



Public Health  
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### **Introductory Letter:**

The vision of the Public Health HEAP project is to provide emergency housing and stability to homeless individuals living with or at risk for HIV, hepatitis C with frequent severe mental illness, Substance Use Disorder, or a dual-diagnosis. This funding will provide an immediate safety net and linkage to other program funding to support Permanent Supportive Housing options while allowing clients to begin needed treatment for HIV, hepatitis C, mental health, and Substance Use Disorder. Humboldt County has the highest incidence of newly diagnosed cases of hepatitis C in California with the mortality rate twice that of California and the US. Humboldt's overdose rate is three times that of the State of California. For the past five years, 100% of the 88 homeless clients living with HIV served, have also had a diagnosis of severe mental illness, Substance Use Disorder or a dual-diagnosis (people who have both Substance Use Disorder as well as a mental health diagnosis), and/or have been fleeing intimate partner violence.

The North Coast AIDS Project (NorCAP) is a program within the Healthy Communities Division of Humboldt County Department of Health and Human Services (DHHS) Public Health Branch. NorCAP has been a recognized county program since 1986, with a trusted history of working with disenfranchised individuals including homeless, substance using and those living with mental health challenges. The NorCAP mission is to prevent HIV and hepatitis C infections in Humboldt County. NorCAP staff have established strong relationships and collaborations with community service providers over the years including Family Resource Centers, medical providers, DHHS Transitional Age Youth, Children Youth and Family Services, Social Services and behavioral health programs.

NorCAP has adopted the Housing First homeless assistance approach, which prioritizes providing permanent housing to people experiencing homelessness with a serious mental illnesses, Substance Use Disorder, or a dual-diagnosis. This evidence-based model takes a consumer-based approach in supporting client's needs and encouraging clients to create and implement their own goals while immediately housing clients with no preconditions. Housing First has been proven to end homelessness and serve as a platform from which clients can pursue personal goals and improve their quality of life. Research has shown that Housing First programs increase housing stability for clients, and are cost effective. Over the past three years, NorCAP has successfully assisted 18 chronically homeless clients secure Permanent Supportive Housing.

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REQUEST FOR PROPOSALS – NO. DHHS2019-01  
HOMELESS EMERGENCY AID PROGRAM

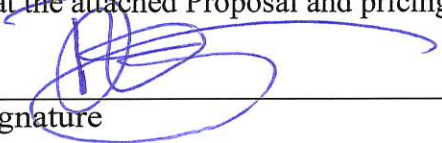
ATTACHMENT A – SIGNATURE AFFIDAVIT  
(Submit With Proposal)

REQUEST FOR PROPOSALS NO. DHHS2019-01 SIGNATURE AFFIDAVIT	
NAME OF ORGANIZATION/AGENCY:	County of Humboldt, Public Health
STREET ADDRESS:	529 I Street
CITY, STATE, ZIP	Eureka, CA 95501
CONTACT PERSON:	Dana Murguia
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Government Code Sections 6250, *et seq.*, the “Public Records Act,” define a public record as any writing containing information relating to the conduct of public business. The Public Records Act provides that public records shall be disclosed upon written request and that any citizen had a right to inspect any public record, unless the document is exempted from disclosure.

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

The undersigned is an authorized representative of the above-named agency and hereby agrees to all the terms, conditions and specifications required by the County in Request for Proposals No. DHHS 2019-01 and declares that the attached Proposal and pricing are in conformity therewith.

  
\_\_\_\_\_  
Signature  
  
Dana Murguia  
\_\_\_\_\_  
Name

3.15.19  
\_\_\_\_\_  
Date  
  
3.15.19  
\_\_\_\_\_  
Date

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

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**Professional Profile:**

N/A - Humboldt County departments are not required to submit a Professional Profile if they submit a proposal.

## **Project Description:**

### **A. Project Design**

#### **1. A detailed description of the overall goals of the proposed HEAP project, which includes without limitations, all of the following information.**

The goal of the HEAP project is to provide an immediate safety net and linkage to other program funding to support housing options while allowing clients to begin treatment for HIV, hepatitis C, mental health, and/or Substance Use Disorder. Public Health's North Coast AIDS Project (NorCAP) manages two additional housing programs for people living with HIV that provide Permanent Supportive Housing and other emergency housing to prevent homelessness. These other programs are limited in their ability to support all clients and address all housing related barriers. HEAP funds will provide wrap around support for additional clients at risk for HIV and hepatitis C in areas that are not covered by the other funding streams. Funds will support all clients' in various states of homelessness including alternate sheltered support while homeless to transition from homelessness to a sheltered situation by providing access to motel vouchers, residential treatment beds, rental and deposits, pet deposits, and clean and sober housing.

In homeless populations, HIV/AIDS is more prevalent. The National Alliance to End Homelessness estimates that 3.4% of homeless people were HIV-positive in 2006, compared to 0.4% of adults and adolescents in the general population (Centers for Disease Control and Prevention, 2008). This grant will be used for housing support services for both people who are living with HIV, hepatitis C and for people accessing mobile outreach services (all others at risk, regardless of HIV or hepatitis C status) through NorCAP. **Target populations include disenfranchised individuals who live in poverty, are homeless, chronically homeless, or in eminent danger of becoming homeless.** Priority attention will be given to people who are living with or at risk for HIV and hepatitis C, people who are living with a mental health challenge and/or Substance Use Disorder. Special focus will be given to individuals living in extremely rural parts of the county and in Native Communities via increased outreach services which will double their service delivery by October 31, 2019 made possible through the purchase of an additional van and hiring of two additional Community Health Outreach Workers.

NorCAP uses the Housing First principle homeless assistance approach, which prioritizes providing permanent housing to people experiencing homelessness with serious mental illnesses, Substance Use Disorder, or a dual-diagnosis. The process of assisting with or providing permanent stable housing is a team effort. It is essential to have the client as an active member of the team to create a sustainable housing plan.

Homeless clients who test positive for HIV or hepatitis C will be connected to an HIV case manager or hepatitis C Health Systems Navigator to assist with linkages to necessary medical care and treatment, insurance, appointments, Permanent Supportive Housing options and other supportive services.

NorCAP collaborates with community partners to offer wraparound services to clients who the program has housed. These services are offered to each tenant to promote stability, recovery, and housing retention. A full range of supportive services are offered to program participants, including case management, group activities, housing support, substance use recovery support, medical care, transportation, mental health support, and referrals to other programs and services as well individual and group therapy in-house by a licensed Marriage and Family Therapist.

The HEAP program will supplement previously existing services to further promote housing stability, and independent living. Program staff work with participants to assist them with life skills and learn to identify triggers which may lead to behaviors that jeopardize housing retention. The program also offers opportunities for participants to attend classes, which help increase independent living. Program staff work with participants to obtain mainstream benefits, especially Social Security Disability, CalFresh, Medi-Cal, Medicare, etc. NorCAP staff assists clients in completing and submitting applications for government benefits and assists clients with setting appointments and securing transportation to any appointments. If feasible, participants are encouraged to pursue other employment to supplement benefits. Program staff refer participants to job training programs, schooling and help coordinate transportation for educational opportunities. Workshops are provided on topics such as independent living skills, healthy cooking/shopping on a budget, credit counseling and debt reduction, psycho-social counseling, recovery groups, and HIV support. Participants are assisted with transportation to appointments and needed services with bus vouchers and direct transportation from case managers and community health outreach workers. The case manager works with qualified clients to create a housing plan and a medical care plan to identify client priorities and treatment needs. The case manager makes necessary referrals to partner organizations. Case managers work with clients on a daily or weekly basis dependent on level of need.

