



COUNTY OF HUMBOLDT

AGENDA ITEM NO.

C20

For the meeting of: October 24, 2017

Date: September 20, 2017

To: Board of Supervisors

From: Connie Beck, Director *MS for Connie Beck*
Department of Health and Human Services

Subject: Agreement with County Medical Services Program Governing Board for Mini Grants Program Pilot Project

RECOMMENDATION(S):

That the Board of Supervisors:

1. Approve the Mini Grants Program Pilot Project grant agreement with County Medical Services Program Governing Board (CMSP);
2. Authorize the Director of Department of Health and Human Services (DHHS) - Public Health to sign four (4) original signature pages of the agreement; and
3. Authorize the Director of DHHS - Public Health or designee to sign future amendments or budget revisions directly related to this agreement upon review and approval of County Counsel and Risk Management.

SOURCE OF FUNDING:

Public Health Funds

Prepared by Lara Zintsmaster, AA

CAO Approval *E. H. Hall*

REVIEW: *kpd*
Auditor

County Counsel *JN*

Human Resources *KK*

Other

TYPE OF ITEM:

☒ Consent
☐ Departmental
☐ Public Hearing
☐ Other

PREVIOUS ACTION/REFERRAL:

Board Order No. _____

Meeting of: _____

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT

Upon motion of Supervisor *Wilson* Seconded by Supervisor *Sundberg*

Ayes *Sundberg, Bass, Bohn, Wilson*

Nays

Abstain

Absent *Fennell*

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

Dated: *10/24/2017*

By: _____

Kathy Hayes, Clerk of the Board *[Signature]*

DISCUSSION:

The Humboldt County DHHS - Public Health Laboratory provides various lab testing for all healthcare providers within the county who request it. With their current software set-up, the Public Health Laboratory is able to report results electronically to some local healthcare providers via a Health Information Exchange (HIE) network, however is unable to receive requests electronically. The Public Health Laboratory has identified that several local providers send their lab testing requests out of area to a commercial laboratory due to the convenience of electronic request submittals. The commercial laboratory has a long turn-around in reporting results, which can cause delay of diagnosis and treatment to Humboldt County's population. The Public Health Laboratory is seeking to improve connectivity by building a bi-directional HIE interface in order to receive requests electronically, with the goal of improving healthcare services to the community.

The bi-directional HIE interface project has been in the plan for the 2017-18 fiscal year. Earlier this year, CMSP announced grant funding for project similar to the Public Health Laboratory's bi-directional HIE interface project, with the intent of improving services to the CMSP population. The Public Health Laboratory had already planned to commence this project initially with Open Door Community Health Centers, the local provider most likely to serve Humboldt County's CMSP population. CMSP awarded the Public Health Laboratory \$19,780 to support the costs related to development and testing of a bi-directional HIE interface. Acceptance of this grant would allow reimbursement of the expenses required to develop, test, and implement the bidirectional HIE interface for the period of Sept. 1, 2017 through Nov. 30, 2018. Once this interface is determined to be functional with Open Door Community Health Centers, the Public Health Laboratory will also be able to receive incoming orders from many other local healthcare providers.

This agreement comes before your Board today after the start date due to need for revisions to the grant agreement and receipt of the revised agreement from CMSP in late September.

FINANCIAL IMPACT:

Approval of this grant agreement with CMSP will allow DHHS – Public Health to be reimbursed a maximum of \$19,780 for the period of Sept. 1, 2017 through Nov. 30, 2018 in Fund 1175, Budget Unit 435 – Public Health Laboratory. This grant was not included in the county budget for fiscal year (FY) 2017-18. It is anticipated that this grant will allow for a reduction of Realignment funding. A supplemental budget is not needed at this time as the overall budget will not increase or decrease. The remainder of the grant funding will be included in the county budget for FY 2018-19. There is no impact to the General Fund.

This agreement supports the Board's Strategic Framework by creating opportunities for improved safety and health.

OTHER AGENCY INVOLVEMENT:

None

ALTERNATIVES TO STAFF RECOMMENDATIONS:

The Board could choose not to approve the grant agreement with CMSP, however this would result in denial of grant funding.

ATTACHMENTS:

Grant agreement with County Medical Services Program Governing Board

**AGREEMENT FOR
COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD**

MINI GRANTS PROGRAM PILOT PROJECT

between

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

and

**COUNTY OF HUMBOLDT
("Grantee")**

Effective as of:
September 1, 2017

AGREEMENT

COUNTY MEDICAL SERVICES PROGRAM MINI GRANTS PROGRAM PILOT PROJECT

FUNDING GRANT

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

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

B. Grantee submitted an Application ("Application") for the Mini Grants Program Pilot Project in the form attached as Exhibit C (the "Project"). The Project is a grant project ("Grant Project").

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

The Board and Grantee agree as follows:

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

2. Grant Funds.

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

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

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

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

the Grant Funds to fund Grantee's administrative and/or overhead costs; provided, however, an amount of the Grant Funds equal to or less than fifteen percent (15%) of the total Project expenditures may be used to fund Grantee's administrative and/or overhead expenses directly attributed to the Project. Grantee shall provide Board with reasonable proof that Grantee has dedicated the Grant Funds to the Project. Grantee shall refund to the Board any Grant Funds not fully dedicated to the Project.

E. Final Expenditure Report. The Grantee shall provide the Board with a final expenditure report documenting the use of Grant Funds in a form as determined by the Board.

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

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

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

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

6. Data and Project Evaluation. Grantee shall collect Project data and performance metrics in accordance to the Project Goals and Reporting section included in Grantee's Application. Grantee shall report such data and metric outcomes to the Board as part of the Interim and Final Reporting set forth in Section 7, below. The Grantee shall not submit any protected health information ("PHI") to the Board. The Board reserves the right to hire an external pilot project evaluator to conduct an evaluation of the Project ("Pilot Project Evaluator"). The Grantee may be required to participate in one or more interviews with Pilot Project Evaluator and participate in surveys with the Pilot Project Evaluator as determined by the Board. Grantee shall maintain and provide the Board with reasonable access to such records for a period of at least four (4) years from the date of expiration of this Agreement. Grantee shall cooperate fully with the Board, its agents and contractors, including but not limited to the Pilot

Project Evaluator, and provide information to any such contractor in a timely manner. The Board may, within its sole discretion, terminate this Agreement at any time and suspend and/or discontinue payment of any Grant Funds if Grantee does not satisfactorily meet data collection and reporting requirements as set forth herein and in the RFP.

