HCV testing on-site and direct referrals to the Care Coordinators.

Prior Efforts to Address the Target Population

Humboldt County Public Health has over 30 years of experience doing mobile outreach and providing care coordination services to the target population and established community recognition and trust. The mobile clinic reaches people in places where vulnerable groups gather including homeless encampments, shelters, free meal programs, low-income housing facilities, substance use residential treatment programs, and

traditionally low-income areas such as tribal communities. Additionally, the program provides HIV care coordination and has the skill to expand services to include HCV disease management.

Previous Experience working with CMSP

Humboldt County Public Health has over been the lead agency on three CMSP grants including the CMSP Wellness & Prevention Pilot Project grant, the CMSP Health Systems Development grant, and the CMSP LICN Planning Grant. Each of these funding opportunities has contributed to the assessment, infrastructure, systems reform, and new partnerships for the Humboldt County HCV Elimination Project.

With the CMSP LICN Project Grant, Humboldt County will be able to address the gaps in the system of care coordination and low barrier access to HCV treatment.

Anticipated Outcomes and Deliverables of this Project

- 800 individuals from the target population will be reached through the mobile clinic each year.
- 600 rapid HCV tests will be administered over the project period
- 60% of those who test positive will get a confirmatory test
- 60% of those who are referred for treatment will be linked to medical care
- 70% of those who enter treatment will complete it
- 10% reduction in the HCV rate of new infections
- 20% reduction in the need for repeat treatment due to re-infection

Projects sustainability plan

Over the past five years, with the support of CMSP and state grants, Humboldt County has been able to establish system change and infrastructure that will continue after this funding. Examples include the Humboldt County Hepatitis C Task Force which has been functioning every quarter since 2017 with a robust attendance from a broad range of service providers; Public Health assets include two new mobile clinics that will remain in operation (with paired down services without further funding) utilizing state harm reduction funding; a data sharing contract agreement with the regionals largest FQHC (Open Door Clinics); and the HCV Low Barrier Treatment Work Group.

Outcome data from this project will inform further system updates to continue to improve access to services for the most underserved individuals and to maximize support of indigent populations in achieving health and wellness.

1) Clear Statement of Problem or Need Within Community

About Humboldt County: Humboldt County is a geographically large rural county in Northwest California with a total population of 135,558 and a population density of 38 people per square mile. Eastern and Southern County areas qualify as frontier with fewer than 11 people per square mile. Humboldt County encompasses 3,572 square miles, 80% of which is forestland, protected redwoods, and recreational areas. About 50% of Humboldt County's population lives in the Humboldt Bay area within a 20-mile radius of the most populous city, Eureka. The remaining residents live in the approximately 40 rural unincorporated communities, mainly in the river valleys and remote mountain areas. Some of these rural communities are a two-hour drive from Eureka. The roads are mountainous, and many people live in the county's far reaches, requiring several travel hours to access services. American Indian tribal lands encompass approximately 95,000 acres, and there are eight federally recognized tribes within Humboldt County.

Humboldt County is considered a healthcare provider shortage area with no trauma hospital or major surgery center and very few specialists where many individuals must travel long distances to access healthcare services. Almost 60% of people get health coverage through Medi-Cal or Medicare, compared with 45% statewide (California Health Care Foundation 2020 report).

In 2020, Humboldt County had the highest homeless rate in California at 125.5 per 10,000 people, compared to the 40.9 statewide (Point in Time Count). In 2021, 57% of the 560 participants serviced through the Public Health mobile clinic identified as experiencing homelessness. According to the 2020 Census, the average incomes in California are \$38,576 per capita and \$78,672 per household. Humboldt County's income is \$29,584 per capita and \$49,235 household income; further, the county has higher poverty rates for every race/ethnicity than California and the United States. Many of these individuals are uninsured and Medi-Cal/CMSRP eligible.

According to Rural Health Information Survey 2006 done by The California Center for Rural Policy at Cal Poly Humboldt: *"30% of the low-income respondents (<200% FPL) reported they were not able to get needed health care in the year prior to the survey. This is significantly higher than non-low-income respondents (≥200% FPL) who reported an inability to get needed healthcare (11.5%). The main barriers reported by low-income respondents were having no insurance and concern about the quality of care available. The results of this study show that there are disparities in access to health care in Humboldt County with low-income residents having significantly more difficulty accessing needed health care than non-low-income residents."*

Hepatitis C – A Priority Public Health Issue: Hepatitis C (HCV) is the most prevalent blood-borne pathogen in the United States. Humboldt County has the highest rate of newly diagnosed cases of HCV infection in California (5.3% vs 1.5%). The HCV viral burden on Humboldt County is five times higher than the national average. From 2014 to 2018, there was an average annual incidence of 436 chronic HCV cases in the county. Humboldt County has an estimated HCV prevalence at 5.2%, well above the CDC's 1.7% national prevalence estimate. HCV prevalence is above 10% in seven remote zip codes of the county; one zip code has a 29.7% prevalence rate. One in 20 people in Humboldt County and one in 10 people in the City of Eureka have tested positive for the disease (Humboldt County Epidemiologist). If left untreated, HCV causes liver damage and, ultimately, premature deaths. In 2021, Humboldt County had the 4th highest rate of end-stage liver disease fatalities in the state.

The primary route of transmission for HCV is injection drug use. People who inject drugs have a very high risk of acquiring HCV through sharing syringes and other injection equipment; the CDC and the World Health Organization estimates the rate at approximately 67%. In 2021, in Humboldt County, 54,870 adults enrolled in Medi-Cal, of that population, 9,711 entered substance use disorder (SUD) treatment. From 2015 to 2017, Humboldt County's age-adjusted drug-induced death rate was 37.9 per 1,000, while California's age-adjusted drug-induced death rate was approximately one-third of the County's at 12.7. According to the CDC, today, HCV is mostly transmitted through infected blood as a result of sharing needles to inject drugs or even accidental needle sticks during drug use.

Humboldt County Healthcare Landscape: In response to ongoing shortages and recruitment challenges,

and with the implementation of the Affordable Care Act, the community has adopted a “grow your own” approach to the health workforce. Open Door Community Health Centers (Open Door) is now the largest Federally Qualified Health Center (FQHC) in the region. The organization has implemented a comprehensive HCV Specialty Care program in collaboration with Humboldt County Public Health and is the primary provider of HCV care and treatment in the region for people with and without insurance. Humboldt County Public Health currently provides mobile outreach services (syringe exchange and overdose prevention) to people who use drugs, focusing on people who inject drugs. Mobile services are provided throughout Humboldt to reach individuals in areas that have high rates of HCV, many of which are extremely rural and remote with no access to public transportation or medical services.

LICN Program Target Population: Humboldt County Public Health will focus its LICN Program efforts on adults in Humboldt County experiencing complex health conditions, specifically HCV, that have housing and/or transportation challenges that impede their ability to obtain necessary health care services. The subpopulations of focus are homeless adults and adults with chronic health or behavioral health conditions. Poor health outcomes for this target population are compounded by high-risk substance use behaviors (e.g., drug injection) and health inequity. According to the 2019 Humboldt County Homeless Point in Time Count, there were 1,701 homeless people in the county. The one mobile clinic reaches about 30% (500 annually) of the target population. The mobile clinic will continue its current process of identifying individuals within the target population in places where vulnerable groups gather, including homeless encampments, shelters, free meal programs, low-income housing facilities, substance use residential treatment programs, and traditionally low-income areas such as tribal communities.

The target population encounters stigma and discrimination, which create barriers to accessing appropriate care and services. Medical mistrust is high because many members of the target population have experienced refusal of care, stigmatization, and traumatizing psychological and physical events when using the healthcare system. The target population experiences an increased risk of infectious diseases like HCV from syringe sharing, syringe re-use, and localized or systemic infections. People experiencing extreme life challenges, including substance use, homelessness, and other negative social determinants of health, have poorer outcomes. Marginalization and other social factors also contribute to health inequity.

2) Description of Proposed Project

Project Goal: Public Health proposes to implement a comprehensive HCV disease management program. HCV testing services will be expanded to the target population by fully staffing two mobile clinics with the appropriate personnel and improving the Public Health HCV Care Coordination by initiating a professional relationship with the regional FQHC to provide HCV treatment.

Prior Efforts: Since the early 2000s, Public Health has built relationships and trust with marginalized and stigmatized populations through mobile outreach services. Utilizing funding through the State Office of AIDS, Public Health has provided rapid HCV testing and prevention education to the target population. Over the past 5 years, State Office of AIDS funding has decreased, and we are in aggressive pursuit of funding to sustain our mobile clinic to serve this marginalized population of people who are unhoused, use drugs, and who often have chronic diseases and engage with the Public Health mobile clinic as their only point of access to enabling services such as Medi-Cal/CMSP, medical and mental health care, and SUD treatment.

Historically, HCV interventions consisted mostly of rapid testing to promote awareness of an individual’s HCV status, because treatment options were limited. However, in 2016, the FDA approved the first high-efficacy, minimal side-effect HCV medication, with a treatment protocol of taking one oral pill daily for 12 weeks. This substantial improvement in HCV treatment options allowed Public Health to launch the HCV Elimination Project, an initiative promoting the new treatment among providers and clients in the target population.

In 2017, Public Health surveyed Humboldt County medical providers to assess their ability to provide HCV treatment and perceived barriers, and 63% said that care coordination would greatly affect their willingness to treat HCV in their practice (≥ 6 on a 1-10 Likert Scale). With the support of various CMSP grants, CA Department of Public Health (CDPH), and other funding sources, Public Health has grown the HCV Elimination

Project to improve care coordination in addition to HCV education, testing, and treatment. The program's current and prior efforts include:

From 2017-2019, the CMSP Wellness & Prevention Pilot Project grant allowed Public Health to expand HCV rapid testing, train medical providers in treating HCV, and launch a Humboldt County Hepatitis C Task Force to improve care coordination across different county entities. At the end of the grant, the number of independent clinics across Humboldt County providing HCV treatment increased from one to five.

In 2019, the CMSP Health Systems Development grant and the HCV prevention and control activities grant from CDPH helped improve HCV surveillance systems and communication with local providers. An HCV Data Specialist identified baseline data for the number of HCV-positive individuals who were linked to care and achieved Sustained Viral Suppression. Public Health and Open Door conducted a needs assessment and identified linkages to confirmatory HCV testing and low-barrier entry to treatment were identified as the largest gaps in the continuum of care and disease management.

Target Population Remaining Needs: From 2020 to 2022 Public Health received the CMSP LICN Planning Grant and two additional HCV grants from the state to expand HCV outreach and care coordination services to underserved communities. The state grants allowed Public Health to purchase two new mobile clinics, hire two HCV Care Coordinators to assist with linking people to treatment, and hire two Community Health Outreach Workers (CHOWs) to continue to provide mobile services on one mobile clinic. The LICN Planning Grant allowed Public Health to do additional needs assessments and gathering of baseline data for the specific target population. Unfortunately, the COVID-19 pandemic brought significant challenges to advancing efforts, including the postponement of critical HCV testers certification training, staff turnover, and redeployment of staff and mobile clinics to address the COVID-19 response.

During the LICN Planning Grant period (2020), Public Health collaborated with local medical clinics and syringe service organizations to develop and administer a survey to the target population to identify community-perceived barriers to accessing HCV care and treatment. Forty-nine people in the target population were surveyed, and offered the following insights:

- 50% of respondents identified as being homeless. This is consistent with the profile of the target population reached through mobile outreach services.
- 65% reported that they were highly likely to begin HCV treatment if they tested positive (≥ 8 on a 1–10-point Likert scale). The target population is motivated to enter HCV treatment regardless of life challenges.
- Care coordination, housing support, and transportation support were the top three services identified by respondents to best support them in completing HCV treatment. This is consistent with previously identified gaps in the continuum of care and disease management.
- Survey responses indicated that the target population's perception of treatment is outdated. Respondents reported that they believed that Interferon was the current HCV treatment (a drug treatment from the 1990s with low success rates and extreme side effects). This misconception suggests a need for education efforts around current HCV treatment options.

The data from the survey helped identify the areas of support most needed by clients and the areas with the greatest health education needs. Public Health has identified that Disease Management is the core LICN Program component that is addressed in this proposal.

To meet the remaining needs of the target population, Public Health will focus efforts on three primary service categories for this LICN Program:

- Outreach and Education,
- Mobile Clinics and Testing,
- HCV Care Coordination and Access to Community Resources.

Program Staffing Needs: Public Health will need Health Education Specialists (HES) and Community Health Outreach Workers (CHOW) to facilitate linkages to care via the two mobile clinics. The proposed staffing model includes 1.0 FTE Senior Health Education Specialist who acts as the Project Manager, 2.0 FTE HES (HCV test counselors) who identify people who have been exposed to HCV and provide education/counseling on the

mobile clinics, 1.0 FTE HES (HCV Care Coordinators) who work with Open Door to link individuals to confirmatory testing and treatment, and two CHOWs to provide harm reduction services on the mobile clinics.

Program Management and Oversight: The Senior HES, serves as Project Manager for the grant and is responsible for oversight of all HCV program activities including coordinating activities from multiple funding sources to expand the LICN services, directing all education, counseling, and testing activities on the two mobile clinics, provide planning, implementation, and supervisory support for the three new HES HCV Testers, two existing CHOWs and two existing HES HCV Care Coordinators. The Sr. HES is also responsible for establishing and maintaining community partner relations. They will take on coordinating the Humboldt County HCV Task Force, be the primary point person for all HCV partner meetings and coordinate all internal staff meetings. The Sr. HES coordinates program evaluation activities, and quarterly quality improvement meetings to review program deliverables and conduct data analysis for grant reporting. The Sr. HES establishes protocols for data sharing between Open Door and Public Health staff through the new data sharing agreement regarding all clients receiving HCV care and treatment. The Sr. HES coordinates with the State Office of AIDS to obtain HCV testers certification training for all new staff.

Target Population Served

The program goal is to reach 2400 unduplicated individuals in the target population over the granting period due to operating two mobile clinics, employing two additional HCV testers, and expanding services to community partners and substance use treatment centers. Each contact will be given a risk assessment for HCV and provided prevention education and treatment options. The program expects to administer 1560 rapid HCV screening tests to identify possible exposers. Testing conducted within the existing mobile clinic had a positivity rate of 25%. The program estimates that out of 1560 rapid tests conducted, 390 will screen positive. All people who screen positive will be referred to the HCV Care Coordinators to be linked to a confirmatory test and medical care and treatment if needed.

According to the California Department of Public Health's six-county HCV linkage to care two-year pilot project, it is estimated that 60% of clients who are linked to care will complete a confirmatory test, 60% of individuals who are confirmed to have an active HCV infection will start HCV medical treatment, and 70% of those who enter treatment will complete treatment with a sustained viral suppression response (cured). Therefore, Public Health estimates that of the 390 people who screen positive for HCV, 234 will complete a confirmatory test, 140 will start HCV treatment, and 98 clients will complete treatment to be cured.

Outreach and Education:

Outreach and Education efforts for this grant add new services provided by existing staff. Data from the survey conducted in April 2021 showed that 50% of individuals interviewed had outdated or misinformation about current HCV treatments and access eligibility. Public Health will expand existing outreach and education services to include new materials, messages, communications, and health education campaigns highlighting the recently improved treatment options for HCV and new program services available to clients. The target population is reached directly via mobile clinic services, and through community partner agencies that provide support services. Community partner programs include other syringe services, SUD treatment (residential and outpatient), hospital emergency departments, tribal services, community coalitions, Family Resource Centers, and shelters.

The newly hired HES HCV Testers will develop HCV educational materials and provide in-person and virtual presentations for community partner agencies. The presentations are tailored for both agency staff and target population clients. New educational materials (e.g., pamphlets, fact sheets, and flyers) will be developed to promote the current, effective HCV treatment options and the new linkage to treatment programs that are available to people who are HCV positive or at risk of infection. The new materials will be distributed on the two mobile clinics and the updated information will be incorporated into testing and counseling services.

Mobile Clinics and Testing:

Mobile clinic efforts under this grant will expand on existing services utilizing new staff, thereby allowing HCV testing and care coordination services to be provided more frequently and across a greater geographical area. Public Health owns two mobile clinics but currently is only able to operate one. In addition to continuing operations of one existing mobile clinic, Public Health will launch operations on the second mobile clinic, for a

total of two mobile clinics serving the community. These mobile clinics reach members of the target population in places where vulnerable groups gather, including homeless encampments, shelters, free meal programs, low-income housing facilities, substance use residential treatment programs, and traditionally low-income areas such as tribal communities. They also reach the target population in the remote areas most impacted by HCV, specifically the Hoopa Valley Reservation and Eel River Valley in Eastern Humboldt and Orick in Northern Humboldt. The newly hired HES HCV Testers will use the most current Public Health data to identify new testing locations throughout the county and create a service schedule for the new mobile clinic launch.

Each mobile clinic will be fully staffed with one newly hired HES HCV Tester and one existing CHOW. The CHOWs are responsible for delivering overdose prevention messaging, harm reduction supplies, including safer injecting supplies, wound care kits, and naloxone (opioid overdose prevention medication), and referrals to enabling services (e.g. food, housing, financial assistance). The HCV rapid test consists of a simple finger stick and takes 20 minutes for results. The HES HCV Testers are responsible for administering the HCV rapid tests. The 20-minute processing time is used to provide the education on the next steps following results, current HCV treatment options, community resources, and harm reduction through motivational interviewing. For those who test positive, the HCV Tester provides a warm handoff to the existing Public Health HES HCV Care Coordinators to acquire a confirmatory test. Confirmatory testing is a critical point in the continuum of care.

HCV Care Coordination and Access to Community Resources:

Care coordination efforts will utilize existing staff (HES HCV Care Coordinators) to provide new and expanded linkage to HCV treatment services to improve disease management.

Public Health HCV Care Coordinators work out of existing offices at the Public Health Community Wellness Center. They meet with clients who test positive on the mobile clinics and are referred by the HCV Testers. The goal is to connect clients to an HCV confirmatory test through Open Door's HCV medical program. The HCV Care Coordinators provide a program overview and intake, which includes education about the HCV treatment process, working with the client to conduct a needs assessment, and developing a client-centered individualized care plan. Based on each client's needs, the HCV Care Coordinators can assist with arranging appointments, transportation, medication adherence, medical insurance, linking to permanent supportive housing, mental health care, and SUD treatment as applicable as well as education about HCV treatment and prevention of re-infection.

HCV Care Coordinators help minimize barriers to getting an HCV confirmatory test and enrolling in the treatment program through Open Door. They coordinate all efforts to improve workflow to accessing HCV confirmatory testing and treatment. All clients are assessed for their need for additional enabling services including medical insurance, transportation, behavioral health, SUD, and food. HCV Care Coordinators can meet with clients in community locations (e.g., physician's offices, hospitals, county social services departments, drug treatment centers, and homeless shelters) to provide linkage to other services and support in the community that facilitate the management of each client's needs, primarily around HCV care.

The HCV Care Coordinators will track the participants' progress in treatment, referrals, and linkages to other enabling services and housing. Incentives were identified by the State HCV Linkage to Care Pilot Project as highly motivating for continuity of care for clients in treatment. HES HCV Care Coordinators will provide up to \$100 per client (\$30 allowable from LICN budget and \$70 from alternate funding) for attending appointments, completing goals, and providing referrals of new clients.