**a. How many individuals will be served by the proposed HEAP project and for what period of time?**

NorCAP provides support services to over 600 unduplicated clients per year who are dealing with various levels of homelessness, mental health challenges, and Substance Use Disorder in all program areas. Annually, the program serves an average of 10-15 homeless clients living with HIV and 50 clients who test positive for hepatitis C. NorCAP has secured additional funding for outreach services and will be expanding the program. This will double the number of client encounters to over 1200 per year starting October 31, 2019. During every encounter with a client accessing the mobile outreach van, Community Health Outreach Workers ask about a person's readiness to enter Substance Use Disorder treatment, mental health services, medical care/treatment and provide assistance applying for other social benefit services such as CalFresh and Medi-Cal/CMSRP. Clients who have a positive hepatitis C test are immediately connected to the hepatitis C Health Systems Navigator or medical provider for a confirmatory test. With the HEAP funding allocation, those who are confirmed positive for hepatitis C, will be offered a motel voucher, RV/trailer space rental, or campground rental for the 15 weeks of



treatment. During that time, they will be linked to other support services to establish housing stability and end homelessness such as mental health, Substance Use Disorder treatment, social benefits services, and medical care and treatment, and will be supported into Permanent Supportive Housing.

Homeless clients who are living with HIV or test positive for HIV will be immediately connected to the HIV case manager and will be offered housing resources such as a motel voucher, RV/trailer space rental, or campground rental. During that time, they will be linked to necessary HIV specialty care and treatment and other services to establish housing stability and end homelessness and will be supported into Permanent Supportive Housing.

**b. How the proposed HEAP project will serve the entirety of Humboldt County.**

NorCAP offers a street outreach program via a mobile outreach van. Support services are provided throughout the county meeting people where they congregate such as homeless encampments, free meal services, shelters, drug treatment programs, and rural tribal communities. The mobile outreach program visits remote locations as far east as Hoopa, north to McKinleyville, and south to Garberville and Redway. The program goal is to connect disenfranchised individuals to county services and NorCAP has successfully operated outreach services since 1986. In FY 2019-2020 NorCAP successfully advocated for and acquired additional funding to **double** the outreach efforts to outlying, underserved areas and the target date for implementation is October 31, 2019. Services offered on the van include health education and harm reduction services, free rapid HIV and hepatitis C testing, overdose prevention training and naloxone (opioid overdose reversal medication) kit distribution, syringe exchange and disposal, and warm handoffs to county services.

Staff works closely with other members of the Humboldt Housing and Homeless Coalition, Mental Health Street Outreach Services, Family Resource Centers, St Vincent De Paul, Eureka Rescue Mission, Humboldt Recovery Services, Waterfront Recovery, and Open Door Community Health Mobile Medical.

**c. How the proposed HEAP project will assist in the County's effort to end homelessness in Humboldt County.**

HEAP funding will allow NorCAP to build a truly rigorous continuum of care for the at-risk clients that we serve: people who live with HIV/AIDS hepatitis C/ hepatitis C, people with severe mental illness; and people who have a substance use disorder. The gap in funding for rapid housing and emergency housing means clients are forced to live on the street while they are waiting for programs to secure long term housing which is difficult to find locally. When clients do not have a place to live, it makes it hard for Community Health Outreach Workers to stay in contact with them. These supportive services maximize housing stability and prevent returns to homelessness.

NorCAP will use the HEAP funding to ensure that clients have a place to live at a location to which staff are able to properly provide services and linkages to care. The HEAP project will fund a client's temporary stay in a motel, campsite, RV/trailer park, clean and sober housing, Substance Use Disorder residential treatment, and/or emergency housing until they are able to find a secure place of their own. NorCAP's efforts to locate permanent housing for clients will be more successful because the program will fund housing stability through the HEAP project. HEAP funds will secure transitional housing for clients making the program a truly Rapid Rehousing model. While in transitional housing, clients will have the benefit of support services and follow up while located in a stable environment from which they can pursue personal goals and improve their quality of life.

**2. A detailed description of the sector(s) of the Target Population that the proposed HEAP project will serve and how the project will benefit the individuals being served thereby.**

Homelessness is a big barrier to clients receiving good care because support staff do not have a regular place to meet with them; sometimes it is difficult to even find them. One of the case managers might need to take a client to meet a property owner, or to complete a rental application, give them a ride to their medical appointment, or even make a meal delivery. When people do not have a permanent place to live, their alternative is living on the street. Even clients who have vehicles are unable to park in stable locations. They are frequently asked to leave by local law enforcement, causing a stressful and anxiety inducing environment. When clients are homeless, there are many challenges to establishing a stable and supportive relationship with them.

HIV/AIDS and homelessness are intricately related. The costs of health care and medications for people living with HIV/AIDS are often too high for people to keep up with. Up to 50% of people who live with HIV/AIDS in the United States are at risk of becoming homeless (National Alliance to End Homelessness, 2016). The North Coast AIDS Project addresses the linkage between HIV/AIDS and homelessness. It is very difficult for homeless HIV/AIDS clients to adequately treat their disease. For example, homelessness makes it more difficult to obtain and use antiretroviral treatments (ARTs), the medication for HIV/AIDS medications. ARTs have complex regimens, and adherence is very difficult for people who don't have access to stable housing, clean water, bathrooms, refrigeration, and food (National Alliance to End Homelessness, 2016). Many homeless people also do not have health insurance and cannot pay for the medications and health services that are necessary to treat HIV/AIDS. Local health care providers in Humboldt report that homelessness make adherence to medications more difficult due to the likelihood of theft (many clients carry their medications in a backpack). Insurance does not typically replace medications that are stolen, thus compounding the problem, and people with compromised immune systems do not fare well in the wet and cold.

The same challenges with medication adherence are true for individuals living with hepatitis C (one in six people in Humboldt County have hepatitis C and the rates of newly diagnosed cases are the highest in California), mental illness and treatment for Substance Use Disorder. For all of these conditions, housing stability is key. Once the program can attain housing for



clients via temporary/transitional housing funds, staff can help people be ready to adhere to the medical treatment they need, improve their health and well-being and establish readiness for true wellness. Studies have shown that rapid re-housing, the kind that would be achieved with HEAP funding transitional housing, helps people exit homelessness quickly. A variety of studies have shown that between 75 percent and 91 percent of households remain housed a year after being rapidly re-housed.

The HEAP project will help NorCAP to better serve homeless and marginally housed people who access support service, case management and mobile outreach services. Case management clients are people living with HIV. Most of the clients accessing mobile outreach services are people who inject drugs who are at risk for HIV and hepatitis C and dealing with a range of issues, including medical issues such as skin infections, hepatitis C, addiction, and homelessness.

The majority of both case management and outreach clients are dealing with a range of issues including homelessness, the struggle to find housing, mental health, medical issues and Substance Use Disorder. Those who are housed often struggle to stay housed. Those who live in remote areas of the county struggle to even gain access to existing County services.

Many times, NorCAP is the only service agency that these clients are connected to and the mobile outreach program is only able to offer limited short term services for clients who are in need of in-depth longer term services.

HEAP funding will allow NorCAP to expand services to clients to help people stay housed or become housed, as well as help people who are already homeless stay warm and dry. This funding will also provide health benefits to People Who Inject Drugs, reducing the risk of skin infections, hepatitis C and HIV through distribution of clean injection equipment. Clean injection equipment has been proven to reduce the risk of diseases such as HIV and hepatitis C in people who inject drugs, which will assist in providing stability to people who are homeless. The HEAP project will provide immediate homeless living and camping supplies including tents, sleeping bags, cook stoves, blankets, raingear and hygiene supplies to support alternate living spaces and help establish stability while clients are assessed for readiness for housing assistance. Clients who are ready for housing support, will be offered a motel voucher, RV/trailer space rental, or campground rental while they are connected with services and permanent supportive housing options. Case managers will help clients overcome barriers to housing including application fees, credit checks, and identification replacement. Clients who transition into permanent supportive housing will be provided with initial household necessities such as cleaning supplies, cooking utensils and a bed.

- 3. A detailed description of any and all operating subsidies that will be provided as part of the proposed HEAP project which includes, without limitations, any and all other sources of financing that will be utilized to support the project, any and all applicable construction timelines and any and all applicable unit breakdown and affordability levels, if applicable.**

N/A – NorCAP will not be providing any operating subsidies as part of this Proposed HEAP project.

