



West Central District Health Department

RFP Number 6168 Z1 Diabetes Care Management for Minorities Project

Lincoln-Arthur-Buffalo-Dawson-Kearney-Phelps-Case-Dundy-Keith-Red Willow

Shannon Vanderheiden
Health Director (308)221-6821
12-3-2019

Original

**State of Nebraska State Purchasing Bureau
REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES**

RETURN TO:
State Purchasing Bureau
1526 K Street, Suite 130
Lincoln, NE 68508
Phone: 402-471-6500

SOLICITATION NUMBER	RELEASE DATE
RFP 6168 Z1	October 16, 2019
OPENING DATE AND TIME	PROCUREMENT CONTACT
December 3, 2019 2:00 p.m. Central Time	Dianna Gilliland/Nancy Storant

PLEASE READ CAREFULLY!

SCOPE OF SERVICE

The State of Nebraska (State), Department of Administrative Services (DAS), Materiel Division, State Purchasing Bureau (SPB), is issuing this Request for Proposal (RFP) Number 6168 Z1 for the purpose of selecting a qualified Bidder to provide Diabetes Care Management for Minorities. A more detailed description can be found in Section V. The resulting contract may not be an exclusive contract as the State reserves the right to contract for the same or similar services from other sources now or in the future.

The term of the contract will commence upon execution of the contract by the State and the Contractor (Parties) through June 30, 2021. The Contract includes the option to renew for four (4) additional one (1) year periods upon mutual agreement of the Parties. The State reserves the right to extend the period of this contract beyond the termination date when mutually agreeable to the Parties.

ALL INFORMATION PERTINENT TO THIS REQUEST FOR PROPOSAL CAN BE FOUND ON THE INTERNET AT:
<http://das.nebraska.gov/materiel/purchasing.html>.

IMPORTANT NOTICE: Pursuant to Neb. Rev. Stat. § 84-602.04, State contracts in effect as of January 1, 2014, and contracts entered into thereafter, must be posted to a public website. The resulting contract, the solicitation, and the successful contractor's proposal or response will be posted to a public website managed by DAS, which can be found at <http://statecontracts.nebraska.gov>.

In addition and in furtherance of the State's public records Statute (Neb. Rev. Stat. § 84-712 et seq.), all proposals or responses received regarding this solicitation will be posted to the State Purchasing Bureau public website.

These postings will include the entire proposal or response. Bidder must request that proprietary information be excluded from the posting. The bidder must identify the proprietary information, mark the proprietary information according to state law, and submit the proprietary information in a separate container or envelope marked conspicuously using an indelible method with the words "PROPRIETARY INFORMATION". The bidder must submit a detailed written document showing that the release of the proprietary information would give a business advantage to named business competitor(s) and explain how the named business competitor(s) will gain an actual business advantage by disclosure of information. The mere assertion that information is proprietary or that a speculative business advantage might be gained is not sufficient. (See Attorney General Opinion No. 92068, April 27, 1992) **THE SUPPLIER MAY NOT ASSERT THAT THE ENTIRE PROPOSAL IS PROPRIETARY. COST PROPOSALS WILL NOT BE CONSIDERED PROPRIETARY AND ARE A PUBLIC RECORD IN THE STATE OF NEBRASKA.** The State will then determine, in its discretion, if the interests served by nondisclosure outweighs any public purpose served by disclosure. (See Neb. Rev. Stat. § 84-712.05(3)) The Bidder will be notified of the agency's decision. Absent a State determination that information is proprietary, the State will consider all information a public record subject to release regardless of any assertion that the information is proprietary.

If the agency determines it is required to release proprietary information, the bidder will be informed. It will be the bidder's responsibility to defend the bidder's asserted interest in non-disclosure.

To facilitate such public postings, with the exception of proprietary information, the State of Nebraska reserves a royalty-free, nonexclusive, and irrevocable right to copy, reproduce, publish, post to a website, or otherwise use any contract, proposal, or response to this solicitation for any purpose, and to authorize others to use the documents. Any individual or entity awarded a contract, or who submits a proposal or response to this solicitation, specifically waives any copyright or other protection the contract, proposal, or response to the solicitation may have; and, acknowledges that they have the ability and authority to enter into such waiver. This reservation and waiver is a prerequisite for submitting a proposal or response to this solicitation, and award of a contract. Failure to agree to the reservation and waiver will result in the proposal or response to the solicitation being found non-responsive and rejected.

Any entity awarded a contract or submitting a proposal or response to the solicitation agrees not to sue, file a claim, or make a demand of any kind, and will indemnify and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials from and against any and all claims, liens, demands, damages, liability, actions, causes of action,

losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses, sustained or asserted against the State, arising out of, resulting from, or attributable to the posting of the contract or the proposals and responses to the solicitation, awards, and other documents.

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GLOSSARY OF TERMS

Acceptance Test Procedure: Benchmarks and other performance criteria, developed by the State of Nebraska or other sources of testing standards, for measuring the effectiveness of products or services and the means used for testing such performance.

Addendum: Something to be added or deleted to an existing document; a supplement.

Agency: Any state agency, board, or commission other than the University of Nebraska, the Nebraska State colleges, the courts, the Legislature, or any other office or agency established by the Constitution of Nebraska.

Agent/Representative: A person authorized to act on behalf of another.

Amend: To alter or change by adding, subtracting, or substituting.

Amendment: A written correction or alteration to a document.

Appropriation: Legislative authorization to expend public funds for a specific purpose. Money set apart for a specific use.

Award: All purchases, leases, or contracts which are based on competitive proposals will be awarded according to the provisions in the solicitation.

Best and Final Offer (BAFO): In a competitive proposal, the final offer submitted which contains the bidder's most favorable terms for price.

Bid Bond: An insurance agreement, accompanied by a monetary commitment, by which a third party (the surety) accepts liability and guarantees that the bidder will not withdraw the bid.

Bidder: A vendor who submits a proposal in response to a written solicitation.

Breach: Violation of a contractual obligation by failing to perform or repudiation of one's own promise.

Business: Any corporation, partnership, individual, sole proprietorship, joint-stock company, joint venture, or any other private legal entity.

Business Day: Any weekday, except State-recognized holidays.

Calendar Day: Every day shown on the calendar including Saturdays, Sundays, and State/Federal holidays.

Cancellation: To call off or revoke a purchase order without expectation of conducting or performing it at a later time.

Change Order: Document that provides amendments to an executed purchase order or contract.

Chronic Diseases: illness that lasts three months or longer, generally cannot be prevented by vaccines or cured by medications, and do not disappear over time.

Collusion: An agreement or cooperation between two or more persons or entities to accomplish a fraudulent, deceitful, or unlawful purpose.

Community Health Worker: An umbrella term used to define other professional titles; an individual who serves as a liaison/link between public health, health care, behavioral health services, social services, and the community to assist individuals and communities in adopting healthy behaviors; conducts outreach that promotes and improves individual and community health; facilitates access to services, decreases health disparities, and improves the quality and cultural competence of service delivery in Nebraska; a trusted member of, or has a good understanding of, the community they serve; able to build trusting relationships and link individuals with the systems of care in the communities they serve; builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy. Community health workers are also known as community health representatives or promotoras.

Competition: The effort or action of two or more commercial interests to obtain the same business from third parties.

Confidential Information: Unless otherwise defined below, "Confidential Information" shall also mean proprietary trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serve no public purpose (see Neb. Rev. Stat. §84-712.05(3)). In accordance with Nebraska Attorney General Opinions 92068 and 97033, proof that information is proprietary requires identification of specific, named competitor(s) who would be advantaged by release of the information and the specific advantage the competitor(s) would receive.

Contract: An agreement between two or more parties creating obligations that are enforceable or otherwise recognizable at law; the writing that sets forth such an agreement.

Contract Administration: The management of the contract which includes and is not limited to; contract signing, contract amendments and any necessary legal actions.

Contract Award: Occurs upon execution of the State document titled "Service Contract Award" by the proper authority.

Contract Management: The management of day to day activities at the agency which includes and is not limited to ensuring deliverables are received, specifications are met, handling meetings and making payments to the Contractor.

Contract Period: The duration of the contract.

Contractor: An individual or entity lawfully conducting business in the State, or licensed to do so, who seeks to provide goods or services under the terms of a written solicitation.

Copyright: A property right in an original work of authorship fixed in any tangible medium of expression, giving the holder the exclusive right to reproduce, adapt and distribute the work.

Culturally Responsive – Delivery of services that pay particular attention to social and cultural factors in managing medical encounters with patients from very different social and cultural backgrounds.

Customer Service: The process of ensuring customer satisfaction by providing assistance and advice on those products or services provided by the Contractor.

Default: The omission or failure to perform a contractual duty.

Deviation: Any proposed change(s) or alteration(s) to either the terms and conditions or deliverables within the scope of the written solicitation or contract.

Evaluation: The process of examining an offer after opening to determine the bidder's responsibility, responsiveness to requirements, and to ascertain other characteristics of the offer that relate to determination of the successful award.

Evaluation Committee: Committee(s) appointed by the requesting agency that advises and assists the procuring office in the evaluation of proposals (offers made in response to written solicitations).

Extension: Continuance of a contract for a specified duration upon the agreement of the parties beyond the original Contract Period. Not to be confused with "Renewal Period".

Free on Board (F.O.B.) Destination: The delivery charges are included in the quoted price and prepaid by the contractor. Contractor is responsible for all claims associated with damages during delivery of product.

Free on Board (F.O.B.) Point of Origin: The delivery charges are not included in the quoted price and are the responsibility of the agency. Agency is responsible for all claims associated with damages during delivery of product.

Foreign Corporation: A foreign corporation that was organized and chartered under the laws of another state, government, or country.

Health System: the organization of people, institutions, and resources that deliver health care services to meet the health needs of target populations.

HbA1c: (also known as A1c, glycated hemoglobin, or glycosylated hemoglobin) a blood test that correlates with a person's average blood glucose level over a span of a few months. It is used as a screening and diagnostic test for pre-diabetes and diabetes. A healthy A1C target is <9.

Interested Party: A person, acting in their personal capacity, or an entity entering into a contract or other agreement creating a legal interest therein.

Invalid Proposal: A proposal that does not meet the requirements of the solicitation or cannot be evaluated against the other proposals.

Late Proposal: An offer received after the Opening Date and Time.

Mandatory/Must: Required, compulsory, or obligatory.

May: Discretionary, permitted; used to express possibility.

Must: See Mandatory/Must and Shall/Will/Must.

Opening Date and Time: Specified date and time for the public opening of received, labeled, and sealed formal proposals.

Outcome: statement of an intended result

Performance Bond: An insurance agreement, accompanied by a monetary commitment, by which a third party (the surety) accepts liability and guarantees that the Contractor fulfills any and all obligations under the contract.

Person-Centered: A way of thinking and doing things that sees the people using health and social services as equal partners in planning, developing and monitoring care to make sure it meets their needs.

Point of Contact (POC): The person designated to receive communications and to communicate.

Pre-Proposal Conference: A meeting scheduled for the purpose of clarifying a written solicitation and related expectations.

Product: Something that is distributed commercially for use or consumption and that is usually (1) tangible personal property, (2) the result of fabrication or processing, and (3) an item that has passed through a chain of commercial distribution before ultimate use or consumption.

Project: The total scheme, program, or method worked out for the accomplishment of an objective, including all documentation, commodities, and services to be provided under the contract.

Proposal: An offer, bid, or quote submitted by a bidder/vendor in a response to a written solicitation

Proprietary Information: Proprietary information is defined as trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serves no public purpose (see Neb. Rev. Stat. § 84-712.05(3)). In accordance with Attorney General Opinions 92068 and 97033, proof that information is proprietary requires identification of specific named competitor(s) advantaged by release of the information and the demonstrated advantage the named competitor(s) would gain by the release of information.

Protest/Grievance: A complaint about a governmental action or decision related to a solicitation or resultant contract, brought by a bidder who has timely submitted a proposal response in connection with the award in question, to AS Materiel Division or another designated agency with the intention of achieving a remedial result.

Public Proposal Opening: The process of opening correctly submitted offers at the time and place specified in the written solicitation and in the presence of anyone who wished to attend.

Release Date: The date of public release of the written solicitation to seek offers.

Renewal Period: Optional contract periods subsequent to the original Contract Period for a specified duration with previously agreed to terms and conditions. Not to be confused with Extension.

Request for Proposal (RFP): A written solicitation utilized for obtaining competitive offers.

Responsible Bidder: A bidder who has the capability in all respects to perform fully and lawfully all requirements with integrity and reliability to assure good faith performance.

Responsive Bidder: A bidder who has submitted a proposal which conforms to all requirements of the solicitation document.

Shall/Will/Must: An order/command; mandatory.

Should: Expected; suggested, but not necessarily mandatory.

Software License: Legal instrument with or without printed material that governs the use or redistribution of licensed software.

Sole Source – Commodity: When an item is available from only one source due to the unique nature of the requirement, its contractor, or market conditions.

Sole Source – Services: A service of such a unique nature that the contractor selected is clearly and justifiably the only practical source to provide the service. Determination that the contractor selected is justifiably the sole source is based on either the uniqueness of the service or sole availability at the location required.

Specifications: The detailed statement, especially of the measurements, quality, materials, and functional characteristics, or other items to be provided under a contract.

Social Determinants of Health: conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks

Statutory: These clauses are controlled by state law and are not subject to negotiation.

Subcontractor: Individual or entity with whom the contractor enters a contract to perform a portion of the work awarded to the contractor.

Termination: Occurs when either Party, pursuant to a power created by agreement or law, puts an end to the contract prior to the stated expiration date. All obligations which are still executory on both sides are discharged but any right based on prior breach or performance survives.

Third Party: Any person or entity, including but not limited to fiduciaries, shareholders, owners, officers, managers, employees, legally disinterested persons, and sub-contractors or agents, and their employees. It shall not include any entity or person who is an interested Party to the contract or agreement.

Trade Secret: Information, including, but not limited to, a drawing, formula, pattern, compilation, program, device, method, technique, code, or process that (a) derives independent economic value, actual or potential, from not being known to, and not being ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use; and (b) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy (see Neb. Rev. Stat. §87-502(4)).

Trademark: A word, phrase, logo, or other graphic symbol used by a manufacturer or bidder to distinguish its product from those of others, registered with the U.S. Patent and Trademark Office.

Upgrade: Any change that improves or alters the basic function of a product or service.

Vendor Performance Report: A report completed by the using agency and submitted to State Purchasing Bureau documenting products or services delivered or performed which exceed or fail to meet the terms of the purchase order, contract, and/or solicitation specifications.

Vendor: Inclusive term for any Bidder or Contractor

Will: See Mandatory/Shall/Will/Must.

Work Day: See Business Day.

ACRONYM LIST

- ARO** – After Receipt of Order
- ACH** – Automated Clearing House
- BAFO** – Best and Final Offer
- CDC** – Centers for Disease Control and Prevention
- CHW** – Community Health Worker
- CLAS** – Culturally and Linguistically Appropriate Service
- COI** – Certificate of Insurance
- CPSTF** – Community Preventive Services Task Force
- DAS** – Department of Administrative Services
- DHHS** – Department of Health and Human Services
- F.O.B.** – Free on Board
- MHI** – Minority Health Initiative Program
- OHDHE** – Office of Health Disparities and Health Equity
- RFP** – Request for Proposal
- SPB** – State Purchasing Bureau

I. PROCUREMENT PROCEDURE

A. GENERAL INFORMATION

The solicitation is designed to solicit proposals from qualified Bidder who will be responsible for providing Diabetes Care Management for Minorities at a competitive and reasonable cost. Terms and Conditions, Project Description and Scope of Work, Proposal instructions, and Cost Proposal Requirements may be found in Sections II through VI.

Proposals shall conform to all instructions, conditions, and requirements included in the solicitation. Prospective bidders are expected to carefully examine all documents, schedules, and requirements in this solicitation, and respond to each requirement in the format prescribed. Proposals may be found non-responsive if they do not conform to the solicitation.

B. PROCURING OFFICE AND COMMUNICATION WITH STATE STAFF AND EVALUATORS

Procurement responsibilities related to this solicitation reside with State Purchasing Bureau. The point of contact (POC) for the procurement is as follows:

Solicitation Number: RFP 6168 Z1
Name: Dianna Gilliland/Nancy Storant, Buyer(s)
Agency: State Purchasing Bureau
Address: 1526 K Street, Suite 130
Lincoln, NE 68508
Telephone: 402-471-6500
E-Mail: as.materiel purchasing@nebraska.gov

From the date the solicitation is issued until the Intent to Award is issued, communication from the Bidder is limited to the POC listed above. After the Intent to Award is issued, the Contractor may communicate with individuals the State has designated as responsible for negotiating the contract on behalf of the State. No member of the State Government, employee of the State, or member of the Evaluation Committee is empowered to make binding statements regarding this solicitation. The POC will issue any answers, clarifications or amendments regarding this solicitation in writing. Only the SPB or awarding agency can award a contract. Bidders shall not have any communication with, or attempt to communicate or influence any evaluator involved in this solicitation.

The following exceptions to these restrictions are permitted:

1. Contact made pursuant to pre-existing contracts or obligations;
2. Contact required by the schedule of events or an event scheduled later by the solicitation POC; and
3. Contact required for negotiation and execution of the final contract.

The State reserves the right to reject a bidders proposal, withdraw an Intent to Award, or terminate a contract if the State determines there has been a violation of these procurement procedures.

C. SCHEDULE OF EVENTS

The State expects to adhere to the procurement schedule shown below, but all dates are approximate and subject to change.

ACTIVITY		DATE/TIME
1.	Release Solicitation	October 16, 2019
2.	Last day to submit written questions	October 30, 2019
3.	State responds to written questions through Solicitation "Addendum" and/or "Amendment" to be posted to the Internet at: http://das.nebraska.gov/materiel/purchasing.html	November 7, 2019
4.	Proposal Opening Location: State Purchasing Bureau 1526 K Street, Suite 130 Lincoln, NE 68508	December 3, 2019 2:00 PM Central Time
5.	Review for conformance to solicitation requirements	December 3, 2019
6.	Evaluation period	December 5, 2019 through December 12, 2019
7.	"Oral Interviews/Presentations and/or Demonstrations" (if required)	To Be Determined
8.	Post "Notification of Intent to Award" to Internet at: and/or http://das.nebraska.gov/materiel/purchasing.html	December 16, 2019
9.	Contract finalization period	December 16, 2019 through December 31, 2019
10.	Contract award	January 1, 2020
11.	Contractor start date	January 1, 2020

D. WRITTEN QUESTIONS AND ANSWERS

Questions regarding the meaning or interpretation of any solicitation provision must be submitted in writing to State Purchasing Bureau and clearly marked "RFP Number 6168 Z1; Diabetes Care Management for Minorities Questions". The POC is not obligated to respond to questions that are received late per the Schedule of Events.

Bidders should present, as questions, any assumptions upon which the Bidder's proposal is or might be developed. Proposals will be evaluated without consideration of any known or unknown assumptions of a bidder. The contract will not incorporate any known or unknown assumptions of a bidder.

It is preferred that questions be sent via e-mail to as.materielpurchasing@nebraska.gov, but may be delivered by hand or by U.S. Mail. It is recommended that Bidders submit questions using the following format.

Solicitation Section Reference	Solicitation Page Number	Question

Written answers will be posted at <http://das.nebraska.gov/materiel/purchasing.html> per the Schedule of Events.

E. SECRETARY OF STATE/TAX COMMISSIONER REGISTRATION REQUIREMENTS (Statutory)

All contractors must be authorized to transact business in the State of Nebraska and comply with all Nebraska Secretary of State Registration requirements. The contractor who is the recipient of an Intent to Award will be required to certify that it has complied and produce a true and exact copy of its current (within ninety (90) calendar days of the intent to award) Certificate or Letter of Good Standing, or in the case of a sole proprietorship, provide written documentation of sole proprietorship and complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at <http://das.nebraska.gov/materiel/purchasing.html>. This must be accomplished prior to execution of the contract.

F. ETHICS IN PUBLIC CONTRACTING

The State reserves the right to reject proposals, withdraw an intent to award or award, or terminate a contract if a bidder commits or has committed ethical violations, which include, but are not limited to:

1. Offering or giving, directly or indirectly, a bribe, fee, commission, compensation, gift, gratuity, or anything of value to any person or entity in an attempt to influence the bidding process;
2. Utilize the services of lobbyists, attorneys, political activists, or consultants to influence or subvert the bidding process;
3. Being considered for, presently being, or becoming debarred, suspended, ineligible, or excluded from contracting with any state or federal entity;
4. Submitting a proposal on behalf of another Party or entity; and
5. Collude with any person or entity to influence the bidding process, submit sham proposals, preclude bidding, fix pricing or costs, create an unfair advantage, subvert the proposal, or prejudice the State.

The Bidder shall include this clause in any subcontract entered into for the exclusive purpose of performing this contract.

Bidder shall have an affirmative duty to report any violations of this clause by the Bidder throughout the bidding process, and throughout the term of this contract for the successful Contractor and their subcontractors.

G. DEVIATIONS FROM THE REQUEST FOR PROPOSAL

The requirements contained in the solicitation (Sections II thru VI) become a part of the terms and conditions of the contract resulting from this solicitation. Any deviations from the solicitation in Sections II through VI must be clearly defined by the bidder in its proposal and, if accepted by the State, will become part of the contract. Any specifically defined deviations must not be in conflict with the basic nature of the solicitation, requirements, or applicable state or federal laws or statutes. "Deviation", for the purposes of this solicitation, means any proposed changes or alterations to either the contractual language or deliverables within the scope of this solicitation. The State discourages deviations and reserves the right to reject proposed deviations.

H. SUBMISSION OF PROPOSALS

Bidders should submit one proposal marked on the first page: "ORIGINAL". If multiple proposals are submitted, the State will retain one copy marked "ORIGINAL" and destroy the other copies. The Bidder is solely responsible for any variance between the copies submitted. Proposal responses should include the completed Form A, "Bidder Proposal Point of Contact". Proposals must reference the RFP number and be sent to the specified address. Please note that the address label should appear as specified in Section I B. on the face of each container or bidders proposal response packet. If a recipient phone number is required for delivery purposes, 402-471-6500 should be used. The RFP number should be included in all correspondence. The State will not furnish packaging and sealing materials. It is the bidder's responsibility to ensure the solicitation is received in a sealed envelope or container and submitted by the date and time indicated in the Schedule of Events. Sealed proposals must be received in the State Purchasing Bureau by the date and time of the proposal opening per the Schedule of Events. No late proposals will be accepted.

The Request for Proposal form must be manually signed in an indelible manner and returned by the proposal opening date and time along with the bidder's Request for Proposal along with any other requirements as stated in the Request for Proposal document in order for the bidder's Request for Proposal response to be evaluated.

It is the responsibility of the bidder to check the website for all information relevant to this Request for Proposal to include addenda and/or amendments issued prior to the opening date. Website address is as follows: <http://das.nebraska.gov/materiel/purchasing.html>.

Emphasis should be concentrated on conformance to the solicitation instructions, responsiveness to requirements, completeness, and clarity of content. If the bidder's proposal is presented in such a fashion that makes evaluation difficult or overly time consuming the State reserves the right to reject the proposal as non-conforming.

By signing the "Request for Proposal for Contractual Services" form, the bidder guarantees compliance with the provisions stated in this solicitation.

The State shall not incur any liability for any costs incurred by bidders in replying to this solicitation, in the demonstrations and/or oral presentations, or in any other activity related to bidding on this solicitation.

The Technical and Cost Proposals Template should be presented in separate sections (loose-leaf binders are preferred) on standard 8 ½" x 11" paper, except that charts, diagrams and the like may be on fold-outs which, when folded, fit into the 8 ½" by 11" format. Pages may be consecutively numbered for the entire proposal, or may be numbered consecutively within sections. Figures and tables should be numbered consecutively within sections. Figures and tables should be numbered and referenced in the text by that number. They should be placed as close as possible to the referencing text.

IMPORTANT: This RFP provides one project with seven options for bidding: OPTION 1: Southeast Region, OPTION 2: Metro Region, OPTION 3: Eastern Region, OPTION 4: Northeast Region, OPTION 5: East Central Region, OPTION 6: West Central Region, and OPTION 7: Western Region. Bidders may bid on any or all options. In order for a bidder to be considered for more than one option, a complete, separate proposal (Corporate, Technical, and Cost) must be submitted for EACH option. Each proposal submitted must clearly identify which option is being bid. The State will evaluate all proposals submitted within each separate option. The highest scoring bidder will be identified for each option (1, 2, 3, 4, 5, 6, 7). The State will make an award(s) to the highest scoring bidder for the option(s) that are determined to be in the best interest of the State.

I. PROPOSAL PREPARATION COSTS

The State shall not incur any liability for any costs incurred by Bidders in replying to this solicitation, including any activity related to bidding on this solicitation.

J. FAILURE TO COMPLY WITH REQUEST FOR PROPOSAL

Violation of the terms and conditions contained in this solicitation or any resultant contract, at any time before or after the award, shall be grounds for action by the State which may include, but is not limited to, the following:

1. Rejection of a bidder's proposal;
2. Withdrawal of the Intent to Award;
3. Withdrawal of the Award;
4. Negative Vendor Performance Report(s)
5. Termination of the resulting contract;
6. Legal action; and

7. Suspension of the bidder from further bidding with the State for the period of time relative to the seriousness of the violation, such period to be within the sole discretion of the State.

K. PROPOSAL CORRECTIONS

A bidder may correct a mistake in a proposal prior to the time of opening by giving written notice to the State of intent to withdraw the proposal for modification or to withdraw the proposal completely. Changing a proposal after opening may be permitted if the change is made to correct a minor error that does not affect price, quantity, quality, delivery, or contractual conditions. In case of a mathematical error in extension of price, unit price shall govern.

L. LATE PROPOSALS

Proposals received after the time and date of the proposal opening will be considered late proposals. Late proposals will be returned unopened, if requested by the bidder and at bidder's expense. The State is not responsible for proposals that are late or lost regardless of cause or fault.

M. PROPOSAL OPENING

The opening of proposals will be public and the bidders will be announced. Proposals **WILL NOT** be available for viewing by those present at the proposal opening. Proposals will be posted to the State Purchasing Bureau website once an Intent to Award has been posted to the website. Information identified as proprietary by the submitting bidder, in accordance with the solicitation and state statute, will not be posted. If the state determines submitted information should not be withheld, in accordance with the [Public Records Act](#), or if ordered to release any withheld information, said information may then be released. The submitting bidder will be notified of the release and it shall be the obligation of the submitting bidder to take further action, if it believes the information should not be released. (See RFP signature page for further details) Bidders may contact the State to schedule an appointment for viewing proposals after the Intent to Award has been posted to the website. Once proposals are opened, they become the property of the State of Nebraska and will not be returned.

N. REQUEST FOR PROPOSAL/PROPOSAL REQUIREMENTS

The proposals will first be examined to determine if all requirements listed below have been addressed and whether further evaluation is warranted. Proposals not meeting the requirements may be rejected as non-responsive. The requirements are:

1. Original Request for Proposal for Contractual Services form signed using an indelible method;
2. Clarity and responsiveness of the proposal;
3. Completed Corporate Overview;
4. Completed Sections II through VI;
5. Completed Attachment C and
6. Completed corresponding Attachment D, State Cost Proposal.

O. EVALUATION COMMITTEE

Proposals are evaluated by members of an Evaluation Committee(s). The Evaluation Committee(s) will consist of individuals selected at the discretion of the State. Names of the members of the Evaluation Committee(s) will not be published prior to the intent to award.

Any contact, attempted contact, or attempt to influence an evaluator that is involved with this solicitation may result in the rejection of this proposal and further administrative actions.

P. EVALUATION OF PROPOSALS

All proposals that are responsive to the solicitation will be evaluated. Each evaluation category will have a maximum point potential. The State will conduct a fair, impartial, and comprehensive evaluation of all proposals in accordance with the criteria set forth below. Areas that will be addressed and scored during the evaluation include:

1. Corporate Overview should include but is not limited to:
 - a. the ability, capacity, and skill of the bidder to deliver and implement the system or project that meets the requirements of the solicitation;
 - b. the character, integrity, reputation, judgment, experience, and efficiency of the bidder;
 - c. whether the bidder can perform the contract within the specified time frame;
 - d. the quality of vendor performance on prior contracts;
 - e. such other information that may be secured and that has a bearing on the decision to award the contract;
2. Attachment C Technical Approach; and,
3. Attachment D Cost Proposal.

Neb. Rev. Stat. §81-161 allows the quality of performance of previous contracts to be considered when evaluating responses to competitively bid solicitations in determining the lowest responsible bidder. Information obtained from any Vendor Performance Report (See Terms & Conditions, Section H) may be used in evaluating responses to solicitations for goods and services to determine the best value for the State.

Neb. Rev. Stat. §73-107 allows for a preference for a resident disabled veteran or business located in a designated enterprise zone. When a state contract is to be awarded to the lowest responsible bidder, a resident disabled veteran or a business located in a designated enterprise zone under the Enterprise Zone Act shall be allowed a preference over any other resident or nonresident bidder, if all other factors are equal.

Resident disabled veterans means any person (a) who resides in the State of Nebraska, who served in the United States Armed Forces, including any reserve component or the National Guard, who was discharged or otherwise separated with a characterization of honorable or general (under honorable conditions), and who possesses a disability rating letter issued by the United States Department of Veterans Affairs establishing a service-connected disability or a disability determination from the United States Department of Defense and (b)(i) who owns and controls a business or, in the case of a publicly owned business, more than fifty percent of the stock is owned by one or more persons described in subdivision (a) of this subsection and (ii) the management and daily business operations of the business are controlled by one or more persons described in subdivision(a) of this subsection. Any contract entered into without compliance with this section shall be null and void.

Therefore, if a resident disabled veteran or business located in a designated enterprise zone submits a proposal in accordance with Neb. Rev. Stat. §73-107 and has so indicated on the solicitation cover page under "Bidder must complete the following" requesting priority/preference to be considered in the award of this contract, the following will need to be submitted by the bidder within ten (10) business days of request:

1. Documentation from the United States Armed Forces confirming service;
2. Documentation of discharge or otherwise separated characterization of honorable or general (under honorable conditions);
3. Disability rating letter issued by the United States Department of Veterans Affairs establishing a service-connected disability or a disability determination from the United States Department of Defense; and
4. Documentation which shows ownership and control of a business or, in the case of a publicly owned business, more than fifty percent of the stock is owned by one or more persons described in subdivision (a) of this subsection; and the management and daily business operations of the business are controlled by one or more persons described in subdivision (a) of this subsection.

Failure to submit the requested documentation within ten (10) business days of notice will disqualify the bidder from consideration of the preference.

Evaluation criteria will be released with the solicitation.

Q. ORAL INTERVIEWS/PRESENTATIONS AND/OR DEMONSTRATIONS

The State may determine after the completion of the Technical and Cost Proposal evaluation that oral interviews/presentations and/or demonstrations are required. Every bidder may not be given an opportunity to interview/present and/or give demonstrations; the State reserves the right, in its discretion, to select only the top scoring bidders to present/give oral interviews. The scores from the oral interviews/presentations and/or demonstrations will be added to the scores from the Technical and Cost Proposals. The presentation process will allow the bidders to demonstrate their proposal offering, explaining and/or clarifying any unusual or significant elements related to their proposals. Bidders' key personnel, identified in their proposal, may be requested to participate in a structured interview to determine their understanding of the requirements of this proposal, their authority and reporting relationships within their firm, and their management style and philosophy. Only representatives of the State and the presenting bidder will be permitted to attend the oral interviews/presentations and/or demonstrations. A written copy or summary of the presentation, and demonstrative information (such as briefing charts, et cetera) may be offered by the bidder, but the State reserves the right to refuse or not consider the offered materials. Bidders shall not be allowed to alter or amend their proposals.

Once the oral interviews/presentations and/or demonstrations have been completed, the State reserves the right to make an award without any further discussion with the bidders regarding the proposals received.

Any cost incidental to the oral interviews/presentations and/or demonstrations shall be borne entirely by the bidder and will not be compensated by the State.

R. BEST AND FINAL OFFER

If best and final offers (BAFO) are requested by the State and submitted by the bidder, they will be evaluated (using the stated BAFO criteria), scored, and ranked by the Evaluation Committee. The State reserves the right to conduct more than one Best and Final Offer. The award will then be granted to the highest scoring bidder. However, a bidder should provide its best offer in its original proposal. Bidders should not expect that the State will request a best and final offer.

S. REFERENCE AND CREDIT CHECKS

The State reserves the right to conduct and consider reference and credit checks. The State reserves the right to use third parties to conduct reference and credit checks. By submitting a proposal in response to this solicitation, the bidder grants to the State the right to contact or arrange a visit in person with any or all of the bidder's clients. Reference and credit checks may be grounds to reject a proposal, withdraw an intent to award, or rescind the award of a contract.

T. AWARD

The State reserves the right to evaluate proposals and award contracts in a manner utilizing criteria selected at the State's discretion and in the State's best interest. After evaluation of the proposals, or at any point in the solicitation process, the State of Nebraska may take one or more of the following actions:

1. Amend the solicitation;
2. Extend the time of or establish a new proposal opening time;
3. Waive deviations or errors in the State's solicitation process and in bidder proposals that are not material, do not compromise the solicitation process or a bidder's proposal, and do not improve a bidder's competitive position;
4. Accept or reject a portion of or all of a proposal;
5. Accept or reject all proposals;
6. Withdraw the solicitation;
7. Elect to rebid the solicitation;
8. Award single lines or multiple lines to one or more contractors; or,
9. Award one or more all-inclusive contracts.

The solicitation does not commit the State to award a contract. Once intent to award decision has been determined, it will be posted to the Internet at: <http://das.nebraska.gov/materiel/purchasing.html>

Any protests must be filed by a bidder within ten (10) business days after the intent to award decision is posted to the Internet. Grievance and protest procedure is available on the Internet at: <http://das.nebraska.gov/materiel/purchasing.html>

U. ALTERNATE/EQUIVALENT PROPOSALS

Bidder may offer proposals which are at variance from the express specifications of the solicitation. The State reserves the right to consider and accept such proposals if, in the judgment of the Materiel Administrator, the proposal will result in goods and/or services equivalent to or better than those which would be supplied in the original proposal specifications. Bidder must indicate on the solicitation the manufacturer's name, number and shall submit with their proposal, sketches, descriptive literature and/or complete specifications. Reference to literature submitted with a previous proposal will not satisfy this provision. Proposals which do not comply with these requirements are subject to rejection. In the absence of any stated deviation or exception, the proposal will be accepted as in strict compliance with all terms, conditions and specification, and the Bidder shall be held liable therefore.

V. LUMP SUM OR "ALL OR NONE" PROPOSALS

The State reserves the right to purchase item-by-item, by groups or as a total when the State may benefit by so doing. Bidders may submit a proposal on an "all or none" or "lump sum" basis, but should also submit a proposal on an item-by-item basis. The term "all or none" means a conditional proposal which requires the purchase of all items on which proposals are offered and Bidder declines to accept award on individual items; a "lump sum" proposal is one in which the Bidder offers a lower price than the sum of the individual proposals if all items are purchased, but agrees to deliver individual items at the prices quoted.

W. EMAIL SUBMISSIONS

SPB will not accept proposals by email, electronic, voice, or telephone proposals except for one-time purchases under \$50,000.00.

X. REJECTION OF PROPOSALS

The State reserves the right to reject any or all proposals, wholly or in part, in the best interest of the State.

Y. RESIDENT BIDDER

Pursuant to Neb. Rev. Stat. §§ 73-101.01 through 73-101.02, a Resident Bidder shall be allowed a preference against a Non-resident Bidder from a state which gives or requires a preference to Bidders from that state. The preference shall be equal to the preference given or required by the state of the Nonresident Bidders. Where the lowest responsible bid from a resident Bidder is equal in all respects to one from a nonresident Bidder from a state which has no preference law, the resident Bidder shall be awarded the contract. The provision of this preference shall not apply to any contract for any project upon which federal funds would be withheld because of the provisions of this preference.

II. TERMS AND CONDITIONS

Bidders should complete Sections II through VI as part of their proposal. Bidder is expected to read the Terms and Conditions and should initial either accept, reject, or reject and provide alternative language for each clause. The bidder should also provide an explanation of why the bidder rejected the clause or rejected the clause and provided alternate language. By signing the solicitation, bidder is agreeing to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the proposal. The State reserves the right to negotiate rejected or proposed alternative language. If the State and awarded contractor fail to agree on the final Terms and Conditions, the State reserves the right to reject the proposal. The State of Nebraska is soliciting proposals in response to this solicitation. The State of Nebraska reserves the right to reject proposals that attempt to substitute the bidder's commercial contracts and/or documents for this solicitation.

The bidders should submit with their proposal any license, user agreement, service level agreement, or similar documents that the bidder wants incorporated in the Contract. The State will not consider incorporation of any document not submitted with the bidder's proposal as the document will not have been included in the evaluation process. These documents shall be subject to negotiation and will be incorporated as addendums if agreed to by the Parties.

If a conflict or ambiguity arises after the Addendum to Contract Award have been negotiated and agreed to, the Addendum to Contract Award shall be interpreted as follows:

1. If only one Party has a particular clause then that clause shall control;
2. If both Parties have a similar clause, but the clauses do not conflict, the clauses shall be read together;
3. If both Parties have a similar clause, but the clauses conflict, the State's clause shall control.

A. GENERAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV EV			West Central District Health Department agrees to terms.

The contract resulting from this solicitation shall incorporate the following documents:

1. Request for Proposal and Addenda;
2. Amendments to the solicitation;
3. Questions and Answers;
4. Bidder's proposal (Solicitation and properly submitted documents);
5. The executed Contract and Addendum One to Contract, if applicable; and,
6. Amendments/Addendums to the Contract.

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a future contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to the executed Contract with the most recent dated amendment having the highest priority, 2) executed Contract and any attached Addenda, 3) Amendments to solicitation and any Questions and Answers, 4) the original solicitation document and any Addenda, and 5) the Contractor's submitted Proposal.

Any ambiguity or conflict in the contract discovered after its execution, not otherwise addressed herein, shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

B. NOTIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV			West Central District Health Department agrees to terms.

Contractor and State shall identify the contract manager who shall serve as the point of contact for the executed contract.

Communications regarding the executed contract shall be in writing and shall be deemed to have been given if delivered personally or mailed, by U.S. Mail, postage prepaid, return receipt requested, to the parties at their respective addresses set forth below, or at such other addresses as may be specified in writing by either of the parties. All notices, requests, or communications shall be deemed effective upon personal delivery or five (5) calendar days following deposit in the mail.

Either party may change its address for notification purposes by giving notice of the change, and setting forth the new address and an effective date.

C. NOTICE (POC)

The State reserves the right to appoint a Buyer's Representative to manage [or assist the Buyer in managing] the contract on behalf of the State. The Buyer's Representative will be appointed in writing, and the appointment document will specify the extent of the Buyer's Representative authority and responsibilities. If a Buyer's Representative is appointed, the Contractor will be provided a copy of the appointment document, and is expected to cooperate accordingly with the Buyer's Representative. The Buyer's Representative has no authority to bind the State to a contract, amendment, addendum, or other change or addition to the contract.

D. GOVERNING LAW (Statutory)

Notwithstanding any other provision of this contract, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's Constitution, statutes, common law, and regulation; (2) this contract will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this contract on behalf of the State of Nebraska does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations; (5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final contract, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final contract are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity.

The Parties must comply with all applicable local, state and federal laws, ordinances, rules, orders, and regulations.

E. BEGINNING OF WORK

The contractor shall not commence any billable work until a valid contract has been fully executed by the State and the successful Contractor. The Contractor will be notified in writing when work may begin.

F. AMENDMENT

This Contract may be amended in writing, within scope, upon the agreement of both parties.

G. CHANGE ORDERS OR SUBSTITUTIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV			West Central District Health Department agrees to terms.

The State and the Contractor, upon the written agreement, may make changes to the contract within the general scope of the solicitation. Changes may involve specifications, the quantity of work, or such other items as the State may find necessary or desirable. Corrections of any deliverable, service, or work required pursuant to the contract shall not be deemed a change. The Contractor may not claim forfeiture of the contract by reasons of such changes.

The Contractor shall prepare a written description of the work required due to the change and an itemized cost sheet for the change. Changes in work and the amount of compensation to be paid to the Contractor shall be determined in accordance with applicable unit prices if any, a pro-rated value, or through negotiations. The State shall not incur a price increase for changes that should have been included in the Contractor's proposal, were foreseeable, or result from difficulties with or failure of the Contractor's proposal or performance.

No change shall be implemented by the Contractor until approved by the State, and the Contract is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the contract and law.

In the event any product is discontinued or replaced upon mutual consent during the contract period or prior to delivery, the State reserves the right to amend the contract or purchase order to include the alternate product at the same price.

*****Contractor will not substitute any item that has been awarded without prior written approval of SPB*****

H. VENDOR PERFORMANCE REPORT(S)

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV			West Central District Health Department agrees to terms.

The State may document any instance(s) of products or services delivered or performed which exceed or fail to meet the terms of the purchase order, contract, and/or solicitation specifications. The State Purchasing Bureau may contact the Vendor regarding any such report. Vendor performance report(s) will become a part of the permanent record of the Vendor.


I. NOTICE OF POTENTIAL CONTRACTOR BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV			West Central District Health Department agrees to terms.

If Contractor breaches the contract or anticipates breaching the contract, the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, a proposed cure, and may include a request for a waiver of the breach if so desired. The State may, in its discretion, temporarily or

permanently waive the breach. By granting a waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.


J. BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV 			West Central District Health Department agrees to terms.

Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party's discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time. In case of default of the Contractor, the State may contract the service from other sources and hold the Contractor responsible for any excess cost occasioned thereby. OR In case of breach by the Contractor, the State may, without unreasonable delay, make a good faith effort to make a reasonable purchase or contract to purchased goods in substitution of those due from the contractor. The State may recover from the Contractor as damages the difference between the costs of covering the breach. Notwithstanding any clause to the contrary, the State may also recover the contract price together with any incidental or consequential damages defined in UCC Section 2-715, but less expenses saved in consequence of Contractor's breach.


The State's failure to make payment shall not be a breach, and the Contractor shall retain all available statutory remedies and protections.

K. NON-WAIVER OF BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV 			West Central District Health Department agrees to terms.


The acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party nor constitute a waiver of the requirement of timely performance of any obligations remaining to be performed.

L. SEVERABILITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV 			West Central District Health Department agrees to terms.

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the provision held to be invalid or illegal.

M. INDEMNIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV 			West Central District Health Department agrees to terms.

1. GENERAL

The Contractor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all third party claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State for personal injury, death, or property loss or damage, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Contractor, its employees, Subcontractors, consultants, representatives, and agents, resulting from this contract, except to the extent such Contractor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

2. PERSONNEL

The Contractor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker's compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel, including subcontractor's and their employees, provided by the Contractor.

3. SELF-INSURANCE


The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01 (Reissue 2008). If there is a presumed loss under the provisions of this agreement, Contractor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,829 – 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (Section 81-8,294), Tort (Section 81-8,209), and Contract Claim Acts (Section 81-8,302), as outlined in Neb. Rev. Stat. § 81-8,209 et seq. and under any other provisions of law and accepts liability under this agreement to the extent provided by law.

4. ALL REMEDIES AT LAW

Nothing in this agreement shall be construed as an indemnification by one Party of the other for liabilities of a Party or third parties for property loss or damage or death or personal injury arising out of and during the performance of this contract. Any liabilities or claims for property loss or damages or for death or personal injury by a Party or its agents, employees, contractors or assigns or by third persons, shall be determined according to applicable law.

5. The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General.

N. ATTORNEY'S FEES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV 			West Central District Health Department agrees to terms.

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Parties agree to pay all expenses of such action, as permitted by law and if ordered by the court, including attorney's fees and costs, if the other Party prevails.


O. RETAINAGE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV 			West Central District Health Department agrees to terms.

The State shall withhold twenty percent (20%) of payment due as retainage using the methodology listed in Attachment B. The entire retainage amount will be payable upon successful completion of the project. Evaluation of project success is determined by the State through the use of the retainage methodology listed in Attachment B.

Upon completion of the project, the Contractor will invoice the State for any outstanding work and for the retainage. Otherwise, the project will be deemed accepted and the State will release the final payment and retainage in accordance with the contract payment terms.


P. ASSIGNMENT, SALE, OR MERGER

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV 			West Central District Health Department agrees to terms.

Either Party may assign the contract upon mutual written agreement of the other Party. Such agreement shall not be unreasonably withheld.

The Contractor retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Contractor's business. Contractor agrees to cooperate with the State in executing amendments to the contract to allow for the transaction. If a third party or entity is involved in the transaction, the Contractor will remain responsible for performance of the contract until such time as the person or entity involved in the transaction agrees in writing to be contractually bound by this contract and perform all obligations of the contract.

Q. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUB-DIVISIONS OF THE STATE OR ANOTHER STATE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV 			West Central District Health Department agrees to terms.

The Contractor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. §81-145, to use this contract. The terms and conditions, including price, of the contract may not be amended. The State shall not be contractually obligated or liable for any contract entered into pursuant to this clause. A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

The Contractor may, but shall not be required to, allow other states, agencies or divisions of other states, or political subdivisions of other states to use this contract. The terms and conditions, including price, of this contract shall apply to any such contract, but may be amended upon mutual consent of the Parties. The State of Nebraska shall not be contractually or otherwise obligated or liable under any contract entered into pursuant to this clause. The State shall be notified if a contract is executed based upon this contract.

R. FORCE MAJEURE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV ✓			West Central District Health Department agrees to terms.

Neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party ("Force Majeure Event"). The Party so affected shall immediately make a written request for relief to the other Party, and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party's own employees will not be considered a Force Majeure Event.

S. CONFIDENTIALITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV ✓			West Central District Health Department agrees to terms.

All materials and information provided by the Parties or acquired by a Party on behalf of the other Party shall be regarded as confidential information. All materials and information provided or acquired shall be handled in accordance with federal and state law, and ethical standards. Should said confidentiality be breached by a Party, the Party shall notify the other Party immediately of said breach and take immediate corrective action.

It is incumbent upon the Parties to inform their officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable by 5 U.S.C. 552a (m)(1), provides that any officer or employee, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.


T. OFFICE OF PUBLIC COUNSEL (Statutory)

If it provides, under the terms of this contract and on behalf of the State of Nebraska, health and human services to individuals; service delivery; service coordination; or case management, Contractor shall submit to the jurisdiction of the Office of Public Counsel, pursuant to Neb. Rev. Stat. §§ 81-8,240 et seq. This section shall survive the termination of this contract.

U. LONG-TERM CARE OMBUDSMAN (Statutory)

Contractor must comply with the Long-Term Care Ombudsman Act, per Neb. Rev. Stat. §§ 81-2237 et seq. This section shall survive the termination of this contract.

V. EARLY TERMINATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV 			West Central District Health Department agrees to terms.

The contract may be terminated as follows:

1. The State and the Contractor, by mutual written agreement, may terminate the contract at any time.
2. The State, in its sole discretion, may terminate the contract for any reason upon thirty (30) calendar day's written notice to the Contractor. Such termination shall not relieve the Contractor of warranty or other service obligations incurred under the terms of the contract. In the event of termination the Contractor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.
3. The State may terminate the contract immediately for the following reasons:
 - a. if directed to do so by statute;
 - b. Contractor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business;
 - c. a trustee or receiver of the Contractor or of any substantial part of the Contractor's assets has been appointed by a court;
 - d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Contractor, its employees, officers, directors, or shareholders;
 - e. an involuntary proceeding has been commenced by any Party against the Contractor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Contractor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Contractor has been decreed or adjudged a debtor;
 - f. a voluntary petition has been filed by the Contractor under any of the chapters of Title 11 of the United States Code;
 - g. Contractor intentionally discloses confidential information;
 - h. Contractor has or announces it will discontinue support of the deliverable; and,
 - i. In the event funding is no longer available.

W. CONTRACT CLOSEOUT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV			West Central District Health Department agrees to terms.


Upon contract closeout for any reason the Contractor shall within 30 days, unless stated otherwise herein:

1. Transfer all completed or partially completed deliverables to the State;
2. Transfer ownership and title to all completed or partially completed deliverables to the State;
3. Return to the State all information and data, unless the Contractor is permitted to keep the information or data by contract or rule of law. Contractor may retain one copy of any information or data as required to comply with applicable work product documentation standards or as are automatically retained in the course of Contractor's routine back up procedures;
4. Cooperate with any successor Contractor, person or entity in the assumption of any or all of the obligations of this contract;
5. Cooperate with any successor Contractor, person or entity with the transfer of information or data related to this contract;
6. Return or vacate any state owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner.

Nothing in this Section should be construed to require the Contractor to surrender intellectual property, real or personal property, or information or data owned by the Contractor for which the State has no legal claim.

III. CONTRACTOR DUTIES

A. INDEPENDENT CONTRACTOR / OBLIGATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV 			West Central District Health Department agrees to terms.

It is agreed that the Contractor is an independent contractor and that nothing contained herein is intended or should be construed as creating or establishing a relationship of employment, agency, or a partnership.

The Contractor is solely responsible for fulfilling the contract. The Contractor or the Contractor's representative shall be the sole point of contact regarding all contractual matters.

The Contractor shall secure, at its own expense, all personnel required to perform the services under the contract. The personnel the Contractor uses to fulfill the contract shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

By-name personnel commitments made in the Contractor's proposal shall not be changed without the prior written approval of the State. Replacement of these personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

All personnel assigned by the Contractor to the contract shall be employees of the Contractor or a subcontractor, and shall be fully qualified to perform the work required herein. Personnel employed by the Contractor or a subcontractor to fulfill the terms of the contract shall remain under the sole direction and control of the Contractor or the subcontractor respectively.

With respect to its employees, the Contractor agrees to be solely responsible for the following:

1. Any and all pay, benefits, and employment taxes and/or other payroll withholding;
2. Any and all vehicles used by the Contractor's employees, including all insurance required by state law;
3. Damages incurred by Contractor's employees within the scope of their duties under the contract;
4. Maintaining Workers' Compensation and health insurance that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law;
5. Determining the hours to be worked and the duties to be performed by the Contractor's employees; and,
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Contractor, its officers, agents, or subcontractors or subcontractor's employees)


If the Contractor intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should be clearly defined in the contractor's proposal. The Contractor shall agree that it will not utilize any subcontractors not specifically included in its proposal in the performance of the contract without the prior written authorization of the State.

The State reserves the right to require the Contractor to reassign or remove from the project any Contractor or subcontractor employee.

Contractor shall insure that the terms and conditions contained in any contract with a subcontractor does not conflict with the terms and conditions of this contract.

The Contractor shall include a similar provision, for the protection of the State, in the contract with any Subcontractor engaged to perform work on this contract.

B. EMPLOYEE WORK ELIGIBILITY STATUS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV 			West Central District Health Department agrees to terms.

The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.


If the Contractor is an individual or sole proprietorship, the following applies:

1. The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at <http://das.nebraska.gov/materiel/purchasing.html>
2. The completed United States Attestation Form should be submitted with the solicitation response.
3. If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
4. The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. §4-108.

C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (Statutory)

The Contractor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Contractors of the State of Nebraska, and their Subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §48-1101 to 48-1125). The Contractor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Contractor shall insert a similar provision in all Subcontracts for goods and services to be covered by any contract resulting from this solicitation.

D. COOPERATION WITH OTHER CONTRACTORS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV 			West Central District Health Department agrees to terms.

Contractor may be required to work with or in close proximity to other contractors or individuals that may be working on same or different projects. The Contractor shall agree to cooperate with such other contractors or individuals, and shall not commit or permit any act which may interfere with the performance of work by any other contractor or individual. Contractor is not required to compromise Contractor's intellectual property or proprietary information unless expressly required to do so by this contract.

E. DISCOUNTS

Prices quoted shall be inclusive of ALL trade discounts. Cash discount terms of less than thirty (30) days will not be considered as part of the proposal. Cash discount periods will be computed from the date of receipt of a properly executed claim voucher or the date of completion of delivery of all items in a satisfactory condition, whichever is later.

F. PRICES

Prices quoted shall be net, including transportation and delivery charges fully prepaid by the contractor, F.O.B. destination named in the solicitation. No additional charges will be allowed for packing, packages, or partial delivery costs. When an arithmetic error has been made in the extended total, the unit price will govern.

All prices, costs, and terms and conditions submitted in the proposal shall remain fixed and valid commencing on the opening date of the proposal until the contract terminates or expires.

The State reserves the right to deny any requested price increase. No price increases are to be billed to any State Agencies prior to written amendment of the contract by the parties.

The State will be given full proportionate benefit of any decreases for the term of the contract.

G. COST CLARIFICATION

The State reserves the right to review all aspects of cost for reasonableness and to request clarification of any proposal where the cost component shows significant and unsupported deviation from industry standards or in areas where detailed pricing is required.

H. PERMITS, REGULATIONS, LAWS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV <i>[initials]</i>			West Central District Health Department agrees to terms.

The contract price shall include the cost of all royalties, licenses, permits, and approvals, whether arising from patents, trademarks, copyrights or otherwise, that are in any way involved in the contract. The Contractor shall obtain and pay for all royalties, licenses, and permits, and approvals necessary for the execution of the contract. The Contractor must guarantee that it has the full legal right to the materials, supplies, equipment, software, and other items used to execute this contract.

I. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV <i>[initials]</i>			West Central District Health Department agrees to terms.

The State shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or obtained by the Contractor on behalf of the State pursuant to this contract.

The State shall own and hold exclusive title to any deliverable developed as a result of this contract. Contractor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.

J. INSURANCE REQUIREMENTS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
		SV <i>[Signature]</i>	WCDHD accepts all insurance requirements with the proposed changes: a) Commercial General Liability - decreased from 10,000 to 5,000 b) Remove Umbrella/Excess Liability c) Commercial Crime – decrease from 1,000,000 to 25,000 d) Cyber Liability – decrease from 5,000,000 to 100,000.

The Contractor shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Acord Form (COI) verifying the coverage. The Contractor shall not commence work on the contract until the insurance is in place. If Contractor subcontracts any portion of the Contract the Contractor must, throughout the term of the contract, either:

1. Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor;
2. Require each subcontractor to have equivalent insurance and provide written notice to the State that the Contractor has verified that each subcontractor has the required coverage; or,
3. Provide the State with copies of each subcontractor's Certificate of Insurance evidencing the required coverage.

The Contractor shall not allow any Subcontractor to commence work until the Subcontractor has equivalent insurance. The failure of the State to require a COI, or the failure of the Contractor to provide a COI or require subcontractor insurance shall not limit, relieve, or decrease the liability of the Contractor hereunder.

In the event that any policy written on a claims-made basis terminates or is canceled during the term of the contract or within two (2) years of termination or expiration of the contract, the contractor shall obtain an extended discovery or reporting period, or a new insurance policy, providing coverage required by this contract for the term of the contract and two (2) years following termination or expiration of the contract.

If by the terms of any insurance a mandatory deductible is required, or if the Contractor elects to increase the mandatory deductible amount, the Contractor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Notwithstanding any other clause in this Contract, the State may recover up to the liability limits of the insurance policies required herein.

1. WORKERS' COMPENSATION INSURANCE

The Contractor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contractors' employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Contractor shall require the Subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the Subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. **The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter.** The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE

The Contractor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any Subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Contractor or by any Subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an **occurrence basis**, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury, and Contractual Liability coverage. **The policy shall include the State, and others as required by the contract documents, as Additional Insured(s).** This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory. **The COI shall contain the mandatory COI liability waiver language found hereinafter.** The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

REQUIRED INSURANCE COVERAGE	
COMMERCIAL GENERAL LIABILITY	
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal/Advertising Injury	\$1,000,000 per occurrence
Bodily Injury/Property Damage	\$1,000,000 per occurrence
Medical Payments	\$10,000 any one person
Damage to Rented Premises (Fire)	\$300,000 each occurrence
Contractual	Included
Independent Contractors	Included
Abuse & Molestation	Included
<i>If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.</i>	
WORKER'S COMPENSATION	
Employers Liability Limits	\$500K/\$500K/\$500K
Statutory Limits- All States	Statutory - State of Nebraska
Voluntary Compensation	Statutory
COMMERCIAL AUTOMOBILE LIABILITY	
Bodily Injury/Property Damage	\$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
UMBRELLA/EXCESS LIABILITY	
Over Primary Insurance	\$5,000,000 per occurrence
PROFESSIONAL LIABILITY	
Professional liability (Medical Malpractice)	Limits consistent with Nebraska Medical Malpractice Cap
Qualification Under Nebraska Excess Fund	
All Other Professional Liability (Errors & Omissions)	\$1,000,000 Per Claim / Aggregate
COMMERCIAL CRIME	
Crime/Employee Dishonesty Including 3rd Party Fidelity	\$1,000,000
CYBER LIABILITY	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	\$5,000,000
MANDATORY COI SUBROGATION WAIVER LANGUAGE	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
MANDATORY COI LIABILITY WAIVER LANGUAGE	
"Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured."	

3. EVIDENCE OF COVERAGE

The Contractor shall furnish the Contract Manager, with a certificate of insurance coverage complying with the above requirements prior to beginning work at:

DHHS Division of Public Health, Office of Health Disparities and Health Equity
 Attn: Administrator
 Address P.O. Box 95026
 City, State, Zip Lincoln, NE, 68509
 Email dhha.minorityhealth@nebraska.gov


These certificates or the cover sheet shall reference the RFP number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Contractor to maintain such insurance, then the Contractor shall be responsible for all reasonable costs properly attributable thereto.

Reasonable notice of cancellation of any required insurance policy must be submitted to the contract manager as listed above when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

4. DEVIATIONS


The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for Workers' Compensation, and the type of automobile coverage carried by the Contractor.

K. NOTICE OF POTENTIAL CONTRACTOR BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV 			West Central District Health Department agrees to terms.

If Contractor breaches the contract or anticipates breaching the contract the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, and may include a request for a waiver of the breach if so desired. The State may, at its discretion, temporarily or permanently waive the breach. By granting a temporary waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

L. ANTITRUST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV 			West Central District Health Department agrees to terms.

The Contractor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

M. CONFLICT OF INTEREST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV <i>AD</i>			West Central District Health Department agrees to terms.

By submitting a proposal, bidder certifies that no relationship exists between the bidder and any person or entity which either is, or gives the appearance of, a conflict of interest related to this Request for Proposal or project.

Bidder further certifies that bidder will not employ any individual known by bidder to have a conflict of interest nor shall bidder take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its contractual obligations hereunder or which creates an actual or appearance of conflict of interest.

If there is an actual or perceived conflict of interest, bidder shall provide with its proposal a full disclosure of the facts describing such actual or perceived conflict of interest and a proposed mitigation plan for consideration. The State will then consider such disclosure and proposed mitigation plan and either approve or reject as part of the overall bid evaluation.

N. STATE PROPERTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV <i>AD</i>			West Central District Health Department agrees to terms.

The Contractor shall be responsible for the proper care and custody of any State-owned property which is furnished for the Contractor's use during the performance of the contract. The Contractor shall reimburse the State for any loss or damage of such property; normal wear and tear is expected.

O. SITE RULES AND REGULATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV <i>AD</i>			West Central District Health Department agrees to terms.

The Contractor shall use its best efforts to ensure that its employees, agents, and Subcontractors comply with site rules and regulations while on State premises. If the Contractor must perform on-site work outside of the daily operational hours set forth by the State, it must make arrangements with the State to ensure access to the facility and the equipment has been arranged. No additional payment will be made by the State on the basis of lack of access, unless the State fails to provide access as agreed to in writing between the State and the Contractor.

P. ADVERTISING

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV <i>AD</i>			West Central District Health Department agrees to terms.

The Contractor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its goods or services are endorsed or preferred by the State. Any publicity releases pertaining to the project shall not be issued without prior written approval from the State.

Q. NEBRASKA TECHNOLOGY ACCESS STANDARDS (Statutory)

Contractor shall review the Nebraska Technology Access Standards, found at <http://nitc.nebraska.gov/standards/2-201.html> and ensure that products and/or services provided under the contract are in compliance or will comply with the applicable standards to the greatest degree possible. In the event such standards change during the Contractor's performance, the State may create an amendment to the contract to request the contract comply with the changed standard at a cost mutually acceptable to the parties.

R. DISASTER RECOVERY/BACK UP PLAN

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV ✓			West Central District Health Department agrees to terms.

The Contractor shall have a disaster recovery and back-up plan, of which a copy should be provided upon request to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue delivery of goods and services as specified under the specifications in the contract in the event of a disaster.

S. DRUG POLICY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV ✓			West Central District Health Department agrees to terms.

Contractor certifies it maintains a drug free work place environment to ensure worker safety and workplace integrity. Contractor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

T. WARRANTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV ✓			West Central District Health Department agrees to terms.

Despite any clause to the contrary, the Contractor represents and warrants that its services hereunder shall be performed by competent personnel and shall be of professional quality consistent with generally accepted industry standards for the performance of such services and shall comply in all respects with the requirements of this Agreement. For any breach of this warranty, the Contractor shall, for a period of ninety (90) days from performance of the service, perform the services again, at no cost to Customer, or if Contractor is unable to perform the services as warranted, Contractor shall reimburse Customer the fees paid to Contractor for the unsatisfactory services. The rights and remedies of the parties under this warranty are in addition to any other rights and remedies of the parties provided by law or equity, including, without limitation actual damages, and, as applicable and awarded under the law, to a prevailing party, reasonable attorneys' fees and costs.

IV. PAYMENT

A. PROHIBITION AGAINST ADVANCE PAYMENT (Statutory)

Neb. Rev. Stat. §§81-2403 states, “[n]o goods or services shall be deemed to be received by an agency until all such goods or services are completely delivered and finally accepted by the agency.”

B. TAXES (Statutory)

The State is not required to pay taxes and assumes no such liability as a result of this solicitation. The Contractor may request a copy of the Nebraska Department of Revenue, Nebraska Resale or Exempt Sale Certificate for Sales Tax Exemption, Form 13 for their records. Any property tax payable on the Contractor's equipment which may be installed in a state-owned facility is the responsibility of the Contractor

C. INVOICES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV <i>[Signature]</i>			West Central District Health Department agrees to terms.

Invoices for payments must be submitted by the Contractor to the agency requesting the services with sufficient detail to support payment.

Invoices will include a per-patient per quarter cost to reduce HbA1c rates to achieve outcomes that includes the use of a CHW. DHHS will provide an invoice template to awarded Contractor(s). The terms and conditions included in the Contractor's invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the contract.

D. INSPECTION AND APPROVAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV <i>[Signature]</i>			West Central District Health Department agrees to terms.

Final inspection and approval of all work required under the contract shall be performed by the designated State officials.

The State and/or its authorized representatives shall have the right to enter any premises where the Contractor or Subcontractor duties under the contract are being performed, and to inspect, monitor or otherwise evaluate the work being performed. All inspections and evaluations shall be at reasonable times and in a manner that will not unreasonably delay work.

E. PAYMENT (Statutory)

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV ✓			West Central District Health Department agrees to terms.

Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2403). The State may require the Contractor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any goods and services provided by the Contractor prior to the Effective Date of the contract, and the Contractor hereby waives any claim or cause of action for any such services.

F. LATE PAYMENT (Statutory)

The Contractor may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408).

G. SUBJECT TO FUNDING / FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS (Statutory)

The State's obligation to pay amounts due on the Contract for a fiscal years following the current fiscal year is contingent upon legislative appropriation of funds. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal year(s) for which such funds are not appropriated. The State will give the Contractor written notice thirty (30) calendar days prior to the effective date of termination. All obligations of the State to make payments after the termination date will cease. The Contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Contractor be paid for a loss of anticipated profit.

H. RIGHT TO AUDIT (First Paragraph is Statutory)

The State shall have the right to audit the Contractor's performance of this contract upon a thirty (30) days' written notice. Contractor shall utilize generally accepted accounting principles, and shall maintain the accounting records, and other records and information relevant to the contract (Information) to enable the State to audit the contract. (Neb. Rev. Stat. §84-304 et seq.) The State may audit and the Contractor shall maintain, the Information during the term of the contract and for a period of five (5) years after the completion of this contract or until all issues or litigation are resolved, whichever is later. The Contractor shall make the Information available to the State at Contractor's place of business or a location acceptable to both Parties during normal business hours. If this is not practical or the Contractor so elects, the Contractor may provide electronic or paper copies of the Information. The State reserves the right to examine, make copies of, and take notes on any Information relevant to this contract, regardless of the form or the Information, how it is stored, or who possesses the Information. Under no circumstance will the Contractor be required to create or maintain documents not kept in the ordinary course of contractor's business operations, nor will contractor be required to disclose any information, including but not limited to product cost data, which is confidential or proprietary to contractor.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
SV ✓			West Central District Health Department agrees to terms.

The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously undisclosed overpayment exceeds one-half of one percent (.5%) of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Contractor, the Contractor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety (90) days of written notice of the claim. The Contractor agrees to correct any material weaknesses or condition found as a result of the audit.

V. PROJECT DESCRIPTION AND SCOPE OF WORK

A. PROJECT OVERVIEW

The State of Nebraska, Department of Health and Human Services (DHHS), Division of Public Health, Office of Health Disparities and Health Equity (OHDHE) is soliciting proposals from qualified bidders to improve health outcomes for minority populations diagnosed with diabetes in Nebraska's first and third Congressional Districts through referrals from physicians for the services of Community Health Workers (CHW). The intent of the Minority Health Initiative (MHI) project is to promote community and clinical linkages to lower Diabetes hemoglobin A1C (HbA1c) rates for minority populations through referral systems that use bidirectional linkages that include a Community Health Worker. Respondents are encouraged to partner among the following groups: medical clinics, community based organizations, local public health departments, and other organizations that provide services to address the social determinants of health.

1. **This RFP provides seven (7) options for bidding:**

Option 1, Southeast Region, refer to Option 1 Attachment C for technical requirements and Attachment D for the corresponding Cost Proposal;

Option 2, Metro Region, refer to Option 2 Attachment C for technical requirements and Attachment D for the corresponding Cost Proposal;

Option 3, Eastern Region, refer to Option 3 Attachment C for technical requirements and Attachment D for the corresponding Cost Proposal;

Option 4, Northeast Region, refer to Option 4 Attachment C for technical requirements and Attachment D for the corresponding Cost Proposal;

Option 5, East Central Region, refer to Option Attachment C for technical requirements and Attachment D for the corresponding Cost Proposal;

Option 6, West Central Region, refer to Option 6 Attachment C for technical requirements and Attachment D for the corresponding Cost Proposal, and;

Option 7, Western Region, refer to Option 7 Attachment C for technical requirements and Attachment D for the corresponding Cost Proposal.

Bidders may bid on any of the seven options or all options. In order for a bid to be considered for more than one option, a complete, separate proposal (Corporate, Technical, and Cost) must be submitted for **EACH** option. Each proposal submitted must clearly identify which option is being bid. The State will evaluate all proposals submitted within each separate option, (Option 1: Southeast Region, Option 2: Metro Region, Option 3: Eastern Region, Option 4: Northeast Region, Option 5: East Central Region, Option 6: West Central Region, and Option 7: Western Region.) the highest scoring bidder will be identified for each option (1, 2, 3, 4, 5, 6, and 7). The State will then make a determination as to which option will best meet the State's needs and make an award to the highest scoring bidder for that option.

B. PROJECT ENVIRONMENT

Nationally, according to the Centers for Disease Control and Prevention, diabetes affects 29.1 million people or 9.3% of the US population. Diabetes is the leading cause of kidney failure, heart disease and stroke. Type 2 diabetes accounts for 90% to 95% of all diagnosed cases of diabetes. Diabetes causes serious health complications including blindness, kidney failure and lower-extremity amputations. Individuals with diabetes can manage the disease with healthy and productive lives and appropriate medications. The American Diabetes Association estimates the costs of diagnosed diabetes at approximately 327 billion dollars annually.

Minority populations in Nebraska consistently report a higher burden of diabetes than Whites. From 2011-2015, the rates for American Indians with diabetes was two times higher than the rate for Whites (7.6%). The rate of diabetes among African Americans and Hispanics were almost two times higher than the White population.

Additionally, Nebraska's minority populations see higher mortality rates due to diabetes than Whites. From 2011-2015, American Indians and African Americans reported a mortality rate due to diabetes of between 50.0 and 53.4 per 100,000, compared to 21.2 per 100,000 reported by Whites. Hispanics also reported notably higher rates (29.3 per 100,000), than Whites.

C. STRATEGY

CHWs are trained public health frontline workers who have a close understanding of their community and serve as liaisons between the healthcare system and underserved populations. They work closely with community members to provide education, coaching, and social support to improve their health. Community Health Workers have been used as an intervention in improving a broad range of various health issues including diabetes. The Community Preventive Services Task Force (CPSTF) recommends the use of Community Health Workers as a cost saving intervention in the care and management of diabetes.

See <https://www.thecommunityguide.org/findings/diabetes-management-interventions-engaging-community-health-workers>.

D. AVAILABLE FUNDING

The Nebraska Legislature appropriates funds for the purpose of implementing a minority health initiative in counties with minority populations of five percent or greater in the first and third Congressional Districts as determined by the most recent federal decennial census (Nebraska State Statute 71-1628.07). Per the United States Census, minority populations include Black/African American, American Indian/Native American, Asian/Pacific Islander, two or more Races, and Hispanic populations. Refugee populations may also be served. The Nebraska Department of Health and Human Services (DHHS) Office of Health Disparities and Health Equity (OHDHE) distributes and oversees the funding.

Funding is determined based on a per capita amount for each county having 5% or more minority population in Congressional Districts One and Three. The population is based on the 2010 U.S. Census and the most current Congressional District map, as required by the Nebraska State Statute § 71-1628.07 and may be subject to change with the 2020 U.S. Census.

There will be a total of \$2,336,569.50 funds available for the awarded period through June 30, 2021. The project optional renewal periods have an estimated \$1,557,713 per year, based on funding availability. Funding is available for specified regions within Nebraska Congressional Districts One and Three, as shown in Attachment A. Applicants can apply for one or more regions. However, there will be only one award selected per region.

E. SCOPE OF WORK

The goal for this RFP is to lower Diabetes HbA1c rates among minority populations in Nebraska through the provision of effective diabetes management services that are person centered, and culturally responsive to the patient's medical and social needs.

1. This will be accomplished through:
 - a. Physician referrals to the services of a Community Health Worker (CHW) and continued communication between the physician, health care team, and CHW that will take place throughout the project.
 - b. The CHW is to meet qualifications identified in section V.F.2.b., Project Requirements, and address the social determinates of health impacting patient compliance with physician direction.
2. The desired outcome of the MHI project for each region is:
 - a. Sixty percent (60%) of the diabetic patients who receive services from a Community Health Worker will reduce their HbA1c by one percentage point, or achieve a HbA1c of 6.5 or lower, by the end of the initial project period and in each subsequent year.

Bidders are required to meet the outcome of the MHI project in the region for which they are applying.

3. Patient Eligibility:
 - a. Resident of a qualifying county as defined in Attachment A;
 - b. Racial or ethnic minority as defined by the U.S. Census Bureau. Refugees are also included as eligible participants.
 - c. Diagnosis of Diabetes, defined as having an HbA1c of 6.5 or higher at the time of first contact by community health worker; and
 - d. Have a baseline HbA1c test completed within the first three (3) months of first contact by community health worker.

F. PROJECT REQUIREMENTS

Bidders submitting a proposal must ensure the following requirements are met during the project period.

1. REDUCE DIABETES IN MINORITY POPULATIONS

- a. Lower Diabetes HbA1c rates for minority populations using referral systems that incorporate bidirectional linkages that include a Community Health Worker (CHW) who visits with patients outside the medical provider facility.
- b. Identify and serve diabetic patients of racial ethnic background to refer to the CHW for services such as health education, social support, identification of resources, and reinforcement of diabetes management practices.
- c. Ensure efforts are made to serve minorities in each of the identified counties, whether or not clinical services exist within those counties.
- d. Provide baseline and yearly HbA1c measures for all diabetic patient participants. Baseline must be with taken no more than three (3) months before or after project participation date.
- e. Ensure patient blood glucose readings are taken on a consistent basis and an average per quarter is provided each quarter.
- f. Provide culturally appropriate diabetes education and address social determinates of health impacting diabetes management success.
- g. Identify participating physicians and documentation of their commitment to refer minority diabetic patients and for monthly clinical team communication with the CHW.

2. PROVIDE CHW STAFFING WITH CLINICAL, COMMUNITY, AND PUBLIC HEALTH LINKAGES

- a. Provide a CHW who:
 - i. Works with community organizations and local health departments;
 - ii. Will be part of a clinical team and serve as a liaison between the health clinic/health system, the patient and community resources;
 - iii. Provides necessary resources to optimize communication and support for diabetic education, compliance with physician care management and addresses social determinates of health;
 - iv. Meets monthly with the clinical team to discuss patients' diabetic goals and updates on social determinates of health impacting patients' management of diabetes; and
 - v. Is able to address language and cultural barriers experienced by patients.
- b. CHW qualifications must:
 - i. Be a trusted member of the community with a close understanding of the community served;
 - ii. Have a thorough understanding of diabetic management;
 - iii. Be able to provide culturally appropriate health education and information;
 - iv. Be able to address language and cultural barriers;
 - v. Be familiar with and able to access resources to address the social determinates of health that affect the patient's ability to manage their diabetes; and
 - vi. Be able to communicate the successes, limitations, and barriers faced by the patient in managing their diabetes with the medical provider.

3. DEMONSTRATE EXPERTISE AND CULTURAL COMPETENCE

- a. Complete a Culturally and Linguistically Appropriate Service (CLAS) Standards assessment developed by the Nebraska DHHS Office of Health Disparities and Health Equity within the first three (3) months of the start of the project and ensure steps are taken to provide culturally and linguistically appropriate services to project participants. The assessment can be accessed at <http://dhhs.ne.gov/Pages/HDHE-Training.aspx>.
- b. If not already taken within the last two (2) years, ensure the Living Well with Diabetes training is taken by the CHW within the first three (3) months of the award contract or other time period approved by DHHS.

4. ADDRESS SOCIAL DETERMINANTS OF HEALTH

- a. Provide value added services that will be used to address the social determinants such as transportation, translation, day care, or other needs that will assist with meeting the project outcomes. For each value added service identify the following:
 - i. Who will be offered services?
 - ii. What kind of services will be offered?
 - iii. When and/or how often will the services be needed or offered?

G. DELIVERABLES

Contractor will be required to provide a report on patient outputs and project outcomes as detailed below.

1. REPORT ON PATIENT OUTPUTS & PROJECT OUTCOMES

Provide a completed patient and project report on a quarterly basis due thirty (30) calendar days after the end of each quarter. Invoices for payments must be submitted by the Contractor to the agency requesting the services with sufficient detail to support payment.

Quarterly reporting is required electronically through a system identified by DHHS and must include the following:

- a. Patient Reporting is to be completed using de-identified unique numbers for each patient and must include all of the elements below:
 - i. County in which patient resides;
 - ii. Race and ethnicity for each patient, including refugee status if applicable;
 - iii. Provide HbA1c data for identified patient as a baseline and at the end of the project period, including the date of the HbA1c test. Baseline must be with taken no more than three (3) months before or after project start date for each client. The final reading cannot be taken more than three (3) months prior to the end of the project period;
 - iv. Average of blood glucose readings per client per quarter;
 - v. Type of insurance carried by the patient including Medicare, Medicaid, private insurance or none;
 - vi. Number of encounters CWH has with each patient;
 - vii. Number of meetings the CHW has with the medical provider or care team for each patient;
 - viii. Information on the services provided and type of social determinants of health issues address with each client; and
 - ix. When available, information on the number of emergency room visits and hospital admissions for each patient for reasons related to diabetes and associated chronic diseases.

- b. Project Reporting:
 - i. Success stories that demonstrate how addressing the social determinants of health assisted in improvements in diabetic self- care diabetic management, and reduction of HbA1c rates. Success stories may also include reductions in emergency room visits and hospital admissions.
 - ii. Current number of active diabetic clients CHW is working with;
 - iii. Number of referrals from providers;
 - iv. Number of CHW's performing services; and
 - v. A narrative section on what outreach efforts took place in each county for the region.

VI. PROPOSAL INSTRUCTIONS

This section documents the requirements that should be met by the bidder in preparing the Technical and Cost Proposal. The bidder should select an Option(s) in Section V.A.1. to submit a proposal(s) for and then complete a separate bid proposal for each Option selected. A complete proposal shall have a thorough response Section VI.A.1., Corporate Overview, Attachment C, Technical Requirements and Attachment D, Cost Proposal. Failure to submit Attachment D may result in disqualification. Failure to respond to a specific requirement may be the basis for elimination from consideration during the State's comparative evaluation.

Proposals are due by the Proposal Opening date and time as shown in the Schedule of Events. Content requirements for the Technical and Cost Proposal are presented separately in Attachment C, Technical Requirements, and Attachment D, Cost Proposal.

A. PROPOSAL SUBMISSION

1. CORPORATE OVERVIEW

The Corporate Overview section of the Technical Proposal should consist of the following subdivisions:

a. CONTRACTOR IDENTIFICATION AND INFORMATION

The bidder should provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the contractor is incorporated or otherwise organized to do business, year in which the contractor first organized to do business and whether the name and form of organization has changed since first organized.

b. FINANCIAL STATEMENTS

The bidder should provide financial statements applicable to the firm. If publicly held, the contractor should provide a copy of the corporation's most recent audited financial reports and statements, and the name, address, and telephone number of the fiscally responsible representative of the contractor's financial or banking organization.

If the bidder is not a publicly held corporation, either the reports and statements required of a publicly held corporation, or a description of the organization, including size, longevity, client base, areas of specialization and expertise, and any other pertinent information, should be submitted in such a manner that proposal evaluators may reasonably formulate a determination about the stability and financial strength of the organization. Additionally, a non-publicly held firm should provide a banking reference.

The bidder must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist.

The State may elect to use a third party to conduct credit checks as part of the corporate overview evaluation.

c. CHANGE OF OWNERSHIP

If any change in ownership or control of the company is anticipated during the twelve (12) months following the proposal due date, the bidder should describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded contractor(s) will require notification to the State.

d. OFFICE LOCATION

The contractor's office location responsible for performance pursuant to an award of a contract with the State of Nebraska should be identified.

e. RELATIONSHIPS WITH THE STATE

The bidder should describe any dealings with the State over the previous three (3) years. If the organization, its predecessor, or any Party named in the bidder's proposal response has contracted with the State, the bidder should identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.

f. BIDDER'S EMPLOYEE RELATIONS TO STATE

If any employee of any agency of the State of Nebraska is employed by the bidder or is a Subcontractor to the bidder as of the due date for proposal submission, identify all such persons by name, position held with the bidder, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the bidder may be disqualified from further consideration in this proposal. If no such relationship exists, so declare.

g. CONTRACT PERFORMANCE

If the bidder or any proposed subcontractor has had a contract terminated for default during the past five (5) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the contractor's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the contractor or litigated and such litigation determined the contractor to be in default.

It is mandatory that the bidder submit full details of all termination for default experienced during the past five (5) years, including the other Party's name, address, and telephone number. The response to this section must present the bidder's position on the matter. The State will evaluate the facts and will score the bidder's proposal accordingly. If no such termination for default has been experienced by the bidder in the past five (5) years, so declare.

If at any time during the past five (5) years, the bidder has had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting Party.

h. SUMMARY OF BIDDER'S CORPORATE EXPERIENCE

The bidder should provide a summary matrix listing the bidder's previous projects similar to this solicitation in size, scope, and complexity. The State will use no more than three (3) narrative project descriptions submitted by the bidder during its evaluation of the proposal.

The bidder should address the following:

- vi.** Provide narrative descriptions to highlight the similarities between the bidder's experience and this solicitation. These descriptions should include:
 - a)** The time period of the project;
 - b)** The scheduled and actual completion dates;
 - c)** The Bidder's responsibilities;
 - d)** For reference purposes, a customer name (including the name of a contact person, a current telephone number, a facsimile number, and e-mail address); and
 - e)** Each project description should identify whether the work was performed as the prime contractor or as a subcontractor. If a bidder performed as the prime contractor, the description should provide the originally scheduled completion date and budget, as well as the actual (or currently planned) completion date and actual (or currently planned) budget.
- vii.** Contractor and subcontractor(s) experience should be listed separately. Narrative descriptions submitted for subcontractors should be specifically identified as subcontractor projects.
- viii.** If the work was performed as a subcontractor, the narrative description should identify the same information as requested for the contractors above. In addition, subcontractors should identify what share of contract costs, project responsibilities, and time period were performed as a subcontractor.

i. SUMMARY OF BIDDER'S PROPOSED PERSONNEL/MANAGEMENT APPROACH

The bidder should present a detailed description of its proposed approach to the management of the project.

The bidder should identify how the professionals working on the project will promote community and clinical linkages to lower Diabetes hemoglobin HbA1c rates for minority populations through referral systems that use bidirectional linkages that include a Community Health Worker.

- i. Bidders should describe the capacity of the organization to successfully implement the project in the following ways:
 - a) The ability, capacity, and skill of the applicant and significant partners to implement the RFP requirements;
 - b) Organizational structure to provide services in all eligible counties.
- ii. Respondents must explain how the provision of medical referrals with ongoing communication, and community health worker services will be provided. Evidence of formal and informal relationships among the following groups:
 - a) medical clinics,
 - b) community based organizations,
 - c) local public health departments, and
 - d) other organizations that can provide services to address the social determinants of health.
- iii. The bidder should identify key personnel who will work on the State's project. The names and titles of the team proposed for assignment to the State project should be identified in full, with a description of the team leadership, interface and support functions, and reporting relationships. The primary work assigned to each person should also be identified.

The bidder should provide resumes for all key personnel proposed by the bidder to work on the project. The State will consider the resumes as an indicator of the bidder's understanding of the skill mixes required to carry out the requirements of the solicitation in addition to assessing the experience of specific individuals.

Resumes should not be longer than three (3) pages. Resumes should include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. Any changes in proposed personnel shall only be implemented after written approval from the State.

j. SUBCONTRACTORS

If the bidder intends to subcontract any part of its performance hereunder, the bidder should provide:

- i. Name, address, and telephone number of the subcontractor(s);
 - a. specific tasks for each subcontractor(s);
 - b. percentage of performance hours intended for each subcontract; and
 - c. total percentage of subcontractor(s) performance hours.

2. TECHNICAL APPROACH

The technical proposal section is a written narrative response to the Corporate Overview and completion of Attachment C, Technical Requirements.

Form A
Bidder Proposal Point of Contact
Request for Proposal Number 6168 Z1

Form A should be completed and submitted with each response to this solicitation. This is intended to provide the State with information on the bidder's name and address, and the specific person(s) who are responsible for preparation of the bidder's response.

Preparation of Response Contact Information	
Bidder Name:	West Central District Health Department
Bidder Address:	111 North Dewey St. North Platte, NE 69101
Contact Person & Title:	Shannon Vanderheiden, Executive Director
E-mail Address:	vanderheidens@wcdhd.org
Telephone Number (Office):	(308)221-6821
Telephone Number (Cellular):	(308)520-0158
Fax Number:	(308)696-1204

Each bidder should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the bidder's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Bidder Name:	West Central District Health Department
Bidder Address:	111 North Dewey St. North Platte, NE 69101
Contact Person & Title:	Shannon Vanderheiden, Executive Director
E-mail Address:	vanderheidens@wcdhd.org
Telephone Number (Office):	(308)221-6821
Telephone Number (Cellular):	(308)520-0158
Fax Number:	(308)696-1204

REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

BIDDER MUST COMPLETE THE FOLLOWING

By signing this Request for Proposal for Contractual Services form, the bidder guarantees compliance with the procedures stated in this Solicitation, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that contractor maintains a drug free work place.

Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

NEBRASKA BIDDER AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this Solicitation.