- \$20 for intake appointment for Care Coordination
- \$20 for completing an HCV confirmatory test
- \$20 for initiating HCV Treatment (if the confirmatory test is positive)
- \$10 for completing lab draws at week four of treatment
- \$20 for completing lab draws at end of treatment (12 weeks)
- \$5 for a referral of an injection/sexual partner to testing (up to two)

The Public Health HCV Care Coordinators collaborate with Open Doors medical HCV navigator, and Aegis Methadone Clinic case manager to reduce barriers to treatment and improve outcomes. These key

stakeholders will meet weekly to formalize referral procedures, care coordination workflow mapping, and review client cases.

Program Evaluation: The existing HCV Care Coordinator will develop an exit survey for clients who enter the HCV Care Coordination program. This survey will be part of the program evaluation, eliciting feedback from clients on their experience, program pros and cons, care coordination efforts, and HCV medical provider experience. Public Health will purchase Qualtrics a web-based statistical and qualitative data analysis software to assist with program evaluation.

In addition to programmatic evaluation, Humboldt County Public Health's Performance Management and Quality Improvement (PMQI) process provide each program with additional opportunities to continuously reflect on progress and improve evaluation. Monthly, program staff enters their data into performance management software (ClearPoint) to report and track their performance/deliverables. Quarterly, program teams meet with leadership to review the past quarter's performance and plan strategically for the rest of the year. Annually, program teams meet to review their progress for the year and consider the performance data they collect from a lens of health equity and identify opportunities for quality improvement.

3) Description of Planning Efforts:

History with Target Population: The Public Health HCV Elimination Project is part of the Healthy Communities Division of Humboldt County Department of Health and Human Services (DHHS) - Public Health Branch. The Healthy Communities division of Public Health has over 30 years of experience doing outreach and providing services for the target population and assessing people for risk of HIV and HCV, specifically: disease prevention, overdose prevention, administering rapid HIV tests (and now HCV tests), disease management, care coordination and linkages to medical treatment for people living with HIV. This long-standing presence has allowed Public Health to build trust among the target population and the broader community.

Data-gathering and Data Available: Public Health has the most up-to-date data about the target population because of the LICN Planning Grantee efforts (surveys and interviews), which allowed Public Health to design the mobile clinic services to meet the target population's needs.

Staffing and Workflow: Much of the necessary staffing is currently onboard: two CHOWs, one HES HCV Care Coordinator, and all support staff. Staffing that needs to be backfilled to replace vacancies: one HES HCV Care Coordinator. New staffing that needs to be hired: one Senior HES (Project Manager) and two HES HCV Testers.

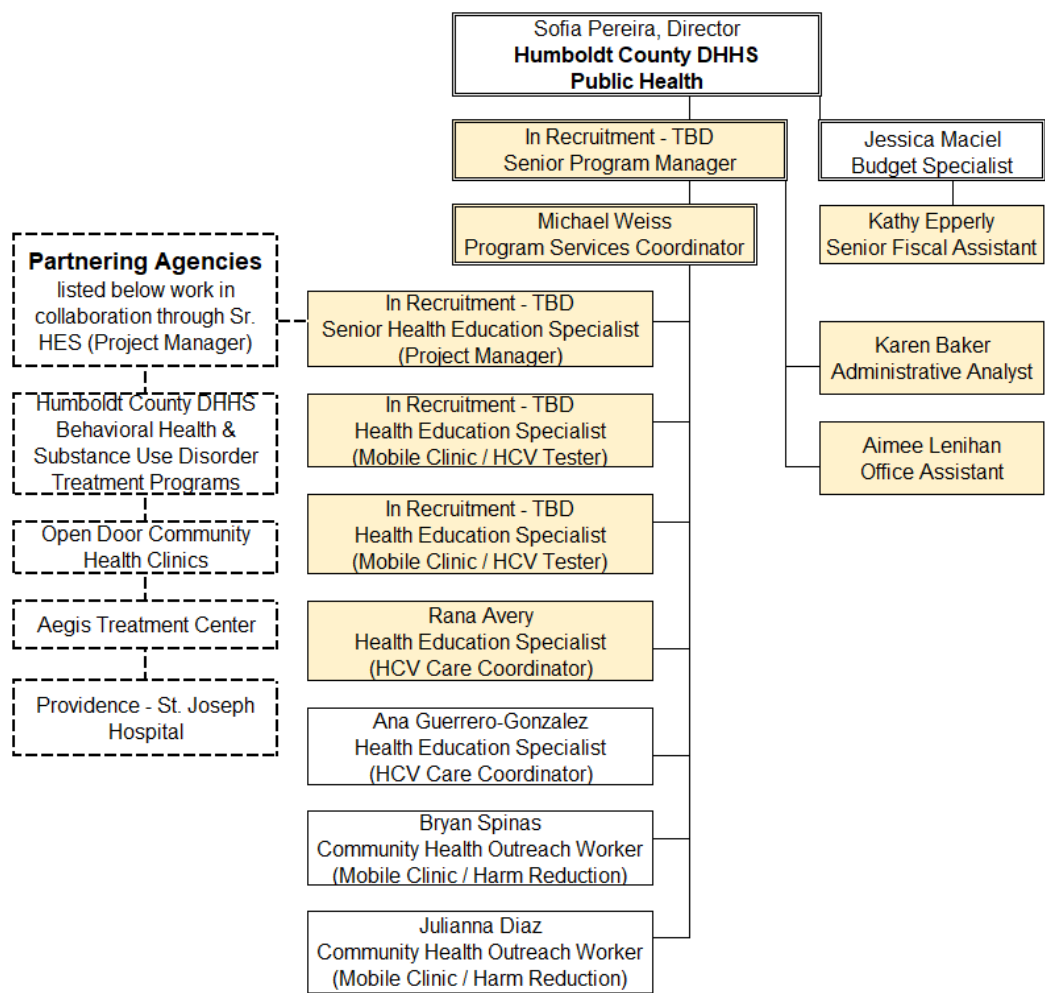
Equipment and Infrastructure: The program has already acquired the second mobile clinic to be used for this granting period. All infrastructure is in place including grant management, fiscal and administrative teams, and the IT/systems to capture and track client information since it's already established through the existing mobile clinic's operations.

4) Organization and Staffing

Humboldt County DHHS has integrated Mental Health, Public Health, and Social Services into one department, with the collective mission statement: to reduce poverty and connect people and communities to opportunities for health and wellness. DHHS Financial Services administers DHHS budgets and grants under the oversight of the County Auditor's Office and in adherence to the Office of Management and Business Circular. Financial Services staff works directly with program staff to assist with program expenditures and budget amendments during the operating year; this ensures that grant dollars received are being used effectively to support current program needs. This unit monitors all grant expenditures to ensure adherence to grant agreements and reports on grant expenditures quarterly.

Due to the nature of funding in Public Health, the Healthy Communities division is very accustomed to applying for grants and adapting to changing focus. The Public Health landscape is constantly shifting on all levels (Federal, State, and local). Through the county's Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) processes, we track how our community's health and priorities change over

time. Using this information, we can respond to emergent Public Health issues. The following organizational chart shows the lines of supervision, management, and oversight for the proposed project. Staff marked in yellow are directly listed in the LICN budget proposal, some are funded in-kind.



Upon project inception, Public Health will recruit and hire a Senior Health Education Specialist and two Health Education Specialists (two HCV testers). The following is a detailed list of positions used for this proposal, both in-kind and fully supported by the LICN budget.

HHS Program Services Coordinator (Michael Weiss): Employee has 18 years of experience providing oversight and programmatic development of the Public Health Chronic Disease Prevention, Substance Use Prevention, and Suicide Prevention Programs. This position is the program lead for all aspects of Public Health Outreach and Disease Management programs and directs evaluation elements, data collection methods, and reporting.

- Oversight of staffing, hiring, evaluations
- Program planning and policy development and oversight compliance
- Oversight of data collection, reporting, and evaluation
- Manage reports and submit CMSP deliverables and activities
- Oversight of grant activities, deliverables, reporting, and all personnel-related duties.

Senior Health Education Specialist-Project Manager (Vacant): Employee is the Project Manager for this proposal. They have day-to-day responsibility for key tasks such as leadership, monitoring program progress, preparing project reports, and communicating with other partners. They communicate and work with the regional FQHC (Open Door Clinic) who will be providing HCV treatment. They have a minimum of a bachelor’s degree and social work-related background. This person is responsible for project evaluation activities, quality assurance, data collection, and ensures prompt delivery of evaluation data to the Administrative Analyst and the Program Services Coordinator.

- Project management of the implementation work plan
- Lead liaison for the coordination of care with local clinics to ensure seamless service delivery.
- Assist with the program, employee onboarding, training, and oversight.
- Direct data collection activities and assist with reporting and evaluation.
- Plan, implement, and evaluate Public Health HCV Prevention programs efforts for the county.
- Coordinate education and outreach schedule, and services on the two mobile clinics

Health Education Specialist-HCV Care Coordination (Rana Avery & Ana Guerrero-Gonzalez): Employees are HCV Care Coordinators. Rana has five years of experience working with Public Health Outreach and providing services to the target population. Ana has two years of experience doing care coordination with the target population for the Public Health Dental Program. They both have bachelor's degrees in Social Work. This position collects, enters, and reports client-level data for evaluation by the Senior Health Education Specialist, Administrative Analyst, and Program Services Coordinator.

- Provide client-based HCV care coordination services working with high-risk populations to improve access to enabling services that improve disease management and health outcomes
- Perform individual health counseling for members of the public who have HCV
- Track and report client status from HCV rapid test to treatment completion
- Link clients HCV confirmatory testing, medical treatment, and physical and behavioral health treatments including SUD
- Assist with making appointments, providing transportation as necessary, and medication adherence
- Collaborate with Open Door Clinic Medical HCV Navigator to ensure service delivery

Health Education Specialist-Mobile Outreach HCV Testers (Two Vacant): Employees are HCV Testers/Counselors stationed on the two mobile clinics. They are trained to be culturally competent in working with underserved and diverse populations, including homeless, low-income, substance use, and those experiencing mental health challenges. Possessing a minimum of a bachelor's degree, with a background in a related field.

- Provide group-level HCV education presentations for target populations and community partners that work with the target population.
- Develop and distribute educational materials
- Perform HCV and HIV rapid testing and counseling
- Coordinate the community coalition: Humboldt County Hepatitis C Task Force
- Track and report client services delivery

Community Health Outreach Workers (Bryan Spinaz and Julianna Diaz): Employees serve as harm reduction and overdose prevention specialists in the mobile clinics. Bryan has 5 years of experience with the target population for county Mental Health and Public Health. Julianna has 2 years of experience working with the target population for COVID Response. Provides risk assessment interviews to clients who use substances.

- Distribute clean syringes, harm reduction supplies, and disposes of used syringes (annual average of 650,000 syringes)
- Provide overdose prevention training and distribute naloxone (opioid overdose reversal medication)
- Link high-risk people to test counselors for HIV and HCV screening.
- Link and provide application assistance to enabling services
- Track and report client services delivery

Administrative Analyst (Karen Baker): Employee has over 14 years of experience supporting Public Health programs and providing oversight of grants, contracts, and evaluation activities. This position gathers and evaluates all data points related to testing, linkages to confirmatory testing, linkages to care and treatment, populations, client demographics, and geographic locations served.

- Facilitates processing of contracts, agreements, MOUs, and subcontracts
- Maintains an understanding of rules and regulations; research and provide clarification to programs and finance department as requested
- Maintains an understanding of grants, appropriations, personnel, and budget requirements and their funding sources. Work with fiscal to ensure timely project expenditures and financial reporting to ensure fiduciary responsibility.

- Assists in program reporting and policy development
- Develops and maintains data collection systems and reporting tools, analyzes collected data/information, provides reports, and assists with project evaluation

Office Assistant (Aimee Lenihan): Employee has 3 years of experience supporting Public Health programs, specifically mobile outreach.

- Works reception greeting and screening visitors and clients
- Uses a multiline system to answer telephone calls and obtains information to determine appropriate resources, actions, documents, or staff referrals to meet customer needs
- Responds to inquiries regarding departmental functions, services, policies, and procedures
- Assists with scheduling client appointments and maintains schedules for technical or professional staff
- Composes and types correspondence, reports, memos, and other documents
- Reviews, processes, and tracks forms and documents per established guidelines and procedures.
- Monitors and updates manual or electronic files
- Inputs daily data points into tracking programs

Senior Fiscal Assistant (Kathy Epperly): Employee has more than four years of experience providing fiscal and financial services support to Public Health programs, specifically mobile outreach, testing, and care coordination.

- Provides lead direction, training, and work review; organizes and assigns work, sets priorities, and follows up to ensure coordination and completion of assigned work
- Performs difficult or complex accounting and financial office support including special projects as assigned
- Prepares, reviews, and reconciles various reports, journals, budgets, payroll, and statistical data
- Reviews and prepares complex time reports; calculates complex differential, premium, and shift pay rates; reviews or prepares personnel transactions, benefits processing, and related reports; provides benefits and payroll information to employees
- Audits and verifies various information, including source data reports
- Maintains varied subsidiary ledgers, auditing and reconciling reports and information and posting data as required; may generate general ledger entries
- Enters and retrieves data from computer systems, producing reports; operates standard office equipment
- Provide financial grant oversight, invoicing, billing, and claiming

Lead Agency and Key Partners: Public Health is the lead agency on the HCV Elimination Project. On January 1, 2022, Public Health established new relationships with two community partners from the HCV Low Barrier to Treatment workgroup. Public Health partnered with Aegis Methadone Clinic which provides HCV testing to their clients and makes referrals to our HCV Care Coordinators. The second partnership is a professional service agreement with Open Door. Public Health has contracted with Open Door Clinics to be the lead medical provider for HCV treatment. Open Door has hired a medical HCV navigator to be the single point of contact to work with the Public Health HCV Coordinator and all clients entering HCV treatment. The contract also successfully set up the very first data sharing agreement between Open Door and Public Health. Public Health staff works with the clinic's HCV medical HCV navigator to set up low barrier access to treatment. The HCV Care Coordinators meet with the clinic's medical HCV navigator weekly to discuss client cases, address any barriers to treatment, improve process flow, and share outcome data. Public Health Care Coordinators work with the Aegis Methadone Clinic case manager to facilitate referrals and treatment of clients that test positive at the Aegis clinic site.

5) Sustainability Planning

DHHS Public Health has made sustainability for HCV targeted outreach and care coordination a priority. The program is continuously seeking and applying for funding from various agencies to support and expand efforts to address HCV. It is the responsibility of the Program Coordinator and the Senior Program Coordinator, supported by administrative analysts and Health Education staff, to raise new resources prior to a grant ending and this team has a successful track record of being granted funds. Public Health has been awarded funds in the past that were used to build a sizable portion of the existing HCV care structure and funding partnerships. The efforts in the HCV Elimination Project over the past seven years have contributed to sustainability that will continue after this funding. Ongoing assets include two new mobile clinics that will remain in operation after the grant period ends utilizing state harm reduction funding.

The allocation from the State STD Prevention and Control Branch allowed Public Health to create a necessary partnership with the primary medical provider for HCV treatment in the County. This subcontract was awarded to Open Door Community Health Clinics in 2022. They are the county's largest health care provider with 12 clinics, located throughout the county and serving over 50% of the population in Humboldt County). Formalizing the partnership between Public Health and Open Door made it crucial to agree to share information contained in their EHR to coordinate services. This data-sharing agreement is with all of Public Health, so it applies not only to HCV care but will roll out across multiple Public Health programs. The outcomes from the state funding have established systems and processes along the continuum of care that will continue after the funding has ended (e.g. data sharing agreement, direct referral and linkage to care process, weekly client case conferences, low-barrier points of entry for people who have not been established as clients of Open Door Clinics).

The Humboldt County HCV task force, founded in 2017 using state funding, has continued past the end of that grant and remains a primary hub of collaboration among local agencies working to eliminate HCV. There is robust attendance at all quarterly meetings. These meetings facilitate communication and build relationships between community sectors: health care providers and various enabling services providers, business owners, program participants and people with lived experience, and many others. These groups provide regular opportunities to interface with like-minded partners to serve all county residents, focusing on the underserved.

In 2020, the California Harm Reduction Initiative (CHRI) is one of the state grants that Public Health was awarded. The CHRI has provided funding for two CHOWs. In 2021, the Governor of California approved to maintain this funding ongoing for all grantees. CHRI will continue to support the staffing of two CHOWs on the mobile clinics.

Humboldt County PH is very practiced in leveraging, matching, and braiding funding streams to achieve shared goals and outcomes. Public Health is developing local system change within the medical system that it will use going forward. Outcome data from this project and the skills acquired through the technical assistance offered via the LICN grant will be used to assess future needs and sustainability internally and in collaboration with our community partners. Humboldt County Public Health will continue to maintain, and where necessary expand on its HCV services to maximize support of indigent populations in achieving health and wellness.

On March 18, 2022, the state Office of AIDS released the new state strategic plan. This plan represents the first time the CDPH will be addressing HCV/HCV/STIs as a syndemic. Each of these diseases has similar risk factors. They announced that future funding would no longer be siloed into "prevention" and "care" funds and will be integrated for service providers. This will provide more opportunities to provide integrated services to the target population.

In year two, Public Health will use data collected in the first year to develop a sustainability plan. Public Health will leverage established relationships with partners who are committed to working with us to achieve success in combatting HCV, including Open Door Clinics, Aegis Methadone Clinic, and the HCV Task Force. This group will work together to review program evaluation efforts and assess the stability of systems, staffing, unresolved service gaps, and outcomes. This information will be used to steer future funding efforts.