- 4. A detailed description of any and all emergency assistance, stabilization, housing relocation and/or rental assistance services that will be provided as part of the proposed HEAP project which includes, without limitation, the process by which the level of services provided to members of the Target Population will be determined, how the County's Coordinated Entry System will be utilized to match members of the Target Population to appropriate programs and services and the strategies that will be employed to maximize transition to permanent housing, if applicable.**

NorCAP utilizes the Homeless Management Information System (HMIS) which established a coordinated entry system for eligibility in all county Permanent Supportive Housing programs. NorCAP is part of a county team that meets monthly about the County Coordinated Entry System. In that meeting, representatives from different housing agencies discuss clients who are in the system and work together to identify existing resources at each agency that can be utilized for people who are homeless and / or receive county support services. This meeting is a venue where Permanent Supportive Housing service providers discuss and prioritize housing options for clients who are being transitionally housed and a member from our team is present at every meeting.

The HEAP Project will help homeless NorCAP clients with several types of housing services, as well as supportive services for clients without housing. NorCAP will also utilize HEAP funding to purchase clean injection equipment to prevent the spread of HIV and hepatitis C to distribute within the mobile outreach program. Blankets, rain ponchos, socks, hygiene supplies and camping equipment will be given to clients who are not housed while they are looking for housing. Not only will these items help clients stay warm and dry while outdoors, they will also assist with their level of confidence when meeting potential landlords.

The housing services will include temporarily housing clients in motels who have permanent housing secured, but have some lag time before they are able to move into their residence. Homeless clients who test positive for hepatitis C will receive transitional housing while they are being treated for hepatitis C for the duration of their treatment in order to ensure medication adherence. NorCAP will also use funds to help clients who are homeless or at risk of becoming homeless to pay for campsites, spaces in trailer or mobile home parks and other unconventional housing options, as well as for security deposits for clients moving into new housing. For clients desiring Substance Use Disorder treatment, these funds will help to pay for housing in sober living facilities.

HEAP funding will allow NorCAP to purchase syringes for the Syringe Services and Disposal Program (SSP). Humboldt County has the highest rates of newly diagnosed cases of hepatitis C in the state and the majority of new cases of hepatitis C are occurring in people who inject drugs. Syringe exchange programs have been proven to decrease rates of hepatitis C as well prevent new cases of HIV.

Currently, NorCAP is only able to house clients who are HIV positive and HEAP funding would allow the program to assist other at risk (Substance Use Disorder, hepatitis C positive, and people with a diagnosed or undiagnosed mental illness) clients with housing resources who have made connections with NorCAP's mobile outreach program, but not necessarily with other DHHS programs.

**5. A detailed description of any and all capital improvement that will be provided as part of the proposed HEAP project which included, without limitation, any and all applicable construction timeliness, if applicable.**

N/A – NorCAP will not be conducting capital improvements.

**6. A detailed description of how the proposed HEAP project will be staffed which includes, without limitation, a summary the process by which staffing levels will be determined and how such staffing will ensure the effective and efficient implementation of the proposed project.**

Funds will support an existing full-time Housing Health Education Specialist (HES) and a part time Mental Health Clinician to continue working with target population. Other project staff would include minimal portions of a Senior Housing Health Ed Specialist, a Program Services Coordinator, an Administrative Analyst, and a Senior Fiscal Assistant.

The full time HES is working as a Housing Specialist who is funded until September 30, 2019. This employee assesses, plans, implements, coordinates, monitors, and evaluates the housing options and services required to meet the client's health and human service needs. The work is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes for the homeless. This HES focuses solely on working with clients and landlords to resolve housing issues including placement and retention.

The current Mental Health Clinician formerly worked for County Mental Health in a full-time position serving similarly challenged clients. Having a MH Clinician work a limited number of hours helps the program be efficient and effective because it allows us to address, on site, any matters related to housing with the Housing HES and during the same visit, the client is able to have a session with the MH Clinician. Untreated or undertreated mental illnesses have serious consequences and 100% of NorCAP housing clients are dealing with a diagnoses of severe mental illness, Substance Use Disorder, intimate partner violence or six or more adverse childhood experiences. People with severe mental illness often die 13-30 years earlier than the general population from medical conditions that *could* have been treated by a primary care provider (National Institute of Mental Health. Untreated serious mental illnesses disrupt people's ability to carry out essential aspects of daily life, such as self-care and household management and housing stability. Even if homeless individuals with mental illnesses are provided with housing, they are unlikely to achieve residential stability and remain off the streets unless they have access to ongoing support, continued treatment and services. Research has shown that supported housing is effective for people with mental illnesses (National Mental Health Association, 2006). NorCAP's housing

program is supported by the mental health services (individual and group counseling) are offered on site at the Community Wellness Center. Staff also ensures that a continuum of medical care is ensured via enrolling people in Medi-Cal when appropriate, helping clients obtain a primary care provider and funding for important prescription medications, and assisting with or coordinating transportation to medical appointments when necessary.

Through proactive advocacy for this unfunded need, NorCAP was able to secure a small amount of funding through the State Office of AIDS for FY 18-19 to support the current extra-help MH Clinician and a portion of the current Housing specialist. These added positions have been highly successful, connecting six clients into Permanent Supportive Housing since July 2018. This extra funding has also helped 14 additional clients in accessing a wide variety of other housing support types including: hotel/motel, campgrounds, trailer parks, treatment centers, property management application fees as well as traditional rent, utilities, and deposit support. The funding that NorCAP received through this grant from OA will end in September of 2019. Clients who are enrolled in this program are already receiving NorCAP support services with other health and economic issues and these clients are much better able to achieve wellness and stability when they are homed. As of January 1, 2019 ten active NorCAP clients are currently homeless and still needing housing assistance. Since July 1, 2018 (only 8 months into the fiscal year), 36 clients have had unstable housing and have needed support to maintain their housing and prevent homelessness. This is an increase of 64% over the last two fiscal years. These clients are high-need and require much more staff time and support services than is funded through these programs in order to address the housing crisis in this population.

The Program Services Coordinator, Senior Health Ed Specialist and Administrative Analyst are available to assist with managing policy administration; employee performance and hiring; leading project management, development and training; reporting and data collection; and financial tracking. The distribution of administration and planning duties among these staff persons ensures that they happen at the lowest level necessary to achieve the goals of the program so that the Clinician and HES can focus on serving the client need.

All of the above listed staff have been working for the County and are currently working in the program with this population. They are familiar with the challenges that the clients and the community face in regards to housing. This grant, if awarded, will be performed in concurrence with the existing programs: Project HART, a HUD funded Permanent Supportive Housing program for Chronically Homeless persons, Housing Opportunities for People with HIV/AIDS (HOPWA) another HUD funded program that provides permanent housing placement and short-term mortgage rent and utilities support for people living with HIV and the HIV Care Program (Ryan White-Part B).

These programs all provide some types of housing support, but the criteria for these sources of funding leave gaps in services for certain groups within the client population that is served. The proposed HEAP funds would be used to fill those gaps and assist those who do not qualify for existing housing support services in NorCAP. Project HART, a HUD funded program, currently serves nine clients which is the full number of beds that the project was

funded for so the need often exceeds the funding that is available and many of the people that utilize NorCAP services are not considered chronically homeless under the HUD definition.

**7. A detailed description of how the proposed HEAP project will ensure that members of the Target Population are connected to other appropriate services and resources, including, without limitation, primary care, behavioral health, employment, benefits advocacy and legal assistance services.**

NorCAP has had an established case management, support services, education and outreach program that has provided amenities to vulnerable and disenfranchised populations throughout rural, Humboldt County since 1986. The program has a long and successful history of collaboration with community service providers including primary and specialty care medical providers such as the Open Door Community Health Centers, United Indian Health Services, K'ima:w Medical Center in Hoopa, Southern Humboldt Community Healthcare District, Redwoods Rural Health Center in Southern Humboldt, St. Joseph Medical Center, Planned Parenthood and other service providers such as Family Resource Centers, Department of Health and Human Services (DHHS) Transitional Age Youth, and Children Youth and Family Services, DHHS Social Services and DHHS Behavioral Health.