_____ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

_____ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

FORM MUST BE SIGNED USING AN INDELIBLE METHOD (NOT ELECTRONICALLY)

FIRM:	West Central District Health Department
COMPLETE ADDRESS:	111 North Dewey St. North Platte, NE 69101
TELEPHONE NUMBER:	(308)221-6821
FAX NUMBER:	(308)696-1204
DATE:	December 3, 2019
SIGNATURE:	
TYPED NAME & TITLE OF SIGNER:	Shannon Vanderheiden, Executive Director

VI Proposal Instructions

A. Proposal Submission

1. Corporate Overview

The Corporate Overview section of the Technical Proposal should consist of the following subdivisions:

a) **CONTRACT IDENTIFICATION AND INFORMATION**

West Central District Health Department (WCDHD) is located at 111 North Dewey St. North Platte NE 69101. Established in January 2003, WCDHD is a public health department serving a six-county rural area in west central Nebraska. There has been no name change since WCDHD was formed. Counties within our service area did change as a result of Sandhills District Health Department dissolving in June 2014.

b) **FINANCIAL STATEMENTS**

West Central District Health Department finances are independently audited annually by Dana F. Cole and Company LLP.

110 E 3rd St, North Platte, NE 69101.

(308)534-1860

The audit link below is the most recent audit, year ended June 30, 2018.

https://wcdhd.org.presencehost.net/file_download/inline/78a8e0fb-e0e9-404c-8e7a-178753e0c8a2

The WCDHD audit is available for public viewing on the WCDHD website located under the "about us" tab <https://wcdhd.org/about-us/audit.html>

WCDHD states no judgements, pending or expected litigation or other real of potential financial reversals, which might materially affect the viability or stability of the organization.

c) **CHANGE OF OWNERSHIP**

No change of ownership or control of WCDHD is anticipated during the twelve months following the proposal due date. If such change does occur, WCDHD would immediately notify the State.

d) **OFFICE LOCATION**

West Central District Health Department (WCDHD)

111 North Dewey St. North Platte NE 69101

(308) 696-1201

e) **RELATIONSHIPS WITH THE STATE**

Current: 2019/2020

45503-Y3	Accreditation Support
45971 Y3	NE Childhood Lead Poisoning Prevention Program
50354 Y3	Drug Overdose and Prevention
37138-Y3 A1	Health Disparities and Health Equity (MHI amendment)
50431-Y3	Public Health Preparedness and Emergency Response
46991 Y3	Public Health Comprehensive Cancer Control Program (HPV)
49117 Y3	2019 Arboviral Surveillance
50014 Y3	NE Immunization and Vaccines for Children Program
50334 Y3	Empowering Older Adults and Adults w/Disabilities through Chronic Disease Management Ed Programs (Living Well)
51048 Y3	Community Health and Performance Management (Accreditation Support)

2018/2019

37138-Y3	MHI Minority Health Initiative in Arthur and Lincoln Counties
42820-Y3	NCAPF ECSE
43999-Y3	Public Health Emergency Preparedness
39186-Y3	Accreditation Support
46780-Y3	Radon Awareness and Risk Reduction

42833-Y3	Immunization Vaccines for Children
47463-Y3	NE Immunization and Vaccines for Children Program
40512-Y3	Lead Poisoning Surveillance and Prevention
40574-Y3 A1	Chronic Disease Prevention & Control
41272-Y3	Comprehensive Cancer Control Program
46991-Y3	NE Comprehensive Cancer Control Program (HPV)
42852-Y3	2018 Arboviral Surveillance

2017/2018

37138-Y3	Minority Health Initiative in Arthur and Lincoln Counties
No number	NCAPF ECSE
CFDA#93.074	Public Health Emergency Preparedness
39186-Y3	Accreditation Support
340134-Y3	Radon Awareness and Risk Reduction
CFDA#93.268	Immunization Vaccines for Children
40295-Y3	Title V Maternal & Child Health Block Grant Program
40512-Y3	Lead Poisoning Surveillance and Prevention
40574-Y3	Chronic Disease Prevention & Control
41272-Y3	Cancer Prevention and Control Programs for State, Territorial and Tribal: Wise Women
CFDA#93.092	Personal Responsibility Education Program
36189-Y3	2017 Arboviral Surveillance

2016/2017

36091 Y3	Public Health Emergency Preparedness
CFDA#66.032	Radon Awareness and Risk Reduction
CFDA#93.323	West Nile Surveillance
29032 Y3	Accreditation Support
34150 Y3	Accreditation Support
554771	NCAPF
CFDA#93.758	OHAYC
CFDA#93.268	Immunization Vaccines for Children Grants
CFDA#93.092	Personal Responsibility Education Program
No Fed funds	Lincoln and Arthur County 2015-2017 MHI

f) BIDDER'S EMPLOYEE RELATIONS TO STATE

There is no employee, or any agency of the State of Nebraska employed by WCDHD or who is a subcontractor to the bidder as of the due dates for this proposal.

g) CONTRACT PERFORMANCE

Neither WCDHD nor any proposed subcontractors have had a contracted terminated for default during the past five years.

h) SUMMARY OF BIDDER'S CORPORATE EXPERIENCE

- vi a) through e) WCDHD has not submitted a bid for services prior to this time, however, we have performed extensive work with the State of Nebraska with subawards.
- vii. Outlines the contracts WCDHD has had with the State of Nebraska.
- viii. WCDHD has not had performed subcontract work with the State of Nebraska.

Contract Title	Time period	Schedule/ actual completion dates	Contractor Responsibilities	Contact information	Work performed as:	Budget
Minority Health Initiative	2012-2013	Final report, July 2013	Address the health disparities of hypertension, obesity, cardiovascular disease, and diabetes for the minority population of Lincoln and Arthur Counties in Nebraska. Program services provided through Community Health Workers to include monthly and quarterly health education, health screenings, health coaching, referrals to medical providers and community services, interpretation and translation assistance.	<p>Maria Hines, Health Disparities & Health Equity, 824 Lincoln Ave., York, NE 68467, Phone 308-362-4150, maria.hines@nebraska.gov</p> <p>Diane Lowe, Nebraska Office of Health Disparities & Health Equity, Phone 402-471-0881, Diane.Lowe@nebraska.gov</p>	Subaward	\$34441.21 annually
	July 1, 2013-June 30, 2015	Quarterly reports due 30 days after end of quarter, annual report due July 30, 2015				
	July 1, 2015-June 30, 2017	Quarterly reports due 30 days after end of quarter, annual report due July 30, 2017				
	July 1, 2017-June 30, 2019	Quarterly reports due 30 days after end of quarter, annual report due July 30, 2019				
	6 month extension-July 1, 2019-December 31, 2019	All reports included data, progress, and budget reports; all successful completed by due date via DHHS Citrix program.				

vi. Bidder's Experience similar to solicitation

Contract Title	Time period	Schedule/ actual completion dates	Contractor Responsibilities	Contact information	Work performed as:	Budget
Coordinated School Health	April 2016	September 2016	<p>Provide direct assistance to school districts within their region on creating healthy school environments inclusive of a) updating their wellness policy and/or creating a wellness policy, b) creating a school wellness committee c) creating action plans, and d) assist schools in implementing their action plans</p> <p>Submit a final report to NDE on progress made with school districts by September 23, 2016</p>	Cory Epler, NDE Leadership Council Member	Contractor	\$1750
Nebraska Clean Indoor Air Act (NCIAA)	January 1, 2016 to December 31, 2017	<p>December 2016</p> <p>Received email on 12/1/16 stating the below: A decision has been made regarding the NCIAA service contracts we talked about in our conference call. Unfortunately, it was to cancel the contracts due to the shift in funding related to LB 957. I have attached a letter terminating the contract. We recognize the importance of being able to respond to complaints, and our hope is that something becomes available to allow us to offer funding in the future. As always, we appreciate your willingness to partner with us. Sincerely, Doug Gillespie, Program Manager II Office of Environmental Health Hazards & Indoor Air Nebraska Dept. of Health & Human Services</p>	Enforcement activities related to the NCIAA, Neb.Rev. Stat. 71-5716 to 71-5735	Doug Gillespie, Program Manager II Office of Environmental Health Hazards & Indoor Air Nebraska Dept. of Health & Human Services	Contractor	\$4000
Women's and Men's Health Program	July 1, 2016 until June 29, 2017	June 2017	Purpose of this contract was to implement evidence-based strategies within communities to increase preventive screenings and the adoption of healthy lifestyles in adults with emphasis in women 40-75 years of age, Men 50 -75 of age and populations with disparate health needs.	Courtney Phillips, Chief Executive Officer	Contractor	\$60,000

ii. Contractor Experience

i. SUMMARY OF BIDDER'S PROPOSED PERSONNEL/MANAGEMENT APPROACH

i. Bidders should describe the capacity of the organization to successfully implement the project in the following ways:

a) The ability, capacity, and skill of the applicant and significant partners to implement the RFP requirements

West Central District Health Department (WCDHD), Two Rivers District Health Department (TRPHD) and Southwest District Health Department (SWPHD) cover the entire West Central Minority Health Initiative Region of Arthur, Buffalo, Chase, Dawson, Dundy, Kearney, Keith, Lincoln, Phelps, and Red Willow counties. The local health departments have a long history of working together to meet the needs of our communities. The following table outlines the counties within each health departments district.

West Central District Health Department	Two Rivers District Health Department	South West District Health Department
Lincoln	Buffalo	Chase
Logan	Dawson	Dundy
McPherson	Kearney	Keith
Thomas	Franklin	Red Willow
Arthur	Gosper	Furnas
Hooker	Harlan	Frontier
	Phelps	Hayes
		Hitchcock
		Perkins

WCDHD will take the lead on providing the Diabetes Care Management for Minorities Program in the West Central Region as defined in the request for proposal. WCDHD is a trusted member of the community for the minority population, the medical community, and the service organization network.

West Central District Health Department (WCDHD) will provide the overarching coordination of the West Central Diabetes Management for Minorities (WDCM) program in conjunction with Two Rivers Public Health Department (TRPHD) and Southwest Nebraska Public Health Department (SWPHD). All three health departments have been committed to service to minority populations in their counties and have provided services including health screening, health care, health coaching, health education, referrals to medical providers and community services, and interpretation and translation services. The three health departments employ Spanish-speaking staff, with additional experience in serving people who speak other languages.

As coordinators of the WDCM program, WCDHD will set up screening procedures, intake procedures, a system of care plan with the clinical care team, and a referral system. WCDHD will host an initial meeting of all staff members involved with the WDCM program in January 2020 to review procedures, forms, health coaching expectations, and systems to be used for patient care and referrals to providers. Other agenda items will include setting up screening events in each of the counties for data gathering, brainstorming outreach efforts, use of documentation forms, referrals addressing social determinants of health, dates for submitting documentation forms to WCDHD, financial recordkeeping, and other pertinent topics. WCDHD will maintain a minimum of one-month check-in call or meeting with each health department to review progress, discuss limitations and barriers, and problem solve any issues. WCDHD will be available to all CHW's and other staff involved on an as-needed basis to answer questions and assist as requested.

WCDHD will maintain records for the submitted documentation from each health department. The documentation will be compiled to be used for program review and for reporting requirements for DHHS. WCDHD will complete all required reports requested by DHHS, use the electronic record system chosen by DHHS, and submit reports within the set deadlines.

As evidence of WCDHD commitment WCDHD has worked with the Minority Health Initiative (MHI) program since 2012. Through involvement in the community and the work of WCDHD's CHW the MHI program at WCDHD has grown from 0 minority population enrollees at the beginning of the MHI program in 2012 to over 700 in 2019. Those enrolled in the program continue to refer others to the program and it continues to grow. Through collaborative efforts, WCDHD, Two Rivers and Southwest health departments

will meet the needs of the minority diabetic population through the West Central Diabetes Care Management for Minorities (WCDCMM) program.

As members of the Nebraska Association of Local Health Departments (NALHD) the health departments collaborate through our association aligning our work to the strategic goals of the LHD's and our partners. We are able to share expertise, and resources. This collaboration provides value to the entire public health system. Our infrastructure is accountable, professional and best practice driven. WCDHD will take the lead on the minority health initiative with strong collaboration and partnership from the TRPHD and SWPHDs. Beyond record keeping and documentation, two essential concerns for assisting the minority populations for whom services will be provided are health literacy and CLAS standards.

The level of health literacy within the target population can greatly impact health outcomes. Due to language barriers, and for some client's low literacy levels, health literacy impacts the ability of patients to understand written health care information, communicate with their providers, use health technology, and understand medication and personal health-care equipment. Health literacy barriers can result in medication errors, low rates of treatment compliance due to lack of understanding, reduced use of preventive services, unnecessary emergency room visits, ineffective management of health conditions, and higher mortality.

WCDHD has received health literacy training from the Nebraska Association of Public Health Directors (NALHD). WCDHD committed to completing a health literate association self-assessment, with all staff members involved in the assessment. WCDHD used the assessment results to determine areas of greatest need and develop a work plan to address those areas of concern. WCDHD successfully completed the work plan and was granted a designation of "Health Literate Organization" from NALHD. WCDHD has continued its commitment to health literacy, maintaining health literate practices. A session of classes for Minority Health Initiative clients was developed and held. WCDHD anticipates assisting other WCDCMM staff in following those steps to improve health literate practices and utilizing them in their work.

All three health departments have received training in Culturally and Linguistically Appropriate Services standards. Being aware of cultural and language barriers experienced by clients and taking steps to address them through will remain a crucial piece of the WCDCMM program. The health departments have staff able to speak Spanish and work with those who speak other languages. The program will support CLAS standards through the provision of materials in preferred languages, the provision of interpretation and translation assistance, and advocacy for medical providers and community organizations to also maintain CLAS standards.

Health Director Shannon Vanderheiden has led WCDHD since 2008. She holds a Master's in Public Health with a focus in Health Policy and Administration. Janet Livingston, Minority Health Initiative Coordinator oversees the CHW programs at WCDHD. Janet has spent a significant amount of her professional life working with at-risk families in the community setting with over 5 years of experience in her current position. The four CHWs shared between the WCDHD, SWPHD, and TRPHD have more than 15 years of experience working with the minority populations within our districts.

WCDHD has a history of offering programs that promote healthy behaviors and monitor the health and wellness of the community with a focus on low-income and underserved individuals of all ages. WCDHD's operating budget for 2019-2020 is \$ 1,229,184, with 10 subawards from the State of Nebraska and three foundational awards. Total funding from State is \$396,334, 32% of WCDHD's total budget.

b) Organizational structure to provide services in all eligible counties

WCDHD's 16-year history as a public health department provides us with a unique understanding of, and relationship with, the target population.

In 2018, we provided

- Dental services for more than 2000 patients, including cleanings, fluoride varnish, sealants, and silver diamine fluoride placement
- Dental services for more than 70 students at schools through the service area through the Tooth Tour.
- More than 4000 vaccines
- Health screenings and education classes for heart disease, diabetes, obesity, and high cholesterol for more than 300 Minority Health Program Clients.

The current WCDHD MHI program addresses the health disparities of hypertension, diabetes, cardiovascular disease, and obesity. During the 2017-2019 grant period of July 1, 2017-June 30, 2019, an unduplicated 278 clients were provided services, with many of those served multiple times. 100% were served in their reported preferred language of Spanish. Health education was provided in 7 quarters, with 6 sessions of the evidence-based program "Road to Health" held each of the 7 quarters. Forty-three clients completed 3 or more sessions of Road to Health, exceeding the grant target of 35. During the grant program, an average of 63 people received referrals to additional services. 176 people received health screenings by WCDHD or in conjunction with a medical provider, with most receiving multiple health screenings. Of those screened, 19 lowered their blood pressure, 10 lowered their A1C and/or glucose reading, and 10 reduced their body mass index.

WCDHD, SWPHD, and TRPHD are recognized for their care to the communities within their regions. Interaction takes place on a regular basis between medical providers, service organizations, and the health departments. The CHW's within each of the health departments regularly provide interaction between their clients and the health and service field in their areas. Skilled interpretation and translation service, health education, and health coaching are established norms for the CHW's who will continue to serve.

The three health departments have CHW's who are trained through the DHHS CHW program, are bilingual, and can lead Living Well and Diabetes Prevention Program classes. All are familiar with the medical and service organizations in their counties and regularly provide referrals. Their commitment to serving the needs of minority populations leads to a high level of service.

WCDHD will serve as the lead for the WCDMM program, providing the format the program will follow. Initially screening events will be planned for each of the counties, with WCDHD assisting with scheduling and conducting the screening events. Those identified as at risk due to A1C levels above 6.5 will be referred to their primary care provider or assisted with locating a provider. Once diagnosed, the client will be enrolled in the program with services to follow.

After the initial data gathering period, the program will move into working together with the clinical care team on a monthly basis, providing health coaching for the client, continued monitoring of glucose and A1C screenings and other health screenings, enrollment in Living Well, referrals as needed for social determinant of health needs impacting diabetes management, and other care for the client. WCDHD will provide oversight of the program. Procedures, plans, documentation, and reporting requirements have been developed and will be utilized by the health departments. The health departments will report to WCDHD who will in turn provide the leadership for the program. WCDHD will meet at least monthly with the health departments and will work closely with them for the success of the program in meeting the diabetes care and management of those being served

WCDHD has had an electronic health records (EHR) system in place since 2016, which allows us to input patient data and track services to ensure we have completed records on all patients and can follow-up as appropriate. We will track all referrals with providers through our EHR. Currently there are a number of providers who have signed MOU's or letters of support to participate in the Diabetes Care Management for Minorities Project program. We anticipate a significantly higher number of provider participation but due to time constraints all MOU's will not be collected by submission deadline. Below is a list of all current referrals between WCDHD and communities' partners.

- People's Family Health Services
- Great Plains Health
- North Platte OB/GYN
- Walmart Pharmacy
- Mid-Nebraska Physical Therapy
- Great Plains Orthopedics
- Great Plains Urology
- Great Plains General Surgery
- North Platte Public Transit
- Twin Rivers Urgent Care
- Midlands Family Medicine
- WIC
- Great Plains Health Imaging Center
- Great Plains Pediatrics
- Eye Surgeons of Nebraska

North Platte Counseling
 Women's Resource Center
 Phelps Family Dentistry
 Great Plains Foot & Ankle Specialists
 Dr. John Haugen
 Pratt Dental
 Great Plains Family Medicine
 Sandhills Pediatric Dentistry
 Inner Reflections Counseling
 Great Plains Heart & Vascular Center
 Dr. Deb's Express Medical Care
 Precise Family Care
 Families First Partnership
 Great Plains Health Financial Assistance Office
 Dr. Charles Boettcher Dental
 Pathology Services, P.C.
 Complete Eye Care
 Maple Park Dental
 Good Life Dental
 Area Agency on Aging
 Great Plains Health Infectious Disease
 Great Plains Health Diabetic Educator
 Social Security Office
 Behavioral Medicine Associates
 Great Plains Health Emergency room
 Heartland Counseling
 Great Plains Health Callahan Cancer Center
 Clear Focus Eye Care
 UNL Extension
 Shopko Optical
 Great Plains Spine Center
 Department of Health & Human Services
 Region II
 United Health Care
 Legal Aid
 Career Closet
 Great Plains Health and Physical Therapy
 University of Nebraska Medical Center
 Fred & Pamela Buffett Cancer Center
 Platte Valley Skin Care
 Greater Nebraska Dermatology
 Great Plains Health Nephrology
 Fitzpatrick Ear, Nose & Throat Clinic
 Great Plains Health Sleep Medicine Center

SWPHD and TRPHD similarly provide referrals to a large number of medical providers and services in their health department regions.

ii. Explain the provision of medical referrals with ongoing communication and CHW services will be provided as follows

a) Medical clinics

Currently, we have agreements with Great Plains Family Medicine and Dr. Deb's Express Medical Care. We will add additional clinics over time and reach out to the counties not covered by WCDHD to ensure all counties identified in the West Central Region for the Diabetes Care Management for Minority Project. We understand that our sister health departments have strong and functioning relationships with the medical providers in their respective health districts. This is further outlined throughout Attachment C. MOU's and Letters of Support are also included in this proposal under the resumes tab.

WCDHD has a strong working relationship with the medical community and will continue to partner with medical providers to meet the health needs of the minority population as outlined in

this proposal. WCDHD referrals through past MHI program service have included: Midlands Family Medicine, Precise Family Care, Great Plains Health, Great Plains Pediatrics, dental clinics, optometrists, physical therapy, podiatry. SWPHD regularly makes referral to Dr. Juan Garcia in Benkelman, and Deaun Carpenter, family nurse practitioner at Myrtle Health Care in Imperial

b) Community base organizations

WCDHD staff members are members of the North Platte Interagency group which meets monthly to share resources and community events. WCDHD works closely with a number of other community-based organizations including Community Action Partnership, Families First Partnership, North Platte Senior Center, WIC, Legal Aid, Mid-Plains Community College, and the local school system. A complete list of referrals from the 2017-2019 MHI program is included under the Service Directories tab within the proposal. Also included in the Service Directories tab are the Interagency membership list and the local DHHS Service Directory utilized by WCDHD. WCDHD staff have been directly involved with Project Connect in 2017, 2018, 2019, with staff member Janet Livingston serving as director in 2019. Project Connect is a one-day, one-stop event to connect people in need with services, resources, information, and referrals. Sixty-five agencies were involved in the 2019 Project Connect.

WCDHD also conducted a Community Health Assessment and led the community in developing the 2016-2020 Community Health Improvement Plan, with involvement from many organizations and agencies within the local area. WCDHD partnered with Great Plains Health on the 2019 – 2022 Community Health Assessment.

SWPHD is involved in the DHHS Health Hub program, necessitating a list of referrals for patients within the program. Many MHI clients in the area are referred to Dr. Jose Garcia in Benkelman, affiliated with Chase County Community Hospital and Dundy County Hospital, and to an independent nurse practitioner, both of whom are Spanish-speaking. Other programs at SWPHD provide referrals as well. The McCook area service directory is included in the Appendix.

At TRPHD, the CHW and other staff members actively participate in the Lexington Interagency, which meets twice a month. Many referral sources come from this group. Two service directories utilized by TRPHD are included in the Appendix.

c) Local Health Departments

WCDHD has MOU agreements with Two Rivers and Southwest Health departments. We frequently communicate on public health issues that cross our jurisdictional geographic boundaries. In an effort to provide necessary services and to avoid duplication and unnecessary expense. All three departments are members of the Nebraska Association of Local Health Directors (NLAHD). Through this uniting organization, we share common goals and objectives as we see to improve the overall health of the counties we serve. Please see MOU included.

d) Other organizations that can provide services to address the social determinants of health.

WCDHD works closely with a number of organizations to address the social determinants of health. Salvation Army, United Way, Community Connections, Drug and Alcohol Prevention Coalition, Public Schools, Families First Partnership, and Interagency.

iii. Key personnel and titles

Shannon Vanderheiden, Executive Director, WCDHD

Janet Livingston, WCDMM Coordinator, Outreach Facilitator, WCDHD

Maria Lein, Community Health Worker, WCDHD

Myra Stoney, Health Director, SWPHD

Joy Trail, Community Health Worker, SWPHD

Julia Maddux, Community Health Worker, SWPHD

Jeremy Eschliman, Health Director, TRPHD

Maria Barocio, Community Health Worker, TRPHD

See Resume tab for details on each individual listed above.

**Option 6 West Central Region
Attachment C
Technical Requirements
Diabetes Care Management for Minorities
Request for Proposal Number 6168 Z1**

V.F. Project Requirements	
V.F.1.	Reduce Diabetes in Minority Populations
V.F.1.a	Lower diabetes HbA1c rates for minority populations using referral systems that incorporate bidirectional linkages that include a Community Health Worker (CHW) who visits with patients outside the medical provider facility. Bidder should describe the referral system used.
<p>Bidder Response:</p> <p>West Central District Health Department (WCDHD) will provide the Diabetes Care Management for Minorities Program in the West Central Region as defined in the request for proposal. WCDHD is a trusted member of the community for the minority population, the medical community, and the service organization network. WCDHD has worked with the Minority Health Initiative (MHI) program since 2012. Through involvement in the community and the work of WCDHD's CHW, the MHI program at WCDHD has grown from 0 minority population enrollees at the beginning of the MHI program in 2012 to over 700 in 2019. Those enrolled in the program continue to refer others to the program and it continues to grow. Through collaborative efforts, WCDHD, Two Rivers and Southwest health departments will meet the needs of the minority diabetic population through the West Central Diabetes Care Management for Minorities (WCDCMM) program. The role of a community health worker as a resource to help people with diabetes manage health care is recognized by the Community Guide as an evidence-based program. All three health departments have recognized the value of a CHW in working with clients for improved health and have implemented CHW-based work in their programs.</p> <p>West Central Diabetes Care Management for Minorities (WCDCMM) will utilize the WCDCMM Health Intake Form (See Appendix0 to identify, track, and refer participants to medical providers and to gather information about participants referred to WCDCMM. The CHW will assist participants in completing the intake form, giving the opportunity for the CHW to fully understand each client's specific needs and concerns. The intake form will document contact information, race, ethnicity, preferred language, medical/family history, family income, insurance status, housing status, employment status, and primary care provider.</p> <p>Participant health information will be gathered including those impacting risk factors for diabetes: age over 45, overweight, family member with diabetes, physical active less than 3 times a week, history of gestational diabetes, birth of a baby weighing over 9 pounds, low level of HDL or a high level of triglycerides, are African American, Hispanic, have a history of heart disease or stroke, have a history of high blood pressure American Indian or Alaskan native. (Risk factors according to American Diabetes Association)</p> <p>The health intake form will include The Commitment to Care. The CHW will educate the patient about healthy lifestyle changes, regular visits to their medical provider, completion of home glucose screenings on a regular basis, and enrollment in Living Well, evidence-based self-management workshops developed by Stanford University. The Commitment to Care section will allow the patient to indicate their commitment by selecting one or more of these steps to improve health and lower A1C. This commitment to make lifestyle changes or follow-through on their care plan will be topics during ensuing health coaching appointments.</p> <p>The intake form will include a medical release consent, "Consent to Share Health Information", which will permit information to be shared</p>	

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between WDCM, the Community Health Worker, and medical provider. A communication statement, HIPAA statement, and Consent for Treatment statement will be included on the Health Intake Form. Documentation will be shared with each participant's primary care provider, or a referral provided if there is no primary care provider.

The intake form will be used by the CHW as part of the assessment process to recognize participant's other possible needs to address social determinants of health that may impact their diabetes care, such as employment, housing, family needs, income assistance, insurance status, and the provision of referrals to appropriate community resources and bidirectional linkage of care. The CHW will check off and will maintain a list of possible referral sources and assist the patient in referral to appropriate services. Any referrals made will be documented on the Health Intake Form CHW Case Management section.

CHW encounters with participants will be entered into the WDCM Patient Documentation spreadsheet (Appendix) for WDCM use. Patient records, including demographics, screening results, and, other pertinent information will be submitted to WCDHD and entered into their electronic health records system, Amazing Charts. The health departments will use their respective electronic health records system to document patient records and health coaching.

Participants determined to be at risk will be referred to a medical provider. The referral will be made to the participant's primary care provider if one has been identified, or a referral to a medical provider with whom WDCM holds an MOU.

Those providers with whom an MOU is held will refer patients diagnosed with diabetes to WCDHD, SWPHD, or TRPHD for connection with a CHW. Providers will use a referral form (Appendix) to communicate patient contact information and health concerns to the assigned CHW at the appropriate health department. Patients referred to the CHW by a provider will also complete the WDCM Health Intake Form to guide and inform the CHW on the patient history and needs. The CHW, as part of the clinical team, will work together with the patient and clinical care team consisting of the primary care provider, ad hoc medical providers, Living Well instructors, and others involved in the patient's care. A System of Care plan (Appendix) has been developed and will be implemented as outlined to show the flow between medical providers and WDCM CHW's and staff to best meet the needs of each participant.

V.F.1.b.	Describe how the program will identify and serve diabetic patients of racial ethnic background to refer to the CHW for services such as health education, social support, identification of resources, and reinforcement of diabetes management practices.
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Bidder Response:

Participants diagnosed with diabetes or those at risk for diabetes will complete the WDCM Health Intake Form. The form includes information about race and ethnicity to identify those participants who are a minority population. Once diagnosed by a medical provider as having diabetes and if a member of a minority population, participants will be enrolled in WDCM. Information collected on the health intake form will highlight other services to meet the needs that impact overall participant health. In an interview with new participants and

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Diabetes Care Management for Minorities
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V.F. Project Requirements

resulting health coaching contacts, the CHW will ask questions related to other needs and refer, as appropriate, to other services. Those participants in need of health education will be referred to each health department's Living Well diabetes self-management program. Other health education will include education and information about nutrition and physical activity and, as needed, coaching into making health lifestyle choices. Social support will be provided through Living Well classes, as well as referrals to other community resources. Those resources will be chosen to fit the needs of the participant and will include physical activity resources, referrals to nutrition programs such as University of Nebraska Extension nutrition education, enrollment in WIC (Women, Infants, and Children), Every Woman Matters, and/or Medicaid if needed and if eligible, and community services to encompass housing, transportation, family needs, education, legal assistance, and other needs. A community resource directory will be accessed for referral resources (Appendix).

Health coaching for diabetes management will be key to addressing each participant's care plan. Attendance at Living Well classes will be encouraged, but additional follow-up will be essential to help each participant set and meet goals for their own personal health improvement. Action planning is key to success in the Living Well program, and follow-up health coaching will help patients celebrate successes, problem solve for lack of success, and set new action plans.

The CHW will meet with each patient's clinical team, access the patient's care plan, and then meet with the patient on a regular basis for health coaching, at a minimum of 90 minutes per month for the first 3 months, followed by 30 minutes per month until the patient has maintained a healthy A1C of 6.5 or longer for three months. The patient may discontinue regular health coaching appointments at that time, but monthly follow-up phone calls or appointments will be made to check in with the patient to determine if the patient is maintaining a healthy A1C and if additional care is needed.

The CHW will follow a Health Coaching Guide (Appendix) to educate participants on the resources available of medical care, education, health coaching, and community referrals. The Health Coaching Guide will ensure that participants are fully aware of all the education and support resources available and the health coaching provided to guide participants to follow their personal plan. The CHW may engage the participant on any of the following topics:

- The need for possible referrals and resources, as well as assisting the participant in accessing the referrals and resources. This could include interpretation and translation assistance, completing forms, determining eligibility for enrolling in programs, and assistance in setting up transportation.
- Completing medication checks to ensure that the participant is taking medication correctly and at prescribed times.
- Check-in commitments to check on the patient's success in following the diabetes management plan. The CHW will check in with the patient to determine if self-testing is being done at the medical provider's recommendations, whether testing is done correctly, and if the testing results are being journaled as recommended by the medical provider.
- Discussion of nutrition and physical activity guidelines and the success of the participant in following guidelines.
- The action plans the participant chose during Living Well class participation or an action plan developed between the participant and

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V.F. Project Requirements	
CHW.	
V.F.1.c.	Describe how the program will ensure efforts are made to serve minorities in each of the identified counties, whether or not clinical services exist within those counties.
<p>Bidder Response:</p> <p>Screening events will be scheduled and held in each of the counties in the West Central Region by March 30, 2020. The screening event will encompass A1C screening, blood pressure readings, height and weight measurements for body mass index, and a cholesterol screening. Screening will include participants completion of the health intake form, which will include information to be gathered that will document diabetes risk factors for each participant. Those risk factors include: being over the age of 45, a family member with diabetes, being overweight, being physically inactive, high blood pressure or taking medication for high blood pressure, low HDL cholesterol or high triglycerides, gestational diabetes, giving birth to a baby over 9 pounds, and diagnosis of polycystic ovary syndrome. Those at risk will be provided a list of medical providers from whom they can select for diagnosis and treatment. Referrals will be made to each participant's primary care provider if one is named. The participants will be assisted as needed in scheduling an appointment with the provider selected. MOU's with medical providers and letters of support are included in the Appendix. Providers will be added as needed throughout the program.</p> <p>Screening events will be publicized through local newspapers and radio, social media of health department websites and Facebook pages, mailings to minority populations with whom each health department has previously had contact, letters to medical providers, local hospitals, shelters, and churches. Information about diabetes, including a definition of diabetes and a list of risk factors, will be shared through the same means. Program services, including Living Well classes, health coaching, and education, through WDCM will be publicized through the same means. Information will be made available to Interagency groups. The following Interagency groups will be utilized: North Plate Interagency – meets the 2nd Wednesday of each month from 12:00-1:00 at ESU 16, Dawson County Interagency – meets the 1st and 3rd Fridays of each month from 12:00-1:00 at the Health and Fitness Center in Lexington, Kearney Local Agency Meeting – meets the 1st Thursday of each month from 12:00-1:00 at the Salvation Army, Keith County Behavioral Health, which meets the 1st Thursday of the month from 8:00-9:00 a.m. Heartland Counseling, McCook CAT Team, which meets the 3rd Friday of the month from 12:00-1:00 at Pizza Hut, and Southwest Nebraska Continuum of Care which meeting in Lexington via conference calls on the 2nd Wednesday of the month at 9:30. Information will be shared through those groups concerning screening events and services available for diabetic care for minorities. Involvement in Interagency groups will also serve to build resource directories for use with patient referrals.</p> <p>All publicized information will be made available in English, Spanish, Somali, Arabic, Karen, and other preferred languages for each of the 10 counties in the West Central region.</p>	

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V.F. Project Requirements

V.F.1.d.	Describe the system used to provide baseline and yearly HbA1c measures for all diabetic patients with current HbA1c reading of above 6.5. Baseline must be with taken no more than three months before or after program participation date.
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Bidder Response:

Screening events will be offered in each of the eligible counties in the West Central region by March 30, 2020. Screening will include HbA1c readings for those who have already been diagnosed as diabetic to establish a baseline reading and screenings for those who may be at risk. Screenings will also include cholesterol, blood pressure, height and weight, since these factors impact diabetes risks. Lab results will be processed at the health departments and through Pathology Services, P.C. in North Platte for WCDHD and SWPHD as needed. In addition, the three health departments can provide A1C, blood pressure, BMI, and cholesterol screenings at their respective health departments. Baseline readings will be documented for all screened and then those at risk for diabetes, including an A1C of 6.5 or higher, will be referred to a medical provider with whom an MOU is held with the intent to add additional providers. Lab work conducted at a medical provider's office will also be documented as part of the patient's records. With plans to have medical providers refer patients to the health departments, the provider's assessment will be utilized and the CHW's at each health department will conduct a health intake for CHW's to use for health coaching and education. A System of Care plan will be followed (Appendix) between the medical provider and WDCM to ensure a service plan is followed for each diagnosed patient. All who are diagnosed with hemoglobin A1c readings above 6.5 will be referred to the CHW assigned to the appropriate county for health coaching, Living Well class registration, education, and referrals to needed services. The CHW will work closely with the primary care provider, other providers as needed, and community resources to meet needs for social determinants of health.

Baseline screening dates will be scheduled in each county by March 30, 2020. Those who are assessed to be at high risk and referred for enrollment after the initial 6-month data gathering period will be screened as soon as concern has been expressed for possible participants has been made with the referral process of referral to a medical provider and CHW in the appropriate county for services to be followed.

Participants will continue to be screened monthly for a glucose testing and quarterly for an A1C screening. Screening will also include blood pressure readings and weight. Cholesterol will be screened if previously identified as an area of concern. The contact information and health information of each patient diagnosed with diabetes will be entered into each health department's electronic health record system. The patients will be scheduled with an appointment to visit the health department for the needed screening. This screening will be documented in the patient's electronic health record. The screening will also provide the CHW the opportunity to follow up with each patient to determine success, further needs, modification of the care plan, education needs, and health coaching. If needed, referrals to the medical provider for treatment or to local resources for assistance will also be provided. The readings will also be documented in the program

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spreadsheet "WDCMM Program Documentation " and provided to the medical provider following the System of Care plan (Appendix).

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V. F.1 .e.	Describe how the program will ensure patient blood glucose readings are taken on a consistent basis and an average per quarter is provided each quarter.
<p>Bidder Response:</p> <p>Each enrolled patient will be screened monthly with a glucose testing and quarterly for A1C. The screenings will take place at each health department, and in conjunction with the patient’s primary care provider; this information will be documented on the WDCM spreadsheet. The CHW will contact the patient to schedule a screening. The CHW assigned to each patient will use the glucose and A1C readings to open a dialogue with each patient about success or barriers in completing glucose testing at home, discussion about the significance of the glucose and A1C readings including whether the numbers are high or low, affirmation for those who successfully following their care plan and keeping readings in a health range, health coaching on topics with which the patient is having difficulty—taking medications, nutrition, physical activity, and referrals as needed to health providers or other resources to better help the patient manage diabetes.</p> <p>Patients will also be referred to a “Living Well with Diabetes” class for diabetes self-management. At least two 6-week sessions of “Living Well with Diabetes” will be offered between July 1, 2020 and June 30, 2021. Another single-session class “Patient Self-Care”, covering the topics of proper usage of personal glucose reading equipment, a check-up on correct medication usage, and information about nutrition and physical activity resources available in the local area will be offered on a quarterly basis or provided through one-on-one education, (Appendix).</p> <p>The screening records will also be documented in the “WDCM Patient Documentation” spreadsheet, which will be checked at the end of each month by the program Coordinator to ensure that the screening has taken place and to note progress. The CHW and WDCM program coordinator will meet monthly to review patient records and care plans.</p>	
V. F.1 .f.	Describe how the program will provide culturally appropriate diabetes education and address social determinates of health impacting diabetes management success.
<p>Bidder Response:</p> <p>Two staff members from WCDHD are trained in the Living Well program, with one of those leaders being bilingual. Materials for Living Well in Spanish will be provided by DHHS. At least two 6-week sessions of Living Well will be held in North Platte between July 1, 2020 and June 30, 2021, with more to be scheduled if needed and sufficient numbers of attendees can be enrolled. WCDHD staff members will be available to lead Living Well classes in the other counties if needed; however, trained leaders are available in</p>	

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those counties as well. SWPHD has three leaders available to lead Living Well, with some of those leaders able to lead in Spanish. Currently TRPHD has no staff members trained in Living Well, though plans are in place for staff to receive training. TRPHD currently has staff trained in DPP in the interim. WCDHD will provide assistance as needed in scheduling and holding classes. Documentation about enrollees and class completion will be provided to WCDHD for program documentation purposes.

Examination of data for the counties in the West Central region indicate the need to address social determinants of health. Data from the 2015 County Health Rankings shows that Lincoln County has an obesity rate of 34% as compared to the Nebraska rate of 31%, a physical inactivity rate of 26% as compared to the Nebraska rate of 22%, 9% of the population is uninsured, the rate off preventable hospital stays at 7,151 is considerably higher than the Nebraska rate of 3,639. Keith County Health Ranking data shows that 28% report physical inactivity compared to the state rate of 22%, 10% are uninsured, and the rate of children in poverty is 20% as compared to the state rate of 14%. Buffalo County similarly reports a rate of those uninsured as 8% and an obesity rate of 29%. The rate of those who are uninsured is higher in Dawson County with 15% being uninsured; other health risk factors include an adult obesity rate of 33% compared to the Nebraska rate of 31%, a physical inactivity rate of 27% compared to the Nebraska rate of 22%, and a rate of 16% of children living in poverty compared to the Nebraska rate of 14%. County Health Rankings for Red Willow County show an adult obesity rate of 36% compared to the Nebraska rate of 31%, a physical inactivity rate of 26% compared to the Nebraska rate of 22%, and a rate of preventable hospital stays of 5,262 compared to the Nebraska rate of 3,639. The other counties in the West Central region report similar health concerns. The data points to the need to address social determinants of health which may impact the rate of diabetes and health of those diagnosed with diabetes. For example, obesity and physical inactivity impact the risk of diabetes, which the WCDCMM program will address through nutrition education and resources for physical activity, those who are uninsured and those who live in poverty often have limited access to health care and will be referred to community resources, and those whose diabetes is untreated or mismanaged often result in preventable hospital stays. The education, health coaching, and medical care entailed in the WCDCMM program will address the needs of those with untreated or mismanaged diabetes.

The need to address social determinants of health is one of the keys to helping patients manage their diabetes. As a Community Health Worker reviews the patient's health intake form and develops a relationship through health coaching, the needs for each patient become more evident. The health intake form will provide information about income, employment, insurance status, family needs, and patient health. The CHW will note identified needs through the health intake form and through dialogue during health coaching to drive referrals of patients to resources as needed. Resource directories for the local communities and health departments in the West Central region will provide resources for referrals. The CHW will guide patients in determining eligibility for programs and assist in setting up appointments and completing enrollment requirements for programs and resources. Interpretation assistance will be provided as needed. Health coaching will be a means to help patients meet specific needs such as nutrition education and assistance in setting up an exercise program.

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V. Identify participating physicians and attach documentation of their commitment to refer minority diabetic patients and for monthly clinical team communication with the CHW.
F.1
.g.