[illegible]

| Workplan and Timeline - Year 2 | | 2023 | | | | | | | | | | | 2024 |
|--|--|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|
| Key Personnel | Activity | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan |
| Administrative Analyst | Data & Evaluation - Secondary review of data entry for errors and integrity | X | X | X | X | X | X | X | X | X | X | X | X |
| HES - HCV Care Coordinator | Key Partner Meetings - Set up weekly client case conferences with Aegis and Open Door clinics; - Attend monthly HCV Low Barrier Treatment Work Group | X | X | X | X | X | X | X | X | X | X | X | X |
| HES -HCV Care Coordinator | Data & Evaluation - Create HCV treatment client exit interview/survey and start administering them to all clients upon exiting the program | X | X | X | X | X | X | X | X | X | X | X | X |
| Administrative Analyst, Program Services Coordinator | Data & Evaluation - Purchase Qualtrics (data management software) - Schedule monthly internal project evaluation meetings | X | X | X | X | X | X | X | X | X | X | X | X |
| HES - HCV Care Coordinator | Expanded Services HCV Testing - Launch HCV testing at 3 SUD residential treatment agencies | X | X | X | X | X | X | X | X | X | X | X | X |
| HES - HCV Care Coordinator | New Services: Outreach & Education - continue distributing educational materials with updated HCV treatment options. - Provide HCV presentations for community partners | X | X | X | X | X | X | X | X | X | X | X | X |
| Sr HES - Project Manger | Grants Management - Reports to CMSP | | | X | | | X | | | X | | | X |
| Sr HES - Project Manger | Expanded Services HCV Testing - set up testing at 2 additional community partner agency that work with the target population (ie: Healthy Moms) | | | | X | X | X | X | X | X | X | X | X |
| Sr HES - Project Manger | Leadership Reports - Generate annual reports for the Public Health Administration, clinic leaders, and collaborative community partners. | | | | | | X | | | | | | |
| Sr HES - Project Manger | Project Data Collection - Develop client HCV knowledge survey - delivered bi-annually on the mobile clinics - Set up systems workflow for data exchange with Open Door Clinics (to be reviewed bi-annually) | | | | | | | X | | | | | X |
| Sr HES - Project Manger | Data & Evaluation - Develop client HCV knowledge survey - delivered bi-annually on the mobile clinics - Set up systems workflow for data exchange with Open Door Clinics (to be reviewed bi-annually) | X | | | | | | X | | | | | X |
| Sr HES - Project Manger | Ongoing Services Key Partners - Take over coordination of HCV Task Force quarterly meetings | X | | | X | | | X | | | X | | |
| Program Services Coordinator & Sr HES - Project Manger | Sustainability - Develop and submit sustainability plan | | | | | | X | X | X | X | X | X | X |

| Workplan and Timeline - Year 3 | | 2024 | | | | | | | | | | | | 2025 | | | | | |
|--|--|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|-----|--|
| Key Personnel | Activity | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | |
| Administrative Analyst | Data & Evaluation - Secondary review of data entry for errors and integrity | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| HES - HCV Care Coordinator | Key Partner Meetings - Set up weekly client case conferences with Aegis and Open Door clinics; - Attend monthly HCV Low Barrier Treatment Work Group | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| HES -HCV Care Coordinator | Data & Evaluation - Create HCV treatment client exit interview/survey and start administering them to all clients upon exiting the program | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| Administrative Analyst, Program Services Coordinator | Data & Evaluation - Purchase Qualtrics (data management software) - Schedule monthly internal project evaluation meetings | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| HES - HCV Care Coordinator | Expanded Services HCV Testing - Launch HCV testing at 3 SUD residential treatment agencies | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| HES - HCV Care Coordinator | New Services: Outreach & Education continue distributing educational materials with updated HCV treatment options. - Provide HCV presentations for community partners | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| Sr HES - Project Manger | Expanded Services HCV Testing - set up testing at 2 additional community partner agency that work with the target population (ie: Healthy Moms) | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| Sr HES - Project Manger | Grants Management - Reports to CMSP | | | x | | | x | | | x | | | x | | | x | | x | |
| Sr HES - Project Manger | Leadership Reports - Generate annual reports for the Public Health Administartion, clinic leaders, and collaborative community partners. | | | | | | x | | | | | | | | | | | x | |
| Sr HES - Project Manger | Data & Evaluation - Develop client HCV knowledge survey - delivered bi-annually on the mobile clinics - Set up systems workflow for data exchange with Open Door Clinics (to be reviewed bi-annually) | x | | | | | | x | | | | | | x | | | | x | |
| Sr HES - Project Manger | Ongoing Services Key Partners - Take over coordination of HCV Task Force quarterly meetings | x | | | x | | | x | | | x | | | x | | | x | | |

LICN IMPLEMENTATION GRANT - PROPOSED BUDGET



Applicant: **Humboldt County Public Health**
 Period: **May 2022 - April 2025**

Fiscal Contact email: **kepperly@co.humboldt.ca.us**
 Application Round: **Round 1: Winter '22**

| Category & Description | Year 1: 05/01/22 - 04/30/23 | | | | Year 2: 05/01/23 - 04/30/24 | | | | Year 3: 05/01/24 - 04/30/25 | | | | Project Totals | |
|---|-----------------------------|------------------|------------------|------------------|-----------------------------|------------------|------------------|------------------|-----------------------------|------------------|------------------|------------------|--------------------|--------------------|
| | Quantity | CMSP | In-Kind | Total | Quantity | CMSP | In-Kind | Total | Quantity | CMSP | In-Kind | Total | CMSP | In-Kind |
| Personnel | | | | | | | | | | | | | | |
| Ed Specialist (Mobile Outreach / HCV Tester) - Vacant | 0.75 | \$71,597 | \$0 | \$71,597 | 1 | \$102,140 | \$0 | \$102,140 | 1 | \$109,290 | \$0 | \$109,290 | \$283,027 | \$0 |
| Ed Specialist (Mobile Outreach / HCV Tester) - Vacant | 0.75 | \$71,597 | \$0 | \$71,597 | 1 | \$102,140 | \$0 | \$102,140 | 1 | \$109,290 | \$0 | \$109,290 | \$283,027 | \$0 |
| Senior Health Ed Specialist - Vacant | 0.5 | \$55,946 | \$0 | \$55,946 | 0.5 | \$59,860 | \$0 | \$59,860 | 0.5 | \$64,050 | \$0 | \$64,050 | \$179,856 | \$0 |
| Health Ed Specialist (HCV Care Coordinator) - Filled | 1 | \$105,008 | \$0 | \$105,008 | 1 | \$112,350 | \$0 | \$112,350 | 1 | \$120,200 | \$0 | \$120,200 | \$337,558 | \$0 |
| Health Ed Specialist (HCV Care Coordinator) - Filled | 1 | \$0 | \$95,462 | \$95,462 | 1 | \$0 | \$102,144 | \$102,144 | 1 | \$0 | \$109,294 | \$109,294 | \$0 | \$306,900 |
| Program Services Coordinator - Filled | 0.5 | \$34,317 | \$34,317 | \$68,634 | 0.4 | \$0 | \$58,750 | \$58,750 | 0.3 | \$0 | \$47,148 | \$47,148 | \$34,317 | \$140,215 |
| Administrative Analyst - Filled | 0.5 | \$43,822 | \$43,822 | \$87,644 | 0.5 | \$46,890 | \$46,890 | \$93,780 | 0.5 | \$50,170 | \$50,170 | \$100,340 | \$140,882 | \$140,882 |
| Office Assistant - Filled | 0.5 | \$19,728 | \$19,728 | \$39,456 | 0.5 | \$0 | \$42,216 | \$42,216 | 0.5 | \$0 | \$45,172 | \$45,172 | \$19,728 | \$107,116 |
| Sr. Program Manager - Vacant | 0.2 | \$0 | \$29,709 | \$29,709 | 0.2 | \$0 | \$32,086 | \$32,086 | 0.2 | \$0 | \$34,653 | \$34,653 | \$0 | \$96,448 |
| Sr. Fiscal Assistant - Filled | 0.2 | \$12,635 | \$12,635 | \$25,270 | 0.2 | \$13,520 | \$13,520 | \$27,040 | 0.2 | \$0 | \$28,932 | \$28,932 | \$26,155 | \$55,087 |
| Total Personnel | | \$414,650 | \$235,673 | \$650,323 | | \$436,900 | \$295,606 | \$732,506 | | \$453,000 | \$315,369 | \$768,369 | \$1,304,550 | \$846,648 |
| Training | | | | | | | | | | | | | | |
| HIV/HCV Tester/Counselor Certification | 4 | \$15,500 | | \$15,500 | | | | \$0 | | | | \$0 | \$15,500 | \$0 |
| Harm Reduction Conference | 5 | \$1,500 | | \$1,500 | 5 | \$1,500 | | \$1,500 | 5 | | \$1,500 | \$1,500 | \$3,000 | \$1,500 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| Total Training | | \$17,000 | \$0 | \$17,000 | | \$1,500 | \$0 | \$1,500 | | \$0 | \$1,500 | \$1,500 | \$18,500 | \$1,500 |
| Contractual Services | | | | | | | | | | | | | | |
| Open Door | 1 | | \$89,169 | \$89,169 | | | \$89,169 | \$89,169 | | | \$89,169 | \$89,169 | \$0 | \$267,507 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| Total Contractual | | \$0 | \$89,169 | \$89,169 | | \$0 | \$89,169 | \$89,169 | | \$0 | \$89,169 | \$89,169 | \$0 | \$267,507 |
| Travel | | | | | | | | | | | | | | |
| Mobile Clinic mileage | 25000 | \$8,350 | \$5,500 | \$13,850 | 30000 | \$6,100 | \$10,400 | \$16,500 | 30000 | | \$16,500 | \$16,500 | \$14,450 | \$32,400 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| Total Travel | | \$8,350 | \$5,500 | \$13,850 | | \$6,100 | \$10,400 | \$16,500 | | \$0 | \$16,500 | \$16,500 | \$14,450 | \$32,400 |
| Equipment | | | | | | | | | | | | | | |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| Total Equipment | | \$0 | \$0 | \$0 | | \$0 | \$0 | \$0 | | \$0 | \$0 | \$0 | \$0 | \$0 |
| Other | | | | | | | | | | | | | | |
| Qualtrics Licences | 2 | \$2,500 | | \$2,500 | 2 | \$2,500 | | \$2,500 | 2 | | \$2,500 | \$2,500 | \$5,000 | \$2,500 |
| Laptop, monitors & docking station | 3 | \$4,500 | | \$4,500 | | | | \$0 | | | | \$0 | \$4,500 | \$0 |
| Incentives | 100 | \$3,000 | \$7,000 | \$10,000 | 100 | \$3,000 | \$7,000 | \$10,000 | 100 | | \$10,000 | \$10,000 | \$6,000 | \$24,000 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| Total Other | | \$10,000 | \$7,000 | \$17,000 | | \$5,500 | \$7,000 | \$12,500 | | \$0 | \$12,500 | \$12,500 | \$15,500 | \$26,500 |
| Admin/Overhead ≤10% | | | | | | | | | | | | | | |
| Administrative Overhead | 10% | \$50,000 | | \$50,000 | 10% | \$50,000 | | \$50,000 | 9% | \$47,000 | | \$47,000 | \$147,000 | \$0 |
| | | | | \$0 | | | | \$0 | | | | \$0 | \$0 | \$0 |
| Total Admin/Overhead | | \$50,000 | \$0 | \$50,000 | | \$50,000 | \$0 | \$50,000 | | \$47,000 | \$0 | \$47,000 | \$147,000 | \$0 |
| Grand Total | | \$500,000 | \$337,342 | \$837,342 | | \$500,000 | \$402,175 | \$902,175 | | \$500,000 | \$435,038 | \$935,038 | \$1,500,000 | \$1,174,555 |
| Project Total | | | | | | | | | | | | | \$2,674,555 | |

Implementation Grant Budget Narrative

Applicant **Humboldt County Public Health**



| Personnel | | | |
|--|---|------|---------|
| Staff | Description | CMSP | In-Kind |
| Health Ed Specialist (Mobile Outreach / HCV Tester) - Vacant | Under supervision, plans, implements and evaluates public health education and disease prevention programs and conducts special and continuing health education programs; acts as the main HCV Tester and backs up the trainer; may perform HIV & HCV Orasure rapid tests and risk reduction counseling services; performs related work as assigned. This staff supports the CHDP HCV Prevention grant that is being leveraged to support this project as in-kind contributions. Salary calculations assume minimum 7% increase over time for step increase and/or cost of living adjustments. This position is currently vacant and recruitment is anticipated to take three months (after start of grant period year 1). | X | |
| Health Ed Specialist (Mobile Outreach / HCV Tester) - Vacant | Under supervision, plans, implements and evaluates public health education and disease prevention programs and conducts special and continuing health education programs; acts as the main HCV Tester and backs up the trainer; may perform HIV & HCV Orasure rapid tests and risk reduction counseling services; performs related work as assigned. This staff supports the CHDP HCV Prevention grant that is being leveraged to support this project as in-kind contributions. Salary calculations assume minimum 7% increase over time for step increase and/or cost of living adjustments. This position is currently vacant and recruitment is anticipated to take three months (after start of grant period year 1). | X | |
| Senior Health Ed Specialist - Vacant | This position is the working lead level in the Health Education Specialist series and is the HCV Elimination Project Manager. Under direction, plans, assigns, coordinates, directs, and reviews the work of Health Education Specialists and oversees health education activities within assigned programs. Coordinates special health education programs, conferences, meetings, and speakers bureaus on health topics; may perform HIV & HCV Orasure rapid tests and risk reduction counseling services when needed. This staff completes a perpetual time study which is also used to draw down Medi-Cal Administrative Activities (MAA) reimbursements and leveraged as a match. No less than 0.1 of this employee's FTE will be spent on direct data collection activities and assistance with reporting and evaluation. Salary calculations assume a minimum 7% increase over time for step increase and/or cost of living adjustments. This position is currently vacant and recruitment is anticipated to take three months (after the start of grant period year 1). | X | |
| Health Ed Specialist (HCV Care Coordinator) - Filled | Under supervision, plans, implements and evaluates public health education and disease prevention programs and conducts special and continuing health education programs; is one of the HCV Care Coordinator and backs up the tester; may perform HIV & HCV Orasure rapid tests and risk reduction counseling services; performs related work as assigned. This staff supports the CHDP HCV Prevention grant that is being leveraged to support this project as in-kind contributions. Salary calculations assume minimum 7% increase over time for step increase and/or cost of living adjustments. | | X |
| Health Ed Specialist (HCV Care Coordinator) - Filled | Under supervision, plans, implements and evaluates public health education and disease prevention programs and conducts special and continuing health education programs; is one of the HCV Care Coordinators and backs up the testers; may perform HIV & HCV Orasure rapid tests and risk reduction counseling services; performs related work as assigned. This staff supports the CHDP HCV Prevention grant that is being leveraged to support this project as in-kind contributions. Salary calculations assume minimum 7% increase over time for step increase and/or cost of living adjustments. | X | X |
| Program Services Coordinator - Filled | Under direction, plans, develops, and implements specialized health and human services programs; manages the grant application and funding processes; performs related work as assigned. Responsible for the effective implementation of specialized public health programs in the Department of Health and Human Services. Develops program guidelines and plans, identifies and secures funding as appropriate, develops staffing and budget proposals and planning, assigning and reviewing staff work to implement the program. This staff works across multiple PH programs and staff FTE is calculated and charged based on perpetual time study which is also used to draw down Medi-Cal Administrative Activities (MAA) reimbursements. This staff also supports the CHRI & CHDP HCV Prevention grant leveraged to support this project as in-kind contributions. No less than 0.1 of this employee's FTE will be spent on oversight of data collection, reporting, and evaluation. Salary calculations assume a minimum 7% increase over time for step increase and/or cost of living adjustments. | X | X |
| Administrative Analyst - Filled | Under supervision, performs responsible administrative, organizational, systems, budgetary, statistical, public information, and community liaison work and other analyses and staff support related to the department, division, or County-wide activities and functions; makes recommendations for action and assists in policy and procedure development and implementation; performs related work as assigned. No less than 0.3 of this employee's FTE will be spent on developing and maintaining data collection systems and reporting tools, analyzing collected data/information, providing reports, and assisting with project evaluation. This staff works across multiple PH programs and staff FTE is calculated and charged based on perpetual time study which is also used to draw down Medi-Cal Administrative Activities (MAA) reimbursements. This staff also supports the CHRI & CHDP HCV Prevention grant leveraged to support this project as in-kind contributions. Salary calculations assume a minimum 7% increase over time for step increase and/or cost of living adjustments. | | |
| Office Assistant - Filled | Under supervision, performs responsible administrative, organizational, systems, budgetary, statistical, public information and community liaison work and other analyses and staff support related to department, division, or County-wide activities and functions; makes recommendations for action and assists in policy and procedure development and implementation; performs related work as assigned. This staff works across multiple PH programs and staff FTE is calculated and charged based on perpetual time study which is also used to draw down Medi-Cal Administrative Activities (MAA) reimbursements. This staff additionally supports the CHRI & CHDP HCV Prevention grant that is being leveraged to support this project as in-kind contributions. Salary calculations assume minimum 7% increase over time for step increase and/or cost of living adjustments. | X | X |
| Sr. Fiscal Assistant - Filled | Under supervision, provides a variety of routine to difficult office support; includes receptionist duties, typing, word processing, data entry, recordkeeping and filing; performs related work as assigned. This staff works across multiple PH programs and staff FTE is calculated and charged based on perpetual time study which is also used to draw down Medi-Cal Administrative Activities (MAA) reimbursements. This staff additionally supports the CHRI & CHDP HCV Prevention grant that is being leveraged to support this project as in-kind contributions. Salary calculations assume minimum 7% increase over time for step increase and/or cost of living adjustments. | X | X |
| Sr. Program Manager - Vacant | Under direction, provides oversight and programmatic development, coordination and implementation for multiple and/or complex programs or service delivery systems in the Department of Health and Human Services-Public Health; performs administrative oversight of integrated programs and program support; performs related work as assigned. This staff works across multiple PH programs and her FTE is calculated and charged based on perpetual time study. This staff is being leveraged as in-kind contributions. Salary calculations assume minimum 7% increase over time for step increase and/or cost of living adjustments. | X | X |
| Sr. Fiscal Assistant - Filled | This position is the working lead level in the Fiscal Assistant series. Under direction, assigns, directs and reviews the work of a small fiscal and/or general office staff; provides difficult or specialized fiscal, financial, statistical and accounting office support; performs related work as assigned. This staff works across multiple PH programs and staff FTE is calculated and charged based on perpetual time study. This staff additionally supports the CHRI & CHDP HCV Prevention grant that is being leveraged to support this project as in-kind contributions. Salary calculations assume a minimum 7% increase over time for step increase and/or cost of living adjustments. | X | X |
| Fringe Benefits | | | |
| Staff | Description | CMSP | In-Kind |
| Health Ed Specialist (Mobile Outreach / HCV Tester) - Vacant | The fringe benefits rates vary by staff member. Fringe costs include: PERS Health insurance which is based on the personal selection of each employee. Retirement benefits are calculated as a percentage of salary. Life insurance is a fixed cost. | X | |
| Health Ed Specialist (Mobile Outreach / HCV Tester) - Vacant | The fringe benefits rates vary by staff member. Fringe costs include: PERS Health insurance which is based on the personal selection of each employee. Retirement benefits are calculated as a percentage of salary. Life insurance is a fixed cost. | X | |
| Senior Health Ed Specialist - Vacant | The fringe benefits rates vary by staff member. Fringe costs include: PERS Health insurance which is based on the personal selection of each employee. Retirement benefits are calculated as a percentage of salary. Life insurance is a fixed cost. | X | |
| Health Ed Specialist (HCV Care Coordinator) - Filled | The fringe benefits rates vary by staff member. Fringe costs include: PERS Health insurance which is based on the personal selection of each employee. Retirement benefits are calculated as a percentage of salary. Life insurance is a fixed cost. | | X |
| Health Ed Specialist (HCV Care Coordinator) - Filled | The fringe benefits rates vary by staff member. Fringe costs include: PERS Health insurance which is based on the personal selection of each employee. Retirement benefits are calculated as a percentage of salary. Life insurance is a fixed cost. | X | X |
| Program Services Coordinator - Filled | The fringe benefits rates vary by staff member. Fringe costs include: PERS Health insurance which is based on the personal selection of each employee. Retirement benefits are calculated as a percentage of salary. Life insurance is a fixed cost. | X | X |
| Administrative Analyst - Filled | The fringe benefits rates vary by staff member. Fringe costs include: PERS Health insurance which is based on the personal selection of each employee. Retirement benefits are calculated as a percentage of salary. Life insurance is a fixed cost. | X | X |
| Office Assistant - Filled | The fringe benefits rates vary by staff member. Fringe costs include: PERS Health insurance which is based on the personal selection of each employee. Retirement benefits are calculated as a percentage of salary. Life insurance is a fixed cost. | X | X |
| Sr. Program Manager - Vacant | The fringe benefits rates vary by staff member. Fringe costs include: PERS Health insurance which is based on the personal selection of each employee. Retirement benefits are calculated as a percentage of salary. Life insurance is a fixed cost. | X | X |
| Sr. Fiscal Assistant - Filled | The fringe benefits rates vary by staff member. Fringe costs include: PERS Health insurance which is based on the personal selection of each employee. Retirement benefits are calculated as a percentage of salary. Life insurance is a fixed cost. | X | X |
| Training | | | |
| Item | Description | CMSP | In-Kind |
| HIV/HCV Tester/Counselor Certification | Virtual HIV/HCV Counselor Skills and Fingerprint Rapid Test trainings provided by the primary HIV counseling trainer and curriculum developer for the California State Office of AIDS for test counselors, outreach workers, and other health and social service providers (5-day online training). | X | |
| Harm Reduction Conference | Registration fee for five employees to attend the National Harm Reduction Conference to gain an understanding of drug use, drug users, and the philosophy and practice of harm reduction. Build networks of people and agencies doing HR work and share best practices and experiences. | X | X |
| 0 | | | |
| 0 | | | |
| 0 | | | |
| 0 | | | |
| 0 | | | |
| Contractual Services | | | |
| Contractor Name | Description | CMSP | In-Kind |
| Open Door | Subcontract with local non-profit CBO to partner with DHHS – Public Health to enhance follow-up of HCV cases and to identify and address systemic barriers and provide HCV RNA testing, coordination of care, treatment of individuals referred to them by the county, and share related data. | | X |
| 0 | | | |
| 0 | | | |
| 0 | | | |
| 0 | | | |
| Travel | | | |
| Staff | Description | CMSP | In-Kind |
| Mobile Clinic mileage | Mileage at 0.56 per mile for a total of 85,000 over three years to travel throughout Humboldt County in the mobile clinic vehicle for outreach and testing services, county car(s) to connect participants to HCV-related medical services, and county car(s) to attend any in-person stakeholder meetings with community partners. | X | X |
| 0 | | | |
| 0 | | | |
| 0 | | | |
| 0 | | | |
| Equipment | | | |
| Item | Description | CMSP | In-Kind |