Case managers and support staff work with clients at enrollment to complete a comprehensive assessment to develop a personalized care plan for medical, social benefits and other services, a housing plan, and to identify needed services. The assessment reviews all independent living skills and the clients' level of needed support. Support staff assists with completing applications and warm hand offs to services including:

- County & Federal social benefits programs (CMSP, Medi-Cal, CalFresh, General Relief, and SSI/SSDI).
- Substance Use Disorder residential and outpatient treatment, Medication Assisted Treatment (MAT), a suboxone program.
- Mental health counseling and group therapy.
- Transportation to appointments.
- Linkages to dental, primary and specialty medical (hepatitis C treatment & HIV care).
- Linkages to education and employment resources.
- Housing access & landlord relationship development.
- Meal delivery
- Nutrition counseling and food preparation classes.

NorCAP's program is an active participant in the Humboldt Housing and Homeless Coalition and participates in the planning of the Humboldt County homeless point in time count.

**8. A detailed description of the systems and processes that will be utilized to collect data related to, and evaluate the performance of, the services and/or capital improvements provided as part of the proposed HEAP project which includes, without limitation, the process for collecting and analyzing program and client-level data, the process for entering program and client-level data into the County's Homeless Management Information System, the process for measuring the success of the services and/or capital**

**improvements being provided and the steps that will be taken if identified performance targets are not met.**

The systems that NorCAP uses to collect data include Local Evaluation Online (LEO), the AIDS Regional Information and Evaluation System (ARIES), the California Reportable Disease Information Exchange (CalREDIE), the Homeless Management Information System (HMIS) and Microsoft Excel spreadsheets that NorCAP has created.

CalREDIE, LEO and ARIES are standard set data collection programs through the state of California. Each of these systems collect different, unique information. CalREDIE is utilized by designated, specially trained Public Health staff working in communicable disease investigation. Staff in NorCAP utilize this system to access information around rates of sexually transmitted diseases, HIV and hepatitis C.

LEO tracks HIV testing. When an HIV test is performed, trained NorCAP staff enter the testing information into this system.

ARIES is an extensive data tracking and electronic medical records system that is used by support staff to track services that clients have utilized. NorCAP has the ability to run reports out of ARIES to track services rendered. This is a shared system throughout the state and is utilized by other service providers, such as medical providers.

HMIS is used when a client is identified as homeless. Staff has been trained to enter information into the system and all case managers have the license and ability to do this. Other county service providers who have an HMIS license are able to share information with one another about all clients in this system which facilitates more efficient access to services.

NorCAP has created multiple excel spreadsheets to internally track different services rendered to clients in each program. To include name a few: outreach/syringe services, one for hepatitis C and HIV testing and another for naloxone (overdose prevention kits) distribution. All NorCAP outreach staff is specialty trained to enter information into these logs.

- 9. A detailed description of how the provision of the services and/or capital improvements that will provided as part of the proposed HEAP project will continue past the period in which HEAP funding is available or, alternatively, how such activities will be phased out in a manner that does not disrupt access to other appropriate services, require relocation or impose other related hardships on members of the Target Population.**

Department of Health and Human Services (DHHS), Public Health Branch is dedicated to maintaining free or affordable outreach and testing services to low income, homeless, and high risk populations in Humboldt County. Thriving partnerships with medical providers and/or community-based organizations, as well as federal and state funding streams, are leveraged to finance this goal.

Staff actively seek long-term alternate funding from public grant programs as well as private foundations. The State's *HIV Strategic Plan – Getting to Zero New Infections* prioritizes homelessness as a primary goal.

**CDPH Office of AIDS – HIV Strategic Plan – Getting to Zero**

***Activity E5 – Strengthen Relationships with Organizations that Provide Housing Support for Clients in Unstable or Disadvantageous Living Situations***

***Activity F4 – Encouraging Housing Evaluation as a Routine Part of Medical Assessments***

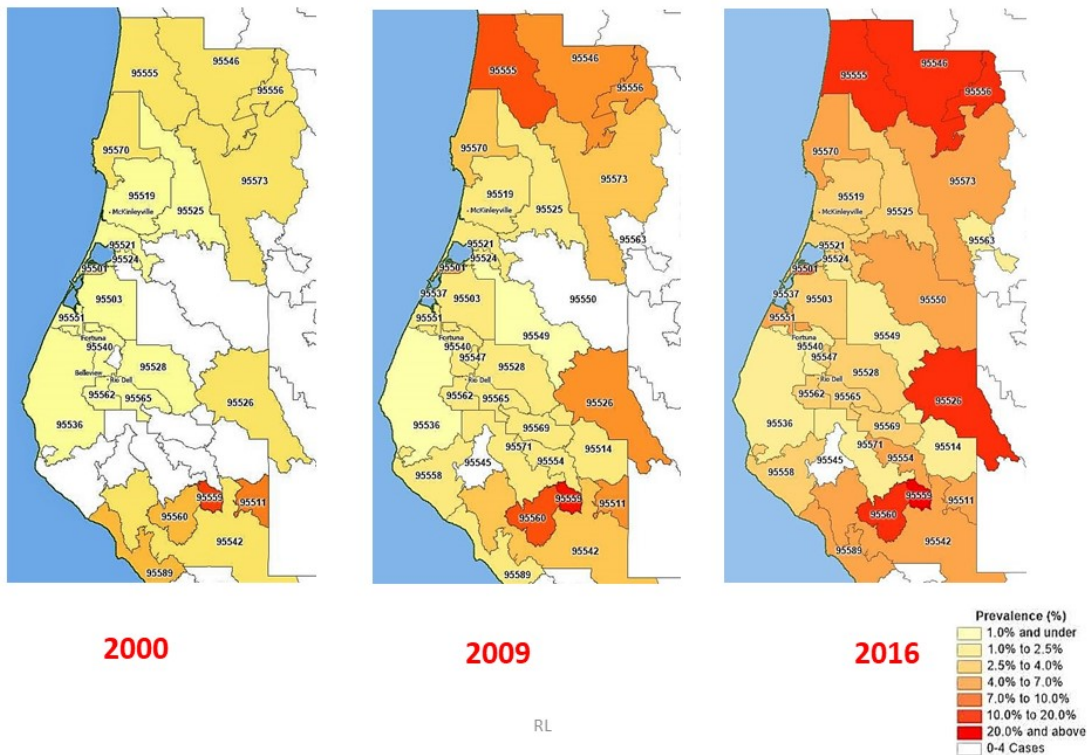
***Activity I4 – Identify Homeless AIDS Drug Assistance Program (ADAP) Clients for Referral to Housing Providers***

Currently, \$3.1 billion of the FY 2019 budget for HIV is for cash and housing assistance in the U.S. (9% of the overall budget and 11% of the domestic budget), a slight increase over the FY 2018 level. Housing assistance, through the Housing Opportunities for Persons with AIDS Program (HOPWA), is discretionary and received \$393 million in FY 2019, an \$18 million (5%) increase over the FY 2018 level. HOPWA is a program, which NorCAP has run since 1986 in order to effectively help people maintain their housing. It is anticipated that with the priority of eliminating homelessness as part of the State's *Getting to Zero New Infections*, the funding for reducing homelessness in this population will also increase as it has done steadily since 2013.<sup>1</sup> It also merits saying that NorCAP's mobile outreach services which are funded by the State Office of AIDS reach people with other risk factors such as people with Substance Use Disorder, people living with hepatitis C, people experiencing homelessness and people with a mental illness diagnosis because often those conditions are co-occurring. Another way of saying this is that all of the aforementioned populations at risk benefit from funding earmarked for people with HIV/AIDS because outreach services offered from the mobile outreach program to **all** populations in need.

The Centers for Disease Control and Prevention (CDC) has released new data showing continued increases in hepatitis C across the country, reporting a 21 percent increase in new infections between 2016 and 2015, a recent press release from the AIDS Institute reports. The advocacy organization says it is "alarmed" by the findings, which show that in 2016, there were an estimated 41,200 new cases of hepatitis C, a 21 percent increase from the previous year. Since 2010, the agency reports that new hepatitis C cases have increased by 350 percent. **We anticipate that funding for effective hepatitis C intervention will develop (as it did with HIV); and that funding sources will also assist those with Hepatitis C maintain stable housing which is critical for effective treatment. This future funding will augment the continuation of our mobile outreach and support services for people at risk for homelessness. Humboldt County has the highest number of newly diagnosed cases of hepatitis C in the State. One in six people have hepatitis C in Humboldt and in some areas, where opioids are prescribed at the highest rates, the prevalence is 20% (or one in five people have hepatitis C). The following map shows the increase of hepatitis C prevalence over time in Humboldt County.**



## Humboldt County HCV Prevalence by Zip Code



Experts say injection drug use, mainly linked to the opioid epidemic, is driving these increases. Hepatitis C and HIV advocates continue to push Congress to allocate additional resources to help combat the crisis, and past success with HIV advocacy indicates that they will eventually achieve success. Humboldt is a very competitive recipient for future funding due to the high rates (three times the state) of opioid overdose and hepatitis C. Hepatitis C is now a curable disease. Clients are able to clear the virus with 15 weeks of treatment. Overall, the evidence suggests that the incidence of hepatitis C re-infection among people who inject drugs is low.<sup>ii</sup> It benefits the entire community to aggressively address this issue.