Bidder Response:

County	West Central Minority Health																		
%	Total pop	Black	Black Pop	Am Ind	Am Ind Pop	Asian	Asian Pop	Nat Hawai	Nat Hawai Pop	2 or more races	2 or more races Pop	Hispanic	Hispanic Pop	white	White Pop	Total Minority Pop	Children under 18	Adult Minority Pop	
Lincoln	35,569	1.3%	462	1.1%	391	1.0%	356	0.1%	36	1.5%	534	8.7%	3095	87.5%	31123	4304	1011	3292	
Arthur	465	0.0%	0	0.4%	2	0.2%	1	0.0%	0		0	4.3%	20	94.20%	438	23	6	17	
Buffalo	49,615	1.3%	645	0.6%	298	1.8%	893	0.1%	50	2.2%	1092	9.2%	4565	86.5%	42917	6400	1504	4896	
Red Willow	10,726	1.4%	150	0.8%	85.8	0.5%	54	0.0%	0	1.3%	139	5.1%	547	91.7%	9836	837	183	653	
Keith	8,021	1.0%	80	0.8%	64	0.6%	48	0.0%	0	1.6%	128	7.6%	610	89.3%	7163	802	159	643	
Dundy	1,770	0.5%	9	1.6%	28	0.2%	4	0.0%	0	1.7%	30	8.2%	145	88.6%	1568	186	36	150	
Phelps	8,996	0.4%	36	0.8%	72	0.4%	36	0.0%	0	1.2%	108	5.9%	531	91.9%	8267	675	161	514	
Dawson	23,709	6.3%	1494	1.9%	450	1.2%	285	0.3%	71	1.3%	308	34.1%	8085	58.1%	13775	10313	2805	7508	
Kearney	6,544	0.3%	20	0.6%	39	0.3%	20	0.0%	0	1.2%	79	6.5%	425	91.9%	6014	504	124	380	
Chase	3,977	0.5%	20	0.5%	20	0.2%	8	0.0%	0	1.0%	40	15.1%	601	83.3%	3313	648	166	482	
Total	149,392		2916		1451		1703		156.31		2457		18622		124414	24692		18537	

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Characteristic	Diagnosed diabetes Percentage (95% CI)	Undiagnosed diabetes Percentage (95% CI)	Total Percentage (95% CI)	West Central Region Est. Pop with Diabetes
Asian, non Hispanic	10.3	5.7	16%	272
Black, non Hispanic	13.4	4.4	17.7%	516
Hispanic	11.9	4.5	16%	3054
White, non-	7.3	2	9.3%	1732
				5575

Table 1a. Age-adjusted prevalence of diagnosed and undiagnosed diabetes among adults aged ≥18 years, United States, 2011–2014

Memorandums of Understanding (MOU) have been signed with participating medical providers attesting to their commitment to be a part of the care team for each minority patient with diabetes. The roles and responsibilities of the medical providers, provider's point of contact, and the WDCM health departments are outlined in the MOU. As well, the Systems of Care plan (Appendix) will be shared and followed by providers and health departments involved. The MOU and Systems of Care plan details the process to be followed. An Initial Assessment will be undertaken by the provider and by the CHW. The provider will develop a patient-centered care plan, including medication, glucose testing, and goals for patient self-care. Those goals might include medication routines, insulin provisions, changes in nutrition, changes in physical activity, or referrals to other medical providers for needs such as oral health care, vision care, foot care, or wound care. The provider refers the patient to a WDCM health department for assignment of a CHW. The CHW will then complete an assessment to determine patient demographics, contact information, insurance status, and other needs which impact the patient's health. The provider's care plan will be discussed and the CHW will commit to working with the patient for at least 90 minutes monthly for the first three months and then 60 minutes per month thereafter, until the patient is determined to be able to independently monitor their diabetes and maintain A1C readings below 6.5 on a regular basis for at least 3 months. The CHW will also enroll the patient in a "Living Well with Diabetes" self-management program, educate with other American Diabetes Association and Centers for Disease Control and Prevention (CDC) materials, enroll in a basic patient self-care education

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session, provide motivational interviewing to help each patient set goals for self-care and follow-up of the provider's goals, referrals to other community resources, health coaching, and assist with other patient needs as identified. A system of communication with the clinical team is outlined in the System of Care plan. The team will meet monthly on an in-person or electronic basis to keep each other informed, to update patient care needs, address patient barriers and limitations, assess patient goals, make possible changes in the care plan, and determine next steps for the patient.

V. F.2	Provide CHW Staffing with Clinical, Community, and Public Health Linkages
V.E. 2.a.i	Describe how the CHW will work with community organizations and local health departments.
	<p>Bidder Response:</p> <p>CHW's will be working with participants in each of the 10 counties in the West Central region. Southwest Public Health Department will provide care for the counties of Keith, Chase, Dundy, and Wed Willow; Two Rivers Public Health Department will provide care in the counties of Dawson, Buffalo, Phelps, and Kearney; and West Central District Health Department will provide care in the counties of Lincoln and Arthur. Each CHW will complete an Initial Assessment, document patient encounters, which will include education, health coaching, referrals to medical providers, appointments with medical providers, and referrals to community organizations. Service and resource directories are available to each health department for the appropriate counties. Each health department and CHW will maintain a listing of possible community linkages for their counties and add to this listing as new resources are identified. CHW's will utilize service directories and also make the opportunity to learn more about community resources within their health district counties. This may include attendance and membership in Interagency meetings, networking at community health-related events, membership in other groups which might serve to assist participants in various capacities (housing taskforces, behavioral care councils, hospital-centered groups), attendance at health fairs, and other opportunities. Encounters and referrals for each participant will be documented by each CHW weekly on the WDCM Patient Documentation spreadsheet (Appendix) and submitted to the central coordinator at WCDHD by the 5th of the following month. Activities leading to other linkages with community organizations will also be documented.</p>
V. F.2	Describe how the CHW will be part of a clinical team and serve as a liaison between the health clinic/health system, the patient and community resources;

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.a.i i.	<p>Bidder Response:</p> <p>As each CHW works intensively with each participant for at least 90 minutes per month for the first quarter and at least 60 minutes per month thereafter, a trusting relationship will be developed with the participant. The CHW will maintain a working relationship with the clinical team of primary care provider, ad hoc providers, health department, and others on the medical team monthly and as needed. A System of Care plan will be followed to outline the responsibilities of the medical providers and CHW as they work together to better meet the needs of each patient. The patient-centered care plan developed by the primary care provider will serve as the basis for the communication between the care team and CHW. The CHW will report to the clinical care team any questions, concerns, limitations, barriers, successes, and progress made by the patient. Medical providers will provide updates to the patient care regimen. The patient care plan will contain updated A1C readings, other health-related updates, patient's self-care goals related to glucose testing, nutrition changes, physical activity changes, medication usage, education and health coaching provided, and community linkages provided that may impact patient health. The care plan will be reviewed by all involved on a monthly basis. The team will meet monthly on an in-person basis or electronic means. As the person who spends more intensive one-on-one time with each patient, the CHW will advocate for the patient, but also maintain a linkage to assist the provider in carrying out the care plan according to the patient's health needs. CHW's are front line public health workers who serve as a bridge between community, healthcare and other social systems. Our CHW's have enhanced the quality of life in our diverse community.</p>
V. F.2 .a.i ii.	<p>Describe how the CHW provide necessary resources to optimize communication and support for diabetic education, compliance with physician care management and addresses social determinates of health;</p> <p>Bidder Response:</p> <p>As the CHW meets with the patient monthly, the CHW will review the patient care plan with the patient. As part of the patient's care, the patient will be enrolled in "Living Well". As part of the patient's self-care plan, the CHW will follow the WCDCMM CHW Health Coaching Guide to discuss with the patient their regimen of glucose testing and medication usage as determined by the medical provider. Other diabetes management goals set by the provider will be discussed, including changes in diet and physical activity. If further education or resources are needed for nutrition and physical activity, the CHW will provide additional education and information through My Plate (www.choosemyplate.gov) and Move Your Way (https://healthgov/MoveYourWay). Both sites have information and resources available in Spanish. Other local resources for referrals may include: University of Nebraska Extension</p>

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education, walking or exercise programs and options offered free or low-cost, food banks, meal programs such as those offered through Senior Centers or churches, Tobacco Quitline. For those clients who have access to computers or smartphones, resources of computer programs and phone apps to track daily food intake and exercise will be demonstrated. Some possible apps include MyFitnessPal or MyPlate Calorie Counter.

The CHW will remain alert for other possible needs impacting health, including housing, income assistance, enrollment in Every Woman Matters, WIC, or Medicaid, and prescription assistance. Prescription assistance may include Good Rx, Familywize, or Singlecare. WCDHD has access to some prescription medications, when available, from the program Americares. Updated Americares emails are received at WCDHD on a regular basis, listing available medications. Encourage medical providers to enroll in prescription drug assistance programs such as AmeriCares to help lessen the burden of prescription drug cost to patients. Language barriers will be addressed through the aid of the CHW in providing interpretation assistance or through the use of language lines. Each health department will maintain a resource directory for services provided in their appropriate counties for housing, financial support, family needs, or employment and will assist the patient in accessing resources, as needed.

All education and referrals will be tracked by each CHW on the "WCDMM Patient Documentation" spreadsheet and reported quarterly to the WCDMM program director.

V. F.2 .a.i v.	Describe how the CHW will meet monthly with the clinical team to discuss patients' diabetic goals and updates on social determinates of health impacting patient's management of diabetes and;
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Bidder Response:

Reference Service Plan

The CHW will meet monthly with the clinical care team to discuss each patient's diabetic goals and updates. A System of Care Plan (Appendix) and a Patient Care Plan Report (Appendix) will be followed. An Initial Assessment will be completed by the primary care provider and through the completion of the WCDMM Health Intake Form by the CHW. Other medical providers, such as dentists, optometrists, podiatrists, and others involved in the patient's care will also complete their practice's assessment. As part of the initial intake, the primary care provider will develop a patient-centered care plan. This plan will be accessed by the CHW as she meets with the patient to assist the patient in following the PCP's instructions, medication plan, glucose testing plan, and other goals. The report from other involved medical providers will also be discussed and utilized. As the CHW assists the patient in completing the WCDMM health intake form, she will note the PCP's plan and discuss it with the patient, as well as other needs that may impact the patient's

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health. The CHW will begin to formulate a list of possible patient needs to be addressed and recommend referrals and resources. She will also assist the patient in setting a personal action plan related to the patient's self-care. Assistance will be provided to helping the patient set realistic and obtainable goals. In follow-up visits the CHW will document the patient's self-reporting of meeting the PCP's directions and goals, as well as goals set with the CHW and a list of questions and concerns for the patient to the provider. The clinical team consisting of the PCP, other providers, the CHW, and supervisor will meet one month after the initial assessment to assess the patient's progress, limitations, barriers, and successes. Through this discussion, changes to the care plan may be made and plans made to address other needs. Clinical care teams will meet monthly if possible; in unable to do so because of the schedules involved, the team meeting will take place electronically. Clinical team meetings will continue to occur monthly until the patient maintains an A1C of 6.5 or lower over three months' time, at which time, the patient may be dismissed from the monthly health coaching plan but will continue with monthly check-in calls from the CHW to check on progress. PCP's will continue to schedule appointments with the patient as needed. Patients can be re-admitted to the monthly program at any time, if needed.

V. F.2 .a. v.	Describe how the CHW will address language and cultural barriers experienced by patients.
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Bidder Response:

The CHW's working within the health departments of the WDCM region will be qualified to address language and cultural barriers experienced by patients. The resume of each CHW is included in the Appendix.

The CHW at WCDHD has completed Community Health Worker training and certification through the Nebraska Department of Health and Human Services. She is Hispanic and bilingual, and is therefore aware of addressing language and cultural barriers. She has attended a Culturally and Linguistically Appropriate Services (CLAS) workshop and received training in health literacy through the Nebraska Association of Local Health Directors (NALHD). She has worked at WCDHD in the Minority Health Initiative program for 7 years and is familiar with patient needs, the medical community, other community resources, and is a trusted member of the Hispanic community. She is trained in the program "Living Well with Diabetes" and will work collaboratively with other trained leaders to hold this diabetes self-management program in Spanish with DHHS Spanish-provided materials. Materials provided through WCDHD, including the WDCM Health Intake Form, will be available in Spanish. She also accesses information such as the American Diabetes Association and CDC for informational materials in Spanish. She has provided training for clients in health literacy to assist them in communicating with their medical providers and requesting written materials in Spanish from providers and pharmacies.

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Spanish is the preferred language requested by all who have worked with the WCDHD minority health program; however, the CHW is familiar with using language lines and phone apps for interpretation assistance in the event another language is requested. The CHW's employed by SWPHD are also fluent in Spanish. One has worked extensively with Spanish-speaking communities, assisted with English as a Second Language classes, and assisted families in gaining resources. She has a background in health and wellness and is committed to helping clients meet those needs. The other CHW at SWPHD has attended medical interpreter classes through the University of Nebraska at Kearney, is a native Spanish speaker, and is also committed to health education. Both have experience in working with the Hispanic population in their counties. Though Spanish is the preferred language in the counties they serve, they will make use of language lines to assist with interpretation in other languages if requested. The "Living Well with Diabetes" program will be available in Spanish with Spanish materials.

At TRPHD, the CHW is bilingual and bicultural. As a member of the community, she is familiar with the Hispanic culture. Besides being a native Spanish speaker, she is also a certified medical interpreter in Spanish. As a result of her extensive work with addressing language and cultural barriers, she is aware of the other languages and cultures in her service area and has had experience in assisting those who speak other languages besides Spanish. She also has expertise in using language lines. WCDHD will initiate a group meeting of the CHW's, supervisors, and health department directors for each of the three health departments in the WCDMM region in January 2020. The agenda for the meeting will include addressing language and cultural barriers, education on CLAS and health literacy, as well as other required components of the program such as recordkeeping, documentation, community linkages, the Service Plan to be used with the patient clinical care team, and other topics as needed.

V.F.	CHW qualifications
2.b.	

V.F.	Describe how the CHW is a trusted member of the community with a close understanding of the community served
2.b.i	

Bidder Response:

The CHW with WCDHD is a trusted member of the community for the minority population, the medical community, and the service organization network. She has lived in Lincoln County since 2000 and worked with the Minority Health Initiative (MHI) program at WCDHD since 2012. Through involvement in the community, her church, community activities, and word-of-mouth about her assistance through the MHI program, the MHI program at WCDHD has grown from 0 minority population enrollees at the beginning of the MHI program in 2012 to over 700 in 2019. Those enrolled in the program continue to refer others to the program and it continues to grow. She has also built a trusting relationship with the medical community. Most of the providers and staff in the medical

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community know her and are familiar with her work with the MHI program. They are appreciative of the interpretation assistance and recognize that health outcomes are improved through better communication between provider and patient. She also refers people to community resources, including Area Agency on Aging, Families First Partnership, Medicaid enrollment, Region II, Legal Aid, Rape and Domestic Abuse program, counselors, Great Plains Health Financial Assistance, North Platte Public Transit, Department of Labor, Mid Plains Community College English Language Learner programs, A list of referrals is provided in the Appendix. She is also recognized as being well-qualified to serve clients through the MHI program. In 2017, she was awarded a “Woman of Achievement in Social Services” in North Platte. She has CHW training through DHHS, health literacy and CLAS trainings, Living Well training, as well as WCDHD competencies in completing glucose, blood pressure, and cholesterol training and use. HIPAA training, required by WCDHD for all staff, and compliance to patient privacy has also helped to build trust for clients and medical providers. She is also a three-year member of the Nebraska Minority Council. Locally, she was awarded a Woman of Achievement award for Social Work in 2017.

The CHW’s at SWNPHD have been working with the Minority Health Department since July 2017 and are familiar with the language and culture of those with whom they work. They are active in health and wellness programs within their counties and are visible as resource and outreach people for their health department. They have received training and certification in the DHHS CHW training and, as a result, have received cultural competency training.

The CHW at TRPHD is also seen as a trusted member of the community, who is involved in serving clients in a number of capacities including medical referrals and interpretation and translation assistance. She is well-known in the community and works with a large number of clients. She is part of a committee that has worked to aid the Dawson County community in pulling together to better meet the needs of minority populations. She is Hispanic and familiar with the culture and needs of that population. Through her work, her experience in assisting Spanish-speaking clients has given her experience in learning about other cultures and assisting them also.

V.F. 2.b.i	Describe how the CHW has a thorough understanding of diabetic management.
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Bidder Response:

The CHW at WCDHD has been trained in the Living Well training and is qualified to lead Living Well classes. In the past, she has used a diabetes management curriculum entitled “Road to Health”, providing group education classes using “Road to Health” eight times over the past three years. She has also completed the Nebraska DHHS Community Health Worker training and is certified through the program. The CHW training program provides diabetes management training. She has completed the glucose

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screening and blood pressure reading competencies at WCDHD. She has also completed Heartsaver/First Aid/CPR training and holds a current certificate. Through her past work in the MHI program, she has assisted several clients who have diabetes and has resources and materials available to provide education and health coaching.

Both of the CHW's at SWNPHD have completed the Nebraska DHHS Community Health Worker training. One of them is also trained in Living Well. Two other Living Well trainers are associated with SWNPHD and are able to lead Living Well classes as well. One of the CHW's at SWNPHD has taught a class called "Eating Smart, Being Active", which is an evidence-based program for chronic diseases that includes healthy recipes, cooking, and home-based exercises. The other CHW at SWPHD has provide health coaching through the DHHS Health Hub program, including physical activity, self-monitoring blood pressure, nutrition, and tobacco cessation. She is also training in Motivational Interviewing.

TRPHD has utilized the Diabetes Prevention Program and is experienced at providing diabetic care and management through this evidence-based program.

V.F. 2.b.i	Describe how the CHW is able to provide culturally appropriate health education and information.
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Bidder Response:

Staff members from all three health departments in the West Central region have received CLAS standards training. All three health departments are committed to completing the CLAS Standards Assessment (Appendix) and developing a work plan to address any areas of concern within their health department by March 30, 2020. Their work plan and steps toward progress will be documented in WDCM program files. In addition, with all CHW's involved in service at the three health departments having previous experience in interpretation and translation, and with all being Hispanic, bilingual, and/or able to speak Spanish, their commitment has been shown to provide culturally appropriate services. All have provided services and education in the past through the MHI and other programs within their respective health departments. All have been trained in education programs that can be provided in Spanish—"Living Well", "Living Well with Diabetes", DPP, and access to resources from the American Diabetes Association and Centers for Disease Control and Prevention (CDC).

If a CHW is employed later in the project period, requirements for employment will include interpretation experience and/or training, experience or training in the use of language lines, health literacy training, CHW training if available, and CLAS standards training, if available. If not previously trained, newly employed CHW's will be required to check off trainings and education completed through the Community Health Worker Training Resources (Appendix).

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V.F. 2.b.i v.	Describe how the CHW is able to address language and cultural barriers.
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Bidder Response:

CHW's chosen to be involved in the program have experience and/or training in addressing language and cultural barriers. Those CHW's already involved in minority health in each health department in the WCDMM have demonstrated experience and knowledge in addressing barriers. They are able to access materials in Spanish and provide interpretation and translation assistance with medical providers and other community resource organizations. They are also skilled in using language lines and other electronic language assistance programs.

The CHW at WCDHD has been employed at WCDHD in the Minority Health Initiative program since 2012, and has worked directly with clients and medical providers during that time frame. She is Hispanic, bilingual in English and Spanish, and a part of the Hispanic culture. She is skilled at interpretation, having assisted MHI clients in the WCDHD program since 2012. She is aware of language and cultural barriers having helped her clients overcome those barriers during her tenure in the MHI program.

One of the CHW's employed at SWPHD has attended classes in interpretation through the University of Nebraska – Kearney and has experience working with Hispanic communities in the Washington D. C. area and during her work at SWPHD. She speaks Spanish and is familiar with the culture and language through her experiences. The other CHW employed at SWPHD is a native Spanish speaker and familiar with the language and culture. Through her own experiences, she has insight into overcoming language and cultural barriers. Her CHW training has also highlighted the need to help clients overcome barriers.

At TRPHD, the CHW, as a member of the Hispanic community, is bilingual and bicultural. She is familiar with the language and culture and committed to bettering people by connecting them with medical and community care. She is a skilled interpreter and is a certified medical interpreter in Spanish. Her commitment to the Hispanic population carries through to other populations who live in the region, with her experience serving to increase her awareness. Her experience has helped her in assisting those who speak other languages, even though they are not languages in her repertoire. She utilizes language lines as needed.

Those CHW's who have completed the Nebraska DHHS CHW training have received cultural awareness through the program, with cultural competency as one of the Core Competencies of the CHW Training curriculum.

If a new CHW is employed during the project period, it will be preferred that the new employee be bilingual. In the event that a new employee is not bilingual or interpreter-trained, training in the use of language lines, Google Translate, and other language assistance will be required. CLAS standards training will also be an expectation of new employees. Trainings will be completed within the first three months of employment.

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V.F. 2.b.v	Describe how the CHW is familiar with resources and access to resources to address the social determinates of health that affect the patient's ability to manage their diabetes and
<p>Bidder Response:</p> <p>As the CHW assists the patient in completing the health intake form, dialogue will result concerning social determinants of health that may impact the patient's diabetes management. The CHW will note areas of concern and note on the CHW portion of the health intake form possible referrals that may be needed to address social determinants of health. Each CHW will access and maintain a service directory, with additions to be made to the list when identified. Current service directories are included in Appendix and will be provided to each CHW. The CHW, however, will continue to seek resources and add to their personal list of community linkages. The CHW will make efforts to become familiar with community resource organizations. This will be accomplished in a number of ways. A central navigator familiar with local resources will be accessed, if available, for the community. A central navigator is employed by some areas, such as Lincoln County. The navigator maintains lists of service resources and assists with linkages for community organizations and members. Involvement in local Interagency groups will be key in learning about community resources; other involvement in the community such as community organizations, health coalitions, and taskforces will be essential in building a list of community resources. Interagency information is included in Vf2.</p> <p>The three health departments facilitate a Community Health Improvement Plan (CHIP) on behalf of their communities. WCDHD addresses Affordable and Equitable Access to Care and Services and Healthy Lifestyles as priorities in the 2016-2020 Community Health Improvement Plan. TRPHD has Chronic Disease, including diabetes, as one of the areas to be addressed. Access to Care is also a part of the TRPHD Community Health Improvement Plan. The SWPHD addresses chronic disease through a variety of programs such as Health Hub and Community Walks program. As part of a CHIP, the health departments collaborate with community workgroups to address health improvement needs. The community involvement will be instrumental in addressing those priorities as part of their CHIP work plans.</p> <p>A list of community resources currently used for linkage by the WCDHD MHI program is included in the Appendix.</p>	
V.F. 2.b.v i.	Describe how the CHW is able to communicate the successes, limitations, and barriers faced by the patient in managing their diabetes with the medical provider.
<p>Bidder Response:</p>	

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As the CHW meets with the patient on a monthly basis, the CHW will discuss with the patient any specific needs, limitations, and barriers being faced that may impact the person's diabetes management. The CHW will document those areas of concern. As part of the health coaching process, the CHW will refer patients to community resources to help meet those needs. Those referrals will also be documented. Assistance will be provided as needed for accessing the resource, determining qualifications for assistance, setting up appointments as needed, and interpretation service at the appointments if needed. This will be documented in the patient's Care Plan Report and in EHR. (Appendix) The discussion and linkages to resources will be patient-driven, with the CHW using motivational interviewing to help the patient name their own areas of concern, developing suggestions for meeting needs and addressing barriers, and making the decision to take steps to address areas of concern. While the CHW will provide guidance, the goal will be for the patient to become more independent in recognizing concerns and determining ways to address areas of concern. Teach back methods will be used to evaluate patients understanding.

Successes will also be determined and celebrated. The CHW will lead the patient in dialogue about how the steps the patient took to be successful, how they will sustain the success, and recognition in the way the person's health improvement has impacted their diabetes and other health concerns. This, too, will be documented in the patient's Care Plan Report.

The Care Plan Report will be shared with the clinical care team as outlined in the System of Care Plan. Medical providers, CHW's and others involved will work together cooperatively to determine successes, barriers, and limitations with the patient and CHW input. Revisions in the Care Plan will be developed with the involvement of all. The CHW will follow up with the patient in health coaching appointments to lead the client in commitment and following of the care plan recommendation.

Enrollment and attendance in a Living Well class will be beneficial for the participants as they learn how to set personal action plans. The action plans and patient success in meeting action plan goals will be discussed at health coaching appointments and shared with the clinical care team.

V. F.3	Demonstrate Expertise and Cultural Competence
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V.F. 3.a.	Complete a Culturally and Linguistically Appropriate Service (CLAS) Standards assessment developed by the Nebraska DHHS Office of Health Disparities and Health Equity within the three (3) months of the start of the project and ensure steps are taken to provide culturally and linguistically appropriate services to program participants.
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Bidder Response:

Each health department in the WDCM region is committed to completing a CLAS Standards assessment on or before March 30,

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2020. A copy of the CLAS Standards assessment is included in the Appendix. Once the assessment is completed, each health department will identify areas to be improved and develop a work plan to provide steps to address areas for improvement. SMART objectives will be developed, objectives that are Specific, Measurable, Achievable, Realistic, and Timely. A work plan template is included in Appendix. The work plan will be completed by April 30, 2020 and implementation begun immediately. Goals and objectives should be set to be completed by June 30, 2020. Each health department will document the work plan and progress towards meeting goals and objectives. The documentation will be included the WDCM program folders. WCDHD will serve as a resource if assistance is required by a health department in completing an assessment and developing and carrying out a work plan.

V.F. If not already taken within the last two years, ensure the Living Well with Diabetes training is taken by the CHW within the first 3.b. three (3) months of the awarded contract or other time period approved by DHHS.

Bidder Response:

WCDHD has two Living Well trainers, with both completing training in August 2019. SWPHD has 3 Living Well trainers. Trainers include a staff member, Board of Health member, and contracted CHW. TRPHD currently has no Living Well trainers. CHW's there will be trained as soon as possible in alignment with the NE DHHS CHW requirements. In the meantime, WCDHD trainers can lead classes for TRPHD if needed.

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V.F.4.	Addresses Social Determinants of Health
V.F.4.a.	Provide value added services that will be used to address the social determinants such as transportation, translation, day care, or other needs that will assist with meeting the program outcomes. List each value added services. For each value added service identify the following. Additional value added services can be added for more than four value added services.
Value Added Service 1	What service will be offered?
	<p>Bidder Response: The CHW will address the need for transportation by helping clients to access transportation services. Assistance may include making an appointment to schedule transportation, connecting with financial assistance to cover costs, or applying for financial assistance.</p> <p>North Platte - North Platte Public Transit Buffalo, Dawson, Gosper, and Kearney Counties– RYDE Transit Grant Arthur Handi Bus – Arthur County City of Ogallala Public Transit – Ogallala Chase County Transportation Service, Chase County Hitch & Hay Public Transit, Dundy County City of McCook Transit, McCook https://nebraskatransit.com/index.php/find-transportation/</p>
	Who will be offered the service?
	<p>Bidder Response: Those lacking transportation or with transportation issues will be connected with transportation services. If the transportation service has reduced rates for those who qualify, the CHW will assist in determining eligibility.</p>
	When and/or how often will the services be needed or offered?
Value Added	<p>Bidder Response: Service will be provided on an as needed basis. Each patient will be encouraged to contact their CHW if a need arises for assistance in accessing transportation. Transportation services will be part of each health department's service directory.</p>

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Service 2	<p>The CHW's will work with those who have children and a resulting difficulty attending classes and appointments due to lack of child care. The CHW will connect them with child care programs. The CHW will work with the client to determine eligibility for child care assistance, such as Medicaid, and applications to the Medicaid program. Other means of financial assistance for child care will be sought and added to each health department's service directory. Interpretation assistance may be provided as needed to apply to child care centers.</p> <p>The Nebraska Department of Health & Human Services Licensed Child Care Roster - http://dhhs.ne.gov/licensure/Documents/ChildCareRoster.pdf will be accessed to locate child care services. Each CHW will also maintain a list of child care services in the health department service directory.</p> <p>Head Start programs</p> <p>Who will be offered the service?</p> <p>Bidder Response: Those patients with children below school age, including those who qualify for Medicaid. Assistance will be provided, if needed, in applying for Medicaid. Assistance, including interpretation, can also be provided in connecting patients with a child care provider.</p> <p>When and/or how often will the services be needed or offered?</p> <p>Bidder Response: Patients who have children and have difficulty making medical and CHW appointments because of child care will be referred to daycares. The day care list includes those which accept Medicaid for any WDCM patients who qualify for Medicaid and require day care.</p>
Value Added Service 3	<p>What service will be offered?</p> <p>Bidder Response: Many of the clients involved in the program will have finance needs that will impact their diabetes management. The CHW's will connect to programs that will provide financial assistance, food banks, and other local services to assist with income assistance. The CHW's will continue to add to the service directories in their local areas to provide as many possible linkages as can be utilized to provide the assistance needed. Some of the programs below will be resources, with more to be added by each health department. The CHW will link to programs and provide interpretation and translation assistance as needed.</p> <p>Womens, Infants, and Children (WIC) with locations in North Platte, Kearney, and Minden Medicaid – ACCESSNebraska.ne.gov Medicare - Medicare.gov Every Woman Matters - http://dhhs.ne.gov/Pages/Every-Woman-Matters.aspx Community Action Partnership - Offices in Kearney, North Platte, Lexington, McCook, Minden Mid Peterson Meal Program Kearney; Grace Ministries, North Platte;; Food Pantry, Cozad; Food Banks & Services, Cozad, NE;</p>

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	<p>Kearney Food Pantry, Kearney, NE; Minden Food Pantry, Minden; United Way, Kearney; Arapahoe Food Pantry, Arapahoe, NE Salvation Army – Locations in Kearney, North Platte, Lexington, McCook, Ogallala Families First Partnership – North Platte Information concerning these resources and other resources added will be included in each health department's and CHW's service directory.</p> <p>Who will be offered the service?</p> <p>Bidder Response: Those who demonstrate need based on income, number of family members, employment status, housing status, and insurance status will be referred to food and housing assistance programs. Assistance of interpretation, completing forms, and determining eligibility will be provided by the CHW, if needed.</p> <p>When and/or how often will the services be needed or offered?</p> <p>Bidder Response: In primary care provider and CHW assessments, those who demonstrate a need for income assistance will be referred as needs arise. The CHW will continue to check with each patient during health coaching appointments to stay current on any patient needs. Patients will be encouraged to contact their CHW if immediate needs arise.</p>
<p>Value Added Service 4</p>	<p>What service will be offered?</p> <p>Bidder Response: The CHW will work with each client closely to determine areas of need. Housing needs may impact client health, and thus the CHW will connect clients with housing assistance, such as those listed below. The CHW will refer to resources, provide interpretation and translation assistance in completing applications, and attend appointments, as needed for interpretation assistance. www.housing.ne.gov Nebraska 2-1-1 Lincoln County – North Platte Housing Authority, Lincoln County Development Corporation, Habitat for Humanity Buffalo County – Kearney Housing Authority, Habitat for Humanity, Kearney Housing Agency (Buffalo and Kearney Counties, Section 8 housing) Kearney county – Axtell Housing Authority, Kearney Housing Authority Keith County – Ogallala Housing, Paxton Housing Authority, West Central Nebraska Joint Housing Authority Red Willow County – Indianola Housing Agency, McCook Housing Agency</p>

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	<p>Chase County – Imperial Housing Authority Dundy County – Benkelman Housing Authority Phelps County – Holdrege Housing Authority, Phelps County Community Foundation Dawson County – Cozad Housing Authority, Dawson Area Development</p> <p>Each health department and CHW will include these resources in their service directory and add to the service directory as new resources become available.</p> <p>Who will be offered the service? Bidder Response: Patients who have housing concerns that may impact their diabetes management, those who are seeking housing, those needing rental assistance, and those eligible for services as indicated on the health intake form used during the Initial Assessment will be referred for housing assistance.</p> <p>When and/or how often will the services be needed or offered? Bidder Response: Referrals for housing assistance will be provided as needed or requested by patients.</p>
Value Added Service 5	<p>What service will be offered? Assistance in seeking and applying for insurance Those who lack insurance and qualify may receive assistance in applying for Medicaid, Medicare, or private insurance. Patients may also be assisted in enrolling in Affordable Care Act insurance plans. Some patients may also qualify to apply for Every Woman Matters.</p>
	<p>Who will be offered the service? As determined in the Initial Assessment in the WDCM Health Intake Form, the need for insurance will be addressed with the patient and CHW. If the patient is eligible, assistance will be provided in applying for Medicaid, Medicare, or Every Woman Matters. If the patient is eligible to do so, the patient can be assisted in enrolling in Affordable Care Act insurance. The option of private insurance can also be explored, if needed.</p>
	<p>When and/or how often will the services be needed or offered? Insurance status will be assessed during the completion of the WDCM Health Intake Form. Those who are uninsured, will be assisted in applying for Medicaid, Medicare, Affordable Care Act insurance, or private insurance, depending on eligibility. If the patient's status changes, the patient will be informed of the need to contact the CHW for assistance.</p>
V.G	Deliverables

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V.G.1.	Describe how the project will ensure all of the data and reporting elements (see Section V.H.1.) will be collected.
<p>Bidder Response:</p> <p>Each CHW will keep record of patient recording on the “WDCM Patient Documentation” spreadsheet (Appendix). The documentation record will report information for each client using a client identification number and documenting the patient’s county, race, ethnicity, refugee status, A1C data including both a baseline and end of project screening, average glucose readings per quarter, insurance status to include Medicaid, Medicare, private insurance or lack of insurance, number of encounters CHW has had with patient including one-on-one and phone calls, CHW time spent with the patient, number of meetings held with the medical provider or care team for the patient, listing of services provided including the type of social determinant of health and how it was addressed, number of emergency room visits and hospital admissions related to diabetes and associated chronic diseases. Each CHW will keep record of the above information as provided and as encounters with the patient and provider occur. The record should be updated at least weekly. The CHW will submit each month’s WDCM Patient Documentation spreadsheet to the WCDHD WDCM Project Coordinator by the 5th day of the following month. The records will be compiled and used to provide quarterly reporting by the 30th day following the end of the quarter, according to V.G.1. “Provide a completed patient and project report on a quarterly basis due thirty (30) days after the end of each quarter.” The Project Coordinator will submit the quarterly report via the electronic means provided by DHHS.</p> <p>The Project Coordinator will meet one-on-one or via phone call with each CHW monthly to discuss results of the CHW’s work with patients, using the Patient Documentation spreadsheet as a basis of discussion. During the discussion, possible success stories will be gathered to demonstrate how addressing social determinants of health assisted in improving diabetic self-care, diabetic management and reduction of HbA1c rates and any reductions in emergency room visits and hospital admissions. Success stories will be composed by the CHW and Project Coordinator based on the “Community Health Worker Case Management” section of the WDCM Health Intake Form (Appendix) and the “WDCM CHW Health Coaching Guide” (Appendix) which will be used to document patient progress, barriers and limitations and how addressed and overcome, and successes.</p> <p>The “Patient Documentation” report will provide further reporting due quarterly to DHHS and will include the current number of active diabetic patients with whom each CHW is working, the number of referrals from providers, and the number of CHW’s providing services. The Project Coordinator will gather information about outreach efforts in the ten counties in the WDCM region from each CHW. Examples of outreach efforts including flyers, posters, news articles, press releases, Facebook posts, health department website information, and letters will be retained in WDCM program records.</p> <p>Financial reports will be kept for the WDCM program by the WCDHD Project Coordinator, through assistance from the WCDHD Financial Department. The financial reports will document expenditures and will be used as a basis for payments to be submitted to DHHS by the 30th day after the end of each quarter. The invoice will be based on a per-patient per quarter cost to reduce HbA1c rates to achieve outcomes based on CHW efforts. The DHHS-provided invoice template, which will include beginning and ending dates for each quarter and WCDHD’s name, address, phone, fax, and email for reference, will be utilized to request payment.</p>	

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WCDHD will work with our EHR support to develop detailed support/reports around individual care plans

Letter of Good Standing

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the
State of Nebraska, do hereby certify that

WEST CENTRAL DISTRICT HEALTH DEPARTMENT, INC.

**incorporated on January 29, 2003 and is duly incorporated under the law of
Nebraska;**

**that all fees, taxes, and penalties owed to Nebraska wherein payment is
reflected in the records of the Secretary of State and to which nonpayment
affects the good standing of the corporation have been paid;**

**that its most recent biennial report required by section 21-19,172 has been
delivered to the Secretary of State;**

that Articles of Dissolution have not been filed.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,



I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

October 29, 2019

A handwritten signature in black ink that reads "Robert B. Evnen".

Secretary of State

WEST CENTRAL DISTRICT HEALTH DEPARTMENT

DEPARTMENT: Administration **POLICY NUMBER:** 00012-0047

SUBJECT: Drug-Free Workplace Policy **EFFECTIVE DATE:** 5/14/15

OWNER: Administration **PAGE:** 1 of 2

DATE REVIEWED: 1/4/16 **APPROVED BY:** Executive Director

POLICY STATEMENT:

West Central District Health Department (WCDHD) is committed to protecting the safety, health and well-being of all employees and other individuals in our workplace. We recognize that drug and alcohol use/abuse pose a significant threat to our mission and vision. We have established a drug-free workplace program that balances our respect for individuals with the need to maintain an alcohol and drug-free environment.

DEFINITIONS:

Random: Occurring without pattern or schedule.

Reasonable Suspicion: Reasonable suspicion exists if, based upon totality of circumstances, including but not limited to observable behaviors, appearance and statements, it reasonably appears to a WCDHD agent that a person is under the influence of alcohol or drug or other substance.

PROCEDURE:

WCDHD reserves the right to perform pre-hire drug screening on all new hires, as well as require any employee to undergo drug or alcohol testing upon reasonable suspicion of drug or alcohol use on the job or upon the occurrence of any workplace or work-related accident or injury, and random drug screening in accordance with state and federal laws.

WCDHD employees are prohibited from the manufacture, distribution, dispensation, possession, or use of alcohol or any controlled substance while performing WCDHD business or operating any WCDHD vehicle. Prescription and over-the-counter drugs are not prohibited when taken in standard dosage and/or according to a physician's prescription. Any employee taking prescribed or over-the-counter medications will be responsible for consulting the prescribing physician and/or pharmacist to ascertain whether the medication may interfere with safe performance of his/her job. If the use of a medication could compromise the safety of the employee, fellow employees or the public, it is the employee's responsibility to use appropriate personnel procedures (e.g., call in sick, use leave, request change of duty, notify supervisor, notify Human Resources) to avoid unsafe workplace practices. An employee who ingests drugs or alcohol may be required to meet the same standards of performance and conduct as other employees.

The illegal or unauthorized use of prescription drugs is prohibited. It is a violation of the Drug-Free Workplace Policy to intentionally misuse and/or abuse prescription medications. WCDHD employees are prohibited from being under the influence of alcohol or other substances that could adversely affect their job performance while performing WCDHD business, while in or at any WCDHD office or work site, or while operating any WCDHD motor vehicle. Under no circumstances shall any WCDHD employee operate any WCDHD motor vehicle or any other motor vehicle while on WCDHD business within eight hours after intake of any alcohol or substance that could impair their driving ability. WCDHD employees must notify their Administrator/Director immediately of any criminal conviction related to alcohol, prescription or non-prescription drugs or substances.

Assistance

WCDHD recognizes that alcohol and drug abuse and addiction are treatable illnesses. We also realize that early intervention and support improve the success of rehabilitation. To support our employees, our drug-free workplace policy:

- Encourages employees to seek help if they are concerned that they or their family members may have a drug and/or alcohol problem.

- Allows the use of accrued paid leave while seeking treatment for alcohol and other drug problems.

Treatment for alcoholism and/or other drug use disorders may be covered by the employee's health insurance. However, the ultimate financial responsibility for recommended treatment belongs to the employee.

Confidentiality

All information received by WCDHD through the drug-free workplace policy is confidential. Access to this information is limited to those who have a legitimate need to know in compliance with relevant laws and management policies.

Searches

To help ensure a safe and healthy work environment and to accomplish the objectives of this policy, WCDHD reserves the right to condition entry to WCDHD premises, including any parking areas and all grounds and work areas to which WCDHD employees are assigned, upon search of the person and personal property of any entrant before entry or at any time while on the premises or in work areas, for illegal and unauthorized drugs, drug paraphernalia, controlled substances, alcoholic beverages and unauthorized weapons. Such searches may include but are not limited to automobiles, tool boxes, lunch kits and purses, employee lockers, desks, or other property under the control of the employees. Refusal to permit a search may subject an employee to immediate discipline up to and including discharge. Searches and inspections will be performed with concern for the individual's privacy, dignity and confidentiality. Illegal substances, drugs, and other prohibited items discovered through these searches and inspections may result in law enforcement authorities being advised in this regard consistent with the law.

Drug Testing

Each employee, as a condition of employment, will be required to participate in pre-employment, reasonable suspicion, random, return-to-duty and follow-up testing upon request of management. Laboratory testing will be conducted by blood, breath and/or urine sample, as requested by WCDHD to determine the presence of drugs and/or alcohol in the employees body after receiving either the signed Consent to Pre-Employment Drug Alcohol Testing (Attachment A) or Supervisor and Management Recommendation of Drug/Alcohol Testing (Attachment B) and Employee Consent to Drug Alcohol Test form (Attachment C). A confirming test shall be preformed, as required by law.

An offer of employment may be withdrawn and employment of an existing employee may be terminated if the applicant/employee refuses a properly requested test, or is involved in adulterating or diluting the test specimen, substituting the specimen with that from another person or sending an imposter, refusing to sign the required forms or otherwise fails to cooperate in the testing process in such a way that prevents completion of the test.

Consequences

One of the goals of our drug-free workplace program is to encourage employees to voluntarily seek help with alcohol and/or drug problems. If, however, an individual violates this policy, the consequences are serious.

In the case of applicants, if he or she violates the drug-free workplace policy, the offer of employment can be withdrawn.

Consequences to any employee who tests positive for alcohol or drugs in violation of this policy may include, but are not limited to:

- Immediate removal from duty with pay or without pay depending on employee's PTO or other status.
- Immediate termination.
- Referral to a substance abuse professional for assessment and recommendations at their own cost.
- Required to successfully complete recommended rehabilitation including continuing care at their own cost.
- Required to sign a Return-to-Work Agreement (Attachment D).

- Be subject to subsequent testing as requested by WCDHD pursuant to this Policy and terminated immediately if he/she again tests positive or violates the Return-to-Work Agreement.
- Discipline shall be determined in sole discretion of WCDHD.

Nothing in this Policy prohibits the employee from being disciplined or discharged for other violations and/or performance problems.

Return-to-Work Agreements

Following a violation of the drug-free workplace policy, an employee may be offered an opportunity to participate in rehabilitation at their own cost. In such cases, the employee must sign and abide by the terms set forth in a Return-to-Work Agreement as a condition of continued employment.00012-0047 Drug-Free Workplace Official Policy Page 4 of 8 WCDHD/G-Policies & Procedures/Current Folder/Admin

Attachment A

**WEST CENTRAL DISTRICT HEALTH DEPARTMENT
CONSENT TO PRE-EMPLOYMENT DRUG/ALCOHOL TESTING**

NAME: _____

POSITION APPLYING FOR: _____

By signing below, I consent to provide a sample of my blood, breath and/or urine, as requested by WCDHD, for laboratory testing (under Nebraska Revised Statute §48-1903) to determine the presence of drugs and/or alcohol in my body. I am familiar with the policies of the West Central District Health Department on substance abuse and drug testing, and understand and agree that if the sample provided tests positive, I may be denied employment.