| | | | |
|------------------------------------|---|------|---------|
| 0 | | | |
| 0 | | | |
| 0 | | | |
| 0 | | | |
| 0 | | | |
| 0 | | | |
| 0 | | | |
| 0 | | | |
| 0 | | | |
| 0 | | | |
| 0 | | | |
| Other | | | |
| Title | Description | CMSP | In-Kind |
| | | | |
| Qualtrics Licences | Two licenses for the Senior Health Education Specialist and Administrative Analyst to create and evaluate programmatic surveys for clients and providers to give anonymous feedback regarding services and supports. This data is used to identify problems and gaps and improve the quality of program services. | X | X |
| Laptop, monitors & docking station | Three monitors, laptops, and docking stations for new employees (one Senior HES and two HESs). | X | |
| Incentives | HES HCV Care Coordinators provide up to \$100 per client for attending an appointment, completing all goals, and providing referrals of new clients. \$20 for intake appointment for Care Coordination, \$20 for completing an HCV confirmatory test, \$20 for initiating HCV Treatment (if the confirmatory test is positive), \$10 for completing lab draws at week 4 of treatment, \$20 for completing lab draws at end of treatment (12 weeks), \$5 for a referral of an injection/sexual partner to testing (max. 2) | X | X |
| 0 | | | |
| 0 | | | |
| 0 | | | |
| 0 | | | |
| 0 | | | |
| 0 | | | |
| Administrative Overhead Expenses | | | |
| Title | Description | CMSP | In-Kind |
| Administrative Overhead | All administrative Operating Expenses are calculated and applied quarterly per FTE: rent, utilities, telephones (land and mobile), internet service, equipment rentals (copiers and fax), facility insurance. All county Centralized Services charges are calculated and applied annually per FTE: purchasing, auditor-controller's office, information and data services, ADA compliance, facility maintenance, mailroom, legal counsel, and risk management. | X | |
| 0 | | | |

Local Indigent Care Needs Grant - Logic Model



Applicant: Humboldt County Public Health

County Served: Humboldt County

| Target Population | Program Theory | Activities | Outcomes | Impact |
|---|---|---|---|--|
| <p><i>The target population consists of:</i></p> <p><i>Adults in Humboldt County who are experiencing complex health conditions, specifically Hepatitis C (HCV), compounded by health inequity through high-risk substance use behaviors, many experiencing homelessness, and transportation challenges.</i></p> <ul style="list-style-type: none"> <i>Adults with HCV in Humboldt County. (7,000)</i> <i>Adults with Substance Use Disorder (SUD) in Humboldt County. (18% of Medi-Cal recipients)</i> | <p><i>If the services are:</i></p> <p><u><i>Outreach and Education:</i></u></p> <ul style="list-style-type: none"> <i>Distribute educational materials and deliver presentations about HCV prevention and access to treatment.</i> <i>Health Education Specialists (HCV Testers) will deliver group and one-on-one education on HCV prevention and treatment access while incorporating harm reduction and stigma reduction theory and language.</i> <i>Provide HCV prevention and treatment access training and education materials to other community partner agencies that serve the target population.</i> <p><u><i>Mobile Clinics:</i></u></p> <ul style="list-style-type: none"> <i>Public Health Mobile Outreach Team will provide HCV risk assessment, counseling, and testing.</i> | <p><i>And if the program provides:</i></p> <p><u><i>Outreach and Education:</i></u></p> <ul style="list-style-type: none"> <i>Draft and distribute printed materials.</i> <i>Develop training curriculum/presentations.</i> <i>Identify, schedule, and deliver community events or other opportunities to deliver health education.</i> <p><u><i>Mobile Clinics:</i></u></p> <ul style="list-style-type: none"> <i>Activate second mobile clinic (already owned by Public Health).</i> <i>Hire and train 3.0 FTE (two Health Education Specialists as HCV testers, one as HCV Care Coordinator) and 1.0 FTE Sr. Health Education Specialist (as Project Manager).</i> <i>Train HES and Sr. HES staff.</i> <i>Identify five new testing locations for the mobile clinic to reach.</i> | <p><i>Then,</i></p> <p><u><i>Outreach and Education:</i></u></p> <ul style="list-style-type: none"> <i>2400 people will receive HCV prevention & treatment education through group training and one-on-one coaching will increase.</i> <p><u><i>Mobile Clinics:</i></u></p> <ul style="list-style-type: none"> <i>1560 people will be screened for HCV through rapid testing to learn of possible exposures.</i> <i>390 people who test positive for HCV (25% positivity rate) on the mobile clinic will be referred to the HCV Care Coordinators</i> <i>600 referrals to enabling services, insurance, and aftercare</i> | <p><i>Ultimately,</i></p> <p><i>Over the granting period:</i></p> <p><u><i>Among Target Pop.</i></u></p> <p><i>The knowledge and understanding of HCV prevention and treatment options will increase.</i></p> <p><i>The number of people at risk who learn that they were exposed to HCV will increase.</i></p> <p><i>The number of people who have access to HCV care services will increase.</i></p> <p><i>The number of people who get linked to medical care for a confirmatory test and know their HCV status will increase.</i></p> <p><i>The number of people who are begin HCV care and treatment will increase.</i></p> |

Local Indigent Care Needs Grant - Logic Model

| | | | | |
|--|---|---|--|---|
| <p>entered SUD treatment)</p> <ul style="list-style-type: none"> Adults Experiencing Homelessness (AEH) in Humboldt County. (57% of outreach clients) | <ul style="list-style-type: none"> Mobile services will only be deployed in areas that are exhibiting the highest incidence of HCV. Deploy mobile clinics to administer HCV rapid tests to identify those who have been exposed to HCV. When clients' HCV rapid test results are positive, facilitate scheduling of an intake appointment with Health Education Specialists (HCV Care Coordinators) for confirmatory HCV test. <p><u>Care Coordination and Access to Community Resources:</u></p> <ul style="list-style-type: none"> Facilitate scheduling of HCV confirmatory test and enrollment in the treatment program delivered by the FQHC (Open Door Clinic). Health Education Specialists (HCV Care Coordinator) will provide linkages to additional enabling services. They will help with applications and access to programs including mental health, substance use disorder, food, housing/shelter, financial assistance. | <ul style="list-style-type: none"> Deliver testing and counseling Link clients who test positive to confirmatory testing. <p><u>Care Coordination and Access to Community Resources:</u></p> <ul style="list-style-type: none"> Participate in the Humboldt HCV Task Force & HCV Low Barrier Treatment Work Group. Partner with Open Door Clinic (FQHC) that provides low-barrier HCV treatment to establish a procedure for warm-handoffs from mobile clinic outreach to care coordinator for confirmatory testing and treatment navigation. Establish a reliable way to maintain contact with clients. Complete needs assessment of enabling services for all clients who enter HCV treatment. Establish systems and workflow for data exchange between FQHC and Public Health. Ongoing program evaluation to track program participation and identify areas of improvement for operations. | <p>assistance to injection drug-using and smoking individuals.</p> <p><u>Care Coordination and Access to Community Resources:</u></p> <ul style="list-style-type: none"> 234 people (60%) of those who test positive will get a confirmatory test. 140 people (60%) of those who are referred for treatment will be linked to medical care. 98 people (70%) will complete treatment and maintain a sustained viral suppression (cure) | <p>The number of people who complete HCV treatment and achieve sustained viral suppression (cured) will increase.</p> <p>Number of people in HCV treatment who enroll in or re-activate Medi-Cal/CMSP insurance will increase.</p> <p>Number of participants in HCV treatment who enter SUD treatment services will increase.</p> <p>Due to increased HCV treatment and education, the HCV prevalence rate will be reduced by 10% and the need for repeat treatment will be reduced by 20% by the end of year 3.</p> <p>Due to improved partnerships, data sharing, and weekly contacts, there will be improved ease of access to HCV services through Partnerships with providers that complete the continuum of care.</p> |
|--|---|---|--|---|

Data Evaluation Plan

- 2400 unduplicated people will receive education = target population's knowledge of HCV prevention and treatment options will increase
- 1560 people will be screened with rapid test = target population will learn if they were exposed to HCV
- 600 referrals to enabling services, insurance, and aftercare assistance to injection drug-using and smoking individuals = target population enrolled in Medi-Cal/CMSP/insurance will increase; target population in HCV treatment who enter SUD treatment services will increase.

As clients are served with services: health education, HCV and HIV rapid test screening, and/or linked to referrals, Health Education Specialists (HESs), and Community Health Outreach Workers (CHOWs) will record the number of services delivered, including the reason and the agency of referrals. Clients will be given a unique identifier and demographic information will also be collected. Demographic data points include age, gender, location, race/ethnicity. Due to the mobile nature of Outreach services, data is tracked by hand on a log sheet and entered later when a client is met in the field, or it is entered directly into the Access database if the client contact is in the office or over the telephone. Data collected on paper forms will be entered no less than weekly by the HES or Office Assistant. Data review for errors and integrity is completed monthly by the Administrative Analyst (AA). (See page 3 for detailed matrix of data collection points.)

- 390 people will be referred to the HCV Care Coordinator = target population that have access to HCV care services will increase
- 234 people will get a confirmatory test = target population will get a confirmatory test and know their status
- 140 people will be linked to medical care = target population enrolled in Medi-Cal/CMSP/insurance will increase; target population beginning HCV care and treatment will increase
- 98 people will complete treatment and maintain a sustained viral suppression = target population completing HCV treatment and achieving sustained viral suppression will increase.

Clients who are linked to HESs for HCV care coordination will have additional data points collected including source of income, type of insurance/enrollments in insurance, housing status, substance use, risk factors, barriers, strategies identified by clients to address their barriers, appointments, clinic testing and medication information, and post-treatment. These data points will be collected and updated in real-time in the Access database. HESs will additionally track when they provide transportation and details on linkages to other services. This data will be reviewed continuously (as needed, but no less than quarterly) by care coordinators to track individual client needs and address barriers. Data review for errors and integrity is completed monthly by the AA.

The Senior HES (Project Manager) will pull reports on demographics, quantity of services, and performance management data on a quarterly basis (see page 3 for detailed matrix of data collection points) and submit data to the Program Services Coordinator (PSC) and Administrative Analyst (AA) for review and entry into ClearPoint Strategies. ClearPoint is a performance management tool used throughout Public Health to track identified measures that are prioritized by local DHHS Administration and State and Federal agencies. Public Health uses ClearPoint to display a dashboard that presents program goals, data, outcomes, and progress. This dashboard can be shared with the public and community partners.

The program data in ClearPoint will also be used in Humboldt County Public Health's Performance Management and Quality Improvement (PMQI) quarterly meetings to reflect on progress and improve program implementation and evaluation. Quarterly, the program team, consisting of the PSC, Senior HES, AA, and HESs and CHOWs (as needed) meets with leadership to review the past quarter's performance and plan strategically for the following quarters. Annually, the program team meets to review their progress for the year, consider the performance data they collected from a lens of health equity and identify opportunities for quality improvement.

The program has additionally identified the need for anonymous client feedback regarding services and supports. Public Health plans to purchase Qualtrics, a web-based statistical and qualitative data analysis software, to assist with program evaluation. Utilizing Qualtrics, clients will be given a short 10-20 question survey with no more than five free-text response questions and the option to remain anonymous or be contacted for a follow-up interview. This data will be reported on quarterly with the purpose of improving client service delivery. The program has also identified a need to survey providers, which can also be collected anonymously through Qualtrics. The program has several analysis tools to filter, merge, classify and define data elements. This data would be collected annually and used to identify successes, problems, and gaps to improve the quality of program services.

Program will provide all requested program and financial reports to CMSP as directed on or before their deadlines.

| Data Point | Data Type | Reason/Description of Use | Collection Mechanism | Analysis Tool | Freq. | Data Location | Entry/Review Staff |
|-------------------------------|----------------------|--|-----------------------------------|---------------|--------|---------------|---------------------------|
| Client Age | Demographics | ID disparities for specific populations | Access (existing database) | Excel | Qtrly | Share Drive | HES/Admin. Analyst |
| Client Gender | Demographics | ID disparities for specific populations | Access (existing database) | Excel | Qtrly | Share Drive | HES/Admin. Analyst |
| Client Location | Demographics | ID disparities for specific populations | Access (existing database) | Excel | Qtrly | Share Drive | HES/Admin. Analyst |
| Race/Ethnicity | Demographics | ID disparities for specific populations | Access (existing database) | Excel | Qtrly | Share Drive | HES/Admin. Analyst |
| | | | | | | | |
| Source of Income | Case Management | ID individual needs for support services | Access (existing database) | Excel | Qtrly | Share Drive | HES/Admin. Analyst |
| Insurance Type | Case Management | ID individual needs for support services | Access (existing database) | Excel | Qtrly | Share Drive | HES/Admin. Analyst |
| Unhoused/Housed | Case Management | ID individual needs for support services | Access (existing database) | Excel | Qtrly | Share Drive | HES/Admin. Analyst |
| Substance Use | Case Management | ID individual needs for support services | Access (existing database) | Excel | Qtrly | Share Drive | HES/Admin. Analyst |
| Risk Factors | Case Management | ID individual needs for support services | Access (existing database) | Excel | Qtrly | Share Drive | HES/Admin. Analyst |
| Client Barriers | Case Management | ID individual needs for support services | Access (existing database) | Excel | Qtrly | Share Drive | HES/Admin. Analyst |
| Barrier Strategies | Case Management | ID individual needs for support services | Access (existing database) | Excel | Qtrly | Share Drive | HES/Admin. Analyst |
| Test Type | Case Management | ID individual needs for support services | Access (existing database) | Excel | Qtrly | Share Drive | HES/Admin. Analyst |
| Medication Type | Case Management | ID individual needs for support services | Access (existing database) | Excel | Qtrly | Share Drive | HES/Admin. Analyst |
| Post-treatment | Case Management | ID individual needs for support services | Access (existing database) | Excel | Qtrly | Share Drive | HES/Admin. Analyst |
| Appointments | Case Management | ID individual needs for support services | Access (existing database) | Excel | Qtrly | Share Drive | HES/Admin. Analyst |
| Referral Source | Case Management | ID individual needs for support services | Access (existing database) | Excel | Qtrly | Share Drive | HES/Admin. Analyst |
| | | | | | | | |
| Screened for HCV | Quantity of Services | Project progress / goals reporting | Access (existing database) | Excel | Qtrly | Share Drive | HES/Admin. Analyst |
| Linked to HCV care | Quantity of Services | Project progress / goals reporting | Access (existing database) | Excel | Qtrly | Share Drive | HES/Admin. Analyst |
| Enrolled in Insurance | Quantity of Services | Project progress / goals reporting | Access (existing database) | Excel | Qtrly | Share Drive | HES/Admin. Analyst |
| Linked to Clinic/Treatment | Quantity of Services | Project progress / goals reporting | Access (existing database) | Excel | Qtrly | Share Drive | HES/Admin. Analyst |
| Completed Treatment | Quantity of Services | Project progress / goals reporting | Access (existing database) | Excel | Qtrly | Share Drive | HES/Admin. Analyst |
| Resource Linkages | Quantity of Services | Project progress / goals reporting | Access (existing database) | Excel | Qtrly | Share Drive | HES/Admin. Analyst |
| Transportation Provided | Quantity of Services | Project progress / goals reporting | Access (existing database) | Excel | Qtrly | Share Drive | HES/Admin. Analyst |
| Referrals to other services | Quantity of Services | Project progress / goals reporting | Access (existing database) | Excel | Qtrly | Share Drive | HES/Admin. Analyst |
| | | | | | | | |
| Number screened for HCV | Performance Mgmt. | Strategic planning & policy development | ClearPoint Stratigies (exisiting) | ClearPoint | Qtrly | Web-based | Analyst/Prog. Svcs Coord. |
| Number linked to HCV care | Performance Mgmt. | Strategic planning & policy development | ClearPoint Stratigies (exisiting) | ClearPoint | Qtrly | Web-based | Analyst/Prog. Svcs Coord. |
| Avg. # of days to first appt. | Performance Mgmt. | Strategic planning & policy development | ClearPoint Stratigies (exisiting) | ClearPoint | Qtrly | Web-based | Analyst/Prog. Svcs Coord. |
| Avg. # of days to complete Tx | Performance Mgmt. | Strategic planning & policy development | ClearPoint Stratigies (exisiting) | ClearPoint | Annual | Web-based | Analyst/Prog. Svcs Coord. |
| | | | | | | | |
| Client Satisfaction | Quality Improvement | ID opportunities for quality improvement | Qualtrics (add lic. & create) | Qualtrics | Qtrly | Web-based | Analyst/Prog. Svcs Coord. |
| Provider Satisfaction | Quality Improvement | ID opportunities for quality improvement | Qualtrics (add lic. & create) | Qualtrics | Annual | Web-based | Analyst/Prog. Svcs Coord. |



St. Joseph Hospital
Redwood Memorial Hospital
Community Health Investment
2700 Dolbeer Street
Eureka, CA 95501
707-445-8121

March 14, 2022

Humboldt County Public Health
529 I Street Eureka, CA 95501
RE: County Medical Services Program Local Indigent Care Needs
Letter of Commitment
Grant Applicant

To Whom It May Concern:

This letter of support confirms Providence St. Joseph Hospital and Providence Redwood Memorial Hospital are committed to partnering with the Humboldt County Department of Health and Human Services – Public Health in their pursuit of a Local Indigent Care Needs Implementation Grant.