The housing first priority of the State Office of AIDS aligns with the stark truth of the statistics around hepatitis C, Substance Use Disorder, mental health, in that there is a clearly demonstrated need in the community to be a recipient of any funding to address the homeless status of clients. The Public Health Healthy Communities division, has a legacy of successfully braiding funding to address the complex needs of clients. Public Health will continue to do so when funding is no longer available via the HEAP program because programs efforts are prioritized in a data driven way.

### **10. A detailed description of how the proposed HEAP project adheres to the County's Housing First Principles, which includes specific programmatic examples, as appropriate.**

NorCAP adheres to the DHHS Housing Unit Handbook which clearly outlines the counties Housing First Principles.

*Housing First Model which is a homeless assistance approach that prioritizes providing people experiencing homelessness with permanent housing as quickly as possible – and then providing voluntary supportive services as needed. Housing First programs share critical elements: a focus on helping individuals obtain and sustain permanent rental housing as quickly as possible; a variety of services delivered to promote housing stability and individual well-being on an as-needed and entirely voluntary basis; and a standard lease agreement to housing. Eligibility is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, or participation in services. ~ DHHS Housing Unit Handbook*

The Housing First Model is an evidence-based model that takes a consumer-based approach in supporting client's needs and encouraging clients to create and implement their own goals while immediately housing clients with no preconditions. Housing first has been proven to end homelessness and serve as a platform from which clients can pursue personal goals and improve their quality of life. Research has shown that Housing First programs increase housing stability for clients served, and are cost effective.

**Over the past three years NorCAP has successfully assisted 18 clients in transitioning from chronically homelessness to Permanent Supportive Housing, four of which have successfully transitioned to Section 8.**

Clients who are housed are also offered mental health counseling through NorCAP to provide additional support and stability. Currently NorCAP has three clients who are dealing with a dual-diagnosis who had been chronically homeless for years. Each of them have transitioned into Permanent Supportive Housing and are attending weekly mental health counselling within the program and all report feeling stable enough to address other issues.

**11. For projects involving the purchase of land, rehabilitation of structures, or building of structures, detailed description of how the proposed HEAP project complies with, or is exempt from, the requirements of Article XXXIV of the California Constitution, as clarified by Sections 37000, *et seq.* of the California Health and Safety Code, if applicable.**

N/A. NorCAP will not be purchasing land, rehabilitating structures, or building structures.

<sup>i</sup> Henry J Kaiser Family Foundation, U.S. Federal Funding for HIV/AIDS: Trends Over Time, 2019, <https://www.kff.org/hiv/aids/fact-sheet/u-s-federal-funding-for-hiv-aids-trends-over-time/>

<sup>ii</sup> Aspinall EJ, Corson S, Doyle JS, et al. Treatment of hepatitis C virus infection among people who are actively injecting drugs: a systematic review and meta-analysis. *Clinical Infectious Diseases*. 2013;57 (Suppl 2):S80-S89. <https://www.ncbi.nlm.nih.gov/pubmed/23884071>

<sup>iii</sup> Grady BP, Schinkel J, Thomas XV, Dalgard O. Hepatitis C virus reinfection following treatment among people who use drugs. *Clinical Infectious Diseases*. 2013 Aug; 57 Suppl 2:S105-S110. <https://www.ncbi.nlm.nih.gov/pubmed/23884057>

**REQUEST FOR PROPOSALS – NO. DHHS 2019-01 HOMELESS EMERGENCY AID PROGRAM**  
**ATTACHMENT B – PROPOSED BUDGET**

<b>A. Personnel Costs</b> <b>Formula for salary calculations and any benefits should be clearly identified</b>	<b>Time Period</b> <b>6/1/19 - 6/30/20</b>
<b>1. Program Services Coordinator</b> <b>Salary Calculation:</b> \$80,994 (annual salary) x 0.04 FTE = \$3,240 x 48% benefit rate (\$1,551). \$3,240 + \$1,551 = \$4,791 <b>Duties Description:</b> Oversee project staff duties including case management, outreach, and health education. Coordinate ongoing program needs assessment and adjustments. Coordinate data collection and reporting. Administration on contract requirements. Oversee budgetary planning and implementation.	\$ 4,791.00
<b>2. Senior Housing Specialist</b> <b>Salary Calculation:</b> \$64,519 (annual salary) x 0.10 FTE = \$6,452 x 50% benefit rate (\$3,242). \$6,452 + \$3,242 = \$9,694 <b>Duties Description:</b> Provide support, guidance and oversight to Housing Specialist assisting homeless clients and clients in unstable housing situations. Liaise with landlords to create and maintain sustainable housing resources to meet the client need. Collaborate with Housing Specialist on workshops and meetings to help clients find and maintain housing.	\$ 9,694.00
<b>3. Housing Specialist</b> <b>Salary Calculation:</b> \$57,443 (annual salary) x 1.0 FTE = \$57,443 x 52% benefit rate (\$29,654). \$57,443 + \$29,654 = \$87,097 <b>Duties Description:</b> Assist homeless clients and clients in unstable housing situations. Provide housing-focused case management on complex issues related to housing. The Housing Specialist is a liaison with current and potential landlords, creating and maintaining a housing resource guide and linking clients to permanent supportive/sustainable housing. Provide support to clients to help find and maintain housing through multiple workshops and individual meetings.	\$ 87,097.00
<b>4. Mental Health Clinician</b> <b>Hourly Rate of Pay Calculation:</b> 832 hours @ \$37.49 (hourly rate) = \$31,165 + \$1,172 annual benefit amount = \$32,337 (Hourly Extra Help) <b>Duties Description:</b> Provide individual counseling sessions for psychiatric screening, assessment, diagnosis, treatment, and counseling services. Provide mental health services specific to HIV. This is a bridge service, offering deeper counseling than a case manager can while connecting clients to longer term mental health services as they become available. Services individuals who are unable to meet the requirements of the county mental health system or unable to access a private provider because they are uninsured or underinsured.	\$ 32,337.00