7. Interim and Final Reporting. Grantee shall notify the Board of any proposed substantial changes to the Project's components. The Project's components shall include: (a) the Project plan; (b) the target population; (c) project activities; (d) the roles and responsibilities of all participating (partnering) agencies; (e) key Grantee personnel; (f) the budget; and (g) timelines. The Grantee shall submit one (1) interim progress report to the Board, that: (a) highlights the Project's key accomplishments, to date; (b) identifies challenges and barriers encountered during the prior six (6) months; (c) describes what the Project has learned, to date; (d) provides an update on data collection and evaluation efforts; and (e) provides a status on each Project Goal. In addition, the Grantee shall submit a final report (in addition to the final expenditure report) to the Board by October 31, 2018, that: (a) highlights the Project's key accomplishments; (b) identifies challenges and barriers encountered during the Project; (c) describes what the Project has learned; (d) reports the evaluation findings; (e) provides a final status on each Project Goal; and (f) thoroughly describes the Project's future activities following the Pilot Project.

8. Term. The term of this Agreement shall be from September 1, 2017, to November 30, 2018, unless otherwise extended in writing by mutual consent of the parties.

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

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

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

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

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

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

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

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

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

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


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

Dated effective September 1, 2017.

BOARD:

COUNTY MEDICAL SERVICES
PROGRAM GOVERNING BOARD

By:


Kari Brownstein, Administrative Officer

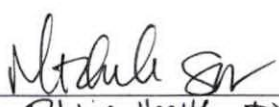
Date:

11/17/17

GRANTEE:

COUNTY OF HUMBOLDT

By:


Title: Public Health Director

Date:

10/30/2017

EXHIBIT A

GRANTEE: County of Humboldt

GRANTEE'S PARTNERS UNDER CONTRACT1

GRANT FUNDS:

Total Amount To Be Paid under Agreement: \$19,780

Amount to Be Paid Upon Execution Of This Agreement: \$9,890

Amount To Be Paid On March 1, 2018: \$7,912

Amount To Be Paid On Board's Determination and Acceptance of Grantee's Completion of its Obligations under the Terms of this Agreement: \$1,978

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

NOTICES:

Board:

County Medical Services Program Governing Board

Attn: Alison Kellen, Program Manager

1545 River Park Drive, Suite 435

Sacramento, CA 95815

(916) 649-2631 Ext. 119

(916) 649-2606 (facsimile)

Grantee:

County of Humboldt

Attn: Michele Stephens, Public Health Director

529 I Street

Eureka, CA 95501

(707) 268-2121

(707) 445-6097 (facsimile)

1 Attach copy of any contract.

EXHIBIT B
REQUEST FOR PROPOSAL
BOARD'S REQUEST FOR PROPOSAL

REQUEST FOR PROPOSALS

CMSP Mini Grants Program

Funding Round Two

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD

I. ABOUT THE COUNTY MEDICAL SERVICES PROGRAM

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

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

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

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

circumstances, CMSP members may have a share-of-cost (SOC). Enrollment terms for CMSP members are up to 6 months. At the end of the enrollment term, CMSP members must reapply for CMSP to continue eligibility for benefits.

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

II. ABOUT THE CMSP MINI GRANTS PROGRAM

With the CMSP Mini Grants Program, the CMSP Governing Board seeks to support local health care systems in CMSP counties develop strategies to reduce barriers between health care providers and systems and promote collaboration and system linkages to facilitate timely and effective delivery of health care services to enrolled CMSP members, potential CMSP members, and other persons receiving publicly funded health coverage.

Under the Program, applicants may seek one-time funding of up to \$20,000 for development of health systems linkages across health care providers and/or across the health and behavioral health systems serving CMSP and potential CMSP members. Funding is intended to support activities that can be completed in a time frame of 6-12 months. Efforts funded by Mini Grants must target persons eligible for or potentially eligible for CMSP, but may also contribute to improvements for populations served by other publicly funded health care programs, such as Medi-Cal. Applicants may apply for grants for a county-wide strategy or a regional strategy that incorporates two or more counties.

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

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

Proposed activities may include items such as:

- **Planning activities:** organizational assessments; strategic planning; fund development; or communications/marketing.
- **Staff development/training:** relevant training for healthcare and behavioral health professionals.
- **Strategic relationships/collaboration:** technical assistance; consultant support; restructuring; development of interagency agreements; or business planning.
- **Internal operations:** improvements to financial management; development of evaluation systems and training; or facility planning.

- **Technology improvements:** improving IT capacity through upgrades to hardware and software; networking; updating websites; and staff training to optimize use of technology.

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

III. ELIGIBLE PROGRAM APPLICANTS

A. Lead Agency Applicant and Partner Requirements

Mini Grant projects may be focused within one or more counties that participate in CMSP. The lead agency applicant must be either a county or a not-for-profit organization and must have the demonstrated capacity to bring together varied stakeholders within the county or region. The lead agency and all key project partners must be in good standing with the Governing Board. If the lead agency is a health care provider, that provider must be a contracting provider with the CMSP Governing Board. Mini Grant applications must have the support, as demonstrated by Letters of Commitment/Support, from at least one local hospital and at least one primary care provider such as a clinic, private practice physician, or physician group; and, must have the demonstrated support, as demonstrated by Letters of Commitment/Support, from at least two of the following county agencies or departments: Health/Public Health, Social Services/Welfare, Mental Health, and Drug and Alcohol Services.

IV. MINI GRANTS PROGRAM TIMELINE

Projects awarded in the first Funding Round began in April 2017. The schedule for the second Funding Round is set forth below.