As a supporter of this application, Providence St. Joseph Hospital Eureka, and Providence Redwood Memorial Hospital confirms:

- We are aligned with the intent of this grant which is to establish new and strengthen existing mechanisms to assist adults living with hepatitis C (HCV) in attaining access to disease treatment, medication adherence while linking clients to other enabling services.
- The Humboldt County Department of Health and Human Services – Public Health has been a long-time partner and collaborator on various community health improvement efforts including the Community Health Assessment and Community Health Improvement Plan and, most recently, COVID-19 prevention and vaccination efforts for populations at higher risk of contracting the disease.
- This grant will help Public Health advance important work related to priority health concerns and areas of need in our community such as substance use disorders and hepatitis C.
- Our mission to care for the poor and vulnerable mirrors the focus of this grant on the CMSP-eligible populations, as well as other publicly funded and low-income health care recipients.

We do hereby commit to supporting the Humboldt County Department of Health and Human Services – Public Health as described above.

For questions, please contact Martha Shanahan, Director of Community Health Investment at (707) 445-8121 x7450 or Martha.Shanahan@providence.org.

Sincerely,

Martha Shanahan

Martha Shanahan, RD, MPH
Director, Community Health Investment



Humboldt County Public Health
529 I Street Eureka, CA 95501

March 10, 2022

County Medical Services Program Local Indigent Care Needs Grant
Letter of Commitment
RE: Grant Applicant RE: Letter of Support

To Whom it May Concern:

On behalf of Open Door Community Health Centers (ODCHC), I am pleased to provide this letter of commitment in support of Humboldt County Department of Health and Human Services, Public Health's application for the Local Indigent Care Needs Implementation Grant. This grant intends to establish new and strengthen existing mechanisms to assist adults living with hepatitis C (HCV) in attaining low-barrier access to disease treatment, and medication adherence while linking clients to other enabling services.

ODCHC has a long history of collaboration and strong partnership with Humboldt County DHHS. There are streamlined referral protocols in place to link those individuals identified by DHHS Public Health to the treatment available at ODCHC. Both agencies have a strong commitment to serving the most under-served members of our community, including people who are homeless, low-income, uninsured, and experiencing other chronic physical and/or mental illnesses. ODCHC currently partners with Public Health via a professional services agreement to provide clinical navigation services to individuals referred for HCV treatment.

ODCHC is the largest provider of HCV treatment in Humboldt County and provides primary medical care for hundreds of individuals who are diagnosed. ODCHC also has a robust Medication Assisted Treatment program for individuals assessed to have substance use disorders, serving more than 800 patients at any one time. As a key partner listed on the proposal, the ODCHC agrees to participate in the following ways:

- Provide HCV RNA Confirmatory Testing
- Provide HCV treatment plans,
- Participate in the Humboldt County HCV Task Force meetings
- Coordinate with Public Health's Outreach Program

ODCHC strongly supports the efforts of DHHS Public Health and the outreach, screening, care coordination services that they provide. Together we reach and provide treatment to many more individuals than either agency could alone.

ODCHC applauds DHHS Public Health's efforts and looks forward to our continued collaboration for years to come. We ask that you view favorably their request for support.

We do hereby commit to supporting and collaborating with the applicant as described above.

For questions, please contact Sarah Kerr, Vice President of Operations North Division, 707-499-2358, skerr@opendoorhealth.com.

Sincerely,

Tory Starr, President & Executive Officer

- Administration, Finance, and Human Resources
1275 Eighth Street
Arcata, CA 95521
(707) 826-8633
- Billing
1385 Eighth Street
Arcata, CA 95521
(707) 826-8642
- Burre Dental Center
Mobile Dental Services
959 Myrtle Avenue
Eureka, CA 95501
- Del Norte Community Health Center
550 East Washington Boulevard
Crescent City, CA 95531
- Eureka Community Health & Wellness Center
2200 Tydd Street
Eureka, CA 95501
- Ferndale Community Health Center
638 Main Street (PO Box 1157)
Ferndale, CA 95536
- Fortuna Community Health Center
3750 Rohnerville Road
Fortuna, CA 95540
- Humboldt Open Door Clinic
770 Tenth Street
Arcata, CA 95521
- McKinleyville Community Health Center
1644 Central Avenue
McKinleyville, CA 95519
- Mobile Health Services / Telehealth & Visiting Specialists Center
2426 Buhne Street
Eureka, CA 95501
- NorthCountry Clinic
785 18th Street
Arcata, CA 95521
- NorthCountry Prenatal Services
3800 Janes Road, Suite 101
Arcata, CA 95521
- Open Door Downtown
622 H Street,
Eureka, CA 95501
- Open Door Gynecology Services
3770 Janes Road,
Arcata, CA 95521
- Redwood Community Health Center
2350 Buhne Street, Suites A & C
Eureka, CA 95501
- Willow Creek Community Health Center
38883 Highway 299
Willow Creek, CA 95573
- Member Services
550 E Washington Blvd, Suite 100
Crescent City, CA 95531
963 Myrtle Avenue
Eureka, CA 95501

OCHIN LINK DATA ACCESS AGREEMENT

This **OCHIN LINK DATA ACCESS AGREEMENT** hereinafter "Agreement" is entered into by and among OCHIN Inc. ("OCHIN"), Open Door Community Health Centers, a member of OCHIN (hereinafter "ODCHC") and Humboldt County Department of Health and Human Services (hereinafter "County").

This Agreement is incorporated into all existing and current agreements(s) between the parties. County must comply with all requirements for maintaining the privacy and security of protected health information ("PHI") under federal and state law. County is subject to the application of civil and criminal penalties under sections 1176 and 1177 of the Social Security Act. The PHI disclosed and provided to County is required by law to be protected against unauthorized use, disclosure, modification or loss. In order to comply with applicable legal requirements for the protection of information, the parties agree as follows:

Section 1. Purpose of Activities.

A. ODCHC is committed to providing high quality patient care. In furtherance of its mission, ODCHC agrees to allow the disclosure of PHI to County as permitted or required by law. ODCHC also agrees to allow County electronic access to PHI necessary to perform its public health, treatment, and follow up duties. County will use PHI only for the scope of activities under this Agreement. Disclosure will occur through electronic access to EPIC Care Elsewhere ("OCHIN Link"). County understands that electronic access to OCHIN Link is a privilege offered at the discretion of ODCHC and OCHIN. County understands and acknowledges that ODCHC may terminate this privilege at any time for any reason with 7 days' notice to County.

B. Access to OCHIN Link shall be limited to access of PHI for those patients with whom County has a treatment relationship. County may access the PHI for treatment, payment and healthcare operations as defined by the Health Insurance Portability and Accountability Act of 1996 and any regulations enacted pursuant to its provisions ("HIPAA"). For purposes of this Agreement, "healthcare operations" shall be limited to conducting quality assessment, competence evaluation of providers or health plans, and/or training program activities.

OBLIGATIONS OF COUNTY

Section 2. Use or Disclosure of PHI.

Only the minimum necessary PHI to accomplish the intended purpose of this Agreement can be used or disclosed. County shall not use or disclose PHI received from ODCHC in any manner that would constitute a violation of federal or applicable state law, including but not limited to HIPAA. County shall ensure that its directors, officers, employees, contractors, and agents use or disclose PHI received from, or created or received on behalf of ODCHC only in accordance with the provisions of this Agreement and federal and state law. County shall not disclose PHI in any manner other than that permitted by this Agreement. County further agrees that all information accessed through the ODCHC Information System will be maintained in the strictest confidentiality and in the same manner as County safeguards the confidentiality of other PHI and as required by state and federal law.

Section 3. Process for Requesting OCHIN Link Access.

County designates a liaison to coordinate user access. The liaison manages the modification and termination for accounts provided to County. County will have each provider or medical professional ("Professional") sign, complete and submit a separate user access agreement (the "User Access Agreement"), attached hereto as Exhibit A. "Professionals" includes registered nurses, communicable disease investigators, and medical office assistants. The liaison will provide the completed forms to ODCHC's IT Services User Access Administrator. County warrants, represents, and ensures that each Professional approved for access under this Agreement adheres to the requirements of this Agreement and the User Access Agreement.

For purposes of this Agreement, access to OCHIN Link shall be permitted only for Professionals who have executed the User Access Agreement attached hereto as Exhibit A.

Section 4. Safeguarding Information.

- A. County shall only use, store, disclose, or access PHI:
- (1) In accordance with, and only to the extent permissible under this Agreement; and
 - (2) In full compliance with any and all applicable laws, regulations, rules or standards.
- B. County shall have in place policies and procedures to implement and maintain all safeguards necessary to ensure the confidentiality, availability, and integrity of all ODCHC data. Such safeguards shall include as appropriate, and without limitation, use of: policies and procedures to prevent any unauthorized use or disclosure of, or access to, PHI; restrictions on administrative access to PHI; system firewalls, secure network and transfer protocols such as Secure Socket Shell (SSH), Secure Copy Protocol (SCP), Hyper-Text Transfer Protocol over Secure Sockets Layer (HTTPS), or Internet Protocol Security (IPSec); industry compliant network authentication protocols such as Kerberos or Lightweight Directory Access Protocol (LDAP); encryption; regular and timely system upgrades, including implementation of security patches; disk quotas to ensure system availability; logging in accordance with ODCHC specifications, maintenance of logs on centralized servers; and County backup systems for disaster recovery, security, and forensics purposes.
- C. County shall not download PHI to any personal device including but not limited to a flash drive, cell phone, iPad, or tablet without the prior written approval of ODCHC.

Section 5. Data Ownership.

County acknowledges and agrees that ODCHC owns all rights, interests and title in and to its data and that such rights, interests and title shall remain vested in ODCHC at all times. County shall not compile and/or distribute analyses to third parties utilizing any data received from, or created or received on behalf of ODCHC without express written permission from ODCHC, unless specifically authorized by federal or state law in furtherance of its public health functions.

Section 6. Reporting of Unauthorized Use or Disclosure of PHI.

County shall, no later than within five (5) business days of becoming aware of an unauthorized use or disclosure of PHI by County, its officers, directors, employees, contractors, agents or by a third party to which County disclosed PHI, report any such disclosure to ODCHC and OCHIN. Such notice shall be made to the following:

ODCHC Compliance Officer: Joseph Ohens
Chief Compliance Officer
johens@opendoorhealth.com
707-572-6815

OCHIN Compliance Officer: James Maldonado
Corporate Counsel
maldonadoj@ochin.org
503-942-2500

Section 7. Potential Breach of PHI.

- A. If County has reason to believe that personal information or PHI transmitted pursuant to this Agreement may have been accessed, disclosed, or acquired without proper authorization, County will, within five (5) business days of discovery, give ODCHC and OCHIN notice and take actions as may be necessary to preserve forensic evidence and to identify, mitigate and remediate the cause of the breach. A breach shall be treated as discovered by the County as of the first day on which

such breach is known to the County (including any person, other than the individual committing the breach, that is an employee, officer, or other agent of the County) or should reasonably have been known to the County to have occurred. County shall give highest priority to immediately mitigate and remediate any unauthorized access and shall devote such resources as may be required to accomplish that goal. The County shall cooperate with all ODCHC and OCHIN efforts, including providing any and all information necessary to enable ODCHC to fully understand the nature and scope of the unauthorized access, including but not limited to identification of each individual whose unsecured PHI has been, or is reasonably believed to have been, accessed, acquired, or disclosed during the breach.

- B. To the extent ODCHC or OCHIN deem warranted, ODCHC or OCHIN may provide notice or may require County to provide notice to any or all individuals affected by any unauthorized access, whose personal and/or PHI may have been improperly accessed or disclosed that was not protected according to the Secretary of Health and Human Services' annual guidance on the most effective and appropriate technical safeguards for use in carrying out security standards. In such case, County shall provide the notice and consult with ODCHC and OCHIN regarding appropriate steps required to notify third parties. In the event that the County's assistance is required to reinstall software, such assistance shall be provided at no cost to ODCHC or OCHIN and in accordance with the ODCHC's and OCHIN's policies and standards. County must coordinate with ODCHC and OCHIN any public notification to any individual, media outlet, or the Secretary of Health and Human Services.
- C. If ODCHC or OCHIN determine that notification is required, the County shall pay the full costs of notice to impacted individuals, which may include, but are not limited to, the costs to retain an outside consulting firm to undertake the notification effort and will supply ODCHC and OCHIN with the following information to make such notification:
 - 1. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known.
 - 2. A description of the types of unsecured protected health information that were involved in the breach (such as full name, Social Security number, date of birth, home address, account number, or disability code).
 - 3. A brief description of what the County is doing to investigate the breach, to mitigate losses, and to protect against any further breaches.
- D. County shall indemnify, hold harmless, and defend ODCHC and OCHIN from and against any penalties, claims, actions, loss, liability, damages, costs, or expenses, including but not limited to reasonable attorneys' fees, system remediation, or forensic analysis, arising from or pertaining to a breach of this Agreement by County. The indemnification provided hereunder includes the full costs of notice to impacted individuals, including the costs to retain an outside consulting firm to undertake the notification effort and other costs.
- E. ODCHC has the right, at any time, to monitor, audit, and review activities and methods in implementing this Agreement in order to assure compliance therewith, within the limits of County's technical capabilities.

Section 8. Accounting for Disclosures.

45 C.F.R. 164.528 requires ODCHC to account for all disclosures of PHI when requested to do so by a patient unless an exception applies. For access to PHI by County (that is) a disclosure and subject to an Accounting of Disclosures, ODCHC and County agree to account for disclosures as follows:

The parties intend this section to comply with 45 C.F.R. 164.528 and informal guidance issued by the U.S. Department of Health and Human Services, Office of Civil Rights. If at any time regulatory guidance changes, the parties agree to re-negotiate the accounting for disclosures process to bring the process into conformance with regulatory guidance and 45 C.F.R. 164.528.

Section 9. Availability of Books and Records.

County agrees to make its internal practices, books and records relating to the use and disclosure of PHI received from ODCHC, or created or received on behalf of ODCHC, available to the Secretary of the U.S. Department of Health and Human Services for purposes of determining ODCHC's and County's compliance with the HIPAA Standards. County promptly shall provide to ODCHC a copy of any documentation that County provides to the Secretary within five (5) business days.

Section 10. Notice for Termination.

If ODCHC or OCHIN determine that County, or County's directors, officers, employees, contractors or agents have violated a material provision of this Agreement, ODCHC may terminate its participation in this Agreement with 7 days' notice without liability for termination.

Section 11. Entire Agreement.

This Agreement constitutes the entire agreement between the parties regarding access to OCHIN Link, and supersedes all prior verbal or written agreements, commitments, or understandings concerning the matters provided for herein.

Section 12. Amendment.

This Agreement may be modified only by a subsequent written agreement executed by the parties. The provisions in this Agreement may not be modified by any attachment or letter agreement.

Section 13. Governing Law.

The parties' rights or obligations under this Agreement will be construed in accordance with, and any claim or dispute relating thereto will be governed by, the laws of the State of California.

Section 14. Waiver.

Neither the waiver by any of the parties hereto of a breach of or a default under any of the provisions of this Agreement, nor the failure of either of the parties, on one or more occasions, to enforce any of the provisions of this Agreement or to exercise any right or privilege hereunder, will thereafter be construed as a waiver of any subsequent breach or default of a similar nature, or as a waiver of any of such provisions, rights or privileges hereunder.

Section 15. Third Party Beneficiaries.

Nothing in this Agreement is intended to create any third party beneficiaries.

Section 16. Term of Agreement.

This Agreement is effective beginning upon execution by all parties and will continue thereafter until terminated. In addition to the termination provisions of Section 10, either party may terminate this Agreement with a 30 day notice.

Section 17. Severability.

The provisions of this Agreement shall be deemed severable and if any portion shall be held invalid, illegal or unenforceable for any reason, the remainder of this Agreement shall be effective and binding upon the parties.

Section 18. Survival.

Sections 5, 7(D), and 9 shall survive the expiration or termination of this Agreement for any reason.

Section 19. **Notice.**

All notices and other communications required or permitted to be given hereunder shall be in writing and shall be considered given and delivered when personally delivered to the party or delivered by courier or deposited in the United States mail, postage prepaid, return receipt requested, properly addressed to a party at the address set forth below, or at such other address as such party shall have specified by notice given in accordance herewith:

TO ODCHC:
1285 8th Street
Arcata, CA 95521
Attn: Stacy Watkins

TO COUNTY:
529 I Street
Eureka, CA 95501
Attn: Public Health Director, Michele Stephens

TO OCHIN:
1881 S.W. Naito Parkway
Portland, Oregon 97201
Attn: General Counsel

Section 20. **Counterparts.**

Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all such counterparts together shall constitute one and the same instrument.

Section 21. **Authority.**

Each of the individuals executing this Agreement on behalf of ODCHC, OCHIN and County warrant that they are an authorized signatory of the entity for which they are signing, and have sufficient corporate authority to execute this Agreement.

Section 22. **Binding on Successors and Assigns.**

This Agreement shall inure to the benefit of and shall be binding upon the parties hereto, their successors and assigns.

Section 23. **Nuclear Free Humboldt County Ordinance Compliance.**

ODCHC and OCHIN certify by their signatures below that they are not Nuclear Weapons Contractors, in that they are not knowingly or intentionally engaged in the research, development, production, or testing of nuclear warheads, nuclear weapons systems, or nuclear weapons components as defined by the Nuclear Free Humboldt County Ordinance. ODCHC and OCHIN agree to notify County immediately if they become a Nuclear Weapons Contractor as defined above. County may immediately terminate this Agreement, upon notice, if it determines the foregoing certification is false or if ODCHC or OCHIN becomes a Nuclear Weapons Contractor.

Section 24. **Non-Discrimination Compliance.**

A. In connection with the execution of this Agreement, the parties shall not unlawfully discriminate in the provision of professional services or against any employee or applicant for employment because of race, religion or religious creed, color, age (over forty (40) years of age), sex (including gender identity and expression, pregnancy, childbirth and related medical conditions), sexual orientation (including heterosexuality, homosexuality and bisexuality), national origin, ancestry, marital status, medical condition (including cancer and genetic characteristics), mental or physical disability (including HIV status and AIDS), political affiliation, military service, denial of family care leave or any other classifications protected by local,

state, or federal laws or regulations. Nothing herein shall be construed to require the employment of unqualified persons.

B. Each party further assures that it, and its subcontractors, will abide by the applicable provisions of: Title VI and Title VII of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975; the Food Stamp Act of 1977; Title II of the Americans with Disabilities Act of 1990; the California Fair Employment and Housing Act; California Civil Code Sections 51, et seq.; California Government Code Sections 4450, et seq.; California Welfare and Institutions Code Section 10000; Division 21 of the California Department of Social Services Manual of Policies and Procedures; United States Executive Order 11246, as amended and supplemented by United States Order 11375 and 41 C.F.R. Part 60; and any other applicable local, state and/or federal laws and regulations, all as may be amended from time to time. The applicable regulations of the California Fair Employment and Housing Commission implementing California Government Code Section 12990, set forth in Chapter 5, Division 4 of Title 2, of the California Code of Regulations are incorporated into this Agreement by reference and made a part hereof as if set forth in full.