<b>5. Administrative Anylast</b> <b>Salary Calculation:</b> \$67,683 (annual salary) x 0.10 FTE = \$6,768 x 48% benefit rate (\$3,539). \$6,768 + \$3,539 = \$10,307. <b>Duties Description:</b> Maintain understanding of program, grant, appropriation, personnel and budget requirements and their funding sources. Develop relationships with funders and other California counties participating in same or similar programs. Facilitate processing of contracts, agreements, MOUs and subcontracts. Analyze statistical data/information and provides reports as needed.	\$ 10,307.00
<b>6. Senior Fiscal Assistant</b> <b>Salary Calculation:</b> \$40,818 (annual salary) x 0.10 FTE = \$4,082 + 63% benefit rate (\$2,728). \$4,082 + \$2,727 = \$6,810 <b>Duties Description:</b> Monitor the budget and spending. Prepare quarterly invoices, financial reports, and annual budget documents. Assist with purchasing, reimbursements, training registration and all other fiscal related program duties.	\$ 6,810.00
<b>Total Personnel Costs:</b>	<b>\$ 151,036.00</b>
<b>B. Operational Costs</b>	
<b>1. Rent</b> <b>Description:</b> Rent is calculated at a percent share based on the number of Full Time Equivalents (FTE) that are in the CWC building: \$4,625.44 (annual cost per FTE) x 2.24 FTE = \$10,361	\$ 10,361.00
<b>2. Communications</b> <b>Description:</b> Communication charges are calculated at a percent share based on the number of Full Time Equivalents (FTE) that are in the CWC building: \$270.50 (annual cost per FTE) x 2.24 FTE = \$606	\$ 606.00
<b>3. Utilities</b> <b>Description:</b> Utilities charges are calculated at a percent share based on the number of Full Time Equivalents (FTE) that are in the CWC building: \$421.43 (annual cost per FTE) x 2.24 FTE = \$944	\$ 944.00
<b>4. Professional Services</b> <b>Description:</b> Professional service charges are calculated at a percent share based on the number of Full Time Equivalents (FTE) that are in the CWC building: \$11.37 (annual cost per FTE) x 2.24 FTE = \$25	\$ 25.00
<b>5. Office supplies</b> <b>Description:</b> Office supply charges are calculated at a percent share based on the number of Full Time Equivalents (FTE) that are in the CWC building: \$20.12 (annual cost per FTE) x 2.24 FTE = \$45	\$ 45.00
<b>6. Insurance, Information Services, ADA, and A-87 charges</b> <b>Description:</b> Indirect costs are allocated by our County Administrative Office and cover a wide range of necessary County expenditures that are shared by all departments and programs.	\$ 9,966.00
<b>Total Operational Costs:</b>	<b>\$ 21,947.00</b>
<b>C. Supplies</b>	
<b>1. Homeless Supplies</b> <b>Description:</b> Blankets, ponchos, socks, hygiene supplies, etc.	\$ 5,000.00

<b>2. Prevention supplies</b> <b>Description:</b> HIV and HCV testing supplies (tests, gloves, lancets, procedure towels, etc.), syringes, sharps containers, condoms, etc.	\$ 50,000.00
<b>3. Camping supplies</b> <b>Description:</b> Tents, sleeping bags, and cookstoves, etc. to support alternative living spaces	\$ 2,500.00
<b>Total Supply Costs:</b>	<b>\$ 57,500.00</b>
<b>D. Transportation/Travel</b> ( <i>Travel expenses must follow Humboldt County Travel Policy Limits</i> )	
<b>1. Local Travel</b> <b>Description:</b> 200 miles @ 0.58 a mile= \$116	\$ 116.00
<b>Total Transportation/Travel Costs:</b>	<b>\$ 116.00</b>
<b>E. Other Costs</b>	
<b>1. Housing Support</b> <b>Description:</b> Hotel, motel, RV/trailer space and campground rentals for clients who are homeless and seeking shelter; credit checks, reports or application fees for clients to obtain housing; security deposits and utility connection fees for clients to obtain permanent housing; furniture and household items, etc.	\$ 20,000.00
<b>Total Other Costs:</b>	<b>\$ 20,000.00</b>
<b>Grand Total:</b>	<b>\$ 250,599.00</b>

**REQUEST FOR PROPOSALS – NO. DHHS 2019-01 HOMELESS EMERGENCY AID PROGRAM**  
**ATTACHMENT B – PROPOSED BUDGET**

<b>A. Personnel Costs</b> <b>Formula for salary calculations and any benefits should be clearly identified</b>	<b>Time Period</b> <b>7/1/20 - 6/30/21</b>	<b>Total Request</b> <b>6/1/19-6/30/21</b>
<b>1. Program Services Coordinator</b> <b>Salary Calculation:</b> \$85,044 (annual salary) x 0.02 FTE = \$1,701 x 47% benefit rate (\$805). \$1,701 + \$805 = \$2,506 <b>Duties Description:</b> Oversee project staff duties including case management, outreach, and health education. Coordinate ongoing program needs assessment and adjustments. Coordinate data collection and reporting. Administration on contract requirements. Oversee budgetary planning and implementation.	\$ 2,506.00	\$ 7,297.00
<b>2. Senior Housing Specialist</b> <b>Salary Calculation:</b> \$67,745 (annual salary) x 0.05 FTE = \$3,387 x 50% benefit rate (\$1,680). \$3,387 + \$1,680 = \$5,067 <b>Duties Description:</b> Provide support, guidance and oversight to Housing Specialist assisting homeless clients and clients in unstable housing situations. Liaise with landlords to create and maintain sustainable housing resources to meet the client need. Collaborate with Housing Specialist on workshops and meetings to help clients find and maintain housing.	\$ 5,067.00	\$ 14,761.00
<b>3. Housing Specialist</b> <b>Salary Calculation:</b> \$60,315 (annual salary) x 1.0 FTE = \$60,315 x 51% benefit rate (\$30,704). \$60,315 + \$30,704 = \$91,019 <b>Duties Description:</b> Assist homeless clients and clients in unstable housing situations. Provide housing-focused case management on complex issues related to housing. The Housing Specialist is a liaison with current and potential landlords, creating and maintaining a housing resource guide and linking clients to permanent supportive/sustainable housing. Provide support to clients to help find and maintain housing through multiple workshops and individual meetings.	\$ 91,019.00	\$ 178,116.00

<b>4. Mental Health Clinician</b> <b>Hourly Rate of Pay Calculation:</b> 832 hours @ \$39.36 (hourly rate) = \$32,748 + \$1,172 annual benefit amount = \$33,919 (Hourly Extra Help) <b>Duties Description:</b> Provide individual counseling sessions for psychiatric screening, assessment, diagnosis, treatment, and counseling services. Provide mental health services specific to HIV. This is a bridge service, offering deeper counseling than a Case Manager or Housing Specialist can while connecting clients to longer term mental health services as they become available. Services individuals who are unable to meet the requirements of the county mental health system or unable to access a private provider because they are uninsured or underinsured.	\$ 33,919.00	\$ 66,256.00
<b>5. Administrative Anylast</b> <b>Salary Calculation:</b> \$71,067 (annual salary) x 0.093 FTE = \$6,609 x 52% benefit rate (\$3,412). \$6,609 + \$3,412 = \$10,021.21. <b>Duties Description:</b> Maintains understanding of program, grant, appropriation, personnel and budget requirements and their funding sources. Develops relationships with funders and other counties participating in same or similar programs. Facilitate processing of contracts, agreements, MOUs and subcontracts. Analyzes statistical data/information and provides reports as needed.	\$ 10,021.00	\$ 20,328.00
<b>6. Senior Fiscal Assistant</b> <b>Salary Calculation:</b> \$42,859 (annual salary) x 0.10 FTE = \$4,286 + 65% benefit rate (\$2,803). \$4,286 + \$2,803 = \$7,089 <b>Duties Description:</b> Monitor the budget and spending. Prepare quarterly invoices, financial reports, and annual budget documents. Assist with purchasing, reimbursements, training registration and all other fiscal related program duties.	\$ 7,089.00	\$ 13,899.00
<b>Total Personnel Costs:</b>	<b>\$ 149,621.00</b>	<b>\$ 300,657.00</b>
<b>B. Operational Costs</b>		
<b>1. Rent</b> <b>Description:</b> Rent is calculated at a percent share based on the number of Full Time Equivalents (FTE) that are in the CWC building: \$4,764.67 (annual cost per FTE) x 2.163 FTE = \$10,306	\$ 10,306.00	\$ 20,667.00
<b>2. Communications</b> <b>Description:</b> Communication charges are calculated at a percent share based on the number of Full Time Equivalents (FTE) that are in the CWC building: \$278.68 (annual cost per FTE) x 2.163 FTE = \$603	\$ 603.00	\$ 1,209.00