ROUND TWO

6/1/17	Mini Grant Request for Proposals (RFP) Released
6/8/17	RFP Assistance Teleconference
7/3/17	Mini Grant Applications Must Be Postmarked By
7/27/17	Applications Reviewed and Approved
7/31/17	Awards Announced Via Letter
9/1/17	Grant Agreements Executed and Projects Begin
3/1/18	6-month Interim Mini Grant Report
8/31/18	Mini Grants End
10/31/18	Final Report on Mini Grant Outcomes due to Governing Board

V. FUNDING AWARDS – ALLOCATION METHODOLOGY

The Governing Board, within its sole discretion, may provide Mini Grant funding to Program applicants. As approved by the Governing Board on May 26, 2016 total funding for the Mini Grants program is \$600,000 over three years. Approximately \$100,000 was released in Funding Round One. Individual grant amounts shall not exceed \$20,000.

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

- 50% Allocated upon execution of the Mini Grant Agreement
- 40% Allocated following receipt of 6-month Interim Mini Grant Report
- 10% Allocated following receipt of Final Mini Grant Report

Applicants receiving funding under the Mini Grant Pilot Program shall not be required to provide specified in-kind and/or matching funds to receive the grant. However, it is assumed that stakeholder participation in projects funded by Mini Grants will be contributed by stakeholders as in-kind contributions of time and effort, not identified as proposed as grant expenses, unless such time is a foundational component of the project and would otherwise not be undertaken without such financial support.

Administrative and/or overhead expenses shall equal no more than 15% of total Mini Grant funded expenditures.

VI. FUNDING AWARDS – METHODOLOGY FOR REVIEW AND SCORING

The Governing Board shall have sole discretion on whether to award Mini Grant funding for a proposed Project. Project proposals shall be reviewed and scored to assure that the projects meet minimum standards for receipt of funding. Mini Grant applications will be reviewed and scored based upon the following criteria:

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

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

seventy-five percent (75%) and the proposal must achieve a ranking, in comparison is with all other submitted proposals, that merits funding approval.

VII. APPLICATION ASSISTANCE

A. RFP Assistance Teleconference Information

To assist potential applicants, Governing Board staff will conduct a Funding Round Two Mini Grant RFP teleconference on Thursday, June 8th at 10:00 AM to present RFP requirements and answer potential questions. Applicants are encouraged to participate on this call and bring any questions they have regarding Mini Grant requirements and the application process. The RFP assistance teleconference can be accessed by dialing (888) 296-6500, participate code 738196.

B. Frequently Asked Questions (FAQ)

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

C. Mini Grant Program Contact Information

Please direct any questions regarding the RFP to Alison Kellen, Program Manager at akellen@cmspcounties.org or (916) 649-2631 ext. 119.

VIII. PROPOSAL FORMAT AND REQUIREMENTS

A. Application Cover Sheet

Using the form provided, please include the county name or names if counties are acting jointly, identified Lead County Applicant and Lead Applicant's contact name(s), address, telephone, and e-mail contact information. The application cover sheet (Attachment A) is available for download at the Governing Board's website at http://www.cmspcounties.org/about/grant_projects.html.

B. Project Summary (no longer than 1 page)

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

C. Project Narrative (no longer than 5 pages)

1. Clear Statement of Problem or Need Within Community

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

2. Local Health Care Delivery System Landscape

Describe how medical care is delivered within the proposed county or counties. Identify the main sources of care for the target population as well as strengths and existing challenges in the health care delivery system. Describe the Lead Applicant role and the roles of other counties, if acting jointly, as well as all key project partners' roles within the health care delivery system. Please describe any prior or current efforts to develop health systems linkages across health care providers and/or the health and behavioral health systems serving CMSP and other publically funded populations.

3. Description of Proposed Project

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

4. Organization and Staffing

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

5. Implementation Work Plan

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

D. Project Goals and Outcome Reporting (no longer than 2 pages)

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

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

Complete the Detail & Summary Budget Templates (See Attachments B1 and B2) and provide a brief budget narrative detailing all expense components that make up total operating expenses and the source(s) of in-kind and/or direct matching funding. These

Budget Templates are available as an Excel spreadsheet for download at http://www.cmspcounties.org/about/grant_projects.html.

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

F. Letters of Commitment and/or Support

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

Mini Grant applications must have the support, as demonstrated by Letters of Commitment, from at least one local hospital and at least one primary care provider such as a clinic, private practice physician, or physician group; and, must have the demonstrated support, as demonstrated by Letters of Commitment, from at least two of the following county agencies or departments: Health/Public Health, Social Services/Welfare, Mental Health, and Drug and Alcohol Services. Throughout the project, the lead agency shall make efforts to establish relationships and garner the support of additional community resources.

IX. APPLICATION INSTRUCTIONS

- A. All Mini Grant applications must be complete at the time of submission and must follow the required format and use the forms and examples provided:
 - 1. The type font must be Arial, size 12 point.
 - 2. Text must appear on a single side of the page only.
 - 3. Assemble the application in the order and within the page number limits listed with the Proposal Format & Requirements sections.
 - 4. Clearly paginate each page.
- B. Applications transmitted by facsimile (fax) or e-mail will not be accepted.
- C. The application shall be signed by a person with the authority to legally obligate the Applicant.
- D. Provide one original hard-copy Pilot Project application clearly marked original, and three (3) hard-copies.
- E. Provide an electronic copy (flash drive or CD) of the following components of the application: 1) Project Summary (as a Word Document), 2) Project Narrative (as a Word Document), 3) Budget (as an Excel Document), and 4) Project Goals and Outcome Reporting (as a Word Document).