Section 25. **Insurance Requirements.**

A. Without limiting the parties' indemnification obligations provided for herein, each party shall maintain in full force and effect at its own expense: comprehensive or commercial general liability insurance; workers compensation insurance; and comprehensive professional liability insurance. Upon execution of this Agreement, COUNTY shall provide to MEMBER and OCHIN an additional insured endorsement or a blanket endorsement evidencing such insurance.

B. Any and all insurance notices required to be given pursuant to the terms of this Agreement shall be sent to the addresses set forth below in accordance with the notice provisions described in Section 21 above.

OCHIN:
Oregon Community Health Information Network, Inc.
Attention: James Maldonado
1881 SW Naito Parkway
Portland, Oregon 97201

COUNTY:
County of Humboldt
Attention: Risk Management
825 5th Street, Room 131
Eureka, California 95501

ODCHC:
Open Door Community Health Centers
Attention: Koreen Nagle
1275 8th Street
Arcata, California 95521

[Signatures on following page]

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date last written below.

ODCHC:

DocuSigned by:

Tory Starr

Name: Tory Starr

Title: CEO

Date: 1/20/2022

COUNTY:

Virginia Bass

Name: Virginia Bass

Title: Chair of the Board of Supervisors

Date: 3/22/22

OCHIN, INC.:

DocuSigned by:

Sean Whiteley-Ross

Name: Sean Whiteley-Ross

Title: Chief Financial Officer

Date: 1/31/2022

**EXHIBIT A
OCHINLINK
USER ACCESS REQUEST FORM AND AGREEMENT**

To be completed by each physician, mid-level provider or other staff affiliated with County requesting access to OCHIN Link

User Name: _____
Last Name, First Name, Middle Initial

Physician and Mid-Level
Provider Type: _____ State License Number: _____
MD, DO, PA, NP, etc.

Other Care Provider and Staff: _____
RN, MA, Registration/Reception, other (specify) and department you work in

Name of Employer or Contracting Facility: _____

Mailing Address: _____
Street, City, State, ZIP Code

User Phone Number: _____ User Email Address: _____

1. Purpose

I, _____ *[insert Professional's Name]* understand that the OCHIN Link username and password will allow me access to health information and I agree to utilize that access only as set forth in this User Access Agreement and the OCHIN Link Data Access Agreement signed by Oregon Community Health Information Network, Inc. ("OCHIN"), Open Door Community Health Centers ("ODCHC") and Humboldt County Public Health ("County"). I agree not to use or disclose any information maintained in OCHIN Link, or the user name and password assigned to me for any purpose other than patient treatment purposes. If there is an access error, or if I otherwise obtain access to the medical record or PHI of any patient that I am not authorized to access, under the terms of the OCHIN Link Data Access Agreement, I agree to immediately notify Compliance Officer at ODCHC and to immediately discontinue access and/or review of all such medical record(s).

2. Privilege

I understand that ODCHC's grant of OCHIN Link connectivity is a privilege granted to me and that ODCHC may terminate this privilege at any time.

3. Application Access, Login and Password

I agree not to share the OCHIN Link application and assigned user name and password with any person or entity. I agree to protect the confidentiality of the assigned user name and password. I agree that it is a violation of the OCHIN Link Data Access Agreement to share or leave unsecured my user name and password. I understand that I may not share my user name and password even with other members of the County or colleagues. I agree to take precautions, including not walking away from a computer with an activated session, to prevent others from utilizing access privileges through an OCHIN Link session I have activated. I agree not to attempt to access PHI using another person's user name or password.

4. **Confidentiality**

I understand that information accessed through OCHIN Link is confidential. I agree not to copy, download, or disseminate information except as allowed or required by the terms of the OCHIN Link Data Access Agreement or by law. I agree to maintain all information accessed through OCHIN Link in the strictest confidentiality and to safeguard the confidentiality of the information accessed through OCHIN Link in the same manner in which I safeguard other patient care records, or as required by state and federal law, whichever standard is higher. I agree to implement appropriate safeguards to prevent unauthorized use or disclosure of any information accessed through OCHIN Link and to report any unauthorized use or disclosure to County.

5. **Change in Circumstance**

I agree to notify County immediately upon the occurrence of any of the following: I no longer require access to OCHIN Link to perform work functions, or my employment or relationship with County has been terminated.

6. **Term of User Access Agreement.**

This User Access Agreement is effective beginning upon signature and will continue thereafter until terminated. In addition to the termination provisions of Section 10 of the OCHIN Link Data Access Agreement, this User Access Agreement and the OCHIN Link Data Access Agreement may be terminated with a 30 day notice.

7. **Indemnification**

I agree to defend, if requested, indemnify and hold harmless ODCHC, its officers, employees and agents and County, its officers, officials, employees, agents and volunteers from any claims, charges, lawsuits or other actions arising from my performance under the terms of this User Access Agreement and the OCHIN Link Data Access Agreement. This provision shall survive the termination or expiration of this User Access Agreement or the OCHIN Link Data Access Agreement.

I acknowledge that I have read, understand, and agree with the conditions above. Further, I agree to immediately notify County of any conflict with or violation of the above User Access Agreement.

Professional's Signature: _____ Date: _____

**PROFESSIONAL SERVICES AGREEMENT
BY AND BETWEEN
COUNTY OF HUMBOLDT
AND
OPEN DOOR COMMUNITY HEALTH CENTERS
FOR FISCAL YEARS 2021-2022 THROUGH 2023-2024**

This Agreement, entered into this 25 day of January, 2021 by and between the County of Humboldt, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and Open Door Community Health Centers, a California nonprofit corporation, hereinafter referred to as "CONTRACTOR," is made upon the following considerations:

WHEREAS, COUNTY, by and through its Department of Health and Human Services – Public Health ("DHHS – Public Health"), desires to retain a qualified professional to provide clinical support services that are designed to prevent the spread of Hepatitis C in Humboldt County; and

WHEREAS, such work involves the performance of professional, expert, and technical services of a temporary and occasional character; and

WHEREAS, COUNTY has no employees available to perform such services and is unable to hire employees for the performance thereof for the temporary period; and

WHEREAS, CONTRACTOR represents that it is adequately trained, skilled, experienced, and qualified to perform the clinical support services required by COUNTY.

NOW, THEREFORE, the parties hereto mutually agree as follows:

1. DESCRIPTION OF SERVICES:

CONTRACTOR hereby agrees to provide the services described in Exhibit A – Scope of Services, which is attached hereto and incorporated herein by reference as if set forth in full. In providing such services, CONTRACTOR agrees to fully cooperate with the DHHS – Public Health Director, or a designee thereof, hereinafter referred to as "Director."

2. TERM:

This Agreement shall begin on January 1, 2022 and shall remain in full force and effect until June 30, 2024, unless sooner terminated as provided herein.

3. TERMINATION:

- A. Termination for Cause. COUNTY may, in its sole discretion, immediately terminate this Agreement, if CONTRACTOR fails to adequately perform the services required hereunder, fails to comply with the terms or conditions set forth herein, or violates any local, state, or federal law, regulation, or standard applicable to its performance hereunder.
- B. Termination without Cause. Either Party may terminate this Agreement without cause upon thirty (30) days advance written notice which states the effective date of the termination.
- C. Termination due to Insufficient Funding. COUNTY's obligations under this Agreement are contingent upon the availability of local, state, and/or federal funds. In the event such funding is reduced or eliminated, COUNTY shall, at its sole discretion, determine whether this Agreement

shall be terminated. COUNTY shall provide CONTRACTOR seven (7) days advance written notice of its intent to terminate this Agreement due to insufficient funding.

- D. Compensation upon Termination. In the event this Agreement is terminated, CONTRACTOR shall be entitled to compensation for uncompensated services provided hereunder through and including the effective date of such termination. However, this provision shall not limit or reduce any damages owed to COUNTY due to a breach of this Agreement by CONTRACTOR.

4. COMPENSATION:

- A. Maximum Amount Payable. The maximum amount payable by COUNTY for any and all services provided, and costs and expenses incurred, pursuant to the terms and conditions of this Agreement is Four Hundred Forty-Five Thousand Eight Hundred Forty-Five Dollars (\$445,845.00). In no event shall the maximum amount paid under this Agreement exceed Two Hundred Sixty-Seven Thousand Five Hundred Seven Dollars (\$267,507.00) for fiscal year 2021-2022 and Eighty-Nine Thousand One Hundred Sixty-Nine Dollars (\$89,169.00) per fiscal year for fiscal years 2022-2023 and 2023-2024. CONTRACTOR hereby agrees to perform any and all services required by this Agreement for an amount not to exceed such maximum dollar amount. However, if local, state, or federal funding or allowance rates are reduced or eliminated, COUNTY may, by amendment, reduce the maximum amount payable hereunder or terminate this Agreement as provided herein.
- B. Schedule of Rates. The specific rates and costs applicable to this Agreement are set forth in Exhibit B – Schedule of Rates, which is attached hereto and incorporated herein by reference as if set forth in full.
- C. Additional Services. Any additional services not otherwise set forth herein shall not be provided by CONTRACTOR, or compensated by COUNTY, without COUNTY's prior written authorization. Any and all unauthorized costs and expenses incurred above the maximum payable amount set forth herein shall be the responsibility of CONTRACTOR. CONTRACTOR shall notify COUNTY, in writing, at least six (6) weeks prior to the date upon which CONTRACTOR estimates that the maximum payable amount will be reached.

5. PAYMENT:

CONTRACTOR shall submit to COUNTY monthly invoices substantiating the costs and expenses incurred pursuant to the terms and conditions of this Agreement no later than thirty (30) days after the end of each month in which services are provided hereunder. CONTRACTOR shall submit a final invoice for payment within thirty (30) days following the expiration or termination date of this Agreement. Invoices shall be prepared using a format that is substantially similar to the format set forth in Exhibit C – Sample Invoice Form, which is attached hereto and incorporated herein by reference as if set forth in full. Payment for any and all costs and expenses incurred pursuant to the terms and conditions of this Agreement shall be made within thirty (30) days after the receipt of approved invoices. Any and all invoices submitted pursuant to the terms and conditions of this Agreement shall be sent to COUNTY at the following address:

COUNTY: Humboldt County DHHS – Public Health
Attention: Karen Baker, Administrative Analyst
507 F Street, First Floor
Eureka, California 95501

6. NOTICES:

Any and all notices required to be given pursuant to the terms and conditions of this Agreement shall be in writing and either served personally or sent by certified mail, return receipt requested, to the respective addresses set forth below. Notice shall be effective upon actual receipt or refusal as shown on the receipt obtained pursuant to the foregoing.

COUNTY: Humboldt County DHHS – Public Health
Attention: Karen Baker, Administrative Analyst
529 I Street
Eureka, California 95501

CONTRACTOR: Open Door Community Health Centers
Attention: Afton Hollister, Grant Manager
1275 Eighth Street
Arcata, California 95521

7. REPORTS:

CONTRACTOR hereby agrees to provide COUNTY with any and all reports that may be required by any local, state, and/or federal agencies for compliance with this Agreement. CONTRACTOR shall submit one (1) hard copy and one (1) electronic copy of any and all reports required pursuant to the terms and conditions of this Agreement in a format that complies with the Americans with Disabilities Act and any other applicable local, state, and federal accessibility laws, regulations, and standards. Any and all reports required pursuant to the terms and conditions of this Agreement shall be submitted in accordance with any and all applicable timeframes using the format required by the State of California as appropriate.

8. RECORD RETENTION AND INSPECTION:

- A. Maintenance and Preservation of Records. CONTRACTOR hereby agrees to timely prepare accurate and complete financial, performance and payroll records, documents, and other evidence relating to the services provided pursuant to the terms and conditions of this Agreement, and to maintain and preserve said records for at least three (3) years from the date of final payment hereunder, except that if any litigation, claim, negotiation, audit or other action is pending, the records shall be retained until completion and resolution of all issues arising therefrom. Such records shall be electronic entry books with a general ledger itemizing all debits and credits for the services provided pursuant to the terms and conditions of this Agreement.
- B. Inspection of Records. Pursuant to California Government Code Section 8546.7, all records, documents, conditions, and activities of CONTRACTOR, and its subcontractors, related to the services provided pursuant to the terms and conditions of this Agreement, shall be subject to the examination and audit of the California State Auditor and any other duly authorized agents of the State of California for a period of three (3) years after the date of final payment hereunder. CONTRACTOR hereby agrees to make all such records available during normal business hours for inspection, audit, and reproduction by COUNTY and any other duly authorized local, state, and/or federal agencies. CONTRACTOR further agrees to allow interviews of any of its employees who might reasonably have information related to such records by COUNTY and any other duly authorized local, state, and/or federal agencies. Any and all examinations and audits conducted hereunder shall be strictly confined to those matters connected with the performance of this Agreement, including, without limitation, the costs associated with the administration of this Agreement.

- C. Audit Costs. In the event of an audit exception or exceptions related to the services provided pursuant to the terms and conditions of this Agreement, the party responsible for not meeting the requirements set forth herein shall be responsible for the deficiency and the cost of the audit. If the allowable expenditures cannot be determined because CONTRACTOR's documentation is nonexistent or inadequate, according to generally accepted accounting practices, the questionable cost shall be disallowed by COUNTY.

9. MONITORING:

CONTRACTOR hereby agrees that COUNTY has the right to monitor any and all activities related to this Agreement, including, without limitation, the right to review and monitor CONTRACTOR's records, policies, procedures, and overall business operations, at any time, in order to ensure compliance with the terms and conditions of this Agreement. CONTRACTOR shall cooperate with a corrective action plan if deficiencies in CONTRACTOR's records, policies, procedures, or business operations are identified by COUNTY. However, COUNTY is not responsible, and shall not be held accountable, for overseeing or evaluating the adequacy of CONTRACTOR's performance hereunder.

10. CONFIDENTIAL INFORMATION:

- A. Disclosure of Confidential Information. In the performance of this Agreement, CONTRACTOR may receive information that is confidential under local, state, or federal law. CONTRACTOR hereby agrees to protect all confidential information in conformance with any and all applicable local, state and federal laws, regulations, policies, procedures and standards, including, without limitation: Division 19 of the California Department of Social Services Manual of Policies and Procedures – Confidentiality of Information; California Welfare and Institutions Code Sections 827, 5328, 10850 and 14100.2; California Health and Safety Code Sections 1280.15 and 1280.18; the California Information Practices Act of 1977; the California Confidentiality of Medical Information Act ("CMIA"); the United States Health Information Technology for Economic and Clinical Health Act ("HITECH Act"); the United States Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and any current and future implementing regulations promulgated thereunder, including, but not limited to, the Federal Privacy Regulations contained in Title 45 of the Code of Federal Regulations ("C.F.R.") Parts 160 and 164, the Federal Security Standards contained in 45 C.F.R. Parts 160, 162 and 164 and the Federal Standards for Electronic Transactions contained in 45 C.F.R. Parts 160 and 162, all as may be amended from time to time.
- B. Continuing Compliance with Confidentiality Requirements. Each party hereby acknowledges that local, state, and federal laws, regulations, and standards pertaining to confidentiality, electronic data security, and privacy are rapidly evolving and that amendment of this Agreement may be required to ensure compliance with such developments. Each party agrees to enter into negotiations concerning an amendment to this Agreement embodying written assurances consistent with the requirements of HIPAA, the HITECH Act, the CMIA, and any other applicable local, state, and federal laws, regulations, or standards.

11. NON-DISCRIMINATION COMPLIANCE:

- A. Nondiscriminatory Delivery of Social Services. In connection with the execution of this Agreement, CONTRACTOR, and its subcontractors, shall not unlawfully discriminate in the administration of public assistance and social services programs. CONTRACTOR hereby assures that no person shall be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving local, state, or federal financial assistance because of: race; religion or religious creed; color; age, over forty (40) years

of age; sex, including, without limitation, gender identity and expression, pregnancy, childbirth, and related medical conditions; sexual orientation, including, without limitation, heterosexuality, homosexuality and bisexuality; national origin; ancestry; marital status; medical condition, including, without limitation, cancer, and genetic characteristics; mental or physical disability, including, without limitation, HIV status and AIDS; political affiliation; military service; denial of family care leave; or any other classifications protected by any and all applicable local, state or federal laws, regulations or standards, all as may be amended from time to time. COUNTY reserves the right to monitor the services provided hereunder in order to ensure compliance with the requirements of this provision.

- B. Professional Services and Employment. In connection with the execution of this Agreement, CONTRACTOR, and its subcontractors, shall not unlawfully discriminate in the provision of professional services or against any employee or applicant for employment because of: race; religion or religious creed; color; age, over forty (40) years of age; sex, including, without limitation, gender identity and expression, pregnancy, childbirth, and related medical conditions; sexual orientation, including, without limitation, heterosexuality, homosexuality, and bisexuality; national origin; ancestry; marital status; medical condition, including, without limitation, cancer, and genetic characteristics; mental or physical disability, including, without limitation, HIV status and AIDS; political affiliation; military service; denial of family care leave; or any other classifications protected by any and all applicable local, state or federal laws, regulations or standards, all as may be amended from time to time. Nothing herein shall be construed to require the employment of unqualified persons.
- C. Compliance with Anti-Discrimination Laws. CONTRACTOR further assures that it, and its subcontractors, will abide by the applicable provisions of Title VI and Title VII of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975; the Food Stamp Act of 1977; Title II of the Americans with Disabilities Act of 1990; the California Fair Employment and Housing Act; California Civil Code Sections 51, *et seq.*; California Government Code Sections 4450, *et seq.*; California Welfare and Institutions Code Section 10000; Division 21 of the California Department of Social Services Manual of Policies and Procedures; United States Executive Order 11246, as amended and supplemented by United States Executive Order 11375 and 41 C.F.R. Part 60; and any other applicable local, state or federal laws, regulations or standards, all as may be amended from time to time. The applicable regulations of the California Fair Employment and Housing Commission implementing California Government Code Section 12990, set forth in Sections 8101, *et seq.* of Title 2 of the California Code of Regulations are incorporated herein by reference as if set forth in full.

12. NUCLEAR-FREE HUMBOLDT COUNTY ORDINANCE COMPLIANCE:

By executing this Agreement, CONTRACTOR certifies that it is not a Nuclear Weapons Contractor, in that CONTRACTOR is not knowingly or intentionally engaged in the research, development, production, or testing of nuclear warheads, nuclear weapons systems, or nuclear weapons components as defined by the Nuclear-Free Humboldt County Ordinance. CONTRACTOR agrees to notify COUNTY immediately if it becomes a Nuclear Weapons Contractor as defined above. COUNTY may immediately terminate this Agreement if it determines that the foregoing certification is false or if CONTRACTOR subsequently becomes a Nuclear Weapons Contractor.