APPLICANT SIGNATURE DATE

WITNESS DATE 00012-0047 Drug-Free Workplace Official Policy Page 5 of 8 WCDHD/G-Policies & Procedures/Current Folder/Admin

Attachment B

**WEST CENTRAL DISTRICT HEALTH DEPARTMENT
SUPERVISOR AND MANAGEMENT RECOMMENDATION OF
DRUG/ALCOHOL TESTING**

Employee Name: _____

Date of Incident: _____ Time of Incident: _____

Description of work-related injury or other incident:

Reason for suspecting impairment, intoxication or other violation:

Name of known witnesses:

Signature: _____

Management/Administration Signature: _____

Note: One copy must be signed and returned to the Executive Director for delivery to the director of human resources to be retained in the employee's personnel file.00012-0047 Drug-Free Workplace Official Policy Page 6 of 8 WCDHD/G-Policies & Procedures/Current Folder/Admin

Attachment C

**WEST CENTRAL DISTRICT HEALTH DEPARTMENT
EMPLOYEE CONSENT TO RANDOM DRUG/ALCOHOL TESTING**

NAME: _____

POSITION: _____

By signing below, I consent to provide a sample of my blood, breath and/or urine as requested by WCDHD for laboratory testing to determine the presence of drugs and/or alcohol in my body. I am familiar with the policies of WCDHD on alcohol and substance abuse and drug testing, and understand and agree that if the sample provided tests positive and there is a positive confirmatory test, I may be subject to corrective or disciplinary action. I also understand and agree that the test results will be made known to my supervisor and to other WCDHD employees with a legitimate need for the information in the performance of their jobs.

Employee Signature Date

Witness Date

Note: One copy must be signed and returned to the Executive Director for delivery to the director of human resources to be retained in the employee's personnel file.00012-0047 Drug-Free Workplace Official Policy Page 7 of 8 WCDHD/G-Policies & Procedures/Current Folder/Admin

Attachment D

**West Central District Health Department
Return-to-Work Agreement**

The employee acknowledges receipt of WCDHD's Drug-Free Workplace Policy, agrees to comply with all provisions of such Policy and understands that nothing in this Agreement prohibits WCDHD from requiring the employee to meet the same standards of performance and conduct as other employees who are not subject to a Return-To-Work Agreement.

This Return-to-Work Agreement is premised upon the following: The employee tested positive for drugs / alcohol (Circle One) or Other (See Below).

The employee has voluntarily signed the Release of Information form allowing WCDHD to receive information from medical professionals regarding continuing care recommendations and compliance as related to job performance.

The employee agrees that WCDHD will monitor compliance by receiving updates from medical professionals regarding compliance with continuing care recommendations. The employee will maintain documentation of attendance at _____ (Designate, ie.) weekly AA meetings, weekly NA meetings, other continuing care programs, if applicable.)

The employee agrees to comply with all aspects of the medical professional's recommendations.

The employee agrees to abstain from the use of alcohol and/or other drugs except when prescribed by a physician who has been informed of the employee's difficulty with substance abuse.

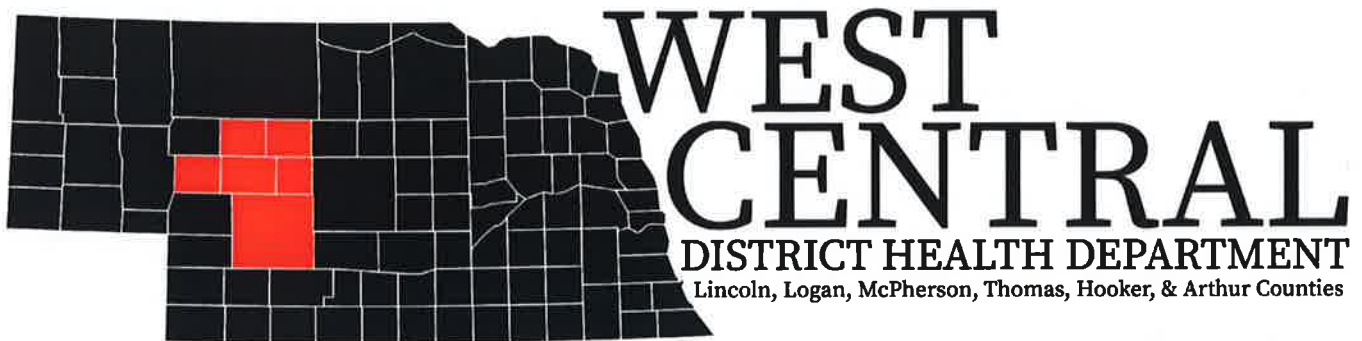
The employee acknowledges that all costs of treatment and monitoring not covered by the employee's insurance plan are the responsibility of the employee.

If absence from work is required as part of treatment or continuing care, it may be regarded as Family and Medical Leave Act, sick leave, vacation, personal leave, administrative leave or some combination thereof, depending upon accrued leave and the attendance policies of WCDHD.

The employee understands this Agreement is intended to allow the employee to successfully address his/her problem with alcohol and/or other drugs. The employee must satisfactorily meet WCDHD's expectations and standards. The employee understands that failure to comply fully with this Agreement will result in IMMEDIATE termination.

Other:

**WEST CENTRAL DISTRICT HEALTH DEPARTMENT
EMERGENCY RESPONSE PLAN**



111 North Dewey
Suite A
North Platte, NE 69101

West Central District Health Department's 24/7 Emergency Contacts

Primary: Shannon Vanderheiden, Executive Director
Phone Number: 308-520-0158

Secondary: Sally Brecks, RN, Emergency Response Coordinator
Phone Number: 308-530-2792

Tertiary: Angela Brown, MLT, Assistant Emergency Response Coordinator
Phone Number: 308-660-2782

**State of Nebraska State Purchasing Bureau
REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES**

RETURN TO:
State Purchasing Bureau
1526 K Street, Suite 130
Lincoln, NE 68508
Phone: 402-471-6500

SOLICITATION NUMBER	RELEASE DATE
RFP 6168 Z1	October 16, 2019
OPENING DATE AND TIME	PROCUREMENT CONTACT
December 3, 2019 2:00 p.m. Central Time	Dianna Gilliland/Nancy Storant

**PLEASE READ CAREFULLY!
SCOPE OF SERVICE**

The State of Nebraska (State), Department of Administrative Services (DAS), Materiel Division, State Purchasing Bureau (SPB), is issuing this Request for Proposal (RFP) Number 6168 Z1 for the purpose of selecting a qualified Bidder to provide Diabetes Care Management for Minorities. A more detailed description can be found in Section V. The resulting contract may not be an exclusive contract as the State reserves the right to contract for the same or similar services from other sources now or in the future.

The term of the contract will commence upon execution of the contract by the State and the Contractor (Parties) through June 30, 2021. The Contract includes the option to renew for four (4) additional one (1) year periods upon mutual agreement of the Parties. The State reserves the right to extend the period of this contract beyond the termination date when mutually agreeable to the Parties.

ALL INFORMATION PERTINENT TO THIS REQUEST FOR PROPOSAL CAN BE FOUND ON THE INTERNET AT:
<http://das.nebraska.gov/materiel/purchasing.html>.

IMPORTANT NOTICE: Pursuant to Neb. Rev. Stat. § 84-602.04, State contracts in effect as of January 1, 2014, and contracts entered into thereafter, must be posted to a public website. The resulting contract, the solicitation, and the successful contractor's proposal or response will be posted to a public website managed by DAS, which can be found at <http://statecontracts.nebraska.gov>.

In addition and in furtherance of the State's public records Statute (Neb. Rev. Stat. § 84-712 et seq.), all proposals or responses received regarding this solicitation will be posted to the State Purchasing Bureau public website.

These postings will include the entire proposal or response. Bidder must request that proprietary information be excluded from the posting. The bidder must identify the proprietary information, mark the proprietary information according to state law, and submit the proprietary information in a separate container or envelope marked conspicuously using an indelible method with the words "PROPRIETARY INFORMATION". The bidder must submit a detailed written document showing that the release of the proprietary information would give a business advantage to named business competitor(s) and explain how the named business competitor(s) will gain an actual business advantage by disclosure of information. The mere assertion that information is proprietary or that a speculative business advantage might be gained is not sufficient. (See Attorney General Opinion No. 92068, April 27, 1992) **THE SUPPLIER MAY NOT ASSERT THAT THE ENTIRE PROPOSAL IS PROPRIETARY. COST PROPOSALS WILL NOT BE CONSIDERED PROPRIETARY AND ARE A PUBLIC RECORD IN THE STATE OF NEBRASKA.** The State will then determine, in its discretion, if the interests served by nondisclosure outweighs any public purpose served by disclosure. (See Neb. Rev. Stat. § 84-712.05(3)) The Bidder will be notified of the agency's decision. Absent a State determination that information is proprietary, the State will consider all information a public record subject to release regardless of any assertion that the information is proprietary.

If the agency determines it is required to release proprietary information, the bidder will be informed. It will be the bidder's responsibility to defend the bidder's asserted interest in non-disclosure.

To facilitate such public postings, with the exception of proprietary information, the State of Nebraska reserves a royalty-free, nonexclusive, and irrevocable right to copy, reproduce, publish, post to a website, or otherwise use any contract, proposal, or response to this solicitation for any purpose, and to authorize others to use the documents. Any individual or entity awarded a contract, or who submits a proposal or response to this solicitation, specifically waives any copyright or other protection the contract, proposal, or response to the solicitation may have; and, acknowledges that they have the ability and authority to enter into such waiver. This reservation and waiver is a prerequisite for submitting a proposal or response to this solicitation, and award of a contract. Failure to agree to the reservation and waiver will result in the proposal or response to the solicitation being found non-responsive and rejected.

Any entity awarded a contract or submitting a proposal or response to the solicitation agrees not to sue, file a claim, or make a demand of any kind, and will indemnify and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials from and against any and all claims, liens, demands, damages, liability, actions, causes of action,

Acknowledgements

The development of this template was a joint effort of the following people:

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Emergency Response Plan

Preface

This Public Health Emergency Response Plan (ERP) established policies, plans, guidelines, and procedures that will allow all our public health emergency resources to function effectively, as a team, when disaster strikes. In content and in format, the Plan is consistent with the National Incident Management System (NIMS) in that this Plan provides for performing specific functions across the full spectrum of hazards. Most tasks and capabilities apply across a broad range of hazards. By treating them in this manner we show an integrated approach to disaster management. Unique aspects of certain hazards are addressed separately, where necessary. Therefore, this is truly an all-hazard functional plan.

The Plan is organized in a manner that enhances this functional approach by incorporating the following components:

1. Base Plan: This serves as an overview of Lincoln, Logan, and McPherson Counties approach to public health emergency response, assigns responsibilities, and defines broad policies, plans, and procedures.
2. Attachments: Supporting information to the base plan is attached to the end of the base plan.
3. Annexes: Functional standalone documents that both coordinate with the Emergency Response Plan and address the task areas deemed critical to emergency response and recovery.

Signature Page

We, the undersigned, have reviewed the Emergency Response Plan (ERP) for Lincoln, Logan, and McPherson Counties. We accept the responsibilities pertaining to our organization as defined in the Plan and will respond as required in the event of an emergency, disaster, or plan implementation. (WCDHD Directors and Local Emergency Managers)

West Central District Health Dept.

Date

West Central District Health Dept.

Date

West Central District Health Dept.

Date

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Attachments

1. WCDHD County Demographics
2. State/Local Flow Chart for Coordination
3. Communication Protocols to Request Guidance/Resources
4. Local ICS Chart
5. SNS Hub Site Map
6. MRS Map
7. Nuclear Biological Chemical Agents Overview (from OMMRS)
8. Hazmat Decision Chart
9. Infection Control Practices for Public Health Emergencies
10. Response Reference Chart
11. Tetanus Vaccine Protocol
12. Public Health Drinking Water Coordination
13. MOU's with other Local Public Health Departments
14. Public Health Community Preparedness Core Competencies

Annexes (All Annexes are separate from this document)

- A. Critical Contacts
- B. Continuity of Operations Plan (COOP)
- C. Surveillance and Epidemiology Response Plan
- D. Community Disease Containment
- E. Risk Communication Plan
- F. Functional and Special Needs Plan
- G. Pandemic Influenza Plan
- H. Dispensing of Medical Countermeasures Plan (SNS)
- I. Volunteer Management Plan
- J. Training and Exercise Plan (TEP)
- K. Environmental Safety Response Plan
- L. Public Health Coordination Center
- M. Hazard Vulnerability (Risk) Assessment
- N. Additional Resources

Acronyms and Key Words

CDC	Centers for Disease Control
DHHS	Nebraska Department of Health and Human Services
ECC	DHHS Emergency Coordination Center
EM	Emergency Manager
EMS	Emergency Medical Services
EOC	Emergency Operations Center established by the local Emergency Manager
ERC	Emergency Response Coordinator
ERP	Emergency Response Plan
Hub	Regional warehouses for storage of SNS materials between the RSS and Sub-hubs
ICS	Incident Command System
LEOP	Local Emergency Operations Plan maintained by Emergency Manager
WCDHD	Local Public Health Department
NEMA	Nebraska Emergency Management Agency
NIMS	National Incident Management System
PHCC	Public Health Coordination Center
PIO	Public Information Officer
POD	Point of Dispensing (for medical countermeasures)
RSS	State temporary warehouse location for receipt, storage and staging of SNS materials received from CDC
SNS	Strategic National Stockpile provided by CDC
Sub-Hub	Temporary warehouse locations arranged by local health departments for the receipt of SNS materials from the regional Hub
Targeted Dispensing	Location where immunizations or prophylactics will be dispensed to the public. This could be a hospital, physician's office, nursing home, correctional facility, business site, etc.

Purpose

The purpose of this Public Health Emergency Response Plan is to identify actions and resources that would be needed during a response to a public health emergency. This Plan includes provisions for accomplishing necessary actions concerning (but not limited to): disease control activities, surveillance, investigation, treatment, and reporting of communicable diseases during emergency response operations and in a post-disaster environment. Responding to a large-scale event may require the coordination of multiple agencies. Although this is the Public Health Emergency Response Plan, it outlines the overall response to a variety of incidents, and thus may describe actions that would be carried out by other agencies involved in the response.

Situation and Assumptions

A. Situation

If a number of people in the community become ill, or have the potential to become ill, public health officials will be called upon to investigate the illness, identify the cause, and implement control measures to reduce and prevent disease in the community. These activities are done in collaboration with emergency managers, hospitals, health care providers, fire departments, law enforcement, and other local, state and federal partners.

B. Assumptions

With respect to the demands that will be placed on health and medical services in the county following a disaster, several assumptions should be considered:

1. A large-scale emergency will result in increased demands on the multiple responding agencies including but not limited to: health departments, hospitals, the American Red Cross, the Salvation Army, and first responder agencies.
2. Public Health's role in responding to a public health emergency event includes early detection, investigation and control, rapid communication of essential information, distribution of/or access to medical countermeasures (if available), and assurance of environmental safety.
3. Public health must be prepared to assist other responders with accessing other public health issues as a consequence of natural disasters and hazardous material incidents.
4. Additional resources, such as assistance for health and medical personnel may be available from neighboring counties, response agencies, hospitals, and other volunteer organizations.

Record of Changes

The West Central District Health Department Emergency Response Coordinator (ERC) has been designated to establish and update the procedures in this department's Public Health Emergency Response Plan (ERP).

Change Number	Date of Change	Date Entered	Change Made By (Signature)
Updated ERP	6/1/2012	6/1/2012	Sally Brecks, ERC
Updated ERP and Annexes	2014	2014	Sally Brecks, ERC
ERP Updated see sections highlighted	June 2015	June 2015	Sally Brecks, ERC
WCDHD's Communicable Disease Protocol Manual was added into ERP	June 2015	June 2015	Sally Brecks, ERC
Work In Progress of updating ERP to reflect the following Counties: McPherson, Lincoln, Logan, Thomas, Arthur, and Hooker	Began March 2015 and on going process	Began March 2015 and on going process	Sally Brecks, ERC
Updating Critical Contacts Annex	Began March 2015 and on going process	Began March 2015 and on going process	Sally Brecks, ERC
ERP General Update; Annex A Critical Contacts; Annex G; Annex H; Annex F	June 2018	June 2018	Sally Brecks, ERC and Angela Brown, Asst. ERC

West Central District Health Department Emergency Response Plan

1. Concept of Operations

Bioterrorism, infectious diseases and other public health emergencies are complex health threats facing the nation's safety. It is the responsibility of public health to detect the illness or threat, identify the cause(s), and implement control measures to reduce the spread of and prevent disease in the community. These activities are done in collaboration with emergency managers, hospitals, health care providers, partners in local emergency response, fire departments, law enforcement, and others.

The West Central District Health Department is a public health agency serving all communities in Lincoln, Logan, and McPherson Counties, with the capability to assist communities with detecting and mitigating threats to the health of the community. Public health's role in responding to a public health emergency includes early detection, investigation and control of the disease, rapid communication of essential information to partner agencies and the community, distribution and dispensing of medical countermeasures such as vaccine or prophylaxis (Annex H), and assurance of environmental safety (Annex K).

This Emergency Response Plan is used to respond during the acute phases of a disaster. A separate Continuity of Operations (COOP) plan will take effect in the event of a long-term response is required. See Annex B.

This Department has adopted the National Incident Management System (NIMS) concept of operations, which consists of six major components:

1. Command and Management;
2. Preparedness;
3. Resource Management;
4. Communications and Information Management;
5. Supporting Technologies; and
6. Ongoing Management and Maintenance.

All joint emergency incidents, exercises, and preplanned events will be operated in accordance with the Incident Command Structure (ICS), doctrine, and procedures, as defined in National Incident Management System.

Risk assessments have been done by each local health department. These identify the potential hazards, vulnerabilities, and risks which relate to the population's medical, mental/behavioral and public health needs. These risk assessments identify the potential impact on the public's ability to access services. See Annex M.

West Central District Health Department meets periodically with community partners who may be able to provide services to mitigate identified public health threats or incidents. These groups will meet to discuss how to provide direct health-related services to help assure the community's ability to deliver public health, medical, and mental/behavioral health services in both short and long term settings during and after an incident. Identified partners are listed in Annex A.

2. Assignment of Responsibilities/Before, During and After an Event

This list includes the responsibilities of traditional response agencies before, during, and after an emergency. Additional agencies may be asked to respond during an emergency or disaster. Also, the tasks listed for each response agency include the traditional roles of that agency; it is by no means a comprehensive list of the response agency's capabilities and roles during an emergency or disaster and not all agencies will be activated during a public health emergency.

Local Public Health Department

- a. Educate the public about preparedness and current response plans through activities (e.g., town hall meetings, community presentations, pandemic influenza committees, websites, MRS) Coordinate with response partners on planning activities
- b. Create and maintain the following plans: COOP, Volunteer Management, Functional and Special Needs Plan, Personnel Surge Plan, and Pandemic Influenza
- c. Communicable disease surveillance, identification, control and reporting
- d. Provide medical countermeasures when available
- e. Issue health advisories
- f. Assist with designated vaccine, medical supplies and resources when available. For those health departments that provide direct services, have a plan for partner engagement on how short-term or permanent relocation of health-related supplies and other services can support the direct restoration of a sense of community in terms of public health, medical, and mental/behavioral health.
- g. Identify and assist as requested with vector control
- h. Assist with hazardous materials response and recovery as needed
- i. Assist with environmental cleanup, assess response, and recovery as needed
- j. Assist with post event activities as needed
- k. Institute and support general or mass emergency quarantine procedures
- l. Keep current a list of healthcare services (hospitals, medical clinics, home health, etc.).
- m. Demonstrate Core Competencies listed in Attachment 14.
- n. Provide 24/7 reporting capabilities to the public and medical community
- o. Ensure there are staff on-call 24/7 to respond to public health events

Department of Health and Human Services (DHHS)

- a. When an emergency occurs that has an impact on public health, medical, behavioral health or social services, DHHS can be called to the Nebraska Emergency Management Agency's (NEMA) Emergency Operations Center (EOC).
- b. They will serve as the ESF 8 – Health and Medical Services Coordinator – working with other state agencies to coordinate response.
- c. DHHS may also activate the state Emergency Command Center (ECC) composed of staff who will provide detailed coordination with public health, medical and social services responders.
- d. Assist Local Health Departments with planning activities
- e. Provide assistance 24/7 to local health departments through the DHHS 24/7 number 402-471-1983

Emergency Management

The Lincoln, Logan, and McPherson County Emergency Management Agency (EMA) serve the District. Emergency Management works with the Nebraska Emergency Management Agency (NEMA) and is responsible, if activated, for coordinating the response and assisting all response agencies obtain resources they need to respond to the emergency. Each community has its own Local Emergency Operations Plan which stands for that county.

- a. Coordinate response efforts of agencies responding to the disaster
- b. Procure resources needed for the response
- c. Hazmat Response: see Hazmat Decision Chart, Attachment 8
- d. Keep current all-hazard mitigation plans either by county or region, included in the LEOP

Field Emergency Medical Services

Emergency Medical Services (EMS) will assist, if requested,

- a. Respond to disaster site
- b. Perform triage in a mass casualty disaster
- c. Administer emergency treatment commensurate with certification and training
- d. Transport victims to medical facilities according to severity of injuries
- e. Provide additional medical service in shelter if resources are available

Hospital- There is 1 hospital in the District. Hospital systems coordinate hospital care in time of disaster and will follow their own disaster response and recovery plans. If the magnitude of the disaster overloads the resources of all hospitals within the counties, temporary medical facilities will be established in compliance with the hospital's diversion plan, or patients will be moved to other health care facilities outside of the District. Hospital responsibilities include:

- a. Provide physician-led triage team for disaster site, as requested
- b. Provide in-hospital treatment for disaster victims
- c. Setup triage team in hospital as necessary
- d. Provide temporary morgue for victims who expire in the hospital
- e. Participate in planning activities with partners
- f. Create and maintain a Continuity of Operations Plan detailing strategies to provide services during multiple types of hazards
- g. Assist with laboratory collection and handling, if needed

Medical Response System

- a. The Medical Response System (MRS) coordinates the planning efforts of hospitals, labs, emergency medical services, and other medical providers. The MRS coordinates with public health for an integrated response to medical service needs during an event. They may not be directly involved in the operation. They will also keep current a list of healthcare services. Coordinate planning for partner engagement on how short-term or permanent relocation of health-related supplies and other services can support the direct restoration of a sense of community in terms of public health, medical, and mental/behavioral health.

Behavioral Health Facilities

All behavioral health clinics, facilities, with trained personnel in psychological first aid and disaster response will be utilized, as needed, to treat those emergency workers and citizens affected by the emergency. Region II Human Services will provide mental/behavioral health personnel for the response.

- a. Provide training in psychological first aid and will supply a list of all trained personnel to WCDHD and WCMRC
 - a. WCDHD/WCMRC can activate volunteers if a disaster has been declared
- b. Will help coordinate psychological first aid for responders
- c. Will help coordinate post-disaster counseling or referrals, as available, for responders and victims
- d. Participate in planning activities with partners

Law Enforcement/Security Agencies

- a. Facility security (entry/egress) at Points of Dispensing (PODS) when available for dispensing medical countermeasures
- b. Perimeter control and Traffic control at PODs
- c. Security of mass dispensing of medical countermeasures operations (potential disturbances/crowd control/security of medications and supplies)

American Red Cross (EOC Liaison)

- a. Provide blood through blood donor program and blood bank
- b. Provide support services for disaster victims, their families and emergency response personnel (food, clothing, and shelter) as outlined in the Lincoln, Logan, and McPherson County(s) Emergency Operations Plan
- c. Implement shelter centers through EMA, as requested
- d. Provide medical and behavioral health services in shelters, if resources are available
- e. Participate in planning activities with partners
- f. Coordinate Mass Care for disaster victims

Coroner/Funeral Home Directors (under direction of Coroner/County Attorney)

- a. Establish temporary morgue sites
- b. Identify deceased
- c. Notify families of the deceased
- d. Assist in transport of deceased using funeral home vehicles
- e. Perform funeral services and assist in interment of the deceased
- f. Contact local EM for D Mort Teams

Volunteer Groups (Salvation Army, American Red Cross, Volunteer Services Agency, Medical Reserve Corps, United Way, etc.)

- a. Provide food, clothing, shelter to disaster victims, their families and emergency response workers
- b. Provide medically-trained personnel as available
- c. Provide disaster counseling services

- d. Provide other support services as available (transportation, resources, supplies, personnel, etc.)

Native American Tribes (if applicable)

- a. The Native American tribes in our health district include: N/A
- b. Coordination and planning with tribes include: N/A

Faith-Based Partners

- a. Assist with education to the public
- b. Participate in planning activities with partners
- c. Participate in Family Assistance/Resource Centers
- d. Assist the community in returning to pre-event status after an event

Community Expectations

Be informed of potential risks/hazards in their community

- a. Assist, create and update family emergency plans if requested.
- b. Cooperate with agencies responses to an event (e.g.,) submit required forms, respond to requests for information, report to designated areas as requested)
- c. Volunteer as available/requested

Nebraska Public Health Lab

- a. Provide assistance to local health departments in laboratory collection and handling 24/7 through the NPHL pager number 402-888-5588 for any public health event

3. Response and Notification

Response actions will depend on how a suspected or confirmed public health emergency has evolved. The following steps will be taken dependent on the type of public health emergency. The West Central District Health Department will notify all necessary response agencies local, state if the situation dictates and will utilize the incident command system (ICS).

If needed, the Public Health Department Director or representative will activate the Public Health Coordination Center (PHCC) . The composition of the PHCC is defined by NIMS Incident Command Structure (ICS) as is the use of ICS forms. (Annex L Attachment 1)

The PHCC will coordinate with local, state and federal responders as applicable to prepare and respond to public health emergencies. The West Central District Health Department is responsible for the ongoing implementation of the public health emergency preparedness plan.

A. PHCC

- a. The organization and composition of the PHCC follows the ICS concept that can be expanded and contracted as the public health event unfolds. Names and contact information for these positions, procedures for 24/7 contact, and meeting location are shown in Annex L, Public Health Coordination Center and Annex E, Risk Communication Plan.
- b. Procedures when the PHCC is activated: Annex L

- c. WCDHD staff will be available at 24/7 capacity to assist in any public health event that would require a surge of needed staff. Staff roles in the surge capacity are defined in Annex A Critical Contacts ICS Positions

B. Coordination with local Responders

1. Public Health Coordination with Local Emergency Manager

The response to public health emergency may require the activation of local Emergency Operations Center (EOC). Annex L

2. Public Health Coordination with County Coroners/County Attorney

In Nebraska there is no State Coroner and in most counties the coroner responsibilities fall to the County Attorney. West Central District Health Department will work through the County Emergency Managers to assist County Coroners/County Attorney to prevent contamination when a communicable disease or bioterrorism agent is involved.

The Coroner's Office or his/her designee is responsible for the removal and care of human remains.

The County Coroner/County Attorney:

- Responds to, investigates, and determines the cause of any death their jurisdiction;
- Is responsible for establishing temporary mortuary facilities;
- Coordinates the interment of the dead and the disposition of human remains;
- Coordinates with area funeral homes for the preservation of bodies, obtaining refrigerated trucks for the preservation of bodies; and
- Coordinates disaster activities and requests with the local Emergency Management and the EOC.

3. Public Health Coordination with Public Water Systems (PWS)

Flooding, drought, tornados, contamination and other emergencies may affect public water systems. Prior to taking action the West Central District Health Department will coordinate efforts with the PWS operator and the Emergency Manager. Involvement by the West Central District Health Department may include media releases regarding the condition of the water, recommendations for use and how to obtain alternate sources of drinking water. (Annex K)

4. Behavioral Health (BH)

Region II Human Services will coordinate behavioral health services for victims, family members, first responders, health and medical personnel as well as the general public. Within the general population are those identified as having functional needs, at-risk or having increased vulnerability to the effects of a crisis. These populations are:

- 1) Individuals with disabilities, including developmental, physical and/or mental illness.
- 2) People with a history of substance (drug or alcohol) abuse.

- 3) Children under the age of 18.
 - 4) Adults age 65 and over.
 - 5) Non-English speaking populations.
 - 6) Individuals who are homeless.
 - 7) Long term care and residential nursing facilities.
- b. Locations where the Mental (Behavioral) Health response/services may be available include:
- 1) Sites where the survivors and families of victims will be such as, shelters, meal sites, disaster application centers, American Red Cross service centers, hospitals, survivor's homes, farms, morgues, etc.,
 - 2) Mass care centers and immunization clinics,
 - 3) Hotline sites,
 - 4) Community outreach sites such as community centers, shopping malls, locations announced through the media, etc., and
 - 5) Sites where responders gather such as the incident site, staging and material storage areas.
- c. Services will be coordinated with the Red Cross, local ministerial associations or interchurch ministries, community volunteers, Critical Incident Stress Management personnel and others as appropriate.
- d. An outreach program providing information and messages relating to services and health topics may be established. This public education information will be prepared in collaboration with, local service providers and coordinated with the various DHHS Public Information Officers.
- e. Region II Human Services Coordinator will make recommendations and provide status reports to the Public Health Coordinator.
- g. Region II Human Services will help coordinate crisis counseling as needed.
- h. Critical Incident Stress Management (CISM) Teams are available to provide stress management sessions for fire, EMS, law enforcement,

dispatchers, hospital, corrections and emergency management personnel. Contact the Nebraska State Patrol headquarters in the Troop area where the disaster/emergency situation is located to activate a CISM response.

5. Mass Care

West Central District Health Department will assist any agencies that need additional supplies, personnel, and resources.

6. Medical Response Systems (MRS)

West Central Nebraska Medical Response System will coordinate with local emergency managers, WCDHD, and Great Plains Health to provide assistance where needed.

7. Hospitals and First Responders

West Central District Health Department will coordinate with Great Plains Health and local EMS agencies to help provide assistance where needed.

8. Adjacent Local Health Departments

West Central District Health Department serving Lincoln, Logan, and McPherson Counties agrees to partner with Loup Basin Public Health Department, Southwest Nebraska Public Health Department, Panhandle Public Health Department, and Two Rivers Public Health Department for all public health emergencies which affect or potentially could affect the citizenry of our counties because of common borders. Please see sample MOU (Annex L Attachment 6) Reference SNS plan

C. Nebraska Department of Health and Human Services (DHHS)

The Nebraska Department of Health and Human Services has staff available 24/7 for information and assistance. They will be involved in surveillance and investigations. See Environmental Section for further information.

D. Notification to Staff and Volunteers

It is imperative that staff be quickly notified of an emergency event and kept apprised of the situation. Staff will be notified through our TYCO notification system. (All notifications are supported by the use of the Rand documents Annex L)

If it is determined that the response will require volunteers see Annex I, Volunteer Management Plan.

All staff and volunteers on the Critical Contacts list should have at least 3 ways to contact them, including at least one phone number. Call-down drills are conducted annually to ensure that contact information is up to date (See Annex J).

E. Operating Procedures

LPH will utilize ICS forms for accounting for staff time, equipment and other items that may be used during a public health response. Local Public Health will also utilize templates provided through the ICS structure for situation reports, collection of data needed at shift change, and information to support critical information requirements.

D. Geographical Information Systems (GIS)

At this time WCDHD does not utilize the GIS software interdepartmental however, utilizes the resources across the state with other Health Departments who have fulltime GIS and with the Department of Health and Human Services Karis Bowen.

E. Resources for Response

1. Nuclear Biological Chemical Agents Overview, (Annex L)
2. Hazmat Decision Chart, (Annex L of ERP and Annex F of LEOP)
3. Infection Control Practice for Public Health Emergencies, (Annex K)
4. Response Reference Chart, (Annex L Attachment 4)

F. Training and Exercise

Local Public Health Departments will follow HSEEP protocols and documentation for designing, staging and reporting exercises. (Annex L Attachment 9)

Local Public Health PHCC general staff are NIMS ICS trained in 100, 200, 700 and 800.

Local Public Health Director and his or her designee along with other identified command staff are required to ICS level 100, 200, 300, 400, 700 and 800 training. The documentation of all NIMS ICS trainings will be held by West Central District Health Department. (Annex L)

G. Nebraska Public Health Lab

The Nebraska Public Health Lab has staff available 24/7 via the NPHL pager number for information and assistance for any public health laboratory needs.

For additional information regarding training and exercise see Annex J.

4. Surveillance and Epidemiology

A biological event (natural or man-made) unfolds differently from a chemical or nuclear event. With a biological agent, there is often a delay between the release of the agent and detection of the incident, due to the delay in illness onset and potentially geographical dispersion of those affected. Therefore, early detection of unusual illness patterns and prompt response to the public health emergency is crucial. The role of epidemiology in public health emergency response may include: Identifying affected populations and risk factors; identifying methods of reducing risk factors; communicating risk to affected groups; assessing population health status pre/post emergency; designing surveillance systems to monitor for ongoing disease or adverse reactions to countermeasures (i.e. antibiotics, vaccines, potassium iodide, etc.). See Annex C

A. Surveillance Activities:

Surveillance activities are shared between the Nebraska Department of Health and Human Services System (DHHS) and West Central District Health Department. This health department participates in the following surveillance activities:

1. School Surveillance – absenteeism counts are collected weekly during the school year for all schools in the health department jurisdiction that have an enrollment of 25 or greater. The data is entered into a spreadsheet and submitted electronically to DHHS by Friday of each week. Both this department and DHHS will use this data to

determine a baseline and compare future year's data to that baseline. As available information is collected concerning health-related events impacting school children particularly information related to rash/fever or any unusual or unexpected increase in illness. Unusual patterns will be reported to DHHS and as applicable investigated to determine the cause and follow up will occur as necessary. Ongoing feedback is provided to the schools as well as health education materials.

2. Hospital Surveillance – Great Plains Health sends their data to WCDHD every Monday morning. The data is then entered electronically and submitted.
3. Sentinel Provider Surveillance – WCDHD has Complete Family Medicine submitting their influenza information weekly to the state and CDC.
4. West Nile – information about the transmission of West Nile disease is distributed to the public by DHHS and this department through TV, radio, newspaper, county fairs and other activities. This department will coordinate with local providers to ensure appropriate testing and treatment is provided and will participate in the collection of mosquitoes and dead birds for the detection of West Nile. Dead bird handling, see Annex C.
5. Rabies
 - a. To monitor the community for an increase in animal deaths that may be due to rabies this department will develop working relationships with veterinarians, animal control personnel, and game wardens for early notification of increased animal activities and deaths potentially related to rabies.
 - b. WCDHD in coordination with local providers is responsible to assure those who have been exposed to rabies are given the public health recommendations regarding being vaccinated and are assisted to obtain vaccine if they are unable to do so. The enforcement of this statute is a joint effort of WCDHD, the local provider and Law Enforcement.
 - c. WCDHD will address prevention of rabies with a Public Service Announcement
 - d. Any animal suspected of rabies, that bites a human will be sent to a local veterinarian and then forwarded on to the Kansas State University Laboratory.
6. Other zoonotic diseases
 - a. Diseases carried by birds or other vectors can sometimes be transmitted to humans. See Annex C for information and contacts about sick and dead birds.
 - b. WCDHD will collaborate with local Veterinarians, Department of Ag, and NE DHHS when needed on any zoonotic diseases/cases. WCDHD has staff that monitors disease surveillance and investigates cases as needed.
7. Laboratory and disease reports
 - a. Disease Surveillance is a practice by which the spread of disease is monitored in order to establish patterns of progression. The epidemiology division of DHHS receives positive lab results of reportable diseases as defined in CDC, from hospitals, medical clinics, schools, and laboratories.

Once there the results are categorized into jurisdiction depending on the address of the patient. The local health department investigates the findings focusing on education and interventions. The main role of disease surveillance it so predict,

observes, and minimizes the harm caused by outbreak, epidemic, and pandemic situations.

b. STD Surveillance mimics disease surveillance in the reporting aspect. The state health department investigates the findings also focusing on education, treatment and further interventions. Confidential Case Report is then completed and kept with DHHS's findings.

B. Epidemiology:

WCDHD conducts surveillance in the community. The data collected is used to determine if currently occurring disease is higher than expected. If WCDHD determines that disease activity is unusual, they investigate it to determine the source of the disease and implement control measures to prevent further spread. WCDHD coordinates with DHHS to conduct investigations and implement control measures. DHHS has defined three levels of surveillance and epidemiology participation with local health departments. This Department participates as a Level 2, see Annex C.

5. Community Disease Containment

Communities, individuals and families, employers, schools, daycares and other organizations are partners to help limit the spread of disease, prevent death, lessen the impact on the economy and keep(s) society functioning. Community disease containment can consist of multiple interventions. Which interventions are used is dependent on the epidemiology of the disease and the condition within the communities impacted.

In addition to vaccinations which control the spread of a disease and medications used for prophylaxis and treatment of those exposed, non-pharmaceutical interventions (NPI) may be effective. NPIs often require fewer resources from the WCDHDs, and may be less costly to implement. The primary NPIs to be used during response to a public health emergency include:

1. Infection Control/Prevention
2. Social Distancing
3. Voluntary Quarantine and Isolation
4. Directed Health Measures

Infection Control/Prevention

Infection control and prevention are the measures taken to prevent the spread of micro-organisms between people and from place to place. In the course of certain epidemiological investigations and/or during a public health emergency, the West Central District Health Department staff will educate and follow certain infection control practices as outlined in Annex D.

Depending on the situation and epidemiology of the disease, the West Central District Health Department may choose to educate and promote the following infection control measures to its community and partners:

1. Hand hygiene
2. Cough hygiene

3. Cleaning, disinfection, sterilization
4. Appropriate use of Personal Protective Equipment (PPE)
5. Decontamination
6. Active surveillance
7. Social Distancing
8. Quarantine
9. Isolation

Social Distancing

Social Distancing is another non-pharmaceutical option that could be used in a public health emergency to limit the spread of a communicable disease. Examples of social distancing measures that could be used to decrease social density include:

1. School dismissal
2. Closure of childcare programs
3. Cancellation of large public gatherings
4. Alteration of workplace environments and schedules,
5. Restriction on the movement of persons (e.g.: group and area quarantine)
6. Closure of public places
7. Establishment of curfews

Decisions on implementing social distancing measures will be made using epidemiological information and based on recommendations made by local, state, and federal officials. Voluntary social distancing is preferred as it does not require resources to ensure compliance, but there may be situations when mandatory measures must be taken.

West Central District Health Department will, in conjunction with EM provide current information and subsequent recommendations about the implementation of appropriate social distancing measures to community leaders and partners, such as school officials, workplaces, and other community groups.

Voluntary Quarantine and Isolation

Isolation is the separation of people who have a specific communicable disease, illness, or poisoning from healthy people; their movement is restricted to stop the spread of disease, illness or poison.

Quarantine is directed to individuals or defined populations who are not yet ill, but who have been or may have been exposed to an agent of communicable disease, illness, or poisoning; who are potentially capable of communicating a disease, illness, or poison to others. It generally involves the separation of the quarantined individuals or defined populations from the general population.

Isolation is to be used when a person is reasonably believed **to have contracted** an infectious or contagious disease. Quarantine is to be used when an individual or group of individuals is reasonably believed to **have been exposed** to an infectious or contagious disease.

Directed Health Measures

The Nebraska Department of Health & Human Services and Local Public Health Departments have implemented local regulations that have the authority to require certain measures to control and prevent communicable diseases. Directed health measures may be directed to an individual, group of individuals, or a population, or directed to the public at large with regard to identified premises or activities. It may also include health care providers, health care facilities, health care authorities, and public and private property including animals. As stated above, requests for voluntary response to infection control measures is preferred when effective, versus the use of Directed Health Measures. See Annex D for an example of local regulations for control of communicable diseases.

6. Dispensing Of Medical Countermeasures/Disease Mitigation

The possibility of biological terrorism as well as emerging infectious diseases requires preparations for a mass medical countermeasure dispensing response. Dispensing of medical countermeasures includes both distribution and dispensing operations. Medical countermeasures can include, but is not limited to: vaccines, oral antibiotics, antivirals, antidotes, personal protective equipment, and medical supplies. See Annex H, Dispensing of Medical Countermeasures Plan, for more information on dispensing of medical countermeasures.

WCDHD will follow the "WCDHD Communicable Disease Protocol Manual for all disease investigations and mitigation. This manual refers to all Nebraska Disease Investigation Guidelines and the Center for Disease Control. The Communicable Disease Protocol Manual is available for all staff to reference on our internal intranet.

In each event described below, the assumption is that the appropriate countermeasure will be available in a timely matter from one or more sources. These sources may include those at local providers, in WCDHD-owned local caches, regional caches (MRS), State-owned locally placed caches, State-owned caches centrally located, CHEMPACKs, the SNS push-pack, and the SNS managed inventory. Lack of effective countermeasures may result in implementation of other measures such as symptomatic treatment, palliative therapy or no treatment.

Chemical Event

1. In the event of a nerve agent or chemical attack or spill, antidotes may be available for those affected in the immediate area.
2. Treatment should be administered ASAP within minutes of exposure to be most effective.
3. Antidotes are stored at the CHEMPACK Site within West Central District Health Department's jurisdiction and should be administered by local EMS or hospital staff according to their CHEMPACK Plan.
4. For information on the local CHEMPACK cache(s) contact the DHHS SNS Coordinator, or to activate a CHEMPACK contact Nebraska Regional Poison Control. See Annex A

Nuclear/Radiological Event

1. In the event of a nuclear or radiological attack or event, treatment will be available for those affected in the immediate area. Treatment for these agents would be administered through clinical or hospital care. In the event of nuclear release, DHHS Radiological Health will monitor the release, and order Potassium Iodide (KI) be given to those in affected area as well as first responders.(see # 3)
2. Treatment for radiation exposure does not need to be given immediately, but chelating agents should be administered within one week of exposure in order to be most effective against acute radiation sickness. Treatment for burn and blast injuries should be given ASAP.
3. Treatment is available through the 1 ALS Fire and Rescue Units (North Platte Fire Department) and the 1 hospitals (Great Plains Health), EOC and in the SNS. First responders entering nuclear release areas will be instructed to go to their fire station where they will be given a radiological monitor and KI. No one will be allowed to enter the effected zone without first obtaining these items. KI is only given under the direction of DHHS Radiological Health.
4. Items available for treatment of acute radiation sickness include Calcium DTPA, Zinc DTPA, Prussian Blue, and Potassium Iodide locally as well as in the SNS. Bandages and other supplies for burn and blast injuries are available at local EMS, hospitals and in the SNS.

Anthrax or Other Bacterial Agents

1. In the event of a bioterrorism attack, including a large-scale aerosolized anthrax attack, medical countermeasures will be available for those affected in the immediate area.
2. Medical countermeasures for anthrax should be administered within 48 hours of exposure in order to be most effective.
3. Medical countermeasures should be administered according to the SNS Plan (See Annex H).