- F. Do not provide any materials that are not requested as the materials will not be considered by reviewers.
- G. Folders and binders are not necessary or desired; please securely staple or clip the application in the upper left corner.
- H. Funding Round Two Mini Grant Applications must be postmarked no later than Monday, July 3, 2017 and received in the office no later than Friday, July 7, 2017 at 5:00 p.m. PST. Address all applications to:

CMSP Governing Board
ATT: Alison Kellen, Program Manager
1545 River Park Drive, Suite 435
Sacramento, CA 95815

APPLICATION COVER SHEET
CMSP Mini Grants Program

1. CMSP County or Counties Included in the Proposal:

2. Focus Area(s) (check all that apply)

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

3. Funding:

CMSP Requested Amount: \$ _____

In-Kind and/or Other Matching Amount Provided by Applicant (if any): \$ _____

4. Applicant:

Organization:

Applicant's Director or Chief Executive:

Title:

Applicant's Type of Entity (county or not for profit):

Address:

City: State: Zip Code: County:

Telephone: () Fax: ()

E-mail Address:

Organization's EIN (Tax ID):

5. Primary Contact Person (Serves as lead contact person during the application process.)

Name:

Title:

Organization:

Address:

City: State: Zip Code: County:

Telephone: () Fax: ()

E-mail Address:

Attachment A

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

Name:

Title:

Organization:

Address:

City:

State:

Zip Code:

County:

Telephone: ()

Fax: ()

E-mail Address:

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

Name:

Title:

Organization:

Address:

City:

State:

Zip Code:

County:

Telephone: ()

Fax: ()

E-mail Address:

8. By submitting this application for CMSP Mini Grants Program funding, the applicant signifies acceptance of the applicant's responsibility to comply with all requirements stated in this Request for Proposals (RFP) authorized by the County Medical Services Program Governing Board ("Governing Board"). Further, the applicant understands that should the Governing Board award mini grant funding to the applicant, the Governing Board is not obligated to fund the mini grant until the applicant submits correct and complete documents as required for the mini grant agreement; the Governing Board is otherwise satisfied that the applicant has fully met all Governing Board requirements for receipt of mini grant funding; and the mini 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 mini grant funding of any amount to the applicant.

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

Official Authorized to Sign for Applicant:

Signature:

Date:

Name:

Title:

Organization:

Address:

City:

State:

Zip Code:

County:

Telephone: ()

Fax: ()

E-mail Address:

CMSP Mini Grants Program Budget Guidelines

Applicants should use the budget detail and summary formats provided. Applicants may either use the actual tables or create a spreadsheet with the same categories and format. Applicants should budget for anticipated expenditures for a duration not to exceed 12 months.

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

Personnel

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

Contractual Services

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

Office Expenses

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

Travel

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

Other

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

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

Budget Narrative

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

Attachment B2: Budget Template - Summary Budget
CMSP Mini Grants Program Funding Round 2

Applicant:

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Summary Budget (September 2017 - August 2018):

Category	Total Cost	CMSP Funding	Other Funding
Personnel			
Contractual Services			
Office Expenses			
Travel			
Other			
TOTAL			

Attachment B2: Budget Template - Detail Budget
CMSP Mini Grants Program Funding Round 2

Applicant:

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Detail Budget (September 2017 - August 2018):

Category Item/Service	Qty (Year 1)	Cost (Year 1)
Personnel		
Contractual Services		
Office Expenses		
Travel		
Other		

EXHIBIT C
APPLICATION
GRANTEE'S APPLICATION

Attachment A

APPLICATION COVER SHEET
CMSP Mini Grants Program

COPY

1. CMSP County or Counties Included in the Proposal:

Humboldt County

2. Focus Area(s) (check all that apply)

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

3. Funding:

CMSP Requested Amount: \$19,780.00

In-Kind and/or Other Matching Amount Provided by Applicant (if any): \$

4. Applicant:

Organization: County of Humboldt, Department of Health and Human Services Public Health

Applicant's Director or Chief Executive: Michele Stephens

Title: Public Health Director

Applicant's Type of Entity (county or not for profit): County

Address: 529 I Street

City: Eureka

State: Ca

Zip Code: 95501

County: Humboldt

Telephone: (707) 268-2121 Fax: (707) 445-6097

E-mail Address: mstephens@co.humboldt.ca.us

Organization's EIN (Tax ID): 94-6000513

5. Primary Contact Person (Serves as lead contact person during the application process.)

Name: Jeremy Corrigan

Title: Public Health Laboratory Manager

Organization: County of Humboldt, Department of Health and Human Services Public Health

Address: 529 I Street

City: Eureka

State: Ca

Zip Code: 95501

County: Humboldt

Telephone: (707) 268-2178 Fax: (707) 445-7640

E-mail Address: jcorrigan@co.humboldt.ca.us

Attachment A

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

Name: Lara Zintsmaster
Title: Administrative Analyst
Organization: County of Humboldt, Department of Health and Human Services Public Health
Address: 529 I Street
City: Eureka State: Ca Zip Code: 95501 County: Humboldt
Telephone: (707) 268-2195 Fax: (707) 445-6097
E-mail Address: lzintsmaster@co.humboldt.ca.us


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

Name: Olivia Wilder
Title: Budget Specialist
Organization: County of Humboldt, Department of Health and Human Services Public Health
Address: 507 F Street
City: Eureka State: Ca Zip Code: 95501 County: Humboldt
Telephone: (707) 441-5435 Fax: (707) 441-5580
E-mail Address: owilder@co.humboldt.ca.us

8. By submitting this application for CMSP Mini Grants Program funding, the applicant signifies acceptance of the applicant's responsibility to comply with all requirements stated in this Request for Proposals (RFP) authorized by the County Medical Services Program Governing Board ("Governing Board"). Further, the applicant understands that should the Governing Board award mini grant funding to the applicant, the Governing Board is not obligated to fund the mini grant until the applicant submits correct and complete documents as required for the mini grant agreement; the Governing Board is otherwise satisfied that the applicant has fully met all Governing Board requirements for receipt of mini grant funding; and the mini 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 mini grant funding of any amount to the applicant.

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

Official Authorized to Sign for Applicant:

Signature: 

Date: 6/29/17

Name: Michele Stephens
Title: Public Health Director
Organization: County of Humboldt, Department of Health and Human Services Public Health
Address: 529 I Street
City: Eureka State: Ca Zip Code: 95501 County: Humboldt
Telephone: (707) 268-2121 Fax: (707) 445-6097
E-mail Address: mstephens@co.humboldt.ca.us

Attachment B

CMSP Mini Grant Project Summary

The County of Humboldt Department of Health and Human Services Public Health Laboratory would seek this grant opportunity to foster communication of health information amongst healthcare providers by improving the existing Health Information Exchange (HIE) network between the DHHS Public Health Laboratory and local providers. The HIE network would be improved by increasing the Public Health Laboratory's ability to receive testing requests from local county hospitals and health care providers by building the ability to receive requests electronically. The purpose of the project is to coordinate and/or integrate health care service systems and strengthen the overall health care delivery system in the county across a range of health care providers.