<b>3. Utilities</b> <b>Description:</b> Utilities charges are calculated at a percent share based on the number of Full Time Equivalents (FTE) that are in the CWC building: \$434.58 (annual cost per FTE) x 2.163 FTE = \$940	\$ 940.00	\$ 1,884.00
<b>4. Professional Services</b> <b>Description:</b> Professional service charges are calculated at a percent share based on the number of Full Time Equivalents (FTE) that are in the CWC building: \$11.55 (annual cost per FTE) x 2.163FTE = \$25	\$ 25.00	\$ 50.00
<b>5. Office supplies</b> <b>Description:</b> Office supply charges are calculated at a percent share based on the number of Full Time Equivalents (FTE) that are in the CWC building: \$20.70 (annual cost per FTE) x 2.163 FTE = \$45	\$ 45.00	\$ 90.00
<b>6. Insurance, Information Services, ADA, and A-87 charges</b> <b>Description:</b> Indirect costs are allocated by our County Administrative Office and cover a wide range of necessary County expenditures that are shared by all departments and programs.	\$ 10,265.00	\$ 20,231.00
<b>Total Operational Costs:</b>	<b>\$ 22,184.00</b>	<b>\$ 44,131.00</b>
<b>C. Supplies</b>		
<b>1. Homeless Supplies</b> <b>Description:</b> Blankets, ponchos, socks, hygiene supplies, etc.	\$ 5,000.00	\$ 10,000.00
<b>2. Prevention supplies</b> <b>Description:</b> HIV and HCV testing supplies (tests, gloves, lancets, procedure towels, etc.), syringes, sharps containers, condoms, etc.	\$ 50,000.00	\$ 100,000.00
<b>3. Camping supplies</b> <b>Description:</b> Tents, sleeping bags, and cookstoves, etc. to support alternative living spaces	\$ 2,500.00	\$ 5,000.00
<b>Total Supply Costs:</b>	<b>\$ 57,500.00</b>	<b>\$ 115,000.00</b>
<b>D. Transportation/Travel (<i>Travel expenses must follow Humboldt County Travel Policy Limits</i>)</b>		
<b>1. Local Travel</b> <b>Description:</b> 165 miles @ 0.58 a mile= \$95.70	\$ 96.00	\$ 212.00
<b>Total Transportation/Travel Costs:</b>	<b>\$ 96.00</b>	<b>\$ 212.00</b>
<b>E. Other Costs</b>		
<b>1. Housing Support</b> <b>Description:</b> Hotel, motel, RV/trailer space and campground rentals for clients who are homeless and seeking shelter; credit checks, reports or application fees for clients to obtain housing; security deposits and utility connection fees for clients to obtain permanent housing; furniture and household items, etc.	\$ 20,000.00	\$ 40,000.00
<b>Total Other Costs:</b>	<b>\$ 20,000.00</b>	<b>\$ 40,000.00</b>
<b>Grand Total:</b>	<b>\$ 249,401.00</b>	<b>\$ 500,000.00</b>

## C. Budget Narrative

### a. Personnel:

Position Name	Proposed Staff Name	Salary + Benefits Year 1	Level of Effort Year 1	Salary + Benefits Year 2 *	Level of Effort Year 2	Total Request
1. Program Services Coordinator	Michael Weiss	\$119,775	4%	\$125,300	2%	\$7,297
2. Senior Health Education Specialist-Housing	Anna Owings-Heidrick	\$96,940	10%	\$101,340	5%	\$14,761
3. Health Education Specialist-Housing	Beth Jansen	\$87,097	100%	\$91,019	100%	\$178,116
4. Mental Health Clinician	Teresa Gauthier	\$32,337	832 hours	\$33,919	832 hours	\$66,256
5. Administrative Analyst	Karen Baker	\$103,070	10%	\$107,753	9.3%	\$20,328
6. Senior Fiscal Assistant	Kathryn Epperly	\$68,100	10%	\$70,890	10%	\$13,899
					<b>TOTAL</b>	<b>\$300,657</b>

\*Salary and benefit increases between years one and two assume step increases and cost of living adjustments per County MOU.

### Narrative Justification:

#### 1. Program Services Coordinator:

Annual Salary Year One = \$80,994 x 48% benefit rate @ 0.04 FTE = \$4,791

Annual Salary Year Two = \$85,044 x 47% benefit rate @ 0.02 FTE = \$2,506

Responsible for the effective implementation of specialized public health programs in the Department of Health and Human Services. Develops and implements program guidelines and plans, identifying and securing funding as appropriate; developing staffing and budget proposals and planning, assigning and reviewing the work of staff to implement the program. Provides administrative direction. Plans, develops and administers policies and procedures. Identifies sources of program funding; manages the grant application and funding processes; prepares grant applications; works with foundations and local funding sources to secure funding. Develops annual and multi-year plans for assigned programs. Interprets state and federal regulations in relation to the programs and ensures compliance with them. Conforms to administrative requirements to obtain and administer funding; administers and approves expenditure of funds; identifies necessary resources and prepares annual plans. Participates in the hiring of assigned staff; recommending selection for management approval. Evaluates employee performance, counsels employees and effectively recommends disciplinary action and other personnel decisions. Oversees the distribution of informational and educational materials to program clients and agencies. Makes presentations to community groups and

organizations regarding programs, services and activities. Attends various meetings, committees and conferences related to program goals and objectives. Provides consultation to mental health providers, health care providers and other agencies regarding the specific program objectives and procedures. Directs the maintenance of and/or maintains accurate records and files; prepares reports, correspondence, and a variety of written materials. Coordinates ongoing program needs assessment and adjustments.

**2. Senior Health Education Specialist (Housing):**

Annual Salary Year One = \$64,519 x 50% benefit rate @ 0.10 FTE = \$9,694

Annual Salary Year Two = \$85,044 x 47% benefit rate @ 0.02 FTE = \$5,067

Plans, assigns, coordinates, directs, and reviews the work of assigned staff. Provides orientation and ongoing training. Assists in program development and the development of policies and procedures. Plans, implements, and evaluates ongoing prevention programs. Coordinates conferences, meetings, programs and speakers. Prepares complex reports of program performance. Represents the County in contacts with the community, advisory boards, other agencies, the media, and the public. Oversees the preparation of educational and publicity materials. Reviews published materials for readability and suitability for distribution. Prepares and maintains reports, correspondence, and other documentation of program activities. Maintains current knowledge of program topics and disseminates new information to program staff. Participates in the evaluation of assigned staff. Assists in monitoring program budgets and provides input into the annual budget process. Provides support, and guidance to Housing Specialist assisting homeless clients and clients in unstable housing situations. Liaise with landlords to create and maintain sustainable housing resources to meet the client need. Collaborate with Housing Specialist on workshops and meetings to help clients find and maintain housing.

**3. Health Education Specialist (Housing):**

Annual Salary Year One = \$57,443 x 52% benefit rate @ 1.0 FTE = \$87,097

Annual Salary Year Two = \$60,315 x 51% benefit rate @ 1.0 FTE = \$91,019

Assist homeless clients and clients in unstable housing situations. Provide housing-focused case management on complex issues related to housing. Liaise with current and potential landlords, creating and maintaining a housing resource guide and linking clients to permanent supportive/sustainable housing. Provide support to clients to help find and maintain housing through multiple independent living skills workshops and individual meetings. Performs one-on-one coaching for project participants. Assists administrative and supervisory personnel in planning, implementation and evaluation of program. Works with various groups and organizations to encourage an interest in programs. Organizes conferences, meetings, programs and speakers. Prepares and maintains periodic reports of program performance and other documentation of program activities. Advises departmental personnel on the use of materials and techniques and community resources. Prepares publicity materials including news releases, pamphlets, newsletters and bulletins to publicize and explain services and programs. Prepares materials for meetings and training sessions. Reviews published materials for readability and

suitability. Maintains current knowledge of program topics and issues and recommends improvements as appropriate.

**4. Mental Health Clinician:**

Hourly Extra Help = 832 hours x \$37.49 hourly rate + 1,172 benefit amount = \$32,337

Hourly Extra Help = 832 hours x \$39.36 hourly rate + 1,172 benefit amount = \$33,919

Evaluates patients in an out-patient setting, including field situations; obtains patient history, completes mental status exam, and develops treatment plans. Provides on-going psychotherapy in short term out-patient environment; makes necessary referrals for patients as needs dictate. Participates as a member of a multi-disciplinary treatment team providing critical clinical input related to patient diagnosis and recommended treatment plans; participates in case conferences and consults with psychiatric staff to review patient cases and medication issues. Performs detailed patient record documentation and maintains caseload records; prepares intake and discharge summaries, progress notes and treatment reviews. Provides testimony and consultation to programs as required; performs program planning to develop and implement services appropriate to assisting psychiatric patients. May serve as case coordinator for assigned patients or clients. Consults with and serves as a liaison with community agencies, and other mental health programs and services to evaluate community health needs and services; educates on needs of specific patient or segment of mental health patient population; advocates for patients. Provide individual counseling sessions for psychiatric screening, assessment, diagnosis, treatment, and counseling services. Provide mental health services specific to HIV focusing on issues related to Substance Use Disorder, housing stability, disease related stressors and independent living skills. This is a bridge service, offering deeper counseling than a Case Manager or Housing Specialist can while connecting clients to longer term mental health services as they become available. Services individuals who are unable to meet the requirements of the county mental health system or unable to access a private provider because they are uninsured or underinsured.