Non-bacterial Category A Agents

1. In the event of a bioterrorism attack involving large-scale (e.g.: botulism or viral hemorrhagic fever), treatment will be available for those affected in the immediate area. Treatment for these agents would require intensive clinical or hospital care.
2. Treatment for non-bacterial Category A agents consists primarily of supportive care within a hospital and it should be administered as soon as possible after exposure in order to be most effective.
3. Treatment for Category A Agents is part of the SNS and must be requested by the clinician treating the patient via the State Epidemiologist at DHHS. It should be requested and administered by local hospital staff in coordination with local, state, and federal public health agencies according to hospital protocol.
4. Items available for treatment include respiratory support locally and appropriate interventions to the situation in the SNS.

Pandemic Influenza

1. In the event of pandemic influenza with a viral strain that is susceptible to available anti-viral drugs and/or an effective vaccine is available, treatment with antivirals and prevention by vaccination may be available for those affected in the immediate area.
2. Treatment for those who are ill should be administered within 24-48 hours of onset of illness in order to be most effective.
3. Vaccine for those who may be at risk of exposure should be administered as soon as possible or as recommended by CDC by priority levels.
4. Treatment (anti-virals) when available, will be stored throughout the WCDHD region and should be administered by a Physician or Pharmacist according to the Novel Influenza Antiviral Plan (if applicable) (See Annex G).
5. Vaccine, when available, will be offered throughout the WCDHD region and should be administered by licensed medical professionals according to the Pandemic Influenza Plan (See Annex G).
6. Items available for treatment include Tamiflu, in the State-owned centrally located cache, and in the SNS. Tamiflu and Relenza can also be used as prophylaxis for close contacts of ill people. Vaccine is available for prophylaxis for persons over the age of six months.

Natural Disaster

1. In the event of a natural disaster, treatment and assistance will be available for those affected in the immediate area.
2. A needs assessment should be conducted by Emergency Management as soon as possible after the event order to be most effective.
3. Medical or first aid supplies should be administered according to the Local Emergency Operation Plans (see Appendix 4, 5, & 6).
4. Items available may vary by local hospitals and Emergency Management Agency.
5. Public Health may assist by employing mitigation strategies and by providing medical countermeasures, for any disease risks associated with the natural disaster. See Tetanus vaccine (Attachment 11)

Smallpox

1. In the event of a case of smallpox, vaccine will be available for those affected in the immediate area.
2. Vaccine for those who may be at risk of exposure should be administered as soon as possible, but may be targeted at certain people or groups of people, possibly using a tiered system.
3. Vaccine is stored in the SNS and should be administered by licensed medical professionals who have been trained in inoculation process according to the SNS Plan (See Annex H).

7. Risk Communication

Rapid communication and dissemination of critical information is crucial to ensure a prompt and coordinated response and to allay public fear. Effective education and communication aided by clear and concise information will help assure the public that the situation is being

addressed competently and quickly. Communication to the persons affected must be accurate but also delivered in a timely manner. DHHS and West Central District Health Department have a Public Information Officer (PIO) who develops and coordinates messages for the public.

All communication with the media will follow our Media Information Policy and Social Media Policy.

WCDHD maintains a local Medical Providers Directory that is located on our internal intranet for staff reference and is updated, as needed. All other contract information for response partners, media, and other agencies can be found in Annex A Critical Contacts. This directory of medical providers and critical contact list will provide WCDHD the means to contact those needed to respond to any public health event.

For further information see Annex E, Risk Communications Plan, Annex F, Functional and Special Needs Plan, and Annex H, Dispensing of Medical Countermeasures Plan. (County-level PIO identified in LEOP).

8. Environmental Safety

The primary role of the public environmental health system is to provide services essential for protecting and ensuring the well being of the people in the affected areas with emphasis on prevention and control of communicable disease and exposures to hazardous materials. During a public health emergency, the West Central District Health Department, in conjunction with DHHS, are responsible for coordinating activities required to safeguard public health and minimize the spread of disease, as well as assessing hazards related to existing or anticipated environmental public health threats and the resultant environmental impact.

In a natural disaster or deliberate act of terrorism, local environmental health professionals would be responsible for specific response actions.

Three general response actions would be:

1. Prevent or minimize the occurrence or spread of disease by assisting other entities and providing relevant and timely information.
2. Promote public awareness and provide direction to the public regarding specific steps or action that needs to be taken to survive, or minimize their losses due to a catastrophic incident.
3. Provide technical assistance to the public or community response partners necessary to address any hazards or threats that are posed by the environments.

Specific, more detailed plans of action for the West Central District Health Department to assure environmental health and safety are contained in the West Central District Health Department Environmental Health Emergency Response Plan (Annex K).

9. Recovery

WCDHD is involved with the Local Emergency Planning Committee and has built good collaborative partnerships with area agencies. WCDHD also has MOU's in place if a disaster ever happened that would allow WCDHD to get back to a level of functioning prior to disaster.

10. Mass Fatality

Mass Casualty/Fatality Incident (Per Lincoln County LEOP)

1. The first arriving unit on scene will establish a command post that is responsible for patient care operations at the scene including personnel assignment.
2. Rescue personnel will triage and assign priority categories based on urgency and chance of survival.
3. The command post will be in communication with the Great Plains Health Hospital. Determination of receiving facility will be predicated on medical facility patient loads and nature of injuries, and levels of care needed and available. Patient transfer between receiving hospitals will be coordinated by the responding hospitals.
4. The incident command will normally determine requirements for and request medical mutual aid. If necessary, the Medical Coordinator will support the mutual aid requests and coordinate additional resource requirements.
5. Great Plains Health Hospital will coordinate with law enforcement officials on additional security requirements at the hospital.
6. Shortages (or anticipated shortage) of medical supplies/equipment or personnel will be reported to the Medical Coordinator for procurement.

B. Mortuary Services (Mass Fatality Plan)

1. When mortuary capabilities are exceeded during a disaster, the County Attorney is responsible for coordinating the interment of the dead. Disposition of the deceased will be in accordance with Nebraska statutes and will respect religious, ethnic and cultural differences to the extent possible. Additionally the County Attorney may:
 - a. Assign bodies to local funeral homes,
 - b. Establish temporary morgue facilities,
 - c. Coordinate emergency interment.
2. Emergency Morgue: If a request for an emergency morgue is made through the Sheriff's Office, then the County Attorney acting as coroner, will:
 - a. Obtain the use of a suitable building that is easily accessible to the disaster area,

- b. Notify the EOC of the morgue location,
- c. Coordinate with all the area funeral homes for the recovery, transportation, preservation and identification of the bodies and body parts, respecting cultural and religious differences to the extent possible.
- d. If conditions warrant, request refrigerated trucks from local trucking companies to hold bodies pending transfer to funeral homes.
- e. The locally developed Mass Fatality Plan includes a description of the procedures and agencies use to identify and respond to damage to grave sites and cemeteries.
- f. The local Mass Fatality Plan will address how the next of kin will be notified and bodies claimed by the surviving family and for the disposition of unclaimed bodies.

11. Plan Development and Maintenance

The development of a written public health emergency response plan is the first step in the overall planning process. This plan is a living document that grows to meet the needs of the West Central District Health Department and can be adapted to meet the changing needs of the WCDHD. Successful plan maintenance will be achieved through regular review, updating, training, drills, and exercises.

The West Central District Health Department Emergency Preparedness Coordinator (ERC) is responsible for conducting a review of this Public Health Emergency Response Plan and submitting new/updated information to the County Emergency Management Director on an annual basis commencing one year from the approval date of this document or more often as necessary. Training and exercises will be conducted in order to identify gaps and weaknesses in this plan (See Annex J).

Local Public Health Departments will follow HSEEP protocols and documentation for designing, staging and reporting exercises. (Annex L)

Local Public Health PHCC general staff are NIMS ICS trained in 100, 200, 700 and 800. Local Public Health Director and his or her designee along with other identified command staff are required to ICS level 100, 200, 300, 400, 700 and 800 training. The documentation of all NIMS ICS trainings will be held by local health department. (Annex L)

For additional information regarding training and exercise see Annex J.


Citizenship Attestation

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

<input checked="" type="checkbox"/> I am a citizen of the United States.
— OR —
<input type="checkbox"/> I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME	<u>Shannon Vanderheiden</u> (first, middle, last)
SIGNATURE	<u></u>
DATE	<u>11-25-2019</u>

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

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PRINT NAME	<u>Janet Lynn Livingston</u> <small>(first, middle, last)</small>
SIGNATURE	<u>Janet L. Livingston</u>
DATE	<u>11-21-19</u>

United States Citizenship Attestation Form

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PRINT NAME	<u>MARIA D LEIN</u> <small>(first, middle, last)</small>
SIGNATURE	<u>Maria D Lein</u>
DATE	<u>11-21-2019</u>

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PRINT NAME	<u>Brandi Lynn Lemon</u> <small>(first, middle, last)</small>
SIGNATURE	<u>Brandi Lemon</u>
DATE	<u>11-21-19</u>

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PRINT NAME	<u>Jessica L Pavlik</u> (first, middle, last)
SIGNATURE	<u>Jessica L Pavlik</u>
DATE	<u>11-22-19</u>

United States Citizenship Attestation Form

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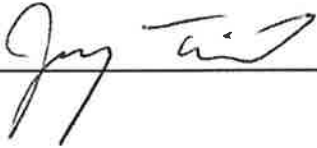
PRINT NAME	<u>Myra Lee Stoney</u> <small>(first, middle, last)</small>
SIGNATURE	<u>Myra Stoney</u>
DATE	<u>11/21/19</u>

United States Citizenship Attestation Form

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PRINT NAME	<u>Joy Trail</u> <small>(first, middle, last)</small>
SIGNATURE	<u></u>
DATE	<u>11-21-2019</u>

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-106 through 4-114, I attest as follows:

<input checked="" type="checkbox"/> I am a citizen of the United States.
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PRINT NAME	<u>Julia Maddyx</u> <small>(first, middle, last)</small>
SIGNATURE	<u>Jmxx</u>
DATE	<u>Nov. 27.19.</u>

United States Citizenship Attestation Form

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PRINT NAME	<u>Maria De Lourdes Linares</u> (first, middle, last)
SIGNATURE	<u></u>
DATE	<u>12/02/2019</u>

United States Citizenship Attestation Form

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PRINT NAME	<u>Glenda Jean Fraber</u> (first, middle, last)
SIGNATURE	<u>Glenda Jean Fraber</u>
DATE	<u>10-2-19</u>

United States Citizenship Attestation Form

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PRINT NAME	<u>Katherine Ann Vincent</u> <small>(first, middle, last)</small>
SIGNATURE	<u>Katherine Ann Vincent</u>
DATE	<u>12/2/19</u>

MOU's
Letters of Support

Memorandums of Understanding

Letters of Support

Memorandum of Understanding

**Southwest Nebraska Public Health Department, Two Rivers Public Health Department,
and West Central District Health Department**

For the Program West Central Diabetes Care Management for Minorities

and

Dr. Deb's Express Medical Care

For the period January 1, 2020-June 30, 2021

Purpose: Throughout the West Central region of Nebraska, the counties of Arthur, Buffalo, Chase, Dawson, Dundy, Kearney, Keith, Lincoln, Phelps, and Red Willow, have minority populations consisting of 5% or more of the total population. For the Hispanic, African/American, and American Indian populations, the burden of diabetes is higher than that of the White population. The aim of the West Central Diabetes Control and Management for Minorities (WCDCMM) program is to assist minority populations diagnosed with diabetes or at risk for diabetes with diabetic screening, referrals, care management, health coaching, and education in order to lower their Diabetes A1C (HbA1c) to 6.5 or lower.

Background: SWNPHD, TRPHD, and WCDHD and Dr. Deb's Express Medical Care agree to collaborate to ensure that minority populations in Arthur, Buffalo, Chase, Dawson, Dundy, Kearney, Keith, Lincoln, Phelps, and Red Willow receive care to lower Diabetes hemoglobin A1C (HbA1c) rates for minority populations. Those in need of care will receive collaborative care to include clinical care, health coaching through a Community Health Worker, education, and referrals. Education will include the 6-week evidence-based program "Living Well with Diabetes". Specific objectives of the collaboration are:

1. Establish a referral system for SWNPHD, TRPHD, and WCDHD to provide pertinent information on patients that were referred for screening to Dr. Deb's Express Medical Care and from Dr. Deb's Express Medical Care to the appropriate health department (Arthur and Lincoln counties to WCDHD; Dawson, Buffalo, Phelps, and Kearney counties to TRPHD; Keith, Chase, Dundy, and Red Willow to SWPHD).
2. Provide appropriate medical care and care plan development by Dr. Deb's Express Medical Care
3. Provide education, health coaching, and referrals to appropriate resources by SWNPHD, TRPHD, and WCDHD
4. Create a reporting structure where Dr. Deb's Express Medical Care will inform of SWNPHD, TRPHD, and WCDHD the diagnosis and care plan for patients diagnosed with diabetes. SWNPHD, TRPHD, and WCDHD will inform Dr. Deb's Express Medical Care of health coaching, education, and referrals provided to said patients.
5. SWNPHD, TRPHD, and WCDHD demonstrate compliance with the State of Nebraska, Department of Health and Human Services.

Specific Responsibilities

- Both parties will respect patient privacy according to HIPAA regulations in their reporting mechanisms.
- Confidentiality/Medical Records: SWNPHD, TRPHD, and WCDHD and Dr. Deb's Express Medical Care both agree to follow each entity's confidentiality regulation. Both parties agree not to discriminate on the basis of race, color, national origin, sex, age, or disability.

SWNPHD, TRPHD, and WCDHD

- Refer patients with risk of diabetes to Dr. Deb's Express Medical Care for further screening and diagnosis.

- Create a report for Dr. Deb's Express Medical Care with the appropriate contact information on patients referred for screening.
- Receive a report from Dr. Deb's Express Medical Care regarding the outcome of screening and the care plan developed to meet each patient's individual needs.
- Provide education, health coaching, and referrals to patients diagnosed with diabetes.
- Communicate monthly with Dr. Deb's Express Medical Care and other members of the clinical care team involved in each patient's care about the patient's progress. Communication will include feedback from each patient concerning questions, success or failure in following the care plan, and self-selected action plan.

Medical Provider

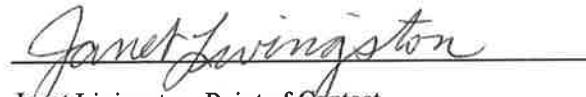
- Receive a report from SWNPHD, TRPHD, and WCDHD with the appropriate contact information on minority populations who were referred for diagnostic screening.
- Provide appropriate screening and treatment services to referred patients including a treatment care plan.
- Create a report for SWNPHD, TRPHD, and WCDHD with appropriate contact information on patients that received screening, diagnosis, medical care plan, and any other follow up services recommended.
- Meet with the clinical team of Dr. Deb's Express Medical Care, ad hoc providers, SWNPHD, TRPHD, and WCDHD and the assigned community health worker on a monthly basis through a clinical care meeting or electronic-centered meeting to report progress, current status, and next steps for each patient.

Terms of Understanding:

- Key Personnel: Each organization shall identify one key contact to represent their organization in this collaboration.
- Period of Effectiveness: This MOU shall cover the period of January 1, 2020 to June 30, 2021.
- Provision for Review and Change: This MOU may be revised by approval of all parties and may be terminated by a 60-day advance notification for any party.

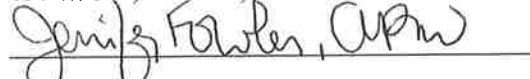


Shannon Vanderheiden, Executive Director
West Central District Health Department
105 N. Dewey, North Platte, NE 69101



Janet Livingston, Point of Contact
West Central District Health Department
111 N. Dewey, North Platte, NE 69101

Myra Stoney, Executive Director
Southwest Nebraska Public Health Department
404 W. 10th, McCook, NE 69001



Name, Title
Dr. Deb's Express Medical Care
118 East C, North Platte, NE 69101

Jeremy Eschliman, Health Director
Two Rivers Public Health Department
3715 29th Ave., Suite A2, Kearney, NE 68845



, Point of Contact
Dr. Deb's Express Medical Care
118 East C, North Platte, NE 69101

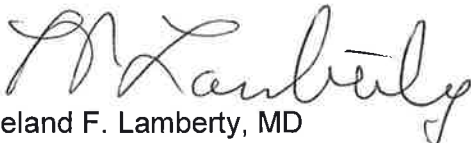
November 25, 2019

RE: Maria Lein

To Whom It May Concern:

I have worked with Maria Lein over the last several years. She has come into the office with many Hispanic patients and has worked primarily as an interpreter during their office visit. She is outgoing and relates very well with many patient types. She is extremely astute at what she does and has been a joy to work with over the years. I would highly recommend her for any position involving significant contact and interaction with people.

Sincerely,



Leland F. Lamberty, MD
LFL/tls

Our locations

**Great Plains Health
Orthopaedics**
215 McNeel Lane
North Platte, NE 69101
O 308.568.3800
F 308.568.3889

**North Platte
Health Pavilion**
611 W. Francis St.
North Platte, NE 69101

**Great Plains Health
Heart & Vascular Center**
Suite 150
O 308.568.8577
F 308.568.8579

**Great Plains Health
Internal Medicine**
Suite 160
O 308.568.3500
F 308.568.3739

Great Plains Pediatrics
Suite 200
O 308.568.3500
F 308.534.5016

**Great Plains Health
Endocrinology
Infectious Disease
Nephrology
Neurosciences
Pain Management
Pulmonology
Sleep Medicine
Spine Center
Urology**
Suite 200
O 308.568.3500
F 308.568.3509

**Centennial Park
Medical Building**
500 W. Leota St.
North Platte, NE 69101

Great Plains Family Medicine
Suite 100
O 308.534.4440
F 308.534.7675

Great Plains Rheumatology
Suite 110
O 308.534.4440
F 308.534.7675

**Great Plains Health
General Surgery**
Suite 120
O 308.568.3700
F 308.534.3813

Hospital Campus
601 W. Leota St.
North Platte, NE 69101

**Great Plains Health
Callahan Cancer Center**
O 308.568.7386
F 308.568.7883

**Great Plains Health
Psychiatric Services**
Suite 500
O 308.568.7251
F 308.568.7261

**Great Plains Health
Wound Healing Center**
O 308.568.8648
F 308.568.8649

Maria Lein

From: Jonathan Simpson <jonathan.simpson@mypdsmail.com>
Sent: Friday, November 22, 2019 2:43 PM
To: Maria Lein
Subject: Recommendation

To Whom it may concern,

Maria has been an absolute pleasure to work with in facilitating our non-English speaking patients' and parents' needs with interpretive and supportive services. She has been mindful and respectful of our patients and their needs. She has improved access to care for many of our vulnerable members of the community and has my high recommendation for any employment consideration.

Jonathan Simpson DDS
Pediatric Dental Specialists of Greater Nebraska
321 East 3rd, North Platte NE 69101
Cell: 402-202-0945



Physician Network | gphealth.org

November 20, 2019

To Whom It May Concern:

Maria Lein currently works at the West Central Health Department and has been working directly with myself and my patients over the past five years.

Over that time, I have been consistently impressed with Maria's ability to provide ancillary support to my patients and their families in multiple ways. She has been vital in helping with patient check in, assisting in translating important medical information between the medical staff and patient, ensuring proper follow up and assisting with referrals to ancillary services.

In addition, Maria has been an important part of the community, helping to provide educational sessions to the public and arrange for multiple speakers to share their knowledge at these sessions as well.

In conclusion, I would like to recommend without reservation Maria, as a qualified applicant for her position within the West Central District Health Department.

Sincerely,

Melissa Mosel, MD

Great Plains Pediatrics

North Platte Health Pavilion

611 W. Francis St.
North Platte, NE 69101

Suite 150

Heart & Vascular Center

O 308.568.8577

F 308.568.8579

Suite 160

Internal Medicine

O 308.568.3500

F 308.568.3739

Suite 200

Endocrinology

Infectious Disease

Neurosciences

Pain Management

Pediatrics

Pulmonology

Spine Center

Nephrology

O 308.568.3640

F 308.568.5831

Urology

O 308.568.3500

F 308.568.3509

Off-site locations

Great Plains Health General Surgery

516 West Leola St.
North Platte, NE 69101

O 308.568.3700

F 308.534.3813

Great Plains Health Orthopaedics

215 McNeel Lane
North Platte, NE 69101

O 308.568.3800

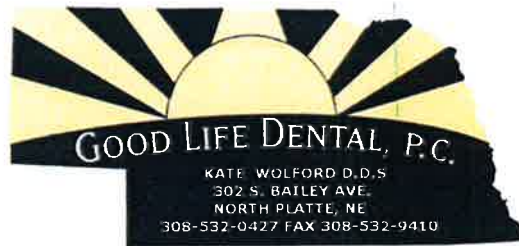
F 308.534.6662

Great Plains Health Psychiatric Services

601 West Leota St., Suite 500
North Platte, NE 69101

O 308.568.7251

F 308.568.7261



To whom it may concern,

I am writing this letter on behalf of Maria Lein. I worked with Maria at West Central District Health Department for two and a half years and have continued to see each other professionally at my private dental practice for the last four years. I have always found her to be fantastic to work with and a strong advocate for her clients as she translated, and I completed dental work for her Spanish speaking clients.

Maria has exemplary organizational skills as she coordinated appointments and meetings for several clients and community groups. She arrives in a timely manner, assists her clients in every step of whatever appointment they are attending, and makes it possible for all parties to give and receive the best possible care. Maria is very talented at translating sometimes complex dental procedures into manageable and understandable language for her clients and helps put them at ease about what to expect. She is always willing to help should she be needed assist with a dental patient in any way.

Personally, I have always found Maria to be very personable and thoughtful. She is a pleasure to work with and a joy to be around. I always look forward to appointments with Maria acting as our translator and I can highly recommend her to any endeavor she pursues.

Regards,

Kate A. Wolford, DDS

Good Life Dental, PC

PEOPLE'S FAMILY HEALTH SERVICES, INC.

102 South Elm
North Platte, NE 69101

WIC – 534-1678
Family Planning – 534-3075

November 19, 2019

To Whom It May Concern:

It is my pleasure to recommend Maria Lein. Maria acts as interpreter for WIC and Family Planning patients. She has been working with our programs for several years.

She provides an essential service for our patients. Not only does Maria provide interpreting services for our programs, she also schedules future appointments with our mutual clients. Maria is punctual and reliable in her duties as interpreter. She helps to call patients that are running behind schedule and is flexible and accommodating.

Maria handles herself with professionalism and tact. Some of the information being interpreted can be sensitive. She has always remained professional and without judgement.

Maria has made an impact in our community. She is someone that our mutual patients respect and have good rapport with. She helps to refer people in need to resources throughout the community. Maria is very knowledgeable about resources available. Because people trust her, they are more willing to seek her recommendations. She truly cares about the people she is assisting.

I would not hesitate to recommend Maria for employment.

If you have any questions, please feel free to contact me.

Sincerely,



Jessica Furmanski, RD IBCLC
Executive Director
People's Family Health Services, Inc.
WIC and Family Planning Programs
102 South Elm Street
North Platte, NE 69101
(308) 534-3077
wic@pfhs.org



**Families First
Partnership**

Connect • Engage • Change

To whom it may concern:

Families 1st Partnership has partnered with West Central District Health Department to support clients in the Minority Health Initiative (MHI). Our role has been to provide financial support to any family that is enrolled in support and health education services through the MHI program. It has become a positive and trusted relationship in receiving advice from the West Central staff in addressing other needs that the family may have in terms of maintaining stable housing or financial support for bills.

Caroline Sabin

Caroline Sabin

Families 1st Partnership

421 S Dewey St., North Platte, NE 69101

308-520-0608

Resumes

West Central District Health Department

Shannon Vanderheiden, Executive Director
Janet Livingston, MHI Coordinator, Manager -CHW
Maria Lein, MHI Coordinator CHW
Brandi Lemon, Health Services Director, CHW

Soutwest Public Health Department

Joy Trail, CHW
Julia Maddux, CHW

Two Rivers Public Health Department

Maria Barocio, CHW
Glenda Fraber, Assistant Director
Katherine Ann Mulligan

Please reference the following resumes

SHANNON VANDERHEIDEN



OBJECTIVES: To give as much as I take, never taking advantage of my God given talents and constantly strive to better my knowledge and skill in order to serve others to the best of my ability.

vanderheidens71@gmail.com
308 520 3675
1218 West E. Street
North Platte, NE 69101

EXPERIENCE

Executive Director of West Central District Health Department • 2008 – Present

- Implement the work directed and/or authorized by the Board of Health and in compliance with local, state, and federal requirements
- Oversee the planning, development, implementation and evaluation of public health programs, services, plans and policies
- Leads community health improvement strategies for the community across multi-sectors with a focus on community resources to improve health outcomes for all citizens with the West Central District Health Department jurisdiction
- Developed and implemented outreach dental services to area schools within the Health Department's six county area. This program is featured on the National Rural Health Information Hub as a model practice
- Established an immunization and licensed public health clinic servicing both the underserved and private sectors; including the implementation of electronic health records, credentialing of service providers and the development appropriate fee scales.
- Direct, plan, and implement policies and objectives to ensure continuing operations and increase productivity, including strategic planning with the Board of Health and staff
- Prepare program budgets and promote financial stability by seeking alternative financial sources for funding agency programs, operations, and education
- Coordinate and manage all aspects of the Public Health Accreditation Board (PHAB) accreditation process with final submission of application in 2017
- Facilitate the collaboration in the development and implementation of quality improvement, performance management and evaluation processes/activities.

Mid Plains Community College • 2007 – 2008 Part-time

- Clinical Nurse Instructor – Supervise students' clinic work by overseeing nursing students in their delivery of care including medication administration, computer charting, human relation skills and overall professional development

Nebraska Heart Institute • 2004 – 2007

- Record, circulate and pan scrub diagnostic heart catheterizations
- Safety Officer 2004 through 2007
- Development of of patient tracking of all cardiovascular interventions

HONORS

- Making a difference in a child's life presented by the Lincoln Co. Child Abuse Prevention Council
- North Platte Women of Achievement Award by North Platte Telegraph and NebraskaLand National Bank
- Friends of Education Award by Nebraska School Administrator

VOLUNTEER ACTIVITIES:

- Spoke on behalf of Nebraska's First lady Sally Ganem on underage drinking
- Presenter at Local and State Conferences
- Volunteer at Church and School
- Relay for Life

EDUCATION

Concordia University • 2015

Masters in Public Health - Expected Graduation December 2017

Clarkson College • 2008

Bachelor degree in Nursing

University of Mobile • 1993 • 2002

Associate Degree in Nursing

Bachelor Degree in Organization Management

The Academy of Lactation Policy and Practice, Inc • 2013

References:

Upon

Request

Janet Livingston

West Central District Health Department, 111 N. Dewey, North Platte, NE | 308-221-6823 | livingstonj@wcdhd.org

Professional Summary

Responsible program director and community health worker. Dedicated to health education and health improvement with experience in public health from 2014 to present at West Central District Health Department (WCDHD). Maintains financial records for grant programs. Provides reporting for community health improvement and grant programs. Involved in continuous quality improvement. Develops and leads health education programs.

Qualifications

- West Central District Health Department Minority Health Initiative (MHI) Program Director, 2014-Present, oversight, supervise and support community health worker, develops and assists in leading health education programs, maintain financial records, document MHI work and complete quarterly and annual reports
- WCDHD VetSET Coordinator, 2015-Present, provide resource and referral assistance to veterans, service members, and families, plan and schedule outreach activities, serve as an advocate for veterans, provide awareness about military culture and service for veterans, facilitate a veterans advisory taskforce, maintain financial and reporting records for program
- WCDHD Community Health Improvement Plan coordinator, 2015-Present, directed Community Health Assessment and wrote Community Health Assessment report, directed Community Health Improvement Plan process, including facilitating Community Health Improvement Plan process, community meetings, workgroup meetings, and compilation of 2016-2020 Community Health Improvement Plan Report and annual reports.
- WCDHD Cancer Prevention programs, 2016-Present, develop and conduct health education through education classes and social media for breast cancer and HPV for Susan G. Komen Great Plains and DHHS HPV grant programs, coordinated breast cancer screening for uninsured women to include outreach, collaboration with medical providers and Imaging Services, and recordkeeping, maintain program documentation for both programs and financial records, quarterly and annual reporting for programs.
- WCDHD Continuous Quality Improvement committee, 2015-2018, determined and set improvement goals, collaborated with staff as WCDHD planned and implemented work to meet Public Health Accreditation Board accreditation process, application, and approval
- WCDHD Health Hub, 2016-2018, provide health coaching, screen for health risks, document health intakes and case management, referrals to medical providers and community resources.
- Seeks further education through webinars, workshops, and conferences
- Member of North Platte Interagency
- Involved in planning 3 years, director one year for Project Connect, a community event to provide one-stop assistance for people in the community experiencing various needs, recruited service organizations and agencies for participation, organized event, sought donations, provided publicity and outreach

Experience

- West Central District Health Department, 2014-Present , Program coordinator, Community Health Worker
- Classroom teacher, Our Redeemer Lutheran School, North Platte, NE, 1976-1983, 1990-2014
- School Administrator, Our Redeemer Lutheran School, North Platte, NE, 2008-2012

Education

- Bachelor's Degree in Education, Concordia University, Seward, NE, 1976
- Master's Degree in Literacy, Concordia University, Seward, NE, 2005
- School Administrator's Program and certification, Concordia University, Seward, NE, 2010

Certifications

- Nebraska Teacher's Certificate and School Administrator's Certificate
- Healthy Families America, Growing Great Kids, home visitation, assessment, and supervision, 2014, 2015
- Mental Health First Aid, 2016
- Nebraska DHHS Community Health Worker, 2015-2016
- Teen Outreach Program, 2015
- Mobilizing for Action through Planning and Partnership, 2015
- Technology of Participation, 2016
- Living Well, 2019
- First Aid/CPR Heartsaver
- HIPAA
- Blood Glucose Screening, Blood Pressure screening – competency

References (available upon request)

Caroline Sabin, Families First Partnership, 421 S. Dewey, North Platte, NE

Michelle Sale, Phelps Family Dentistry, 221 S. Jeffers, North Platte, NE

Nina McGuire, Former Supervisor, West Central District Health Department, North Platte, NE

Maria D. Lein

West Central District Health Department, 111 N. Dewey, North Platte, NE | B: [308-221-6842](tel:308-221-6842) | mlein@wcdhd.org

Professional Summary

Experienced Community Health Worker with skills in interpretation and translation. Experience in working with the Hispanic population to provide health education, health coaching, referrals, and interpretation assistance for medically-related appointments. Passion for serving the Hispanic population as an advocate and for positive health outcomes through improved communication between medical providers and patients. Awarded "Woman of Achievement in Social Services" in North Platte in 2017.

Qualifications

- Skilled interpreter
- Employed in the West Central District Health Department Minority Health Initiative (MHI) program since its inception in 2012, building the client enrollment from 0 to the present 705
- Has completed competencies in blood glucose screening and blood pressure reading
- Leads and assists with development of the MHI health education program by scheduling presenters and topics, developing education sessions, and leading class sessions
- Seeks further education through webinars, workshops, and conferences
- Attends Minority Health Conference annually
- Completed HIPAA training and certification
- Trained in diabetes self-management program "Living Well with Diabetes"
- Provided 8 group health education series of "Road to Health" and 2 group education series of "CATCH Kids"
- Member of North Platte Interagency
- Involved in the community – Hispanic cultural events, church, North Platte St. Patrick's School, Cub Scouts

Experience

- West Central District Health Department Minority Health Initiative, North Platte, NE, 2012-Present, Community Health Worker, outreach to minority populations, health coaching, one-on-one and class health education, referrals, interpretation and translation assistance, documenting client encounters, referrals, and health information, plan and conduct health education
- WCDHD Health Hub, 2016-2018, provide health coaching, screen for health risks, document health intakes and case management, referrals to medical provider and community resources, interpretation assistance
- WCDHD Cancer Prevention Programs, 2016-Present, conduct cancer prevention one-on-one and group education for breast cancer and HPV for Susan G. Komen Great Plains and DHHS HPV grant programs, connect women to breast cancer screenings and cervical cancer screenings, refer for breast cancer screenings, refer for HPV vaccinations, interpretation assistance for breast cancer screenings and HPV vaccinations.
- Walgreens, North Platte, NE, 2010-2012, customer assistance
- Walmart, North Platte, NE, 2002-2006, cash office
- Mid-Plains Community College, North Platte, NE, 2002-2005, ESL instructor, Adult education instructor
- University of Chapingo, Mexiico, 1994-1996, College mathematics instructor

Education

University of Chapingo Mexico – Bachelor’s Degree in Economics

University of Chapingo Mexico – Master’s Degree in Economics

Certifications

- Community Health Worker, Nebraska DHHS, 2016
- Living Well/Living Well with Diabetes, Nebraska DHHS, 2019
- HIPAA training and certification
- First Aid/Heartsaver CPR
- Blood-Borne Pathogens Training and Certification

Affiliations

Nebraska Minority Health Council, 2017 to present

References (available upon request)

Dr. Wendy Carty, Maple Park Dental, 805 S. Maple, North Platte

Dr. Leland Lamberty, Great Plains Family Medicine, 500 W. Leota, North Platte

Caroline Sabin, Families First Partnership, 421 S. Dewey, North Platte

BRANDI LEMON

lemon_brandi@hotmail.com
4313 Sweetwood Drive, North Platte, NE 69101
308-530-2615

SKILLS AND ABILITIES

Employee Health Coordinator, West Central District Health Department, 2013 – Current
School Surveillance Coordinator, West Central District Health Department, 2014 – Current
Quality Improvement Team member, West Central District Health Department, 2014 - Current
Immunization Primary Vaccine Coordinator, West Central District Health Department, 2016 – Current
Certified Community Health Worker, West Central District Health Department, 2016 – Current
Accreditation Coordinator, West Central District Health Department, 2018 - Current

EDUCATION

Mid Plains Community College

5/2009 Associate Degree Nursing (ADN), RN

Walden University

11/2018 Bachelorette Degree Nursing, BSN

11/2018 - current Master Degree Nursing, Leadership ad Management (Nurse Executive), MSN

EXPERIENCE

West Central District Health Department | North Platte, NE

Outreach Director 9/2016 – Current

West Central District Health Department | North Platte, NE

Health Services Clinical Manager 06/2015 – 9/2016

West Central District Health Department | North Platte, NE

Public Health Nurse 7/2013 – Current

Ogallala Community Hospital | Ogallala, NE

Registered Nurse Medical/Surgical 6/2010-1/2015

Great Plains Regional Medical Center | North Platte, NE

Registered Nurse Medical/Surgical 6/2009 – 6/2010

PROFESSIONAL ACTIVITIES

Please see Brandi Lemon CV

Joy Trail

Southwest Nebraska Public Health Department, 404 West 10th, McCook, NE | 308-345-4223 |
joy@swhealth.ne.gov

Professional Summary

Maintains an organized and efficient work environment, with attention to detail and computer skills. Passion for public health and wellness and serving the community. Experience with serving Spanish-speaking communities. Experienced with helping clients gain access to community resources. Proficient in Microsoft Word and Excel. Strong customer service background, Fluent in Spanish.

Qualifications

- Southwest Nebraska Public Health District VetSET Coordinator, 2018-Present, advocates for veterans, service members, and family members, connects them to resources and services, community outreach events, veteran's taskforce
- SWNPHD Health Hub, 2017 – Present, Community Health Worker, provide health intake to assess health risk, health coaching, education, referrals to Every Woman Matters and community resources, health assessment, case management, record keeping in Encounter Registry
- Served Spanish-spe 2017aking communities in the Washington D. C. area for 1 ½ years as a missionary, provided basic translation, assisted with English as a Second Language classes, helped families gain access to church resources

Experience

- Southwest Nebraska Public Health Department, 2015-Present
- People's Family Health Services, North Platte, NE 2013-2015, WIC Clerk, determine applicant eligibility based on federal guidelines, review documentation and files to maintain program integrity, education, provide interpretation for Spanish-speaking participants, general office duties
- Burrows Vision Clinic, McCook, NE, 2009-2011
- Sutter County Library, Yuba City, CA, 2007-2008, Library Assistant

Education

- Brigham Young University, Pre-Nursing, 2005-2007
- Southern Utah University, Nursing Major, 2004-2005

Certifications

- Living Well/Living Well with Diabetes, 2018
- DHHS Community Health Worker, 2017

References

- Teri Clark, Nebraska Association of Local Health Directors, VetSET Coordinator
- Julie Chytil, DHHW, Living Well Trainer
- DHHS Health Hub

JULIA MADDUX

74287 333 Avenue * Imperial, NE. 69033
Fax: 308-882-3002
yyis2000@gmail.com

PROFESIONAL SUMMARY

A Professional with strong work ethic. Reliable, responsible, and hardworking. Excellent communication skills with a passion for health education. Works well with people and teams. Bilingual English/Spanish speaker.

EDUCATION

La Salle University Bogota, Colombia S.A. 1994-2000 Veterinary Medicine
UNL- Kearney, Medical And Court Interpreter Classes 2015
Mid-Plains Community College, Advanced Grammar 2016
Mid-Plains Community College, Advanced Reading 2016

EXPERIENCE

Southwest Nebraska Public Health Department **2016-Present**
Community Health Worker
Living Well Leader

Hacienda Juliana. Farm Manager. Bogota, Colombia **2001-2006**

- Responsible for large animal health and production
- Responsible for Administering medication and vaccines
- Responsible of artificial insemination
- Overall management, including personnel on our family's all grass Holstein dairy.

Maddux Cattle Co. Wauneta, NE. **2006-Present**

- Large Animal Health including administering medication and vaccines.
- Moving cattle on horseback.
- Technician of artificial insemination for 3,000 hd cow herd

Rainbow Promise Preschool **2006-2007**

- Interpreter

References

- Dr. Jose Garcia, Benkelman, NE
- Julie Chytil, Living Well Trainer
- Myra Stoney, Health Director, Southwest Nebraska Public Health Department

MARIA BAROCIO

Lexington, NE 68850 | (308) 325-3815 | mbarocio@trphd.org

Professional Summary

Dedicated healthcare professional adept at coordinating training, paperwork and specific community-based resources. Exceptional communication and planning abilities with an organized and thorough nature.

Compassionate Community Health Worker with 11 years of experience in fast-paced positions. Committed to helping community members improve wellness through hands-on support and education.

Skills

- Informational materials
- Medical assessment mastery
- Bilingual in Spanish and English
- Chronic illness understanding

Work History

Community Health Worker 11/2016 to Current

Two Rivers Public Health Department – Holdrege, United States

- Helped vulnerable individuals navigate complex healthcare system
- Wrote and distributed informational materials on chronic diseases, infant mortality, substance abuse and other community health concerns
- Targeted specific community groups with wellness and disease management information
- Developed and implemented training classes to educate team members and community residents

Minority Health Assistant 05/2010 to 11/2016

Community Action Of Mid-Nebraska – Kearney, NE

- Provided interpreting and translation for immunization program
- Assisted with setting appointments for Spanish speaking populations
- Collaborated with minority health outreach worker in promoting good client health
- Helped vulnerable individuals navigate complex healthcare system

Spanish Interpreter 11/2008 to 09/2016

Two Rivers Public Health Department – Holdrege, NE

- Provided cultural input to speakers to help parties who did not speak similar languages communicate with and understand one another
- Supported program education by accompanying non-English speaking individuals to clinic appointments and assemblies to translate instruction, conversation and documents
- Maintained message content, tone and emotion as closely as possible

Education

GED

Downey High School - Downey, CA

Glenda Fraber

4121 South 147th Plaza, #201, Omaha, NE 68137 | 308.627.5541 | glenda.fraber27@gmail.com

OVERVIEW

36 years of experience in the Human Services field. Proven ability to work with families, staff, supervisors, administrators, law enforcement, courts, mental health community, health and human services. Organized, resourceful and highly-motivated. Possesses strong communication skills and problem-solving abilities, and the ability to work in crisis situations. Strength-based approach to outcomes, needs and strategies, with years of experience in coaching and training for excellent employee performance. Skilled in Customer Service, Organizational Development, Conflict Resolution and Public Speaking. Proven mastery of skills to assess needs and develop plans to meet those needs. Knowledge of, and experience working with, a wide variety of community resources. Ability to obtain and utilize resources within limited budgets and limited timeframes.

Education

B.S. | DECEMBER 1982 | UNIVERSITY OF NEBRASKA-LINCOLN

- Major: Criminal Justice
- Minor: Sociology

Experience

ASSISTANT DIRECTOR, Two Rivers Public Health Department, 2019- Current

- **Responsible for a variety of assignments which include: providing leadership and vision for the Department in collaboration with the Director, to meet public health needs, implement policies of the Board, implement operating procedures of the Director, communicate and coordinate with various community organizations, and oversee aspects of Two Rivers Public Health Department operations as assigned by the Director.**
- **Assures that Department business is conducted in a professional manner in conformity with current standards of affiliation, current medical standards, HIPAA, Fair Labor Standards Act, Equal Employment opportunity requirements, Internal Revenue Codes and Nebraska State Statutes.**
- **Articulates and guides the direction of the organization in accordance with the Board of Health's written policies and objectives.**
- **Actively promotes financial stability by seeking alternative financial sources for funding of Department programs, operations, and education.**
- **Develops positive community relations by promoting public awareness and understanding as appreciation of Department programs and philosophy.**

PROJECT MANAGER | ResCare-Heartland Workforce Solutions | 2019 January - 2019 June (end of contract)

- **Supported the Project Director in the operations and management of the Workforce Innovation and Opportunity Act program.**

- Served on leadership team to help create a successful workforce and engaging atmosphere that promoted success for both employees and customers alike.
- Managed/Supervised: Talent Engagement Specialist, Business Service Consultants, and Instructor, including hiring, onboarding and training new staff.
- Attended all partner, funding customer, board, and sub-contractor meetings.
- Developed and maintained project plans and reporting documentation as necessary to ensure timely communication and successful delivery of assigned projects.
- Ensured deliverables met required quality standards.
- Developed and maintained a Communications Plan and kept all lines of business communities apprised of project plans and related implications.
- Provided leadership and direction to maximize performance.
- Worked in partnership with the Project Director on planning and overall day-to-day operations/program development/Contract Management/Human Resources/Staff Development/Business Development.
- Completed quality assurance audits of assigned service site to ensure compliance with State, Federal and company requirements. Ensured quality services are provided to customers. Analyzed processes and procedures to optimize performance. Defined and set operational goals. Prioritized assignments and adjusted or adapted service delivery as needed.