13. DRUG-FREE WORKPLACE CERTIFICATION:

By executing this Agreement, CONTRACTOR certifies that it will provide a drug-free workplace in accordance with the requirements of the Drug-Free Workplace Act of 1990 (California Government Code Sections 8350, *et seq.*), by doing all of the following:

- A. Drug-Free Policy Statement. Publish, as required by California Government Code Section 8355(a)(1), a Drug-Free Policy Statement which notifies employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifies the actions to be taken against employees for violations.
- B. Drug-Free Awareness Program. Establish, as required by California Government Code Section 8355(a)(2), a Drug-Free Awareness Program which informs employees about:
 - 1. The dangers of drug abuse in the workplace;
 - 2. CONTRACTOR's policy of maintaining a drug-free workplace;
 - 3. Any available counseling, rehabilitation, and employee assistance programs; and
 - 4. Penalties that may be imposed upon employees for drug abuse violations.
- C. Drug-Free Employment Agreement. Ensure, as required by California Government Code Section 8355(a)(3), that every employee who provides services hereunder will:
 - 1. Receive a copy of CONTRACTOR's Drug-Free Policy Statement; and
 - 2. Agree to abide by CONTRACTOR's Drug-Free Policy as a condition of employment.
- D. Effect of Non-Compliance. Failure to comply with the requirements set forth herein may result in termination of this Agreement and/or ineligibility for the award of future contracts.

14. INDEMNIFICATION:

- A. Mutual Indemnity. Each party hereto shall hold harmless, defend and indemnify the other party and its agents, officers, officials, employees, and volunteers from and against any and all claims, demands, losses, damages, liabilities, costs, and expenses of any kind or nature, including, without limitation, attorney's fees and other costs of litigation, arising out of, or in connection with, the negligent performance of, or failure to comply with, any of the duties and/or obligations contained herein, except such loss or damage which was caused by the sole negligence or willful misconduct of the other party or its agents, officers, officials, employees or volunteers.
- B. Comparative Liability. Notwithstanding anything to the contrary, in the event that both parties are held to be negligently or willfully responsible, each party will bear its proportionate share of liability as determined in any such proceeding. In such cases, each party will bear its own costs and attorney's fees.
- C. Effect of Insurance. Acceptance of the insurance required by this Agreement shall not relieve either party from liability under this provision. This provision shall apply to all claims for damages related to either party's performance hereunder, regardless of whether any insurance is applicable or not. The insurance policy limits set forth herein shall not act as a limitation upon the amount of indemnification or defense to be provided by either party hereunder.

15. INSURANCE REQUIREMENTS:

This Agreement shall not be executed by COUNTY, and CONTRACTOR is not entitled to any rights hereunder, unless certificates of insurance, or other proof that the following provisions have been complied with, are filed with the Clerk of the Humboldt County Board of Supervisors.

- A. General Insurance Requirements. Without limiting CONTRACTOR's indemnification obligations set forth herein, CONTRACTOR, and its subcontractors hereunder, shall take out and maintain, throughout the entire term of this Agreement, and any extensions thereof, the following policies of insurance, placed with insurers authorized to do business in the State of California with a current A.M. Bests rating of no less than A: VII or its equivalent against personal injury, death and property damage which may arise from, or in connection with, the activities of CONTRACTOR or its agents, officers, directors, employees, licensees, invitees, assignees or subcontractors:
1. Comprehensive or Commercial General Liability Insurance at least as broad as Insurance Services Office Commercial General Liability Coverage (occurrence form CG 0001), in an amount of Two Million Dollars (\$2,000,000.00) per occurrence for any one (1) incident, including, without limitation, personal injury, death and property damage. If a general aggregate limit is used, such limit shall apply separately hereto or shall be twice the required occurrence limit.
 2. Automobile/Motor Liability Insurance with a limit of liability not less than One Million Dollars (\$1,000,000.00) combined single limit coverage. Such insurance shall include coverage of all owned, hired, and non-owned vehicles, and be at least as broad as Insurance Service Offices Form Code 1 (any auto).
 3. Workers' Compensation Insurance, as required by the California Labor Code, with statutory limits, and Employers Liability Insurance with a limit of no less than One Million Dollars (\$1,000,000.00) per accident for bodily injury or disease. This Agreement shall be included in the waiver of subrogation already in place for other agreements between CONTRACTOR and COUNTY.
 4. Professional Liability Insurance – Error and Omission Coverage including coverage in an amount no less than Two Million Dollars (\$2,000,000.00) for each occurrence (Four Million Dollars (\$4,000,000.00) general aggregate). Said insurance shall be maintained for the statutory period during which CONTRACTOR may be exposed to liability regarding the services provided pursuant to the terms and conditions of this Agreement. CONTRACTOR shall require that such coverage be incorporated into its professional services agreements with any other entities providing services for County under this agreement.
- B. Special Insurance Requirements. Said policies shall unless otherwise specified herein, be endorsed with the following provisions:
1. The Comprehensive or Commercial General Liability Policy shall provide that COUNTY, and its agents, officers, officials, employees, and volunteers, are covered as additional insured for liability arising out of the operations performed by, or on behalf of, CONTRACTOR. The coverage shall contain no special limitations on the scope of protection afforded to COUNTY or its agents, officers, officials, employees, and volunteers. Said policy shall also contain a provision stating that such coverage:
 - a. Includes contractual liability.
 - b. Does not contain exclusions as to property damage caused by explosion or collapse of structures or underground damage, commonly referred to as "XCU Hazards."
 - c. Is the primary insurance with regard to COUNTY.

- d. Does not contain a pro-rata, excess only, and/or escape clause.
 - e. Contains a cross liability, severability of interest, or separation of insureds clause.
- 2. CONTRACTOR shall not terminate the above-referenced policies until COUNTY receives adequate proof that equal or better insurance has been secured.
 - 3. The inclusion of more than one (1) insured shall not operate to impair the rights of one (1) insured against another insured, and the coverage afforded shall apply as though separate policies had been issued to each insured, but the inclusion of more than one (1) insured shall not operate to increase the limits of the insurer's liability.
 - 4. For claims related to this Agreement, CONTRACTOR's insurance is the primary coverage to COUNTY, and any insurance or self-insurance programs maintained thereby are excess to CONTRACTOR's insurance and will not be used to contribute therewith.
 - 5. Any failure to comply with the terms and conditions of this Agreement shall not affect the coverage provided to COUNTY or its agents, officers, officials, employees, and volunteers.
 - 6. CONTRACTOR shall furnish COUNTY with certificates and original endorsements affecting the required coverage prior to execution of this Agreement. The endorsements shall be on forms approved by the Humboldt County Risk Manager. Any deductible or self-insured retention over One Hundred Thousand Dollars (\$100,000.00) shall be disclosed to, and approved by, COUNTY. If CONTRACTOR does not keep all required policies in full force and effect, COUNTY may, in addition to any other available remedies, take out the necessary insurance and deduct the cost of said insurance from the monies owed to CONTRACTOR under this Agreement.
 - 7. COUNTY is to be notified immediately if twenty-five percent (25%) or more of any required insurance aggregate limit is encumbered, and CONTRACTOR shall be required to purchase additional coverage to meet the above-referenced aggregate limits.
- C. Insurance Notices. Any and all insurance notices required hereunder shall be sent to the addresses set forth below in accordance with the notice requirements contained herein.

COUNTY: County of Humboldt
Attention: Risk Management
825 Fifth Street, Room 131
Eureka, California 95501

CONTRACTOR: Open Door Community Health Centers
Attention: Koreen Nagle, Risk Manager
1275 Eighth Street
Arcata, California 95521

16. RELATIONSHIP OF PARTIES:

It is understood that this Agreement is by and between two (2) independent entities and is not intended to, and shall not be construed to, create the relationship of agents, servant, employee, partnership, joint venture, or any other similar association. Both parties further agree that CONTRACTOR shall not be entitled to any benefits to which COUNTY employees are entitled, including, without limitation,

overtime, retirement, leave, or workers' compensation benefits. CONTRACTOR shall be solely responsible for the acts and omissions of its agents, officers, employees, licensees, invitees, assignees, and subcontractors.

17. COMPLIANCE WITH APPLICABLE LAWS, REGULATIONS, AND STANDARDS:

- A. General Legal Requirements. CONTRACTOR hereby agrees to comply with any and all local, state, and federal laws, regulations, policies, procedures, and standards applicable to the services provided pursuant to the terms and conditions of this Agreement.
- B. Licensure Requirements. CONTRACTOR hereby agrees to comply with any and all local, state, and federal licensure, certification, and accreditation standards applicable to the services provided pursuant to the terms and conditions of this Agreement.
- C. Accessibility Requirements. CONTRACTOR hereby agrees to comply with any and all applicable accessibility requirements set forth in the Americans with Disabilities Act, Section 508 of the Rehabilitation Act of 1973, as amended, California Government Code Section 1135 and any current and future implementing regulations, policies, procedures, and standards promulgated thereunder, including, without limitation, the federal accessibility standards set forth in 36 C.F.R. Section 1194.1, all as may be amended from time to time.
- D. Conflict of Interest Requirements. CONTRACTOR hereby agrees to comply with any and all applicable conflict of interest requirements set forth in the California Political Reform Act and any current and future implementing regulations, policies, procedures, and standards promulgated thereunder, including, without limitation, COUNTY's Conflict of Interest Code, all as may be amended from time to time.

18. PROVISIONS REQUIRED BY LAW:

This Agreement is subject to any additional local, state, and federal restrictions, limitations, or conditions that may affect the terms, conditions, or funding of this Agreement. This Agreement shall be read and enforced as though all legally required provisions are included herein, and if for any reason any such provision is not included, or incorrectly stated, the parties agree to amend the pertinent section to make such insertion or correction.

19. REFERENCE TO LAWS, REGULATIONS, AND STANDARDS:

In the event any law, regulation, or standard referred to herein is amended during the term of this Agreement, the parties agree to comply with the amended provision as of the effective date thereof.

20. PROTOCOLS:

Each party hereby agrees that the inclusion of additional protocols may be required to make this Agreement specific. All such protocols shall be negotiated, determined, and agreed upon by both parties hereto.

21. SEVERABILITY:

If any provision of this Agreement, or any portion thereof, is found by any court of competent jurisdiction to be unenforceable or invalid for any reason, such provision shall be severable and shall not in any way impair the enforceability of any other provision of this Agreement.

22. ASSIGNMENT:

Neither party shall delegate its duties or assign its rights hereunder, either in whole or in part, without the other party's prior written consent. Any assignment by CONTRACTOR in violation of this provision shall be void and shall be cause for immediate termination of this Agreement. This provision shall not be applicable to service agreements or other arrangements usually or customarily entered into by either party to obtain supplies, technical support, or professional services.

23. AGREEMENT SHALL BIND SUCCESSORS:

All provisions of this Agreement shall be fully binding upon, and inure to the benefit of, the parties and each of their heirs, executors, administrators, successors, and permitted assigns.

24. WAIVER OF DEFAULT:

The waiver by either party of any breach of this Agreement shall not be deemed to be a waiver of any such breach in the future or the breach of any other requirement of this Agreement. In no event shall any payment by COUNTY constitute a waiver of any breach of this Agreement which may then exist on the part of CONTRACTOR. Nor shall such payment impair or prejudice any remedy available to COUNTY with respect to the breach or default. COUNTY shall have the right to demand repayment of, and CONTRACTOR shall promptly refund, any funds disbursed to CONTRACTOR which COUNTY determines were not expended in accordance with the terms and conditions of this Agreement.

25. NON-LIABILITY OF COUNTY OFFICIALS AND EMPLOYEES:

No official or employee of COUNTY shall be personally liable for any default or liability under this Agreement.

26. AMENDMENT:

This Agreement may be amended at any time during the term hereof upon the mutual consent of both parties. No addition to, or alteration of, the terms of this Agreement shall be valid unless made in writing and signed by the parties hereto.

27. STANDARD OF PRACTICE:

CONTRACTOR warrants that it has the degree of learning and skill ordinarily possessed by reputable professionals practicing in similar localities in the same profession and under similar circumstances. CONTRACTOR's duty is to exercise such care, skill, and diligence as professionals engaged in the same profession ordinarily exercise under like circumstances.

28. TITLE TO INFORMATION AND DOCUMENTS:

It is understood that any and all documents, information, and reports concerning the subject matter of this Agreement prepared and/or submitted by CONTRACTOR shall become the property of COUNTY. However, CONTRACTOR may retain copies of such documents, information, and reports for its records. In the event this Agreement is terminated, for any reason whatsoever, CONTRACTOR shall promptly turn over all such documents, information, and reports to COUNTY without exception or reservation.

29. JURISDICTION AND VENUE:

This Agreement shall be construed in accordance with the laws of the State of California. Any dispute arising hereunder, or relating hereto, shall be litigated in the State of California and the venue shall lie in the County of Humboldt unless transferred by court order pursuant to California Code of Civil Procedure Sections 394 or 395.

30. ADVERTISING AND MEDIA RELEASE:

Any and all informational material related to this Agreement shall receive approval from COUNTY prior to being used as advertising or released to the media, including, without limitation, television, radio, newspapers, and internet. CONTRACTOR shall inform COUNTY of any and all requests for interviews by the media related to this Agreement before such interviews take place. COUNTY shall be entitled to have a representative present at any and all interviews concerning the subject matter of this Agreement. Any and all notices required by this provision shall be given to Director in accordance with the notice requirements set forth herein.

31. SUBCONTRACTS:

CONTRACTOR shall obtain prior written approval from COUNTY before subcontracting any of the services to be provided pursuant to the terms and conditions of this Agreement. Any and all subcontracts shall be subject to all applicable terms and conditions of this Agreement, including, without limitation, the licensing, certification, privacy, security, and confidentiality requirements set forth herein. CONTRACTOR shall remain legally responsible for the performance of all terms and conditions of this Agreement, including, without limitation, any and all services provided by third parties under subcontracts, whether approved by COUNTY or not.

32. ATTORNEYS' FEES:

If either party shall commence any legal action, including, without limitation, an action for declaratory relief, against the other by reason of the alleged failure of the other to perform any of its obligations hereunder, the party prevailing in said action shall be entitled to recover court costs and reasonable attorneys' fees, including, but not limited to, the reasonable value of services rendered by the Humboldt County Counsel's Office, to be fixed by the court, and such recovery shall include court costs and attorneys' fees on appeal, if applicable. As used herein, the term "prevailing party" means the party who dismisses an action in exchange for payment of substantially all sums allegedly due, performance of provisions allegedly breached, or other considerations substantially equal to the relief sought by said party, as well as the party in whose favor final judgment is rendered.

33. SURVIVAL OF PROVISIONS:

The duties and obligations of the parties set forth in Section 3(D) – Compensation upon Termination, Section 8 – Record Retention and Inspection, Section 10 – Confidential Information and Section 14 – Indemnification shall survive the expiration or termination of this Agreement.

34. CONFLICTING TERMS OR CONDITIONS:

In the event of any conflict in the terms or conditions set forth in any other agreements in place between the parties hereto and the terms and conditions set forth in this Agreement, the terms and conditions set forth herein shall have priority.

35. INTERPRETATION:

This Agreement, as well as its individual provisions, shall be deemed to have been prepared equally by both of the parties hereto, and shall not be construed or interpreted more favorably for one (1) party on the basis that the other party prepared it.

36. INDEPENDENT CONSTRUCTION:

The titles of the sections and subsections set forth herein are inserted for convenience of reference only and shall be disregarded in construing or interpreting any of the provisions of this Agreement.

37. FORCE MAJEURE:

Neither party hereto shall be liable or responsible for delays or failures in performance resulting from events beyond the reasonable control, and without the fault or negligence, of such party. Such events shall include, without limitation, acts of God, strikes, lockouts, riots, acts of war, epidemics, pandemics, acts of government, fire, power failures, nuclear accidents, earthquakes, unusually severe weather, acts of terrorism, or other disasters, whether or not similar to the foregoing.

38. ENTIRE AGREEMENT:

This Agreement contains all of the terms and conditions agreed upon by the parties hereto and no other agreements, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind either of the parties hereto. In addition, this Agreement shall supersede in their entirety any and all prior agreements, promises, representations, understandings, and negotiations of the parties, whether oral or written, concerning the same subject matter. Any and all acts which may have already been consummated pursuant to the terms and conditions of this Agreement are hereby ratified.

39. COUNTERPART EXECUTION:

This Agreement, and any amendments hereto, may be executed in one (1) or more counterparts, each of which shall be deemed to be an original and all of which, when taken together, shall be deemed to be one (1) and the same agreement. This Agreement, and any amendments hereto, may be signed by manual or electronic signatures in accordance with any and all applicable local, state, and federal laws, regulations, and standards, and such signatures shall constitute original signatures for all purposes. A signed copy of this Agreement and any amendments hereto, transmitted by email or by other means of electronic transmission shall be deemed to have the same legal effect as delivery of an original executed copy of this Agreement and any amendments hereto.

40. AUTHORITY TO EXECUTE:

Each person executing this Agreement represents and warrants that he or she is duly authorized and has the legal authority to execute and deliver this Agreement. Each party represents and warrants to the other that the execution and delivery of this Agreement and the performance of such party's obligations hereunder have been duly authorized.

[Signatures on Following Page]

IN WITNESS WHEREOF, the parties have entered into this Agreement as of the first date written above.


TWO SIGNATURES ARE REQUIRED FOR CORPORATIONS:

- (1) CHAIRPERSON OF THE BOARD, PRESIDENT OR VICE PRESIDENT; AND
- (2) SECRETARY, CHIEF FINANCIAL OFFICER, OR TREASURER.

OPEN DOOR COMMUNITY HEALTH CENTERS:

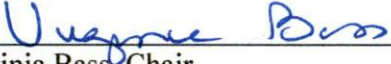
By: 
Tory Starr
President and Executive Officer

Date: 1/3/2022

By: 
Joseph Demont
Senior Vice President of Finance

Date: 1/3/2022

COUNTY OF HUMBOLDT:

By: 
Virginia Bass, Chair
Humboldt County Board of Supervisors

Date: 01-25-2022

INSURANCE AND INDEMNIFICATION REQUIREMENTS APPROVED:

By: _____
Risk Management

Date: _____

LIST OF EXHIBITS:

- Exhibit A – Scope of Services
- Exhibit B – Schedule of Rates
- Exhibit C – Sample Invoice Form

IN WITNESS WHEREOF, the parties have entered into this Agreement as of the first date written above.

TWO SIGNATURES ARE REQUIRED FOR CORPORATIONS:

- (1) CHAIRPERSON OF THE BOARD, PRESIDENT OR VICE PRESIDENT; AND
- (2) SECRETARY, CHIEF FINANCIAL OFFICER, OR TREASURER.