With the CMSP Mini grant funding the Public Health Laboratory is proposing to increase collaboration and integration with local providers through technology improvements both on site at the laboratory and at Open Door Community Health Center locations. The Public Health Laboratory will be lead entity in this project partnering with Open Door Health Centers.

The Public Health Laboratory already has an outgoing interface between ApolloLIMS and local HIE North Coast Health Improvement and Information Network (NCHIIN), which allows several submitters - Humboldt State University, Eureka Pediatrics, and Redwood Pediatrics - to receive results electronically. The Public Health Laboratory is now seeking to improve connectivity with the largest provider most likely to serve the Humboldt County CMSP population - Open Door Community Health Centers, who uses Oregon Community Health Information Network (OCHIN) as their HIE. This project will create a bi-directional interface between the Public Health Laboratory's existing HIE, NCHIIN, and OCHIN. This will allow the Public Health Laboratory to connect to Open Door Community Health Centers using OCHIN, creating the capacity to both receive orders and submit results electronically. This infrastructure building allows potential connectivity with ease to other local providers, including local hospitals Mad River Community Hospital, St. Joseph Hospital - Eureka, that are a part of Humboldt Medical Group.

Building up connectivity would not only improve the current delivery system of lab testing requests, but it would increase the number of tests the Public Health Laboratory receives. Further, this would allow the Public Health Laboratory to report results to more providers already connected to existing HIE networks that have the capability to receive incoming results into their Electronic Medical Record systems.

Additionally the proposal would improve health care services to the CMSP population here in Humboldt County. Increasing the capacity for the Public Health Laboratory to send and receive health information electronically from local providers will yield faster results to local providers, resulting in improved patient diagnosis and treatment time.

CMSP Mini Grant
Project Narrative

1. Statement of Need

The Department of Health and Human Services (DHHS) Public Health Laboratory is an important part of our local public health infrastructure. The lab plays a critical role in helping to confirm disease outbreaks, identifying new infections, and providing testing options for water supplies, local oysters and various illnesses, among other roles.

A goal of Humboldt County, outlined in the Community Health Assessment (CHA) published in 2013, is focusing on creating a Collective Impact approach to improving health and healthcare services in the community. A Collective Impact is reached by creating strong relationships amongst local organizations.

The DHHS Public Health Laboratory would seek this grant opportunity to foster communication of health information amongst healthcare providers. After review of internal processes Public Health has identified a need in the County of Humboldt to make the existing Health Information Exchange (HIE) network between the DHHS Public Health Laboratory and local providers more robust and integrated. The purpose of the project is to coordinate and/or integrate health care service systems and strengthen the overall health care delivery system in the county across a range of health care providers.

2. Local Health Care Delivery System Landscape and Target Population

Humboldt is a rural county, located in northwest California. The county is approximately 300 miles north of San Francisco, bordered on the north by Del Norte County, on the east by Siskiyou and Trinity counties, on the south by Mendocino County and on the west by the Pacific Ocean. The county encompasses 2.3 million acres, 80 percent of which is forestland, protected redwoods and recreation areas. Humboldt County is a healthcare and behavioral health care provider shortage area, and many individuals have to travel long distances for access to healthcare services. Many of these individuals are uninsured and are eligible for CMSP or other public programs.

The largest CMSP providers in Humboldt County are the Open Door Community Health Centers, a network of federally qualified health centers currently serves 44% of the Humboldt County population. Most low-income individuals in the county are served by Open Door Community Health Centers. The main hospital in our area, St Joseph Hospital, employs nearly 1,400 individuals. St. Josephs includes two hospitals located in Fortuna and Eureka, CA. These hospitals provide services to the majority of our population. The proposed project will enhance the connectivity between the Public Health Laboratory and Open Door Community Health Centers. Once this connection is established other providers will automatically be connected as their respective interfaces are developed.

3. Description of Proposed Project/Approach

With the CMSP Mini grant funding the Public Health Laboratory is proposing to increase collaboration and integration with local providers through technology improvements both on site at the laboratory and at Open Door Community Health Center locations. The Public Health Laboratory will be lead entity in this project partnering with Open Door Health Centers.

Currently the Public Health Laboratory must receive handwritten requisitions on paper and is often sending results via fax or mail to local providers. This current system causes double data entry, and potential log-in and typographic errors, for local providers and Public Health Laboratory staff. As a result, local county hospitals and health care providers are sending lab tests out-of-county to a laboratory in San Diego County which has the capability to receive requests electronically. The out-of-county laboratory is large, and takes much longer than the DHHS-Public Health Laboratory does to provide test results to providers. Sending tests out-of-county causes significant and unnecessary delays in diagnosis and treatment of our county's patient population. Delays in diagnosis and treatment of some diseases could put patients at a higher risk.

The Public Health Laboratory already has an outgoing interface between ApolloLIMS and HIE North Coast Health Improvement and Information Network (NCHIIN) which allows several submitters- Humboldt State University, Eureka Pediatrics, and Redwood Pediatrics- to receive results electronically. The Public Health Laboratory is now seeking to improve connectivity with the largest provider most likely to serve the Humboldt County CMSP population- Open Door Community Health Centers. Both St. Joseph Hospital-Eureka and Mad River Hospital are a part of Humboldt Medical Group, which is in the process of developing their HIE network.

The main focus points of this project are as follows:

- Create Interface to Receive Electronic Orders - The Public Health Laboratory will contract with ApolloLIMS and NCHIIN to improve the existing LIMS capabilities by creating an interface that will allow the laboratory to receive incoming orders from local providers through NCHIIN. This will eliminate the need of handwritten requisitions from local providers as well as any data entry errors.
- Create Interface between NCHIIN and OCHIN - The next phase of the project will be to create a bi-directional interface between the Public Health Laboratory's existing HIE, NCHIIN, and OCHIN. This will allow the Public Health Laboratory to connect to Open Door Community Health Centers using OCHIN, creating the capacity to both receive orders and submit results electronically. This interface would allow potential submitters such as St. Joseph Hospital – Eureka and Mad River Hospital to easily connect with the Public Health Laboratory whether they use OCHIN or NCHIIN as a HIE provider.