ASSOCIATE PUBLIC GUARDIAN | OFFICE OF PUBLIC GUARDIAN-SUPREME COURT | STATE OF NEBRASKA | 2018-2019

- Served as coordinator between the Office of Public Guardian and other governmental, public and private agencies, institutions, and organizations to assure the most effective services for each client.
- Served qualifying minors and adult individuals whose disabilities and functional capabilities hindered their day-to-day management of personal affairs and/or management of financial matters.
- Recruited substitute private guardians.
- Provided education and information to support family or private guardians.
- Responsible for estate management and sound personal, medical and financial management.
- Prepared comprehensive personal and financial court reports, maintained case records, insured clients' bills were paid; prepared activity reports, attended court hearings as appropriate and collect data and statistics as required.

EMERGENCY COMMUNITY SUPPORT COORDINATOR-TRANSITION AGE GROUP | REGION 3 BEHAVIORAL HEALTH | 2008 - 2018

- Assisted individuals between ages of 15-30 with the transition back into the community after a mental health crisis.
- Collaborated with a variety of medical providers to identify resources and meet the needs of both the provider and the consumer. Acted as an advocate for these consumers, together with the court system and many times the Department of Health and Human Services.
- Extensive communication via phone and in person within consumers' homes as well as meeting at other locations as the need determined.

- Assisted consumers in utilization of community-based services/supports to improve their own quality of life and to prevent the need for further crisis services.
- Trained presenter for team of trainers for Psychological First Aid, teaching people how to handle crisis.
- Member of Region 3 Disaster Response and Trauma Informed Care Teams.
- Member of First Episode Psychosis Team.
- Certified Trainer for Mental Health First Aid for Adults and Youth.
- Certified Mindfulness Instructor for Kearney Public Schools.

TRAINING SPECIALIST II | DEPARTMENT OF HEALTH AND HUMAN SERVICES, STATE OF NEBRASKA | 1998 - 2008

- Trained all staff of DHHS on regulation, policy, and procedure. Staff includes: Social Service Workers, Protection and Safety Workers, Resource Coordinators, YRTC teachers and staff, Veterans Home, Region III, Families Care, as well as Support staff, supervisors, and administrators. Extensive training on N-FOCUS as well as Microsoft programs.
- Training included policy on Orientation, and Economic Assistance Programs (ADC/TANF, Food Stamp/SNAP, AABD, Medicaid), as well as “soft skills,” such as Building Rapport, Dealing with Difficult Behaviors, Interviewing, Compassion Fatigue, Meeting Management, Team Facilitation, People Count, Conflict Resolution, and Culture of Poverty.
- Lead trainer in Family Centered Practice philosophy.
- One of four trainers in the state for Employment First.
- Position completed with minimal supervision and required flexibility to adjust to constant changes in policy.

QUALITY CONTROL SPECIALIST II | DEPARTMENT OF HEALTH AND HUMAN SERVICES, STATE OF NEBRASKA | 1984 - 1998

- Reviewed Food Stamp/SNAP, ADC/TANF, AABD, Medicaid and Child Support cases for State and Federal regulatory compliance.
- Reviewed information and case files on computer system, (N-FOCUS).
- Conducted extensive client interviews in their homes.
- Collected information from employers, banks, and other sources.
- Interpreted and analyzed information and reported on findings.
- Job included extensive travel in the state with minimal supervision.
- Position required extensive knowledge in interviewing families.
-

Personal

COMMUNITY INVOLVEMENT

- Past Member of the Kearney Soccer Board
- Member of Holy Cross Lutheran Church
- Assisted with Poverty Simulation at Kearney High School
- Past Volunteer at elementary schools
- Past Volunteer with the Kearney Animal Shelter
- Previous Board Member of the Foster Care Review Board
- Previous Board Member of the Kearney Whitewater Association

- Speaker for various organizations (Church, Easter Seals, Arbor Education and Training, Region 3) on various topics including mental health and mindfulness.
- Trainer of Mindfulness in elementary schools

Katherine Ann Mulligan
1326 West 3rd St Hastings, NE 68901
Cell Phone: (719)293-1652
katieannvincent@gmail.com

Objective

I want to improve the world around me by working for a company that benefits the quality of life for others.

Career Highlights / Qualifications

Prior to working for the health department, I worked as a youth care worker in Grand Island, Nebraska for Boys Town. I taught social skills to at-risk youth for nearly four years. I graduated from Hastings College with a degree in Biochemistry with an emphasis in molecular biology. I am proficient in the use of gel electrophoresis, creating various types of media used to grow bacteria, the use of lab equipment, and more. I also have experience in all programs in Microsoft office.

Experience

Two Rivers Public Health Department
701 4th Ave, Holdrege NE 68949
Emergency Response Coordinator
February 2018-current

Two Rivers Public Health Department
701 4th Ave, Holdrege NE 68949
Health Educator
November 2017-February 2018

Boys Town Intervention and Assessment Shelter
3230 Wildwood Drive Grand Island Ne
January 2014-November 2017

Youth Care Worker

A youth care worker teaches valuable social skills to youth. These skills help prepare youth to move forward with their lives to become useful and integral members of society. The skills are taught to the youth through the Boys Town model which encourages healthy choices and shapes behaviors.

Institute of Environmental Health
Grand Island Nebraska
June 1, 2011 to November 10, 2013

Laboratory Technician

As a tech, the following duties were expected: preparation and processing of samples, use of PCR, microbiological plating, fat analysis of meat samples, reporting results for samples, data entry in Microsoft Access and LIMS, answering phones, acting as a secondary review for sister labs, and sample pick-up.

Biology Preparations Lab Assistant

The responsibilities are creating lab media to be used in the microbiology classes, general cleaning of all lab supplies, autoclaving glassware, media, and other potentially harmful substances. We must be familiar with most of the aspects of the biology labs.

YMCA
Hastings Nebraska
August 2009 to May 2011

Volleyball Referee

The responsibilities are to keep score and make judgment as well as keep the play clean. Also to prevent arguments among the players and ensure enjoyment for everyone.

HomeInstead Senior Care
January 2011 to June 2011

Responsibilities include assisting the elderly in shopping, dressing, and cleaning. It includes companionship and sometimes cooking.

Education

B.A. in Biochemistry/ Molecular Biology

Skills

I am proficient in Microsoft Office and the Vernier Software used for lab analysis

I am familiar with a spectrophotometer, mass spectroscopy, the autoclave, the making of media, aseptic lab techniques, and other lab processes.

Service Directories

Lincoln County DHHS Community Resources

North Platte Interagency Membership List

Flood Relief Press Release Buffalo County

CDAF 2019 Agency List – Buffalo County

WCDHD MHI Referrals List

SWNPHD Resource Directory

Partial Care:
 Adults (M-W) 9am - Noon
 Adolescents (M-F) 2:00 - 8:00 (summer hours vary)
 Contact Vicki568-7277
 Grief Support Services, Renee Callaghan 568-7918
 Physician Referral & Specialty Clinics
 (outpatient desk).....568-7455
Health & Human Services.....535-8200
 200 South Silber, North Platte

Or apply on-line:

www.ACCESSNebraska.ne.gov

Provides Financial, Medical, Food Stamps, Childcare, Utility, General Assistance, Foster Care, Employment First, Medically Handicapped Children's Program, Developmental Disabilities Services Coordination, Child and Adult Protective Services

Home Health.....696-7434
 In home medical services

NE Commission for the Deaf & Hard of Hearing535-6600

200 South Silber, Room 207, North Platte
Nebraska 211Dial 211

Listing of available resources by geographical location

Nutrition Education Program 532-2683
 348 West State Farm Rd, North Platte

Nutrition Ed. & food budgeting, Nan Rankin
People's Family Health Services ... 534-3075

102 South Elm, North Platte
 Reproductive health services for female & male patients

Region II Human Service.....534-0440

110 North Bailey, North Platte
Behavioral Health Emergency Support Svcs...

Robyn Schultheiss.....877-269-2079
Mental Health Community Support....532-4860

Counseling to help cope with individual, family and/or marital problems; substance abuse and mental health services.

Recovery Care Program.....532-4860 (Ext. 4 or 5)

Offered to people in substance abuse recovery to work with schools, employers and family.

Respite Across the Lifespan
 Call 1-866-RESPITE

A short scheduled break for 24/7 caregivers of a loved one.

Twin Rivers Urgent Care.....534-2900
 220 West Leota, North Platte, Mon-F 8 AM to 8 PM)
 (Sat. 10 AM to 6 PM) (Sun. Noon to 5 PM)
West Central District Health Dept.....696-1201
 111 North Dewey, North Platte
 Immunizations, blood screenings and travel shots
West Central District Dental Clinic.....696-1201
 107 North Dewey, North Platte
 Dental care for Medicaid, Kids Connection and uninsured. **Must call for an appointment.**
West Central Medical Response System/Medical Response Corp Susan Mulligan 696-7990
(WIC) Women, Infants & Children
 102 South Elm, North Platte.....534-1678
 Provides free food and nutrition for pregnant, postpartum women and children (under age 5)
Women's Cancer Program
 Deb Fraas..... 402-471-3531
Women's Resource Center.....534-1440,
 650-3085, 209 McNeel Lane, North Platte
 Information about adoption, abortion and parenting; free pregnancy tests, free limited OB ultra-sounds.

ABUSE / RAPE / ALCOHOL/ DRUG

AA New Hope.....534-9527
 522 North Dewey, North Platte
Alcoholics Anonymous (AA).....532-3714
 620 West 6th, North Platte
ARM & ARM (Angie Smith)534-6029
 Program designed to meet individual needs of pregnant and/or parenting women who also have problems with substance abuse.
Behavioral Health Services.....535-7263
 601 West Leota, North Platte
Community Domestic Violence Intervention Program.....534-5879
 100 East 5th, #202 & #204, North Platte
Nebraska Children's Home Society — Child Placing Agency...Megan Harwager..534-3250
New Home Club.....522 N Dewey, North Platte
Rape & Domestic Abuse.....532-0624
 316 E Front Street, North Platte
Victim Assistance Crisis Line.....534-3438
 300 North Jeffers, North Platte
Victim Witness Unit.....535-3520
 Provides Services to victims of Crime

EMPLOYMENT

Able (Nat'l Able Network, Inc.).....308-3-0221
jzapata@nationalable.org (previously Experience Works)
Developmental Disabilities.....535-8200
 200 South Silber, North Platte
Senior Community Service Employment Program (previously Experience Works)
 must be over age 55
www.nationalable.org.....1-855-994-8300
Frontier House.....532-4730
 114 South Chestnut, North Platte
Day Rehabilitation/ Day Support:
 Activities and work for persons with a severe and persistent mental illness
Goodwill Industries of Greater NE.....520-9026
 300 East 3rd Street, North Platte
 Provides people who have a physical, behavioral health or developmental disability or disadvantages to achieve their highest level of personal & economic independence
Nebraska Farm Hotline.....800-464-0258
Proteus 532-4699
 600 E Francis ST, STE 8 North Platte.
 Upgrade migrant/seasonal farm worker skills to enhance employment opportunities for transition from agriculture to business and industrial employment; must be a citizen or legally able to work in the US.
REAP (Rural Enterprise Assistance Project)
www.npflock@msn.com or www.cfra.org/reap
 fostering small business growth in rural areas
 Nancy Flock534-3508
ResCare (Arbor)696-0007
 1620 East 4th St, Suite #118, North Platte
Unemployment Benefits:
 New claims or reopen claims.....402-458-2500
Workforce Development.....535-8320
 600 E Francis ST, STE 9, North Platte
Vocational Rehabilitation535-8100
 200 South Silber, North Platte

VOLUNTEER ORGANIZATIONS

RSVP Office.....535-6777
 901 East 10th, North Platte
American Red Cross.....532-8888
 111 South Cottonwood, North Platte



COMMUNITY RESOURCES

2019

(Revised 9-30-19)

FOOD

Brady Community Bldg.....584-3316
 (for people within 1 mile radius of Brady only)
 210 North Main St., Brady
 (Pantry) Open Monday-Friday, 8am-12pm
Community Action Partnership of Mid-Nebr.
 901 East 10th, North Platte532-3250
 8am-5pm, Monday thru Friday
 Commodity Supplemental Food Program
Grace Ministries.....532-1238
 114 East C St., North Platte
 (Pantry) Open 1:00 - 3:00 PM Monday — Friday
Hershey & Sutherland Pantry - located in the alley north of the Post Office - open 1st & 3rd Tuesday every month (5pm-6 pm)
 Emergency call:
 Arlis Paulman (Sutherland).....386-4832
 Agnes Moritz (Sutherland)386-4532
Hershey Senior Ctr.368-7744
 326 North Lincoln, Hershey
 12:00 noon meal—\$4.00 over age 60
 \$5.00 under age 60
N. P. Catholic Comm. Food Pantry....532-8800
 Public pantry M-T-TH 1-3 pm. Call Jennifer for more information. Located at 421 ½ East 3rd
Meals on Wheels.....535-8271 or 532-6544
 \$4.00 for ages 60 & older; \$5.00 for ages 59 & under; all lunch requests in by 10am for delivery Monday-Friday. *Dr. note required.*
North Platte Sr. Ctr......532-6544 or 535-8271
 901 East 10th, 8am-4:30 pm
 \$4.00 ages 60 & older; \$5.00 ages 59 & under.
 Lunch served 11:30am-1:00pm
Wallace Senior Center..... Marita Lundvall
 36798 W. Medicine Rd., Wallace, NE, 69169

Salvation Army532-2038
 1020 North Adams, North Platte
 (Pantry) open Mon–Thurs 9am–12pm &
 1–4pm; Fri 9–1pm
 Soup Supper: Friday's 5:30 – 6:30pm
 Sutherland Senior Ctr.....386-2224
 9:30am — 1:30pm, Mon thru Fri, 1120 2nd Street,
 Sutherland

CITY/COUNTY OFFICES

Municipal Light & Water.....535-6740
 201 West 3rd St., North Platte
 Lincoln County Court House.....534-4350
 3rd St. & Jeffers, North Platte
 Northwestern Energy1-800-245-6977
 215 East 5th St., North Platte (Gas Company)
 Community Actions Partnership of Mid Nebr.
 8am–5pm, Mon thru Fri 532-3250
 Commodity Supplemental Food Program, Weatheriza-
 tion Program and Rent & Utility Assistance Program

FAMILY SERVICES

Area Agency on Aging.....535-8195
 115 North Vine, North Platte
 In-home services/assisted living, chore and homemak-
 er services, & budgeting assistance
 Adult Education 535-3637
 MPCC North Campus, North Platte, Kristy Volentine
 Adult Education 535-6602
 306 East 6th, Wanda Hornbacher
 English as a 2nd Language/Civics535-3637
 MPCC North Campus, North Platte, Renee Miller
 ESU 13 Migrant Education Prog.....Kiowa Rogers
 (308)635-3696 or Jaymie Hilliard (308)641-3883
 GED - Kathy Fickenschler535-3621
 1101 Halligan Dr. (Voc Tech) North Platte
 Child Support Customer Service.....1-877-631-9973
 Consumer Credit Counseling.....532-9760 ext 601
No office in North Platte; phone consultation only
 Non-profit agency provides assistance with debt con-
 solidation, budgeting and bill paying
 Foster Grandparent's Program ..1-888-448-9665 or
 Cathy Schumacher.....308-635-3089
 Head Start AM2, 1210 S Ash.....534-1034
 Head Start AM1 PM1, 200 W 10th.....534-0115
 Head Start Full Day Full Year 920 E 11th...534-2800
 LinCKS — Child Safety Seat Fitting Station, Bob
 Spady GMC, East 4th Street, North Platte....650-5555
 Linkup/Lifeline Phone Rate Assistance:
 Call Toll Free 1-800-526-0017

Mom's Corner.....534-3185
 Youth for Christ Campus, 2500 2nd St., North Platte
 Parenting support group for young moms
 NE Commission for the Blind & Visually Impaired
 200 South Silber, North Platte, RM 124.....535-8170
 NPPS Early Childhood Program696-3370
 301 West F Street, North Platte
 Provides FREE developmental screenings for children
 birth to age 5

Salvation Army.....532-2038
 1300 West 10th St., North Platte
 Provides food, household goods, clothing & gas vouchers,
 foster care, church services & disaster relief.

Salvation Army After School Program 532-2038
 1020 North Adams, NP, Kelly Summit
 Social Security Adm.833-329-5527
 300 East 3rd St., 2nd floor, RM 204, North Platte

HOUSEHOLD GOODS & CLOTHING/FURNITURE

Bargain Bin.....534-9121
 421 East 3rd St., North Platte
 Construction Connection422 E 6th.....221-6153
 First Baptist Church Career Closet
 100 McDonald Rd, contact Pat Dannat 539-3614
 Hrs. M-W-F 11am-2pm
 General Store534-0317
 1616 West Front St., North Platte
 Goodwill Industries.....532-6221 & 532-6197
 102 William Ave., North Platte
 Isabell's Auction.....532-6944
 2006 East 4th St., North Platte
 L2 For Kids, Inc.....Henry Potter.....530-0441
 New school clothes for underprivileged children
 The Thrift Connection.....534-7634
 501 East 5th St., North Platte
 The Thrift Center.....534-3514
 218 West 4th St., North Platte

HOUSING

Autumn Park.....534-4887
 900 Autumn Park Dr., North Platte
 Handicapped/disabled/aged (62 yrs/older)
 Buffalo Bill Manor.....534-2031
 1200 South Oak, North Platte
 Income \$22,000/yr for 1; \$25,000 for 2 (62+ years)
 Great Plains Housing.....534-6705
 930 South Taft Ave. North Platte
 The Connection Homeless Shelter.....532-5050
 414 East 6th, North Platte (homeless)
 North Platte Housing Authority.....534-4887
 900 Autumn Park, North Platte, Applications on Wed.'s
 Accepts applications Mon-Fri, 9-4

Platte Valley Apartments.....1-934-6131
 no age limit, preference to wheel chair users; dis-abled or handi-
 capped person(s) (19yrs+ can apply)
 Platteview Apartments.....534-9760
 302 West Leota, North Platte (Building A)
 310 West Leota, North Platte (Building B)
 Priority to aged (60+yrs); ages under 62 must have a disa-
 bility or handicap.
 Prairieview Townhouses.....534-5790
 1101 South Tabor, North Platte
 Must have a dependent child(ren) living with you.
 (Apply at office on site)

Riverview Apartments.....534-6705
 930 South Taft, North Platte (Office hrs. 4 – 9-pm) Priority
 to chronically mentally ill; developmentally disabled can
 also apply; no age requirements.
 South Oak Manor.....534-5642
 1100 South Oak, North Platte
 West Central Joint Housing.....284-7315
 201 East 2nd, Ogallala, NE 69153. Must be 19 yrs or older
 to apply; includes assistance to residents of Lincoln Co.
 West Park Townhomes.....1-800-378-9366
 3731 Prairie Ridge Rd, at West 2nd Street, North Platte

LEGAL SERVICES

Nebraska Legal Aid877-250-2016
 Mon—Wed 9:00-11:00 or Tues—Thurs 1:30-3:30
 www.legalaidofnebraska.org
 CASA Court Appointed Special Advocates.....520-0577
 www.lincolncountycasa@gmail.com

NURSING HOMES/ASSISTED

Centennial Park Retirement Village.....534-7400
 510 Centennial Circle, North Platte
 Apartments, Nursing Home & Assisted Living
 Linden Estates (Chancellor Place).....534-8808
 3700 West Philip Ave., North Platte
 Apartments, Nursing Home, Assisted Living & Secured
 Alzheimer Unit
 IHS at Sutherland.....386-4393
 333 Maple St., Sutherland
 Skilled Nursing & Rehabilitative Care
 Linden Court.....532-5774
 Skilled nursing Home & Assisted Living
 Liberty House534-1796
 420 West 4th, North Platte
 Premier Estates Senior Living Community
 2895 West E534-2200
 Skilled Nursing Home & Rehabilitative Care
 2900 West E
 Premier Estates.....534-1900
 2895 West E St., North Platte
 Independent & Assisted Living
 Southview Manor Care Center.....784-3715
 318 West 18th St., Cozad; Nursing Home Care

TRANSITATION

Arrow Stage Lines / Blaine Hills Stage Lines
 (destination & price line).....1-800-672-8302
 Bus Depot — Fat Dogs (Conoco station)
 201 W Eugene Ave, North Platte / Bus Time:2:30 pm
 North Platte Public Transit.....532-1370
 "Door to Door" service; operating hours Monday-Friday 5:30
 AM—8:00 PM; Saturday 7:00 AM—5:00 PM; bus fare \$1.50
 per one way ride (Request at least 2 hours or 24 hr advance
 notice when possible for pickup).

VETERAN SERVICES

At Ease532-0587
 120 E 12th (Lutheran Family Services) trauma treat-
 ment & therapeutic support for active military, veter-
 ans & their loves ones.
 Central Nebraska Community Services -
 Supportive Services for Veterans 308-730-7307
 109 E 2nd, Ste 2, North Platte, contact case manager,
 Criiatal Kersey at ckersey@centralnebraskacap.com
 Works to help homeless or near homeless Veterans
 get access to housing & services.
 Dept. Of Labor/Veterans Employment Services
 600 E Francis, Suite 9, North Platte535-8320
 VA Medical Clinic.....532-6906
 600 East Francis, Suite 3, North Platte
 Determines VA medical eligibility and provides medi-
 cal assistance to VA approved
 VA Medical Center.....308-382-3660
 2210 North Broadwell Ave., Grand Island
 Assistance with medical, transportation and disability
 determination
 VA Service Center.....534-4350
 311 N. Vine, Suite 2, North Platte(Paul Cooper)

HEALTH

Assistive Technology -
 Scottsbluff308-632-1332
 Kearney.....308-865-5349
 Every Woman Matters.....1-877-209-3723
 Women over age 40 needing help with costs for pap
 tests and mammograms
 Family Planning of People's Family Health Ser.
 102 South Elm, North Platte.....534-3075
 Medical history, lab tests, physical exam including a pap
 smear, pelvic & breast exam, birth control methods, pregnan-
 cy tests, sexually transmitted disease testing, treatment &
 counseling (cost based on income and family size).
 Great Plains Health
 601 West Leota, North Platte.....568-8000
 Behavioral Health – Psychiatric services
 Chemical Dependency – Adolescents (T-W-Th)
 4:00 to 7:00 (summer hours vary); Adults 9:00 to 3:00 (M-F)
 Contact Vicki568-7277

Name	Agency	Phone	Email
Vicki Lawton	Alabaster Counseling	308-532-0083	lawtonvicki@gmail.com
Jaime Blevins	Boys Town	308-227-8391	jaime.blevins@boystown.org
Brianna Kuenning	Bridge of Hope Advocacy Center	308-534-4064	Outreach@bridgeofhopecac.org
Dave Olson	Butterfly Mental Health Support Group	308-520-3870	daveolson7@yahoo.com
Kerry Moore	CASA	308-520-0577	volunteercoordinator4casa@gmail.com
Jodi Sonneman	CASA	308-530-2771	lincolncountyCASA@gmail.com
Brenda Peterson	Cervelle Consulting	308-221-6647	contact@cervelleconsulting.com
Dennis Thompson	City of North Platte-Fire Dept.	308-535-6761	thompsondr@ci.north-platte.ne.us
Kathy Scusa	Commission for the Deaf and Hard of Hearing	308-535-6600	Kathy.Scusa@nebraska.gov
Donna Legas	Community Action-Community Services Coor.	308-532-3250	northplattescs@mnca.net
Linda Lusk	Community Action-HeadStart	308-221-6920	nphs3@mnca.net
Gloria Luna-Hernandez	Community Action-HeadStart	308-534-0115	nphs4@mnca.net
Araceli Ayala	Community Action Partnership of Mid-NE	308-865-5675	
Sara Frias	Community Action Partnership of Mid-NE	308-865-5675	sfrias@mnca.net
Tammy Jeffs	Community Action Partnership of Mid-NE	308-865-5675	tjeffs@mnca.net
Brenda Wommer	Community Action Partnership-SOAR	308-865-5675	bwommer@mnca.net
Angela Hipp	Community Connections-Mentoring	308-696-0976	mentor@communityconnectionsllc.org
Catiana Urrutia	Community Connections-Substance Abuse Prev.	308-696-3358	saps@communityconnectionsllc.org
George Haws	Community Connections-Tobacco Free	308-696-3356	tflc@communityconnectionsllc.org
Ann Rasmussen	Community volunteer	308-530-9866	annras61@gmail.com
Steve Shanno	Compass	308-293-2979	steve@compassnebraska.org
Ashley Lewis	Connection Homeless Shelter	308-532-5050	directorshelter@gmail.com
Chassidy Paulson	Connection Homeless Shelter	308-532-5050	casemanager_cpaulson@outlook.com
Lori Zimmerman	Cozmos Investment Solutions, LLC		ssinvestmentsolutions18@gmail.com
Allison Fanning-Huebner	Deborah's Legacy, Inc.	308-520-1489	deborahslegacy@gmail.com
Jill Vaughn	Deborah's Legacy, Inc.	308-530-3361	deborahslegacy@gmail.com
Margot Dainowski	DHHS-Family Focused Case Management	308-535-8200	margot.dainowski@nebraska.gov
Cherish Lienemann	Early Development Network-NPPSD	308-696-3370	chlienemann@nppsd.org
Marnia Hughes	Early Development Network-NPPSD	308-696-3370	mahughes@nppsd.org
Shana Rutherford	Educational Service Unit 13-Migrant Ed. Service	308-641-5811	srutherford@esu13.org
Danielle Cole	Educational Service Unit 13-Migrant Ed. Director	308-631-5476	dcole@esu13.org
Jaymie Hilliard	Educational Service Unit 13-Migrant Ed. Recruiter	308-641-3883	jhilliard@esu13.org
Cheryl Roche	Educational Service Unit 16		croche@esusixteen.org
April Wilson	Educational Service Unit 16	308-289-2822	apwilson@esusixteen.org
Deb Paulman	Educational Service Unit 16	308-284-8481	dpaulman@esusixteen.org

Rhonda Fisher	Elks Lodge-North Platte	308-530-0867	rgrdnprty@gmail.com
Caroline Sabin	Families 1st Partnership	308-520-0608	caroline@families1stpartnership.org
Brittany Masters	Families 1st Partnership	308-520-3743	info@families1stpartnership.org
Pat Dannatt	First Baptist Church-Career Closet	308-539-3614	Salzypat@gmail.com
Ron Felton	Gambler Assistance Program	308-650-0735	ron.felton@yahoo.com
Shandell Sims	Girl Scouts	308-530-6914	shandellsims@gmail.com
Ashley Corbett	Goodwill Industries of Greater NE-Career Services	308-530-9925	acorbett@goodwillne.org
Randa Musil	Goodwill Industries of Greater NE-Career Services	308-520-9026	rmusil@goodwillne.org
Jennifer Geiss	Goodwill Industries of Greater NE-Career Services		jgeiss@goodwillne.org
Susan Kubart	Goodwill Industries of Greater NE-Career Services	308-660-1308	sukubart@goodwillne.org
Judy Pederson	Gov. Commission on Housing and Homelessness	308-532-1111	judy@proprinting-np.com
Michelle McNea	Great Plains Health		mcneaml@gphealth.org
Julie Johnng	Great Plains Care Coordination program		johngja@gphealth.org
Lisa Bocott	Great Plains Hospice	308-568-7929	bocottl@gphealth.org
Renee Callaghan	Great Plains Hospice	308-568-7918	callaghanr@gphealth.org
Tiffany Hernandez	Guardian Light Family Services	308-520-3877	tiffany.hernandez@guardian-light.com
Joe Sukraw	Hope Embraced	308-530-1273	yfcjoe@hotmail.com
Susan Sukraw	Hope Embraced	308-539-0763	susan@hopeembracednp.com
Seanna Collins	Housing Authority-North Platte	308-534-4887	
Irene Britt	Independence Rising	308-258-1914	ibritt@cilne.org
Mariah Reeves	Independence Rising	308-539-3954	ir.mreeves@gmail.com
Sue Britt	Independence Rising		ir.sbritt@gmail.com
Helena Beyer	Independence Rising		ir.hbeyer@gmail.com
Darin Barnes	Job Corps	308-385-0640	Jobcorpsgi@hotmail.com
Mona Anderson	Keep North Platte/Lincoln County Beautiful	308-534-8100	andersonml2@ci.north-platte.ne.us
Henry Potter	L2 for Kids	308-530-0441	hppotter@cozadtel.net
Pat Potter	L2 for Kids	308-520-1104	hppotter@cozadtel.net
Jeff Eastman	Legal Aid of Nebraska	308-532-5793	jeastman@legalaidofnebraska.com
Katie Dean	Legal Aid of Nebraska	308-641-2173	
Jeff Hedgecock	Lincoln Co. Detention Center	308-535-9598	hedgecjw@co.lincoln.ne.us
Dan Newton	Lincoln Co. Sheriff	308-535-9516	newtondj@co.lincoln.ne.us
Jerome Kramer	Lincoln Co. Sheriff	308-535-9599	kramerjj@co.lincoln.ne.us
Roland Kramer	Lincoln Co. Sheriff	308-535-9506	kramerrl@co.lincoln.ne.us
Paul Cooper	Lincoln Co. Veteran's Service officer	308-534-4350	lcvso@yahoo.com
Rayla Cooper	Lutheran Family Services	308-532-0587	rcooper@lfsneb.org
Janet Fear	Lutheran Family Services	308-532-0587	jfear@lfsneb.org

Jennifer Rosenberg	Mamas Helping Mamas	509-389-6153	jenrosenberg.jr@gmail.com
Tammy Poe	Mid-Plains United Way	308-532-8870	npunitedway172@gmail.com
Alisha Forbes	Mid-Plains United Way	308-532-8870	npunitedway172@gmail.com
Chris Turner	MidPlains Community College-Disability Services	308-535-3715	turnerc@mpcc.edu
Mindy Hope	MidPlains Community College	308-535-3773	hopem@mpcc.edu
Margaret Ann Neal	MidPlains Community College	308-535-3637	nealm@mpcc.edu
Jessie Perez	NE Office of Health Disparities and Equity	308-293-0432	jessie.perez@nebraska.gov
Kathy Eastwood	NE Dept. of Labor	308-535-8320	kathy.eastwood@nebraska.gov
Autumn Hild	NE Dept. of Labor		
Josh Hanson	NE Dept. of Labor		josh.hanson@nebraska.gov
Kendrick Marshall	NE Dept. of Labor		kendrick.marshall@nebraska.gov
Kelsey Miller	NE Dept. of Labor	308-535-8320	kelsey.miller@nebraska.gov
Raquel Hernandez-Bourgeois	NE Dept. of Labor	308-535-6602	Raquel.Hernandez-Bourgeois@nebraska.gov
Ronald S. Halsted	Nebraska Army National Guard-Family Assistance	402-309-8602	ronald.s.halsted.ctr@mail.mil
Justen Lusk	NE Children's Home Society	308-534-3250	jlusk@nchs.org
Mindi Miles	NE Children's Home Society	308-520-0705	mmiles@nchs.org
Fritz Nuffer	NE Commission for Blind & Visually Impaired	308-660-6801	fritz.nuffer@nebraska.gov
Susan Nickerson	NE Dept of Economic Development		susan.nickerson@nebraska.gov
Jerrilyn Crankshaw	NE DHHS-Medicaid	308-520-1644	jerrilyn.crankshaw@nebraska.gov
Shelly Witt	NE DHHS-Community Support	402-984-9905	shelly.witt@nebraska.gov
Cheryl Bales	NE DHHS-Dev. Disabilities	308-530-7325	cheryl.bales@nebraska.gov
Margot Dainowski	NE DHHS-Family Focused Case Management	308-535-8200	margot.dainowski@nebraska.gov
Amanda Marquette	NE DHHS-Foster care		Amanda.marquette@nebraska.gov
Yvette Troyer	NE DHHS-Long Term Care	308-520-4934	yvette.troyer@nebraska.gov
Aspen Shirley	NE Extension-Nutrition Education Programs		aspen.shirley@unl.edu
Brenda Aufdenkamp	NE Extension	308-532-2683	baufdenkamp2@unl.edu
Clifford Caudell	NE Oxford House		
Helena Janousek	NE Respite Network		respite@swhealth.ne.gov
Penny Parker	NE TotalCare	308-201-0455	Penny.A.Parker@NebraskaTotalCare.com
Dalene Skates	North Platte Habitat for Humanity	308-534-6251	dalene.habitat@gmail.com
Katelyn Nichelson	North Platte Opportunity Center	308-532-3965	katelyn.nichelson@npcnp.org
Tina Gastineau	North Platte Opportunity Center	308-532-3965	tina.gastineau@npcnp.org
Rich Hoaglund	North Platte Police	308-535-6789	hoaglundRS@ci.north-platte.ne.us
Cecelia Lawrence	North Platte Public Library	308-535-8036 #3321	lawrencecc@ci.north-platte.ne.us
Brandy Buscher	North Platte Public Schools	308-530-0503	bbuscher@nppsd.org
Trudy Merritt	North Platte Recreation Center	308-535-6776	merritttd@ci.north-platte.ne.us

Brandy Pirnie	Midlands Family Medicine-Patient Health Ed.		b19beachy@gmail.com
Pat Dannatt	Pawitive Partners	308-539-3614	Salzypat@gmail.com
Elizabeth Lagan	People's Family Health		outreach@pfhs.org
Jessica Furmanski	People's Family Health	308-534-1678	wic@pfhs.org
Stephaine Morse	Platte Valley Counseling		plattevalleycounseling@yahoo.com
Chris Miotke	Project HELP-MPCC	308-398-7516	christinamiotke@cccneb.edu
Stacy Mann	Project HELP-MPCC	308-535-3783	mannsj@mpcc.edu
Heather Tjaden	Proteus		
Beth Gilbert	Rape & Domestic Abuse Program	308-532-0624	bgilbert@nprdap.org
Jennifer Bonyng	Rape & Domestic Abuse Program	308-532-0624	jbonyng@nprdap.org
Mackenzie Slonaker	Rape & Domestic Abuse Program	308-532-0624	kslonaker@nprdap.org
April Scott	Region II Human Services	308-539-5441	aprilsconfig@r2hs.com
Shannon Sell	Region II Human Services	308-534-6029 #152	shannonsell@r2hs.com
Joel Fisher	Region II Human Services	308-532-4860	joelfisher@r2hs.com
Jennifer Brandt	Res-Care	308-221-6922	Jenniferbrandt@rescare.com
Keri Miller	Res-Care	308-696-0002	keri.miller@rescare.com
Caelea Ostergard	Res-Care		caelea.ostergard@rescare.com
Stacey Patterson	Res-Care	308-221-6922	Stacey.patterson@rescare.com
Brandi Bayne	Res-Care	308-696-0020	
Angee Hock	Royal Family Kid's Camp	308-520-0041	royalfamilykidsnp@gmail.com
Deb Monroe	Royal Family Kid's Camp	308-520-0041	royalfamilykidsnp@gmail.com
Tracy Hock	Royal Family Kid's Camp	308-520-0041	royalfamilykidsnp@gmail.com
Dana Songster	RSVP	308-535-6777	SongsterDD@ci.north-platte.ne.us
Kay Weiss	RSVP	308-535-6777	
Karen Gutherless	Rugged Pathways Counseling	308-530-3622	kayhay33@yahoo.com
Laurie Jones	Social Security Administration	866-830-0668#11220	laurie.a.jones@ssa.gov
Mike Sylvan	Social Security Administration	866-830-0668#11200	michael.sylvan@ssa.gov
Jennifer Krajewski	SouthWest Nebraska LOSS Team		swnelossteam@gmail.com
Samuel Golson	SSVF(Supportive Services for Veterans/Families)	308-202-1578	sgolson@centralnebraskacap.com
Cristal Kersey	SSVF(Supportive Services for Veterans/Families)	308-730-7307	ckersey@centralnebraskacap.com
Keith Allen	SSVF(Supportive Services for Veterans/Families)	308-730-1405	kallen@centralnebraskacap.com
	Salvation Army	308-532-2038	
LeeAnn Nielsen	Salvation Army-Human Trafficking intervention	308-532-2038	leeann_nielsen@usc.salvationarmy.org
Vicki Collins	Salvation Army-Youth	308-532-2038	vicki_collins@usc.salvationarmy.org
Jeannie Shimmin	Therapeutic Choices	308-221-5288	jshimmin@therapeuticchoices.net
Gloria Kennedy	United Health Care	308-220-3599	gloria_kennedy@uhc.com

Luanne Schrader-Songster	VA	308-660-6236#2264	luanne.schrader-songster@va.gov
Denise Cottingham	VA Medical Clinic	308-532-6906#2234	Denise.cottingham@va.gov
Janelle Brock	VA Suicide Prevention	308-395-3202	Janelle.Brock@va.gov
Patricia Nelson	Veteran's Affairs Voc Rehab Employment	308-203-1234	patricia.nelson442@va.gov
Carole Baldwin	Voc Rehab	308-520-7840	carole.baldwin@nebraska.gov
Cindi Walz	Voc Rehab		cindi.walz@nebraska.gov
Cindy Staggs	Voc Rehab	308-535-8100	cindy.staggs@nebraska.gov
Janet Livingston	WCDHD-VetSet, Minority Health	308-221-6823	livingstonj@wcdhd.org
Maria Lein	WCDHD-Minority Health	308-221-6842	mlein@wcdhd.org
Rhonda Godbey	WCNAAA		rhonda.godbey@nebraska.gov
Jennifer Weesner	Wellcare		Jennifer.Weesner@wellcare.com
Jill Hurt	Wellcare	402-599-9329	Jill.Hurt@wellcare.com
Linda Logsdon	Women's Resource Center	308-534-1440	linda@wrcnp.com
Tracey Schaub	Women's Resource Center	308-534-1440	clientservices@wrcnp.com

NEWS RELEASE

FOR IMMEDIATE RELEASE



CONTACT PERSON:

Jeremy Eschliman, Health Director
701 4th Avenue, Suite 1, Holdrege, NE 68949
3715 29th Ave, Suite A2, Kearney, NE 68845
1-888-669-7154

Flooding Recovery

Kearney, NE --- As flood waters recede it is easy to miss the true impact left behind. Recovery from flooding is a lengthy process that can take weeks or months. Luckily, local resources are available to help those impacted in our area. Greater Kearney Area COAD (Community Organizations Active in Disaster), Dawson County Emergency Management, and Two Rivers Public Health Department would like to encourage those affected by flooding, to reach out for help by contacting the disaster crisis line at 308-???-?????. If you have needs related to flood clean-up, please call the crisis line and a trained operator will forward match your request with an appropriate volunteer organization that will assist you with your needs. If you are unsure of who to contact, please call Two Rivers Public Health Department and we will help guide you through the process.

Two Rivers Public Health Department	<ul style="list-style-type: none">• Private well water testing is available at \$16.50 per bacteria test, drop by the Two Rivers office for a kit or call.• Mold clean-up information is available to help guide efforts to prevent mold• Health Related questions and referrals	Jeremy Eschliman 888-669-7154 www.trphd.org 3715 29th AVE Suite A2 Kearney NE 68845
American Red Cross	<ul style="list-style-type: none">• Cleaning Supplies	https://www.redcross.org/local/nebraska/about-us/locations/central-and-western-nebraska.html 308-382-3790
The Salvation Army	<ul style="list-style-type: none">• Disaster Counseling• Cleaning Supplies• Hygiene products• Food	1719 Central Ave Kearney NE 68847 308-234-9998
Nebraska Department of Environment and Energy	<ul style="list-style-type: none">• 1% loans to counties affected by flooding, offered until September 27th	http://neo.ne.gov/programs/loans/loans.html (info) Lenders- https://neo-lendersearch.ne.gov/NEOLenderSearch/faces/welcome.jsp;jsessionid=736FBBCD39ED5567A7B591FDFF5FBE03
Kearney Works	<ul style="list-style-type: none">• Job search help, employment assistance• SNAP- with DHHS	16 W 11th St, Kearney, NE 68847 308-865-1354
Mid-Nebraska Community Action Partnership	<ul style="list-style-type: none">• Furnace Replace/Repair Funds• Rent assistance• Food Pantry	16 West 11 th St Kearney NE 308-865-5680

*There is an application process for the funds

931 W 7th St
Lexington NE
308-324-4219

Two Rivers Public Health Department is working for a healthy community for all.

NEWS RELEASE



Jubilee Center	<ul style="list-style-type: none">• Community Meals• Clothing, food, household goods	2523 Avenue A Kearney, NE 68845 308-234-3880
Buffalo County Emergency Management	Emergency management continues to work the communities, local and county official to identify victims of the disaster, for personal and public property. As well as working with and coordinating COAD organization for recovery efforts to assist those that have been affected by the Floods.	Darrin Lewis 2025 A Avenue Kearney NE 68847 308-233-3225
Region 3 Kearney	<ul style="list-style-type: none">• Crisis Counseling• Nebraska Strong Disaster Related Counseling	308-237-5951 (Crisis Line) Caleb Davis
Dawson County Emergency Management	Emergency management continues to work the communities, local and county official to identify victims of the disaster, for personal and public property.	Brian Woldt 700 N. Washington Room N Lexington, NE 68850 308-324-2070
Region 2 Lexington	Heartland Counseling Behavioral Health Counseling	308-324-6754 307 E 5th St, Lexington, NE 68850
Parent and Child Center Lexington	<ul style="list-style-type: none">• Clothing, food, household goods	308-234-2336 1001 N Washington St, Lexington, NE 68850

For more information on this topic, call Two Rivers Public Health Department at (888) 669-7154 or visit www.trphd.org.

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October 3rd, 2019

Aging & Disability Resource Center (ADRC)

Erin Davis and Hayley Jelinek
308-234-1851
Erin.Davis@nebraska.gov

The ADRC provides information, referrals, and assistance for accessing community services and long-term care options to persons with disabilities of all ages and individuals over 60 years of age.