OPEN DOOR COMMUNITY HEALTH CENTERS:

By: _____
Tory Starr
President and Executive Officer

Date: _____

By: _____
Joseph Demont
Senior Vice President of Finance

Date: _____

COUNTY OF HUMBOLDT:

By: _____
Virginia Bass, Chair
Humboldt County Board of Supervisors

Date: _____

INSURANCE AND INDEMNIFICATION REQUIREMENTS APPROVED:

By: Kelly Barns
Risk Management

Date: 01/19/2022

LIST OF EXHIBITS:

- Exhibit A – Scope of Services
- Exhibit B – Schedule of Rates
- Exhibit C – Sample Invoice Form

EXHIBIT A
SCOPE OF SERVICES
Open Door Community Health Centers
For Fiscal Years 2021-2022 through 2023-2024

1. SERVICES:

- A. Provision of Clinical Support Services. CONTRACTOR shall provide clinical support services to vulnerable and underserved individuals living with, or at high risk of contracting, Hepatitis C in Humboldt County. The clinical support services provided pursuant to the terms and conditions of this Agreement shall include, without limitation, all of the following:
1. Receiving referrals from, and coordinating with, DHHS – Public Health staff and other agencies, as needed.
 2. Coordinating appointments with, and taking calls from, referred individuals within the clinic setting.
 3. Ensuring that referred individuals with a positive Hepatitis C antibody test receive follow-up Hepatitis C testing regardless of insurance coverage, including, without limitation Medi-Cal/Partnership, private insurance, and private pay.
 4. Assisting treatment providers with ordering appropriate laboratory testing when referring patients for Hepatitis C treatment and providing patient outreach for post-treatment laboratory testing.
 5. Initiating authorizations, and following through with prior authorizations, for the provision of Hepatitis C medication, as needed.
 6. Providing outreach to community partners who are providing Hepatitis C testing services to help facilitate the treatment process.
 7. Assisting new Hepatitis C treatment providers and implementing appropriate workflows, as needed.
 8. Providing DHHS – Public Health staff and other agencies with pertinent updates and reports, as needed.
 9. Attending regularly scheduled meetings with various community-based organizations and partners regarding Hepatitis C testing and treatment.
 10. Attending quarterly Humboldt County Hepatitis C Task Force meetings to explore the scope of the Hepatitis C problem in Humboldt County and identify gaps and opportunities along the continuum of care and prevention.
 11. Attending regional and/or statewide meetings as required by the California Department of Public Health.
 12. Collaborating with DHHS – Public Health staff to establish low barrier Hepatitis C confirmatory testing and treatment protocols by April 30, 2022.

13. Collaborating with DHHS – Public Health staff to complete Mid-Year Reports by July 1st of each year in which clinical support services are provided under the terms and conditions of this Agreement.
14. Collaborating with DHHS – Public Health to complete End-of-Year Reports by January 1st of each year in which clinical support services are provided under the terms and conditions of this Agreement.

B. Project Planning and Coordination. CONTRACTOR shall work closely with COUNTY, including, without limitation, attending monthly meetings with appropriate DHHS – Public Health staff, to ensure timely and effective delivery of the clinical support services required under the terms and conditions of this Agreement.

2. ACCEPTANCE CRITERIA:

The effectiveness of the clinical support services provided pursuant to the terms and conditions of this Agreement shall be based on the following minimum requirements and performance standards: at least sixty-five percent (65%) of the individuals referred by COUNTY shall receive follow-up Hepatitis C testing; at least ninety percent (90%) of the individuals who test positive shall receive Hepatitis C care coordination; at least sixty-five percent (65%) of the individuals receiving care coordination will start Hepatitis C treatment; and at least sixty-five percent (65%) of the individuals who start Hepatitis treatment, complete such treatment.

3. REPORTING REQUIREMENTS:

CONTRACTOR shall provide COUNTY with monthly reports regarding patient status, and quarterly staff contact lists, which contain all data elements specified by DHHS – Public Health to assist in appropriate monitoring activities. CONTRACTOR shall submit one (1) hard copy and one (1) electronic copy of any and all reports and staff contact lists required hereunder in a format that complies with the Americans with Disabilities Act and any other applicable local, state, and federal accessibility laws, regulations and standards. Any and all reports and staff contact lists required hereunder shall be submitted in accordance with any and all applicable timeframes using the format required by the State of California as appropriate.

4. PLACE OF PERFORMANCE:

The clinical support services required pursuant to the terms and conditions of this Agreement shall be provided at various locations throughout Humboldt County.

5. COUNTY RESPONSIBILITIES:

COUNTY, in coordination with other local agencies, will refer approximately two hundred (200) individuals with reactive Hepatitis C antibody test results for confirmatory Hepatitis C testing and treatment navigation per year. COUNTY will provide key DHHS – Public Health staff for collaboration and coordination of client support services, including, without limitation, transportation, scheduling, and housing assistance, to reduce barriers to completion of treatment.

EXHIBIT B
SCHEDULE OF RATES
Open Door Community Health Centers
For Fiscal Years 2021-2022 through 2023-2024

COUNTY shall compensate CONTACTOR for the clinical support services provided pursuant to the terms and conditions of this Agreement at the following maximum rates of compensation:

| | |
|---|--------------|
| A. Personnel Costs | |
| Title: Hepatitis C Navigator (0.90 FTE) Duties Description: Acts as an expert resource for all Hepatitis C questions, receives and coordinates referrals from DHHS – Public Health staff and other agencies, works with patients to coordinate appointments in the clinic setting, assists providers with lab ordering and referrals, initiates authorizations for prescription medications, provides training and answers questions to facilitate successful implementation of Hepatitis C collaboration grant and attends meetings and provide updates as requested. | \$185,770.00 |
| Title: Medical Director (0.10 FTE) Duties Description: Provides clinical oversight of the Hepatitis C navigator, assures staff training and support, and attends required meetings. | \$12,480.00 |
| Title: Hepatitis C Consultant – MD (0.10 FTE) Duties Description: Oversees outreach to community organizations and assists with program design. | \$12,989.00 |
| Title: Behavioral Health Consultant – LCSW (0.10 FTE) Duties Description: Assists with program design, trains program staff to achieve more effective interventions, and provides patient support to increase treatment compliance. | \$8,942.00 |
| Title: Laboratory Assistant – Mobile Van and MAT Program (1.0 FTE) Duties Description: Provides mobile laboratory services to assure timely testing and treatment at homeless and substance use disorder treatment clinics. | \$32,006.00 |
| Title: Laboratory Assistant – Community Outreach (0.60 FTE) Duties Description: Provides Laboratory services at non-affiliated partnership locations to assure timely testing and treatment at needle exchange and other similar locations. | \$20,537.00 |
| Title: Registered Nurse – Clinic Manager (0.60 FTE) Duties Description: Assures efficient and supportive transfer to care, trains staff, and develops workflows at various locations throughout Humboldt County. | \$45,742.00 |
| Title: Behavioral Health Clinician – LCSW (0.30 FTE) Duties Description: Acts as an expert to impart knowledge of referral resources and patient eligibility for programs to enhance the capacity for Hepatitis C treatment. | \$18,200.00 |
| Title: Care Team Manager (0.10 FTE) Duties Description: Supports Medical Director and serves as a training resource. | \$4,117.00 |
| Total Personnel Costs: | |
| \$340,783.00 | |
| B. Operational Costs | |
| Title: Laboratory fees Description: Fees associated with laboratory tests needed before insurance coverage can be established to prevent delays in treatment. | \$18,000.00 |
| Title: Disposable phones Description: Disposable phones and additional minutes for patients so the care team can contact them for monitoring and follow-up during treatment. | \$3,500.00 |
| Title: Specialized Freezer Description: Freezer to keep blood specimens adequately cold until testing can be run so the patient does not need to return for additional blood draws. | \$2,416.00 |
| Total Operational Costs: | |
| \$23,916.00 | |

| | |
|---|---------------------|
| C. Supply Costs | |
| Title: Meeting supplies | |
| Description: General office supplies including but not limited to: pens, pencils, paper, toner, etc. | \$1,800.00 |
| Total Supply Costs: | \$1,800.00 |
| D. Transportation/Travel Costs | |
| Title: Mileage reimbursement for Community Outreach Lab Assistant | |
| Description: Mileage at \$0.50 per mile for outreach vehicle (estimated at 10,080 miles) | \$5,040.00 |
| Total Transportation/Travel Costs: | \$5,040.00 |
| E. Indirect Costs | |
| Title: Overhead and administrative costs | |
| Description: Twenty percent (20%) of total direct costs | \$74,306.00 |
| Total Indirect Costs: | \$74,306.00 |
| Grand Total: | \$445,845.00 |

Fluctuations of up to ten percent (10%) of salary calculations needed to account for wage increases, new hires, *etc.* are allowable if the total amount of personnel costs does not increase. Any shift of funds to or from the personnel category must be approved in writing by COUNTY. CONTRACTOR may shift up to twenty percent (20%) of budgeted amounts between all other budget categories without prior written approval by COUNTY.

EXHIBIT C
SAMPLE INVOICE FORM
 Open Door Community Health Centers
 For Fiscal Years 2021-2022 through 2023-2024

Agency Letterhead

Invoice period

Invoice #

| PERSONNEL COSTS | AMOUNT |
|--|--------|
| Hepatitis C Navigator @ X FTE | |
| Medical Director @ X FTE | |
| Hepatitis C Consultant @ X FTE | |
| Behavioral Health Consultant- LCSW @ X FTE | |
| Laboratory Assistant- Mobile Van and MAT Program @ X FTE | |
| Laboratory Assistant- Community Outreach @ X FTE | |
| Registered Nurse- Clinic Manager @ X FTE | |
| Behavioral Health Clinician- LCSW @ X FTE | |
| Care Team Manager @ X FTE | |
| Fringe Benefits @ X % (if not included above) | |
| Total Personnel Costs: | |
| OPERATING EXPENSES | AMOUNT |
| Laboratory Fees | |
| Disposable Phones | |
| Specialized Freezer | |
| Total Operating Expenses: | |
| SUPPLY COSTS | |
| Meeting Supplies | |
| Total Supply Costs: | |
| TRANSPORTATION/ TRAVEL COSTS | |
| XX Mileage @ \$0.50/mile | |
| Total Transportation/ Travel Costs: | |
| INDIRECT COSTS | |
| Indirect Expense (XX% of total direct costs) | |
| Total Indirect Costs: | |
| Total Invoice Amount: | |



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

March 15, 2022

Humboldt County Public Health
529 I Street Eureka, CA 95501
RE: County Medical Services Program Local Indigent Care Needs
Letter of Commitment
Grant Applicant

To Whom It May Concern:

This letter of commitment confirms that the Humboldt County Department of Health and Human Services ("DHHS") – Behavioral Health is committed to partnering with DHHS – Public Health in their pursuit of a Local Indigent Care Needs Implementation Grant.

We maintain a close working relationship with the DHHS – Public Health as part of an integrated Department of Health and Human Services. This grant will help Public Health address leading health concerns in our community, including people living with mental health disorders, substance use, and hepatitis C. As a supporter of this application, we assist individuals that have a serious mental illness that cause substantial impairments in at least one area of major life functioning and/or substance use disorders. Some of the symptoms that may qualify a person for specialty mental health services include severely depressed mood, self-harm behaviors, psychiatric hospitalizations, hallucinations, and/or an inability to meet daily needs for long periods of time due to their mental health diagnosis. This grant intends to establish and strengthen existing mechanisms to assist adults living with hepatitis C (HCV) in attaining access to disease treatment and medication adherence while linking these clients to other enabling services such as mental health services and substance use disorder treatment. Our services are available for low-income and Medi-Cal eligible populations which can include CMSP eligible individuals, as well as other publicly funded health care recipients. Many individuals served have housing and transportation challenges that impede their ability to obtain necessary health care services. This grant will assist vulnerable populations living with serious mental illness and/or substance use disorders and hepatitis C by deploying health education outreach and care coordination workers to underserved areas and populations.

We know that this opportunity will further develop collaborative strategies to strengthen the overall health care delivery system for residents within Humboldt County and do hereby commit to partnering with Public Health as described above. Thank you for your consideration and if you have any questions, please contact me.

Sincerely,

Emi Botzler-Rodgers
Behavioral Health Director



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

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

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



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

March 10, 2022

Humboldt County Public Health
529 I Street Eureka, CA 95501
RE: County Medical Services Program Local Indigent Care Needs
Letter of Commitment
Grant Applicant

To Whom it May Concern:

The Behavioral Health Branch, Substance Use Disorder division is delighted to support the Humboldt County Department of Health & Human Services (DHHS) - Public Health in their CMSP Implementation Program Grant application. Our Substance Use Disorder (SUD) Treatment Services assist individuals who are experiencing substance use problems that are affecting their physical health, interpersonal relationships, and/or causing employment or legal issues. This grant intends to establish new and strengthen existing mechanisms to assist adults living with hepatitis C (HCV) in attaining access to disease treatment, medication adherence, and those who are experiencing homelessness while linking clients to other enabling services. There is a focus on the CMSP-eligible populations, as well as other publicly funded and low-income health care recipients. Many of these clients have housing and transportation challenges that impede their ability to obtain necessary health care services. This grant will assist vulnerable populations such as adults with health and/or behavioral health conditions including those released from incarceration by deploying community health outreach workers to little-served areas and populations.

We maintain a close working relationship with the Public Health Branch as part of an integrated Department of Health and Human Services. The grant will help Public Health advance leading health concerns in our community such as substance use disorder and hepatitis C.

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

Thank you for your consideration.

Sincerely,

Raena West
Substance Use Disorder Administrator
Humboldt County DHHS-Behavioral Health
707-572-9637



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

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

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

March 16, 2022

County Medical Services Program Local Indigent Care Needs Grant

Letter of Commitment

RE: Grant Applicant RE: Letter of Support

To Whom it May Concern:

Aegis Treatment Center gladly commits support to the Humboldt County Department of Health and Human Services (DHHS), Public Health in their application to the Local Indigent Care Needs Implementation Grant. This grant intends to effectively carry out the mission of developing, expanding, and strengthening connections to health care for individuals living with hepatitis C (HCV) and substance use disorder (SUD). Humboldt County is in urgent need of this type of care, considering we have some of the highest rates of HCV and SUD-related health issues in California and are historically under-resourced.

Aegis Treatment Center has a robust Medication Assisted Treatment program for individuals assessed to have SUD, serving more than 280 patients at any one time. Our agency has been working in collaboration to streamline referrals and link individuals identified as having HCV to Public Health HCV care coordination. Additionally, along with DHHS and other community partners, our agency participates in the HCV low-barrier treatment workgroup, a sub-group of the HCV Taskforce, where we discuss the barriers that people encounter while attempting to access treatment in Humboldt County. What we have learned is that we need more resources at every corner. There are greater opportunities for individuals who are homeless, low-income, uninsured, and experiencing other chronic physical and/or mental illnesses to miss connections or get lost in the navigation of services when they seek help.

I am confident that this grant opportunity will begin to address some of these barriers and will result in more individuals seeing their treatment through to completion. We look forward to continued collaboration and support of each other's work.

Sincerely,



Sarah Vogel
Executive Director

Local Indigent Care Needs Grant

Winter 2022 Implementation Grant Application Signature Page

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

I declare that I am the authorized representative of the applicant described herein. I further declare under penalty of perjury under the laws of the State of California that the information set forth in this Cover Sheet and the attached response to the CMSP Local Indigent Care Program Implementation Grant is true and correct.

Humboldt County Public Health

Organization

Pereira, Sofia

Digitally signed by Pereira, Sofia
Date: 2022.03.29 14:47:27
-07'00

Authorized Signatory

Date

Sofia Pereira

Public Health Director

Name

Title

EXHIBIT D

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD GRANTEE DATA SHEET

| | |
|---|---------------------------------------|
| Grantee's Full Name: | HUMBOLDT COUNTY DHHS, PUBLIC HEALTH |
| Grantee's Address: | 908 7TH STREET EUREKA, CA 95501 |
| Grantee's Executive Director/CEO: (Name and Title) | Sofia Pereira, Public Health Director |
| Grantee's Phone Number: | 707-268-2121 |
| Grantee's Email Address: | spereira2@co.humboldt.ca.us |
| Grantee's Type of Entity: (List Nonprofit or Public) | County |
| Grantee's Tax Id# [EIN]: | 94-6000513 |

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

GRANTEE: HUMBOLDT COUNTY DHHS, PUBLIC HEALTH

By: _____
Title: _____
Date: _____

EXHIBIT E

USE OF GRANT FUNDS

1. Use of Grant Funds. Grantee shall use the Grant Funds solely for the purpose of performance of the Project.

2. Allowable Expenses. Grant Funds may be used to fund allowable expenses. Grantee shall provide Board with reasonable proof that Grantee has dedicated the Grant Funds to allowable expenses. Allowable expenses must be *appropriate, necessary, reasonable and applicable to the Grant Program* and may include but are not limited to:

- Costs that comply with the limitations of the Grant Agreement as well as other applicable federal, state, and county laws and regulations
- Costs that are accounted for consistently and in accordance with generally accepted accounting principles
- Rental or purchase of necessary equipment, expansions of current facilities, and/or renovation/remodeling of current facilities
- Speaker fees for services rendered
- Purchase of supplies for scheduled training if the supplies are received and used during the budget period
- Food and non-alcoholic refreshments for scheduled training events up to \$15 per individual total for the duration of the Project when justified as an integral and necessary part of a training event (i.e., a working meal where business is transacted)
- Food and non-alcoholic refreshments for client incentives up to \$15 per individual total for the duration of the Project when justified as an integral and necessary part of the Project
- Gift Cards and Gas Cards or Vouchers up to \$30 per client total for the duration of the Project when justified as an integral and necessary part of the Project
- Stipends for non-salary employees**
- Travel costs for both patients and staff. Travel shall be limited to the relevant days plus the actual travel time to reach the destination location by the most direct route and shall not include first class travel. Local mileage costs only may be paid for local participants. No per diems for meals or lodging shall be included.
- All or part of the reasonable and appropriate salaries and benefits of professional

personnel, clerical assistants, editorial assistants, and other non-professional staff in proportion to the time or effort directly related to the Project

- Medical Supplies
- Conferences and trainings, including necessary recording of proceedings, simultaneous translation, and subsequent transcriptions
- IT Expenses

** All expenses must be comprised in a budget previously approved by Board staff.*

***Common stipend recipients include Clinical Interns, Volunteers or Community Partners.*

3. Unallowable Expenses. Grant Funds shall not be used to fund unallowable expenses. Grantee shall refund to the Board any Grant Funds expended for unallowable expenses. Unallowable expenses include but are not limited to:

- Alcohol
- Bad debt expenses
- Defense and prosecution expenses, including but not limited to prosecuting claims against the Board or defending or prosecuting certain criminal, civil or administrative proceedings and related legal fees and costs
- Entertainment costs (unless specifically written into the budget and approved by the Board), including costs of amusement, diversion, social activities, ceremonials, and related incidental costs, such as bar charges, tips, personal telephone calls, and laundry charges of participants or guests
- Fines and penalties
- Traffic citations, including but not limited to parking citations
- Fundraising or lobbying costs
- Advertising (unless specifically written into the budget and approved by the Board)
- Memorabilia or promotional materials
- Honoraria or other payments given for the purpose of conferring distinction or to symbolize respect, esteem, or admiration
- Goods or services for personal use, including automobiles housing and personal living expenses or services
- Per diem or expenses for participants in a scheduled training event

- Investment management fees
- Losses on other sponsored projects
- Lease/purchase of land, buildings, or new construction
- Firearms
- Signing and Retention Bonuses
- Membership dues, including but not limited to memberships in civic, community or social organizations, or dining or country clubs
- Direct legal fees and costs incurred in development and implementation of the Project provided by individuals who are not employees of Grantee.***

4. Determination of Allowable and Unallowable Expenses. It is recommended that expenses be included in Grantee's budget with sufficient detail and that such budget is approved by Board staff prior to expenditure or, alternatively, expenditures be otherwise approved by the Board staff prior to expenditure. The Board shall determine whether an expense is an allowable or unallowable expense as provided in this Agreement. The Board's determination shall be in its sole discretion and shall be conclusion.

****Such direct legal fees and costs that are both appropriate and reasonable may be included in Grantee's administrative and/overhead expenses directly attributed to the Project as set forth in Section 2.D of the Agreement.*