Attachment C

- During this phase Public Health will pay for the building of the interface between the Open Door Community Health Center and the Public Health Laboratory.
- Memorandum of Understanding (MOU) - During this process of upgrading the technological interface between the Public Health Laboratory and local health Care providers MOUs will be created and ratified with the Open Door Community Health Center and any other potential submitters regarding the exchange of health information.

4. Capacity

The Public Health Laboratory is part of the Administration Division of Public Health. The Public Health Laboratory provides laboratory testing services and support for community health providers to aid in the diagnosis and control of communicable diseases and promote a healthy environment. The laboratory also plays a key role in emergency preparedness by providing testing services, training, and support for area laboratories.

In many cases, time is of the essence when trying to correctly diagnose a patient. Accurate information with faster turnaround times leads to better and more timely treatment for patients. Over the past several years, the Public Health Laboratory has invested in new technologies that have reduced the time it takes to report results to providers. Specifically, the laboratory has been building this capacity through training staff, procuring a second PCR machine and moving all extractions to an automated method. In addition, the additional PCR machine allows for more testing to occur simultaneously.

The interface between NCHIIN and OCHIN would not only improve the current delivery system of lab testing requests, but it would increase the number of tests the Public Health Laboratory receives. The lab has approval to hire a third microbiologist position to accommodate this potential increase. If there is a large enough increase in testing there is a plan to bring on board the GeneXpert testing system to aid in testing volume.

5. Organization and Staffing

Humboldt County Department of Health & Human Services (DHHS) has integrated Mental Health, Public Health, and Social Services into one department. The stated mission is "To reduce poverty and connect people and communities to opportunities for health and wellness". Humboldt County DHHS Public Health Branch is committed to promoting community health, disease and injury prevention, and a healthy human environment.

DHHS Financial Services administers DHHS budgets and grants under the oversight of the County Auditor's Office and in adherence to the OMB-Circular. This unit monitors grant expenditures to ensure that adherence to grant agreements and reports on the grant expenditures quarterly.

Attachment C

Jeremy Corrigan, Public Health Laboratory Manager: The Public Health Laboratory Manager handles the day to day supervision of staff and organization of the Public Health Laboratory. The Public Health Laboratory Manager will be responsible for overseeing the implementation of the proposed project and evaluating its overall impact and effectiveness.

Laboratory Director: The Laboratory Director is responsible for the overall operation and administration of the laboratory and will be available to provide telephone or electronic consultation as needed. The DHHS Public Health Laboratory has a professional services agreement in place with Sonoma County to provide Laboratory Director Services. Regulations in the Federal Clinical Laboratory Improvement Act of 1988 (CLIA) specify that a public health laboratory is required to have a qualified Public Health Laboratory Director. The qualifications include a doctorate degree, Federal CLIA board certification, a California Public Health Microbiologist Certification and four years minimum experience working in a Public Health laboratory. A doctorate degree is waived if the Laboratory Director was hired before that requirement was adopted. The Public Health Laboratory Director for Sonoma County meets the CLIA requirements.

Microbiologist: The Public Health Laboratory currently has three full-time equivalent (FTE) Microbiologist positions, two filled and one vacant. The two existing microbiologists are certified as Public Health Microbiologist by the State of California. They conduct and interpret microbiological and other analytical tests including a variety of communicable diseases. The Microbiologists are responsible for coordinating laboratory activity with those of medical clinics, physicians, public health services and outside laboratories; provides training concerning proper collection and handling of specimens.

Laboratory Assistant: The Public Health Laboratory currently has six FTE Laboratory Assistant positions, with only one vacancy. Laboratory Assistants perform specimen preparation and a wide range of standard laboratory testing and support duties. They are also responsible for performing courier duties including driving to local clinics and hospitals to deliver laboratory reports and pick up specimens. These positions also enter data in the laboratory information system; maintain accurate records of all laboratory tests, physician orders and referral tests; coordinate and track follow-up for specimen results.

Administrative Analyst: One Administrative Analyst will be assigned to creating and processing contracts and MOUs associated with the project.

6. Implementation Work Plan

As the Lead Applicant, the County of Humboldt DHHS Public Health Laboratory will be responsible for ensuring communication and coordination between two HIEs NCHIIN and OCHIN and adherence to project timeline.

Attachment C

Activities	Person(s) Responsible	Timeline	Status	Performance Measures/Milestones	Considerations
Goal 1: Create Interface to Receive Electronic Orders					
NCHIIN Contract	Administrative Analyst	September-November 2017		Administrative Analyst to coordinate execution of contract with NCHIIN.	
ApolloLIMS Contract	Administrative Analyst	September-November 2017		Administrative Analyst to coordinate execution of contract with Common Cents Inc.	
Development Phase	Common Cents/ NCHIIN	September-November 2017		ApolloLIMS and NCHIIN will coordinate with each other and Lab Manager to develop incoming orders interface.	
Testing Phase	PH Lab Manager	December-February 2018		Lab practices with incoming interface and develops P&P.	
Production Phase	PH Lab Manager	March-May 2018		Lab sending and receiving tests.	
Goal 2: Create Interface between NCHIIN and OCHIN					
OCHIN Contract	Open Door	December-February 2018		Open Door to invoice the County of Humboldt for OCHIN implementation.	
Development Phase	OCHIN	September-November 2017		OCHIN will coordinate with NCHIIN to develop a bi-directional interface with NCHIIN, and work with Public Health's Lab Manager and the local hospitals/health care providers they are connected to, to test the system.	
Testing Phase	PH Lab Manager/ Open Door	December-February 2018		Lab practices with incoming interface and develops P&P.	
Production Phase	PH Lab Manager/ Open Door	June-August 2018		Open Door is sending requests and receiving results electronically from the Lab.	
Goal 3: Create MOU with Open Door Community Health Centers					
MOU- Open Door	Administrative Analyst	December-February 2018		Administrative Analyst to coordinate execution of MOU with Open Door.	