**5. Administrative Analyst:**

Annual Salary Year One = \$67,683 x 48% benefit rate @ 0.10 FTE = \$10,307

Annual Salary Year Two = \$71,067 x 52% benefit rate @ 0.093 FTE = \$10,021

Plans and organizes administrative studies relating to the activities or operations of the program. Provides liaison and staff support. Determines analytical techniques and information-gathering processes and obtains required information and data for analysis. Analyzes alternatives and makes recommendations regarding such matters as organizational structure, budget development and administration, staffing, facilities, equipment, cost analysis, productivity, policy or procedure modifications, etc. Conducts a variety of special projects and studies related to the functions of the program. Assists in the development and implementation of department or division goals and objectives. May be accountable for assembling information and presenting it to the media. May assist in developing and administering of the annual budget, including gathering information and monitoring expenditures. Coordinates activities with those of other departments, groups and organizations. Confers with representatives of other governmental agencies, businesses, professionals, citizens' groups, vendors and the public. Provides technical assistance to others on administrative and analytical matters. Prepares technical reports,

correspondence and other written materials. Maintains understanding of program grant, appropriation, personnel and budget requirements and their funding sources. Facilitate processing of contracts, agreements, MOUs and subcontracts. Analyze statistical data/information and provides reports as needed.

**6. Senior Fiscal Assistant:**

Annual Salary Year One = \$40,818 x 63% benefit rate @ 0.10 FTE = \$6,810

Annual Salary Year Two = \$42,859 x 65% benefit rate @ 0.10 FTE = \$7,089

Performs a variety of general office support work such as organizing and maintaining various files, typing correspondence, reports, forms, and specialized documents, and proofreading and checking materials for accuracy, completeness and compliance with departmental policies and regulations. Enters and retrieves data and uses such technology to produce reports. Performs difficult or complex accounting or financial office support work. Reviews, reconciles and prepares varied reports, journals, budget, payroll or related fiscal or statistical data. Provides benefits and payroll information to employees. Audits and verifies various information, including source data as well as manual and computer-produced reports. Maintains varied ledgers, audits and reconciles reports, information and data as required. Researches and assembles information from a variety of sources for the completion of forms and preparation of reports. Provides information that requires the use of judgment and the interpretation of policies, rules or procedures.

**b. Operational Costs:**

Item	Year 1	Year 2*	Total Cost
1. Rent	\$10,361	\$10,306	\$20,667
2. Communications	\$606	\$603	\$1,209
3. Utilities	\$944	\$940	\$1,884
4. Professional Services	\$25	\$25	\$50
5. Office Supplies	\$45	\$45	\$90
6. Insurance, Information Services, ADA & A-87	\$9,966	\$10,265	\$20,231
		<b>TOTAL</b>	<b>\$ 44,131</b>

\*Operational cost increases between years one and two are projected based an overall increase from previous years.

**Narrative Justification:**

- Rent** costs are for cubicles and offices for grant program staff. These costs are shared by programs and allocated based on FTEs in the building.

Year One Rent = \$314,530 / 68 FTEs @ CWC x 2.24 FTEs = \$10,361

Year Two Rent = \$323,998 / 68 FTEs @ CWC x 2.163 FTEs = \$10,306

- Communication** costs include land lines, internet and Centrex internal communication system charges. Costs are shared by programs and allocated based on FTE.

Year One Communications = \$18,396 / 68 FTEs @ CWC x 2.24 FTEs = \$606

Year Two Communications = \$18,957 / 68 FTEs @ CWC x 2.163 FTEs = \$603

3. **Utilities** costs include electricity, gas, building security and pest control. Costs are shared by are shared by programs and allocated based on FTEs in the building.  
 Year One Communications = \$28,657 / 68 FTEs @ CWC x 2.24 FTEs = \$944  
 Year Two Communications = \$29,552 / 68 FTEs @ CWC x 2.163 FTEs = \$940
4. **Professional Services** costs include confidential shredding services. Costs are shared by programs and allocated based on FTEs in the building.  
 Year One Professional Services = \$28,657 / 68 FTEs @ CWC x 2.24 FTEs = \$944  
 Year Two Professional Services = \$29,552 / 68 FTEs @ CWC x 2.163 FTEs = \$940
5. **Office Supplies** costs include pens, paper, post-its, notepads, calendars, etc. Costs are shared by programs and allocated based on FTEs in the NorCAP programs.  
 Year One Office Supplies = \$ 171 / 8.5 FTEs @ CWC x 2.24 FTEs = \$45  
 Year Two Office Supplies = \$ 177 / 8.5 FTEs @ CWC x 2.163 FTEs = \$45
6. **Insurance, Information Services, ADA, and A-87 charges:** County-wide support services for administrative overhead costs. Costs are shared by programs and allocated based on FTE per the County Administrative Office.  
 Year One Insurance, Info Services, ADA & A-87 = \$4,449 x 2.24 FTEs = \$9,966  
 Year One Insurance, Info Services, ADA & A-87 = \$4,746 x 2.163 FTEs = \$10,266

c. **Supplies:**

Item	Year 1	Year 2	Total Cost
1. Homeless Supplies	\$5,000	\$5,000	\$10,000
2. Prevention Supplies	\$50,000	\$50,000	\$100,000
3. Camping Supplies	\$2,500	\$2,500	\$5,000
		<b>TOTAL</b>	<b>\$ 115,000</b>

**Narrative Justification:**

1. **Homeless Supplies** include items to assist clients in staying warm, dry and clean.  
 Examples: blankets, rain ponchos, socks, soap, toothbrushes, deodorant, sunscreen, etc.  
 Year One = Up to \$5,000 in supplies  
 Year Two = Up to \$5,000 in supplies
2. **Prevention Supplies** include items to assist clients in stopping the spread of disease.  
 Examples: HIV test kits, HCV test kits, testing supplies: gloves, prep pads, lancets, thermometer/timers, procedure towels, etc., condoms, syringes, sharps containers, etc.  
 Year One = Up to \$50,000 in supplies  
 Year Two = Up to \$50,000 in supplies
3. **Camping Supplies** include items to assist clients occupying alternative living spaces.  
 Examples: tents, sleeping bags, cook stoves, cookware, lanterns, etc.  
 Year One = Up to \$2,500 in supplies  
 Year Two = Up to \$2,500 in supplies

**d. Transportation/Travel:**

Purpose of Travel	Location	Year 1	Year 2	Rate	Total Cost
1. Local Mileage	Humboldt County	\$116	\$96	\$0.58 per mile	\$212
				<b>TOTAL</b>	<b>\$ 212</b>

**Narrative Justification:**

- 1. Local Mileage** to meet clients, and attend housing searches, program meetings, project activities and training events in Humboldt County. Travel rates are based on organization's policy and procedures and 2019 IRS mileage reimbursement rate.

Year One = 200 miles @ \$0.58 / mile = \$116

Year Two = 165 miles @ \$0.58 / mile = \$96

**e. Other:**

Item	Year 1	Year 2	Total Cost
1. Housing Support	\$20,000	\$20,000	\$40,000
		<b>TOTAL</b>	<b>\$ 40,000</b>

**Narrative Justification:**

- 1. Housing Support** to assist clients experiencing homelessness or at risk of losing housing using a wide variety of housing support types. Examples: hotel/motel, campgrounds, trailer parks, treatment centers, property management application fees, rent, mortgage, household items/furniture, utilities deposit, etc.

Year One = Up to \$20,000 in housing support

Year Two = Up to \$20,000 in housing support

**Total Request Year One: \$250,599**

**Total Request Year Two: \$249,401**

**Total Grant Request: \$500,000**