CMSP Mini Grant
Project Goals and Outcome Reporting

Through the course of the grant period the proposed project of improving the existing Health Information Exchange (HIE) network will lead to significant changes and improvements for both the Public Health Laboratory and local providers. These changes will include expanded organizational collaboration, specific program changes regarding policy and service delivery, as well as potential financial benefits for all parties.

Through the course of this project, the Public Health Laboratory will be entering into an MOU with the Open Door Community Health Centers. This MOU will foster increased collaboration and integration of health care services. The benefits of the project will not be limited to the specific partners mentioned in the proposal. Once the bi-directional interface is in production both Open Door Health Centers and the Public Health Laboratory will be able to connect to other providers as they develop their own HIE with Oregon Community Health Information Network (OCHIN) and North Coast Health Improvement and Information Network (NCHIIN). It is the intention of the Public Health Laboratory to select another health care provider to implement a pilot project to work out logistics and ensure streamlined, consistent approach with the NCHIIN bi-directional interface while Open Door is in the Development Phase of their OCHIN implementation.

This technological improvement for to the existing HIE will allow for the sending and receiving of tests electronically. The bi-directional interface will speed up the process of logging in requests and results for both Public Health Laboratory and local hospitals/health care providers by allowing for the direct delivery of data into EMR as opposed to via fax/e-mail. The improved HIE interface will eliminate the need for paper requisitions. This will eliminate any data entry errors from both receiving and logging in samples and for providers that currently transpose data from their Electronic Medical Records system to the paper requisitions. There will be savings in staff time for the Public Health Laboratory as it will eliminate the need for checking the accuracy of the data that was received as well as having to track down any missing information that was left off the paper requisitions.

The Public Health Laboratory will develop appropriate internal policies and procedures regarding electronic receipt and submittal of lab test requests/reports. This will consist of updating existing policies regarding sending lab results electronically and creating new policy and procedures regarding receiving requests for lab testing electronically.

This proposed project will also lead to significant financial changes to both the Public Health Laboratory and local providers. By incentivizing local hospitals and health care providers to utilize local Public Health Laboratory for lab testing activities there will be reduced expenses for providers. Local providers would save the expense of sending out samples, as the Public Health Laboratory provides a courier service at no cost to all submitters. Additionally, as a public agency there are certain testing results that would be covered by Title XVII through the County's Communicable Disease program that would

Attachment D

mean potential savings for our local providers. Tests that qualify for Title XVII mandates would not get charged to providers whereas they would be charged if sending testing to a private laboratory.

Evaluation of the progress and success of the project model will be measured and monitored through the execution of contracts and MOUs, and through documentation of project checkpoints. Copies of contracts will be submitted with the 6-month Interim Mini Grant Report as well as the final report. In these reports copies of the work plan will be submitted with status updates for all planned activities. Due to the nature of the proposed project each interface will go through three stages of implementation: the Development Phase, the Testing Phase, and the Production Phase. There will be a SOW from each vendor along with emails and other documentation for each stage of implementation.

Attachement E

**Summary Budget
CMSP Mini Grants Program Funding Round 2**

Applicant:

County of Humboldt

Summary Budget (September 2017 - August 2018):

Category	Total Cost	CMSP Funding	Other Funding
Personnel	\$ 2,580	\$ 2,580	\$ -
Contractual Services	\$ 17,200	\$ 17,200	\$ -
Office Expenses			
Travel			
Other			
TOTAL	\$ 19,780	\$ 19,780	\$ -

Attachement E

**Detail Budget
CMSP Mini Grants Program Funding Round 2**

Applicant:

County of Humboldt

Detail Budget (September 2017 - August 2018):

Category Item/Service	Qty (Year 1)	Cost (Year 1)
Personnel		
Administrative Analyst	0.04	\$2,580
Contractual Services		
NCHIN	1	\$3,400
OCHIN	1	\$8,800
ApolloLIMs	1	\$5,000
Office Expenses		
Travel		
Other		

CMSP Mini Grant
Budget and Budget Narrative

1. Personnel: \$2,580

Administrative Analyst - \$2,580

The budgeted Administrative Analyst position will be responsible for creating and processing MOUs with the Open Door Community Health Centers as well as contracts with NCHIIN and OCHIN for lab interfaces.

2. Contractual Services: \$17,200

Common Cents Systems, Inc. ApolloLIMS - \$5,000

Common Cents Systems, Inc. is a commercial software company based out of Tennessee. Their flagship product, ApolloLIMS is the laboratory management system for the Public Health Laboratory. Currently the Public Health Laboratory has an outgoing information interface between ApolloLIMS and NCHIIN which allows several submitters - Humboldt State University, Eureka Pediatrics, and Redwood Pediatrics - to receive results electronically.

The budgeted amount will cover the \$5,000 Apollo eXchange HL7 interface with NCHIIN at Humboldt County Public Health Laboratory. This interface will allow for incoming orders from NCHIIN to the Humboldt County Public Health Laboratory.

North Coast Health Improvement and Information Network (NCHIIN) - \$3,400

NCHIIN is a non-profit health information network based out of California that provides health information exchange in Humboldt and Del Norte counties. The Public Health Laboratory currently has an outgoing interface between ApolloLIMS and NCHIIN which allows several submitters - Humboldt State University, Eureka Pediatrics, and Redwood Pediatrics - to receive results electronically from the lab.

The budgeted amount will cover the \$2,500 NCHIIN incoming orders interface with ApolloLIMS at Humboldt County Public Health Laboratory, as well as the connection with OCHIN. The remaining \$900 will cover the associated monthly software support and maintenance fees for the contract period. This interface will allow for incoming orders from NCHIIN to the Humboldt County Public Health Laboratory.

Oregon Community Health Information Network (OCHIN) - \$8,800

OCHIN is a non-profit health information network based out of Portland, Oregon that serves providers nationwide. In the County of Humboldt OCHIN currently contracts with Open Door Community Health Centers in the County of Humboldt.

The budgeted amount of \$8,800 will cover the cost of the development and implementation of the interface from Humboldt County Public Health Laboratory to Open

Attachment E2

Door Community Health Center. This will allow the Public Health Laboratory to connect to Open Door Community Health Center as well as to all potential submitters using OCHIN creating the capacity to both receive orders and submit results electronically.

open door

Community Health Centers

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

☐ Burre Dental Center
Mobile Dental Services
959 Myrtle Avenue
Eureka, CA 95501
707-442-7070

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

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

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

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

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

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

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

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

☐ NorthCountry Prenatal Services
3800 James Road, Suite 101
Arcata, CA 95521
707-822-1285

☐ Willow Creek Community Health Center
38883 Highway 230
Willow Creek, CA 95573
Medical 530-629-3111
Dental 530-629-1941

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

☐ Humboldt Member Services
963 Myrtle Ave
Eureka, CA 95501
707-269-7075

6/27/17

Herrmann Spetzler
670 9th St
Arcata, CA 95521


Mr. Corrigan:

I am writing to express my support for the CMSP Mini Grant application to develop a bi-directional interface between existing Health Information Exchange (HIE) North Coast Health Improvement and Information Network (NCHIIN), and Oregon Community Health Information Network (OCHIN) for the Public Health Laboratory and other local providers.

Open Door Community Health Centers will be among the first to benefit from this project as the proposal includes the interface between our electronic medical records system (OCHIN) and the Public Health Laboratories electronic records system. This will expedite the receipt of the lab results as they will be automatically loaded into the electronic health record. This will assist our providers as well as our clients with improved diagnosis and treatment time.

Our organization is pleased to continue a relationship that is beneficial to us and to the Public Health Laboratory.

Sincerely,


Herrmann Spetzler, CEO
Open Door Community Health Centers

June 28, 2017

Jeremy Corrigan, MS, PHM II
Laboratory Manager, ELAP Laboratory Director
Bioterrorism Coordinator, Humboldt County Dept. of Public Health
529 I street
Eureka, CA 95501

Dear Mr. Corrigan:

I am writing to express my support for the CMSP Mini Grant application to develop a bi-directional interface between existing Health Information Exchange (HIE) North Coast Health Improvement and Information Network (NCHIIN), and Oregon Community Health Information Network (OCHIN) for the Public Health Laboratory and other local providers.

As the premier healthcare provider in Humboldt County, we support the connectivity efforts that the Public Health Laboratory has outlined in their grant proposal. This project will enhance the capabilities for our organizations to send and receive health information.

The new interface will allow for future agreements or memorandums of understanding that will increase the services and delivery to our community.

Our organization is pleased to continue a relationship that is beneficial to us and to the Public Health Laboratory.

Sincerely,



Dean Vanderhoof
Area Director



Humboldt County
Department of
Health & Human
Services

Public Health
Michele Stephens, LCSW, Director
529 I Street, Eureka, CA 95501

phone: (707) 445-6200 | fax: (707) 445-6097

June 11, 2017

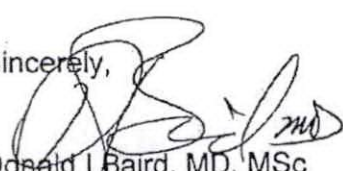
Mr. Corrigan:

I am writing to express my support for the CMSP Mini Grant application to develop a bi-directional interface between existing Health Information Exchange (HIE) North Coast Health Improvement and Information Network (NCHIIN), and Oregon Community Health Information Network (OCHIN) for the Public Health Laboratory and other local providers.

I support the connectivity efforts that the Public Health Lab has outlined in their grant proposal. The overall goal of the proposed project is to coordinate and/or integrate health care service systems and strengthen the overall health care delivery system in the county across a range of health care providers. This project will enhance the capabilities for local organizations and the Public Health Lab to send and receive health information electronically. This will assist providers as well as clients with improved diagnosis and treatment time.

NCHIIN and OCHIN are the main HIE used by Open Door Community Health Centers, Mad River Hospital, and St. Joseph Hospital – Eureka, as well as other local health care providers. This will improve access to healthcare services and ensure the accuracy of results. The community in Humboldt County will be directly served by removing delays in diagnosis and treatment of our county's patient population caused by sending tests out-of-county. Delays in diagnosis and treatment of some diseases could put patients at a higher risk. The proposed project will help CMSP enrolled and eligible clients specifically by focusing connectivity efforts with those providers that serve the CMSP population here in Humboldt County.

Sincerely,


Donald I. Baird, MD, MSc
Public Health Officer, Humboldt County
(707) 268-2181
dbaird@co.humboldt.ca.us

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

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

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





Humboldt County
Department of
Health & Human
Services

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

June 22, 2017

Kelly Hampton
929 Koster St
Eureka, Ca 95501

Mr. Corrigan:

I am writing to express my support for the CMSP Mini Grant application to develop a bi-directional interface between existing Health Information Exchange (HIE) North Coast Health Improvement and Information Network (NCHIIN), and Oregon Community Health Information Network (OCHIN) for the Public Health Laboratory and other local providers.

We support the connectivity efforts that the Public Health Laboratory has outlined in their grant proposal. This project will enhance the capabilities for local organizations to send and receive health information. This will assist providers as well as clients with improved diagnosis and treatment time.

The proposed project will help CMSP enrolled and eligible clients by focusing connectivity efforts with those providers that serve the CMSP population here in Humboldt County.

Sincerely,

Kelly Hampton
DHHS – Social Services
Interim Deputy Director and C-IV PPOC
Health and Nutrition Services Program Manager II



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Public Health
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fax: (707) 445-6097

EXHIBIT D

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD GRANTEE DATA SHEET

Grantee's Full Name:	County of Humboldt
Grantee's Address:	County of Humboldt Department Of Health And Human Services 529 I Street Eureka, Ca 95501
Grantee's Executive Director/CEO:	Michele Stephens, Public Health Director
Grantee's Phone Number:	(707) 268-2121
Grantee's Fax Number:	(707) 445-6097
Grantee's Email Address:	mstephens@co.humboldt.ca.us
Grantee's Type of Entity:	Public
Grantee's Tax Id# [EIN]:	94-6000513

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

GRANTEE:

By: Michele Stephens
Title: Public Health Director
Date: 11/16/17