AseraCare Hospice

Crystal Grimm-Provider Relations Manager
308-708-8490
Crystal.Grimm@aseracare.com

At AseraCare Hospice, our team provides medical, emotional and spiritual support to individuals with terminal illnesses or final stages of chronic diseases

Assistive Technology Partnership (ATP)

Pam Cody
877-713-4002
atp@nebraska.gov

ATP helps Nebraskan's with disabilities of all ages learn about, obtain, and use assistive technology at home, school, and work. Visit our website atp.nebraska.gov to learn more about the services that we offer.

BraveHearts Equine Assisted Psychotherapy & Learning

Nancy Lyon
308-440-0315
braveheartseatherapy@gmail.com

BraveHearts Equine Assisted Psychotherapy & Learning takes a different approach to healing and learning. Participants partner with a horse to engage in on-the-ground activities. Our focus is help participants connect with horses to help them successfully overcome the social, emotional, and behavioral challenges in life. The horses have a unique ability to get to the heart of whatever is most challenging and help you see (focus) on the solutions that work best for you. Our programs include: HorsePowered Reading & Math, Equine Empowerment, Parenting from the Barn & Life Skills Coaching. No riding and no previous horse experience is needed.

Buffalo County Community Partners-Alzheimer's & Dementia Coalition

Martha Marfileno (BCCP Wellness Coordinator)
308-865-2287
wellness@bccp.org

To increase the communities' knowledge of Dementia including Alzheimer's Disease. This will be achieved by building partnerships, increasing education, and heightened awareness.

CHI Health Good Samaritan Lifeline

Dorann Bartels
308-865-2720 or cell 308-627-6785
dorannbartels@catholichealth.net

Good Samaritan Lifeline assists disabled and older adults in living safely and independently in their own homes, knowing help is just the push of a button away. Experienced staff provides advice in choosing the best system for individual needs and handles all aspects of providing the service, including home installation, how-to-use instruction, and initial testing. Local Good

Samaritan staff provides excellent personal customer service and is always available to assist with follow-up needs that might arise.

Community Action Partnership of Mid-Nebraska – SOAR Program

Brenda Wommer
308-865-5675
soar@mnca.net

SSI/SSDI Outreach Access & Recovery. SOAR is for persons who are experiencing homelessness or near homelessness and have a mental illness and/or co-occurring substance use disorder.

DHHS Division of Developmental Disabilities

Director Courtney Miller
877-667-6266 Toll-Free
DHHS.DDDCommunityBasedServices@nebraska.gov

We provide funding and oversight for community-based services. This includes: determining eligibility for developmental disabilities services, providing service coordination for eligible individuals, determining eligibility for Medicaid Home and Community-Based Services Waivers, and monitoring and paying developmental disabilities providers.

Disability Rights Nebraska

Michael J. Elsken
402-474-3183
mike@drne.org

Disability Rights Nebraska is the Protection and Advocacy system for people with disabilities in our state. We protect, support and promote the rights of people with disabilities. This includes people with just about any disability including intellectual or developmental disabilities, mental illness and physical disabilities.

Vision: Nebraskans with disabilities, especially those who are most vulnerable, will be free from harm and able to exercise the same rights, opportunities and choices available to all citizens in order to live fully integrated and culturally valued lives.

Mission: Disability Rights Nebraska uses a combination of legal advocacy, public policy advocacy, citizen advocacy, self-advocacy and advocacy education to protect vulnerable people with disabilities, especially those who learn, live or work in isolated, segregated or congregated settings.

Early Development Network (EDN) Educational Service Unit – ESU 10

Areli Valles and Christie Behle
308-237-2280 ext 345 or 342
avalles@esu10.org or cbehle@esu10.org

Early Development Network is a program that provides service coordination free at no cost to you and your family. Our focus is to help families with infants and toddlers who may have questions or concerns about their little one's development. Remember, you as a parent or caregiver are the most important person in your child's life. It is never too early to begin helping your child learn and achieve to the best of his or her ability.

Easter Seals Nebraska

Lorri Billeter
402-630-2658
lbilleter@ne.easterseals.com

If you're an adult age 18-64 and you get disability benefits, you qualify for the Ticket To Work program. You can use the Ticket To Work program to get the services and support you need to go to work and earn money. The goal is to help you earn enough money so that you can become financially independent.

Frontier Home Medical

Joselin Lockard, RRT; Debra Cornelius PT, ATP; Anne Seaman
877-234-3532

Frontier Home Medical was established in 1996 as a company to serve the needs of people who required wheelchairs and other medical equipment.

Goodwill DDS

Kelly Ostergard
308-440-6198
kostergard@goodwillne.org

We provide habilitation through programming according to the wants and needs of the individual. We volunteer at different organizations throughout the community. We also provide residential in-home supports to participants who live on their own so they may be successful.

Goodwill Industries: Employment & Career Services

Nicole Weaver
308-440-9206
nweaver@goodwillne.org

Employment Specialists work to match qualified candidates to job openings in the local community and strive to maintain strong, responsive working relationships with employers to answer questions and address needs.

Independence Rising

Irene Britt
308-258-1914
ibritt@cilne.org

Independence Rising offers services to people with disabilities in order to help them meet their goals for independence. The center serves 39 counties in South central and Southwest Nebraska.

Integrated Life Choices (ILC)

Amy Kosmicki
308-381-2036
akosmicki@integratedlifechoices.com
Janice Lewis
308-708-7131
jlewis@integratedlifechoices.com

ILC offers person centered supports that are tailored to meet the needs of the individual. ILC staff follow our core values of dedication, innovation, support, integrity and professionalism. Here at ILC, we inspire opportunities and promote independence.

Kearney Housing Agency

Micheala Rut
308-234-3000
mrut@kearneyhousingagency.com

Kearney Housing Agency has several housing programs. Kearney Manor has 1 or 2 bedroom apartments designated for elderly and persons with a disability. Applications are accepted online at www.kearneyhousingagency.com.

Kearney Therapeutic Horseback Riding Program

Cheryl Webber
308-627-4082
cherylwebber76@gmail.com

KTHRP IS AN INDEPENDENT, NON-PROFIT ORGANIZATION DEDICATED TO FOSTERING EMOTIONAL, PHYSICAL AND SOCIAL WELL-BEING THROUGH HORSEBACK RIDING. Therapeutic horseback riding has long been recognized as an effective treatment for a wide variety of physical and mental conditions. Research shows that almost all who participate in therapeutic riding experience physical, emotional and mental rewards. Since 2010, the Kearney Therapeutic Horseback Riding Program has served the local community as an independent, service organization. The program operates during the warm weather months and serves a wide range of children and adults with disabilities. In addition to specializing in therapeutic riding for individuals seeking specific physical, social and emotional gains, KTHRP also offers general horseback riding lessons to all individuals seeking the benefits and enjoyment available through horseback riding.

Krull Agency Inc.

Joelle Knott
308-832-2140
joelle@krullagency.com

Krull Agency will offer information about new health insurance plans for people with disabilities. These are no cost plans that offer additional benefits for dental, vision, and over the counter products.

League of Human Dignity

Stacy Eickman
308-224-3665
seickman@leagueofhumandignity.com

We at the League of Human Dignity serve to maximize the opportunity for people with disabilities to become and remain living independently in their homes or in a community setting by providing supportive services and barrier removal. League of Human Dignity coordinates the Home and Community Based Medicaid Waiver service to eligible adults aged 18-64 and may include Assisted Living Facility Service, Assistive Technology and Supports/Home Modifications, Home Care/Chore, Home Delivered Meals, Personal Emergency Response System, and Non-Medical Transportation/Escort.

MNIS

Bobbi Ehmke, Area Director
308-234-2558
bobbiehmke@mnis.org

MNIS strives to support an individual in achieving an optimal healthy lifestyle as a foundation to promote learning skills essential to live and work as a productive community member. MNIS community-based services are tailored to each individual's needs. Services provided include but are not limited to, day services, community inclusion, employment, transportation, medical services, supported living, and assisted living.

MMI-UNMC

Candi Koenig, Parent Resource Coordinator (located at Children's Physicians-Kearney)
Sarah Swanson
402-955-6238
Candi.koenig@unmc.edu

The Family Care Enhancement Project, coordinated by the UNMC Munroe-Meyer Institute (MMI), places Parent Resource Coordinators in clinics to assist families who have children with disabilities or special health care needs connect to Early Intervention and other community resources. MMI also provides direct services in Omaha and through outreach clinics in Central and Western Nebraska.

Mosaic

Jim Fields and Jeff Kingsley
308-743-2401 (Jim-Axtell Office)
308-381-1690 (Jeff-GI Office)
jim.fields@mosaicinfo.org
jeffrey@kingsley@mosaicinfo.org

Mosaic provides a life of possibilities for people with intellectual and developmental disabilities. We offer a wide range of services to meet the needs of the people we support!

NE Commission for the Blind & Visually Impaired

Cristal Dimas
308-865-5114 or 877-809-2419
cristal.dimas@nebraska.gov

NCBVI is the state vocational rehabilitation agency for the blind. We work to help blind and visually impaired Nebraskans gain independent living skills and assist with finding employment.

NE Commission for the Deaf and Hard of Hearing

Aaron Rothenberger
308-865-5447
Aaron.Rothenberger@nebraska.gov

Nebraska Commission for the Deaf and Hard of Hearing is a State Government Agency that provides services for Deaf and Hard of Hearing Nebraska residents. Our services include providing free amplified telephones and ringer systems as well as a program that can assist low income individuals with getting hearing aids. We also provide advocacy, educational and behavioral assistance and an interpreter referral program.

Nebraska TotalCare

Penny Parker
1-844-385-2192
penny.parker@nebraskatotalcare.com

Transforming the Health of our Community One Person at a Time.

Nebraska VR

Elaine Anderson, Cassy Kvasnicka, and Erica Morey
308-865-5343
elaine.anderson@nebraska.gov

We help people with disabilities prepare for, find, and keep jobs. We also help businesses recruit, train, and retain employees with disabilities.

PTI Nebraska

<http://pti-nebraska.org/>
1-800-284-8520 (Toll Free)

PTI Nebraska is the Parent Information & Training center for parents with children with disabilities. PTI is a statewide agency charged with helping families get information about services for their children with disabilities and/or healthcare needs, providing one-on-one support to parents, helping families with decisions which can make a difference in the lives of children, and connecting children with disabilities to community resources that address their needs. Services provided by PTI Nebraska are FREE including phone consultations, attending IEP meetings as support, webinars and workshops. PTI Nebraska's staff serves families of children age's birth through 26 anywhere in the State of Nebraska.

Region 3 Behavioral Health Services

Terri Keller and Pat Hofferber
308-237-5113 or 800-321-4981
tkeller@region3.net
phofferber@region3.net

Our mission is to utilize the wraparound approach to coordinate supports and services in the community for children and young adults with behavioral health needs and to ensure that consumers and their families have a voice and ownership in developing an accessible, comprehensive, individualized support plan.

South Central Behavioral Services – Unity House

Jessica Millar
308-698-0535
jmillar@scbsne.com

Community Behavioral Health agency providing mental health and substance use services for adults, children and families; and specialized services for youth and families. Our vision is to live in communities where behavioral health is essential to well-being and stigma has been eliminated."

The Arc of Buffalo County

Sherry Stansberry
308-237-4343
arcofbuffalocounty@frontiernet.net

The Arc of Buffalo County is a nonprofit organization providing respite, recreation, advocacy, training, and information to more than 200 adults and children with developmental disabilities in our area. The Arc of Buffalo County is a local chapter of The Arc of Nebraska and The Arc of the United States. It is also an affiliate agency of the United Way of the Kearney Area.

The Community Support Network

Von Alavi
308-440-4418
valavi@thecsnetwork.com

The Community Support Network is dedicated to help individuals with mental health needs and/or intellectual disabilities to lead meaningful lives in the community. Services focus on increasing autonomy and independence while providing opportunities for productive and enjoyable engagement in the community.

University of Nebraska Kearney-Disability Services for Students (DSS)

David L. Brandt
308-865-8214
unkdso@unk.edu

The Disability Services for Students coordinates reasonable accommodations to afford equal opportunity and full participation in UNK programs for undergraduate and graduate students with disabilities. Our mission is to provide equal access and opportunity to qualified students with disabilities to fully participate in all aspects of the educational environment. We cooperate through partnerships with students, faculty and staff to promote students' independence and to ensure recognition of their abilities, not disabilities.

UnitedHealthCare Community Plan

Gloria Kennedy
308-220-3599
gloria_kennedy@uhc.com

UnitedHealthcare Community Plan of Nebraska has served Heritage Health Medicaid clients in the state since 1996. UnitedHealthcare Community Plan offers distinctive health care programs and value-added services tailored to the needs of Medicaid beneficiaries. www.uhccommunityplan.com/ne

WellCare of Nebraska

Jill Hurt – Community Relations Specialist
308-698-2501, Kearney Welcome Room Office
Jill.Hurt@wellcare.com

WellCare of Nebraska is a managed care plan that has a contract with the Department of Health and Human Services to give Medicaid members access to quality, cost-effective health care, member benefits, and healthy rewards.

West Central District Health Department Minority Health Initiative
Referrals Made - 7/1/2017 to 6/30/2019

People's Family Health Services
Great Plains Health
North Platte OB/GYN
Walmart Pharmacy
Mid-Nebraska Physical Therapy
Great Plains Orthopedics
Great Plains Urology
Great Plains General Surgery
North Platte Public Transit
Twin Rivers Urgent Care
Midlands Family Medicine
WIC
Great Plains Health Imaging Center
Great Plains Pediatrics
Eye Surgeons of Nebraska
North Platte Counseling
Women's Resource Center
Phelps Family Dentistry
Great Plains Foot & Ankle Specialists
Dr. John Haugen
Pratt Dental
Great Plains Family Medicine
Sandhills Pediatric Dentistry
Inner Reflections Counseling
Great Plains Heart & Vascular Center
Dr. Deb's Express Medical Care
Precise Family Care
Families First Partnership
Great Plains Health Financial Assistance Office
Dr. Charles Boettcher Dental
Pathology Services, P.C.
Complete Eye Care
Maple Park Dental
Good Life Dental
Area Agency on Aging
Great Plains Health Infectious Disease
Great Plains Health Diabetic Educator
Social Security Office
Behavioral Medicine Associates
Great Plains Health Emergency room
Heartland Counseling
Great Plains Health Callahan Cancer Center
Clear Focus Eye Care
UNL Extension
Shopko Optical
Great Plains Spine Center
Department of Health & Human Services
Region II
United Health Care
Legal Aid

Career Closet

Great Plains Health and Physical Therapy

University of Nebraska Medical Center

Fred & Pamela Buffett Cancer Center

Platte Valley Skin Care

Greater Nebraska Dermatology

Great Plains Health Nephrology

Fitzpatrick Ear, Nose & Throat Clinic

Great Plains Health Sleep Medicine Center

Transportation

Cambridge Handibus	697-4422
Hitch -n- Hay	276-2182
McCook Handibus	345-6098
Prince of the Road	888-452-3194
Chase County Transit.	882-5130
Intellaride Medicaid Eligible Only	844-531-3783

Schools/Education

Arapahoe-Holbrook	962-5458
Cambridge	697-3322
Chase County	
High School	882-4304
Elementary	882-4228
Dundy County-Stratton	
High School	423-2738
Benkelman Elementary	423-2216
Haigler Elementary	297-3275
Stratton Elementary	276-2281
Eustis Farnam	486-3221
Hayes Center	286-5601
Hitchcock County Unified	
Elementary (Culberson)	278-2131
Jr. /Sr. High (Trenton)	334-5575
Medicine Valley-Curtis	
High School	367-4106
Elementary	367-4210
Maywood	362-4223
McCook Public Schools	344-4400
St. Patrick's	345-4546
Southwest School	
SW Elem. - Indianola	364-2613
SW Jr/Sr High - Bartley	692-3223
Wauneta-Palisade	
Wauneta	394-5427
Palisade	285-3219
Adult Education / GED	345-8142 or 877-327-6433
English as a Second Language (ESL)	345-8142
ESU #11	995-6585
ESU# 15	
Main Office Trenton	800 -322-5160
ESU#15	
Special Education	345-7341
ESU#15	
Alternative Education	345-7341
ESU #15	
Migrant Education	345-7341
Head Start	
Program Manager	345-5468
Frontier County	345-5846
Furnas County	697-3578
Red Willow County	345-2246
McCook Community College	345-8100 or 800-658-4348
Nebraska College of Technical Agriculture	367-4124
	or 800-328-7847



**SOUTHWEST
NEBRASKA
CHILD
ADVOCACY
TEAM**

**Southwest Nebraska
Resource Directory
2018-2019**

***Resource Hotline-211
Police, Fire, Rescue,
Sheriff-911***

**ALL NUMBERS ARE IN THE 308 AREA
CODE UNLESS OTHERWISE NOTED**

Health and Human Service

Adult & Child Abuse Hotline	800-652-1999
McCook	800-778-1612
Economic Assistance	800-384-4278
Medicaid	855-632-7633
Developmental Disabilities	877-667-6266

Medical Clinics

Curtis Clinic	367-4162
Heartland Family Medicine (Oxford)	824-3288
Chase County Clinic-Imperial	882-7299
McCook Clinic	344-4110
Quality Health Care – Benkelman	423-2151
Quality Urgent Care - McCook	345-7036
Stratton Clinic	276-2411
Trenton Regional Medical Clinic	334-5155
Tri Valley Health Systems Clinic	
Arapahoe Clinic	962-8495
Cambridge Clinic	697-3317
Indianola Clinic	364-9290
Wauneta Family Practice Clinic	394-5593

Hospitals

Tri Valley Health Systems (Cambridge)	697-3329
Chase County Hospital-Imperial	882-7111
McCook Community Hospital	344-2650
Dundy County Hospital	423-2204

This Directory is provided by the
Southwest Nebraska Child Advocacy Team.

The **Southwest Nebraska Child Advocacy Team** is a networking/interagency group that has been meeting monthly for more than 40 years. The group is open to anyone interested in the well being of children and families in our area.

The **Southwest Nebraska Child Advocacy Team** is committed to addressing the unmet basic needs of children and families in our area by networking, collaborating and resource development. In addition to providing this **Resource Directory**, the group has been the catalyst for a number of projects/programs. These include: Head Start, MPS School Breakfast Program, Alternative Education (LIFT), ESL classes, Family Resource Center, Team Mates, parenting workshops, local Child Abuse Prevention/Awareness activities and many others.

To get more information about the **Southwest Nebraska Child Advocacy Team** please contact Kathy Haas at 345-2609.

Counseling Services

All Seasons Counseling 345-4676
Ambience Counseling 345-4067
Christian Counseling Services 345-4880
Cora Berry 345-1429
Growth & Enrichment Counseling 345-2932
Heartland Counseling
McCook 345-2770
Imperial 882-4203
North Platte 534-6029
Lexington 324-6754
Lutheran Family Services 345-7914
Unified Therapy Clinic 345-4884

Abuse/Assault

Abuse/Neglect Hotline (All Ages) 800-652-1999
McCook Domestic Abuse/Sexual Assault Services
Office 345-1612
Crisis Line 345-5534
Prevent Child Abuse Nebraska 402-476-7226
Nebraska Family Help Line 888-866-8660

Aging

AARP 866-389-5651
Assistive Technology Project 888-806-6287
Health and Human Services See HHS Section
Nebr. West Central Agency on Aging 800-662-2961
Senior Citizen Centers
Arapahoe 962-5340 Eustis 468-3471
Beaver City 268-2501 McCook 345-1760
Dundy County 423-5454 Curtis 367-4173
Hayes Center 286-3233
Stratton 276-2661
Cambridge 697-4889

YMCA 345-6228

Community Service Groups

Contact local city office

AIDS

AIDS Hotline 800-782-2437
National Hepatitis Hotline 800-435-7443
National Sexually Trans. Diseases Hotline 800-227-8922

Alcohol/Drugs

Alcohol & Drug Abuse 24 hr Hotline 877-479-9777

Alcoholics Anonymous, Ala-teen, & ... on Time/Place
in Gazette (Community Calendar)
Boys & Girls Town 800-448-3000
Heartland Counseling 345-2770
Lifeline Recovery Services 344-8356
Lutheran Family Services 345-7783
M.A.D.D. (Mothers against Drunk Drivers) 402-434-5330
National Institute of Drug Abuse 800-662-4357
S.A.D.D. (Students against Drinking and Drugs) 877-723-3462

Children/Youth

ABC Pregnancy Help Center 350-0126
CASA (Court Appointed Special Advocate) 340-6832
Early Development Network 345-7597
Family Resource Center 345-2609
Foster Care Program 800-772-7368
Girl Scouts
Boy Scouts 800-695-6690
Juvenile Pretrial Diversion Program 345-7783
Child Passenger Inspection Station 344-2650
Community Action Partnership of Mid NE 345-1187
National Runaway Safe line 800-786-2929
Nebraska Family Helpline 888-866-8660
Planning Region Team 15 345-7597
Region II Human Services 345-2770
(Youth Care Coordinator)
Red Willow Co. Health Dept Immunizations 345-1790
Southwest Nebraska Public Health Dept. 345-4223
TeamMates Mentoring Program 344-4532
UNL Ext. 4-H Youth Program 345-3390
YMCA 345-6228

City Offices

Arapahoe 962-7445 Hayes Center 286-3411
Bartley 692-3222 Indianola 345-2413
Beaver City 268-2145 Lebanon 375-4288
Benkelman 423-2540 Maywood 362-4299
Cambridge 697-3711 McCook 345-2022
Culbertson 278-2123 Palisade 285-3320
Curtis 367-4122 Trenton 364-5488
Eustis 486-3661 Wauneta 394-5390
Imperial 882-4368

Clothing

Community Action Partnership Mid-Nebraska 345-1187
Family Resource Center 345-2609
Sharing Place/McCook Christian Church 345-1516

Helping Hand Thrift Store 202 West
Bargain Bazaar 215 West C

Food

Commodity Foods 345-1187
Feeding HIS Flock (Thursday night) 345-2445
Home Delivered Meals 345-1760
Pantries
McCook 345-4844
Hitchcock County (Culbertson) 278-2123
Arapahoe 962-7296
Cambridge 697-3756
Oxford 824-3652
Western Frontier Country (Curtis) 367-8781
Dundy County (Benkelman) 423-2393
Chase County (Imperial) 882-5136
WIC-North Platte (West) 800-395-7336
WIC-Kearney (East) 877-803-1712

Employment

NE Workforce Development 345-8470
Vocational Rehab Services 535-8100
Goodwill 362-7030

County Attorney

Chase 882-7515
Dundy 423-5225
Frontier 367-4141
Furnas 268-4135
Hayes 286-3486
Hitchcock 334-5616
Red Willow 345-7905

Housing (contact local city offices)

McCook Housing Agency 345-3605
USDA Rural Development 534-2360
West Central NE Dev. Dist. (Ogallala) 284-6077

Health and Disabled

ABC Pregnancy Help Center 350-0126
American Cancer Society 345-6274 or 800-642-8116
Community Health Care and Hospice 344-8356
Early Intervention Services 345-7597
Every Woman Matters (Ext. 134) 877-209-3723
Goodwill 362-7030
"Heartland" Day Rehab/Community Support 345-2770
Hospice 344-8356
Hotline for Disabilities 800-742-7594
League of Human Dignity 532-4911
Nebraska Children's Home Society 534-3250

Nebraska Commission for ... & Hard of Hearing 800-545-6244
Education Assistive Technology 865-5349
People's Family Health 345-3626
Red Willow County Health Dept. 345-1790
Respite Across the Lifespan 345-4990
Shriners Hospital 800-237-5055
Southwest Area Training Services (SWATS) 345-1530
Southwest Nebraska Public Health Dept. 345-4223

Law Enforcement (Non-Emergency)

McCook Police Department 345-3450
McCook Probation Office District 11 345-4070
Nebraska State Patrol 535-8047

County Sheriff Office

Chase 882-4748 Hayes 286-3364
Dundy 423-2393 Hitchcock 334-5444
Frontier 367-4411 Furnas 268-2245
Red Willow 345-1850

Other

McCook Humane Society 345-2372
Homeless – The Connection, North Platte 532-5050
Social Security, N. Platte 866-830-0668
UNL Extension Offices
Chase 882-4731 Hayes 286-3312
Dundy 423-2021 Hitchcock 334-5666
Frontier 367-4424 Furnas 268-3105
Red Willow 345-3390 Benkelman 423-2021

Support Groups

Diabetic (McCook Hospital) 344-8539
Time to Heal (Cancer) 334-8221
Grief Support 344-8221
Planning Region Team 15 (kids disabilities) 345-2595

Emergency Services

Community Action Partnership Mid-Nebraska 345-1187
Catholic Social Services (Imperial) 882-3065
Poison Control Center 800-222-1222
Salvation Army 345-1187

Legal

Child Support Enforcement 877-631-9973
Legal Aid of Nebraska 877-250-2016

Abbreviations

WDCMMD – West Central Diabetes Care Management for Minorities

WCDHD – West Central District Health Department

SWNPHD – Southwest Nebraska Public Health Department

TRPHD – Two Rivers Public Health Department

CHW – Community Health Worker

DHHS – Department of Health and Human Services

CDC – Centers for Disease Control and Prevention

WIC – Women, Infants, and Children

POC – Point of Contact

PCP – Primary care provider

BMI – Body mass index

Appendix

Appendix

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WEST CENTRAL DIABETES CARE AND MANAGEMENT FOR MINORITIES

Patient's last name: First: M.i. Date

Gender: Birth date: Age: Marital Status (circle one) Are you employed?

Preferred Language: Housing: Own(purchasing) home Rent Seeking housing Assistance needed to acquire housing

Programs in which you are currently enrolled: Insurance: Employment Insurance Provider: Responsible Party Name and Birthday:

Household Income (yearly): Household size: Children under 5: Yes No Street address/ P.O. Box Home Phone: State: ZIP Code:

City: County: State: ZIP Code:

Ethnic Group: Hispanic: Yes No Unknown Refugee Status: Yes No Unknown Where from (list country):

Primary Care Physician:

SCREENING INFORMATION

Have you ever been told by a health professional that you have high blood pressure? Are you taking any prescribed medication for high blood pressure? Have you ever been told by a health professional that you have diabetes? Are you taking any prescribed medication for diabetes? Have you ever been told by a health professional that your blood cholesterol is high? Are you taking any prescribed medication for your high cholesterol? Do you smoke?

COMMITMENT TO CARE

I would like to make a commitment to better care of my health. I will Make healthier food choices daily. Get more minutes of exercise weekly.

Attend at least 5 out of 6 class sessions for the class "Living Well with Diabetes".
 Follow my medical provider's directions for medication and glucose testing at home.
 Other _____
 Signature _____ Date _____

DIET AND PHYSICAL ACTIVITY

How many servings of vegetables do you eat in an average day? _____ servings _____ Not sure
 (serving size 1 cup cooked, 2 cups raw)
 How many servings of fruit do you eat in an average day? _____ servings _____ Not sure (serving size – 1 cup)
 How many servings of whole grains do you eat in an average day? _____ servings _____ Not sure
 (1 serving s 1 slice of whole grain bread, 3 c. plain popped popcorn, 1/2 c. cereal)
 How many servings of protein do you eat in an average day? _____ servings _____ Not sure
 (1 serving of meat is about the size of the palm of your hand.)
 How many minutes of moderate physical activity do you get weekly? _____ minutes _____ Not sure
 How many minutes of the activity your get weekly? _____ minutes _____ Not sure

ADDITIONAL INFORMATION

Would you like any additional resources regarding: Diabetes Financial Support Cholesterol Smoking Weight
 Nutrition Physical Activity High Blood Pressure Other _____

CELLULAR PHONE, TEXT, EMAIL CONTACT, BY providing us with an email address or telephone number for cellular phone or other wireless device, you are expressly consenting to receiving communications – including but not limited to prerecorded or artificial voice message messages, text messages, emails and calls made by an automatic telephone dialing system – from us and agents and agents that number. This express consent applies to each such email and telephone number that you provide to us now or in the future and permits such calls, text, and emails regardless of their purpose. Calls and messages may incur access fees from your cellular provider. From time to time West Central District Health Department takes photos or video of our programs to use in our marketing materials both in print and on the web. By signing this form, you're giving consent to have your photo used for these purposes. If you do not agree to have your photo used, please call West Central District Health Department and we will make arrangements to exclude your photo from use.

HIPAA: By signing this form, I understand the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to regarding privacy my protected health information. I understand that this information can and will be used to: Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in the treatment directly and indirectly; obtain payment from third-party payers; conduct normal healthcare operations such as quality assessments and physician certifications and that my protected health information may be entered into state or national registries, access to which is restricted to persons who have signed agreements to keep all patient patient information confidential. I have been informed by you and your Notice of Privacy Practices containing a more complete description the uses and disclosures of my health information. I have been given the right to review such Notice of Privacy Practices prior to signing this consent. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time to obtain a current copy of the Notice of Privacy Practices. I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment, or health care operations. I understand that I may revoke this consent in writing at any time, except for the extent that you have taken action relying on this consent.

Consent for Treatment: This consent provides us with your permission to perform reasonable and necessary medical examinations, testing and treatment. By signing below, you are indicating that (1) you intend that this consent is continuing in nature even after a specific diagnosis has been made and treatment recommended; (2) you consent to treatment at this office or any other satellite office under common ownership; and (3) you have been provided access to review a long form for Consent for Treatment. The consent will remain fully effective until it is revoked in writing. You have the right at any time to discontinue services. I accept responsibility for seeking medical attention for any problems with any vaccination. I authorize West Central District Health Department to release immunization records to doctor listed above. I am aware that if my insurance does not cover the care received I am financially responsible for the balance. The above information is true to the best of my knowledge. I accept responsibility for seeking medical attention for any problems with this vaccination. I authorize West Central District Health Department to release immunization records to doctor listed above. I am aware that if my insurance does not cover the care received I am financially responsible for the balance.

I authorize representative's at West Central District Health Department to draw blood samples for me to perform specific standardized preventative laboratory procedures. West Central District Health Department is in no way attempting to propose diagnoses or to recommend medical treatment. I understand that I should discuss these results with my personal provider.

PATIENT SIGNATURE _____ **DATE** _____

Consent to Share Health Information

To assist me in making the best health care decisions, I give my Health Coach permission to share my blood pressure readings, weight loss and other pertinent health care information related to a diabetes diagnosis with my health care provider(s).

Name of Client _____ Signature of Client _____

Name of Community Health Worker _____ Signature of CHW _____

Date _____ Time Spent _____

Name of Health Care Facility _____

Name of Physician _____

Date: _____ Blood Pressure: _____ Height: _____ Weight: _____ Glucose/A1C _____

Cholesterol _____

Date: _____ Blood Pressure: _____ Height: _____ Weight: _____ Glucose/A1C _____

Cholesterol _____

Community Health Worker Case Management

Date	Referral to primary care provider	Provider's Name
Date	Referral from primary care provider	Provider's Name
Date	Referral to other medical provider	Provider's Name
Date	Enrollment in Living Well	Class Dates
Date	Enrollment in class session/One-on-one Education – Patient Self-Care	Class Date
Date	Health information provided to patient (nutrition, physical activity, diabetes, blood pressure, etc.)	List information provided including source (American Diabetes Assn, American Heart Assn, CDC)
Date	Patient needs identified (housing, child care, employment, income assistance, etc.)	List patient needs
Date	Referral to resources (housing, child care, employment, income assistance, etc.)	List resource referrals made
Date	Assisted patient in accessing care (List name of care accessed)	Type of assistance (Appointment, interpretation, eligibility, completing enrollment forms, etc.)
Date	Assisted patient in accessing care (List name of care accessed)	Type of assistance (Appointment, interpretation, eligibility, completing enrollment forms, etc.)
Date	Assisted patient in accessing care (List name of care accessed)	Type of assistance (Appointment, interpretation, eligibility, completing enrollment forms, etc.)
Date	Other patient notes	Action to be taken, if any



WEST CENTRAL DIABETES CARE AND MANAGEMENT FOR MINORITIES

Apellido del paciente:		Primero:	M.i.	Fecha _____
Género: <input type="checkbox"/> M <input type="checkbox"/> F	Fecha de nacimiento: / /	Edad: _____	Estado civil (circule uno) Soltero / Casado / Divorciado / Separado / Viudo	¿Está empleado? ____ Sí, empleado ____ No, no empleado ____ Seeking empleo ____ Unable trabajar
Idioma preferido: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		Vivienda: _____ Own(compra) casa _____ Alquiler _____ Buscando vivienda _____ Asistencia necesaria para adquirir vivienda		
Programas en los que está inscrito actualmente: ____ Medicaid ____ Medicare ____ WIC ____ Cada mujer importa ____ Other _____ ____ Me gustaría ayudar a inscribirme en uno de los programas nombrados.		Seguro: <input type="checkbox"/> Proveedor de Seguro de Empleo: _____ Group # _____ Policy # _____ <input type="checkbox"/> Medicaid/MCNA _____ <input type="checkbox"/> Medicare <input type="checkbox"/> No Insurance		
Ingreso del hogar (anual): _____		Tamaño del hogar: _____	Niños <input type="checkbox"/> menores de 5 años: Sí <input type="checkbox"/> No	
Dirección/ P.O. Box		Teléfono del hogar: ()		
Ciudad:	Condado:	Estado:	Código postal:	
Grupo étnico: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other		Hispano: <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Desconocido		
Estado del <input type="checkbox"/> refugiado: Sí <input type="checkbox"/> no <input type="checkbox"/> desconocido		De dónde de (list country): _____		
Médico de Atención Primaria:				

INFORMACIÓN DE PROYECCIÓN

¿Alguna vez le ha dicho un profesional de la salud que usted tiene presión arterial alta: <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Desconocido
¿Está tomando <input type="checkbox"/> algún medicamento prescrito para la presión arterial alta: Sí <input type="checkbox"/> No <input type="checkbox"/> Desconocido
¿Alguna vez te ha dicho un profesional de la salud que tienes diabetes? <input type="checkbox"/> No <input type="checkbox"/> Yes-Type 1 or Type 2 <input type="checkbox"/> Yes- Gestational <input type="checkbox"/> Unknown
¿Está tomando algún medicamento recetado para la diabetes? <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Desconocido
¿Alguna vez te ha dicho un profesional de la salud que tu colesterol en sangre es alto? <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Desconocido
¿Está tomando algún medicamento prescrito para su colesterol alto? <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Desconocido
¿usted fuma? <input type="checkbox"/> No en absoluto <input type="checkbox"/> todos los <input type="checkbox"/> días <input type="checkbox"/> no quiero responder

COMPROMISO CON LA ATENCIÓN

Me gustaría comprometerme a cuidar mejor mi salud. Lo haré
_____ Tomar decisiones de alimentos más saludables todos los días.

____ Obtener ____ más minutos de ejercicio semanalmente.
 ____ Asistir al menos 5 de 6 sesiones de clase para la clase "Vivir bien con diabetes".
 ____ Siga las instrucciones de mi proveedor médico para tomar medicamentos y realizar pruebas de glucosa en casa.
 ____ Otro _____
 Signature _____ Date _____

DIETA Y ACTIVIDAD FÍSICA

¿Cuántas porciones de verduras comes en un día promedio? _____ porciones _____ No está seguro
 (tamaño de porción 1 taza cocida, 2 tazas crudas)

¿Cuántas porciones de fruta comes en un día promedio? _____ porciones _____ No está seguro
 (tamaño de la porción – 1 taza)

¿Cuántas porciones de cereales integrales comes en un día promedio? _____ servings _____ No está seguro
 (1 porción s 1 rebanada de pan integral, 3 c. palomitas de maíz, 1/2 c. de cereal)

¿Cuántas porciones de proteínas comes en un día promedio? _____ servings _____ No está seguro
 (1 porción de carne es aproximadamente del tamaño de la palma de la mano.)

How muchos minutos de actividad física moderada ¿recibes semanalmente? _____ minutos _____ No está seguro

¿Cuántos minutos de la actividad recibes semanalmente? _____ minutos _____ No está seguro

INFORMACIÓN ADICIONAL

¿Desea obtener recursos adicionales sobre: Diabetes Financial Support Cholesterol Smoking Weight
 Nutrition Physical Activity High Blood Pressure Other _____

CELLULAR PHONE, TEXT, EMAIL CONTACT, Al proporcionarnos una dirección de correo electrónico o número de teléfono para teléfono celular u otro dispositivo inalámbrico, usted está expresamente consintiendo recibir comunicaciones – incluyendo pero no limitado a mensajes de voz pregrabados o artificiales, mensajes de texto, correos electrónicos y llamadas hechas por un sistema de marcación telefónica automática – de nosotros y agentes que numeran. Este consentimiento expreso se aplica a cada uno de estos correos electrónicos y números de teléfono que usted nos proporcione ahora o en el futuro y permite dichas llamadas, mensajes de texto y correos electrónicos independientemente de su propósito. Las llamadas y mensajes pueden incurrir en tarifas de acceso de su proveedor de telefonía celular. De vez en cuando, el Departamento de Salud del Distrito Central Occidental toma fotos o videos de nuestros programas para usaren en nuestros materiales de marketing tanto en la prensa como en la web. Al firmar este formulario, estás dando tu consentimiento para que tu foto se use para estos fines. Si no está de acuerdo con que se use su foto, llame al Departamento de Salud del Distrito Central Occidental y haremos arreglos para excluir su foto del uso.

HIPAA: Al firmar este formulario, entiendo la Ley de Portabilidad y Responsabilidad del Seguro Médico de 1996 (HIPAA), tengo ciertos derechos a con respecto a la privacidad de mi información médica protegida. Entiendo que esta información puede y será utilizada para: Conducir, planificar y dirigir mi tratamiento y seguimiento entre los múltiples proveedores de atención médica que pueden estar involucrados en el tratamiento directa e indirectamente; obtener el pago de terceros pagadores; realizar operaciones de atención médica normales, tales como evaluaciones de calidad y certificaciones médicas y que mi información médica protegida pueda ser ingresada en registros estatales o nacionales, cuyo acceso está restringido a las personas que han firmado acuerdos para mantener toda la información del paciente confidencial. He sido informado por usted y su Aviso de Prácticas de Privacidad que contiene una descripción más completa de los usos y divulgaciones de mi información de salud. Se me ha dado el derecho de revisar dicho Aviso de Prácticas de Privacidad antes de firmar este consentimiento. Entiendo que esta organización tiene el derecho de cambiar su Aviso de Prácticas de Privacidad de vez en cuando y que puedo contactar con esta organización en cualquier momento para obtener una copia actual del Aviso de Prácticas de Privacidad. Entiendo que puedo solicitar por escrito que restrinja cómo se utiliza o divulga mi información privada para llevar a cabo operaciones de tratamiento, pago u atención médica. Entiendo que puedo revocar este consentimiento por escrito en cualquier momento, excepto en la medida en que haya tomado medidas basándose en este consentimiento.

Consentimiento para el tratamiento: Este consentimiento nos proporciona su permiso para realizar exámenes médicos razonables y necesarios, pruebas y tratamiento. Al firmar a continuación, usted está indicando que (1) tiene la intención de que este consentimiento continúe por naturaleza incluso después de que se haya hecho un diagnóstico específico y se recomiende el tratamiento; (2) usted da su consentimiento para el tratamiento en esta oficina o en cualquier otra oficina satélite bajo propiedad común; y (3) se le ha proporcionado acceso para revisar un formulario largo para el Consentimiento para el Tratamiento. El consentimiento seguirá siendo plenamente efectivo hasta que se revoque por escrito. Usted tiene derecho en cualquier momento a interrumpir los servicios.

Acepto la responsabilidad de buscar atención médica por cualquier problema con cualquier vacunación. Autorizo al Departamento de Salud del Distrito Central Occidental a divulgar los registros de inmunización al médico mencionado anteriormente. Soy consciente de que si mi seguro no cubre la atención recibida soy financieramente responsable del saldo. La información anterior es fiel a lo mejor de mi conocimiento. Acepto la responsabilidad de buscar atención médica por cualquier problema con esta vacunación. Autorizo al Departamento de Salud del Distrito Central Occidental a divulgar los registros de inmunización al médico mencionado anteriormente. Soy consciente de que si mi seguro no cubre la atención recibida soy financieramente responsable del saldo.

PATIENT SIGNATURE _____

DATE _____

Consentimiento para compartir información de salud

Para ayudarme a tomar las mejores decisiones de atención médica, doy a mi entrenador de salud permiso para compartir mis lecturas de presión arterial, pérdida de peso y otra información de atención médica pertinente relacionada con un diagnóstico de diabetes con mi proveedor(es) de atención médica.

Nombre del cliente _____ Firma del cliente _____

Nombre del trabajador comunitario de la salud _____ Firma de CHW _____

Fecha _____ Time Spent _____

Nombre del médico _____

Fecha: _____ Presión arterial: _____ Altura: _____ Peso: _____

Fecha: _____ Presión arterial: _____ Altura: _____ Peso: _____

Community Health Worker Case Management

Date	Referral to primary care provider	Provider's Name
Date	Referral from primary care provider	Provider's Name
Date	Referral to other medical provider	Provider's Name
Date	Enrollment in Living Well	Class Dates
Date	Enrollment in class session/One-on-one Education – Patient Self-Care	Class Date
Date	Health information provided to patient (nutrition, physical activity, diabetes, blood pressure, etc.)	List information provided including source (American Diabetes Assn, American Heart Assn, CDC)
Date	Patient needs identified (housing, child care, employment, income assistance, etc.)	List patient needs
Date	Referral to resources (housing, child care, employment, income assistance, etc.)	List resource referrals made
Date	Assisted patient in accessing care (List name of care accessed)	Type of assistance (Appointment, interpretation, eligibility, completing enrollment forms, etc.)
Date	Assisted patient in accessing care (List name of care accessed)	Type of assistance (Appointment, interpretation, eligibility, completing enrollment forms, etc.)
Date	Assisted patient in accessing care (List name of care accessed)	Type of assistance (Appointment, interpretation, eligibility, completing enrollment forms, etc.)
Date	Other patient notes	Action to be taken, if any

West Central Diabetes Care Management for Minorities

Service Components for Patient Care

Initial Assessment - WDCM

- A1C screening, blood pressure reading, height and weight measurement
- Health intake form – contact information, demographics, health history
- Patient interview to determine areas of need, limitations, barriers, commitment level
- Referral to medical provider

Initial Assessment – Medical Provider

- A1C screening, blood pressure reading, height and weight measurement
- Other general, normed screenings plus any screenings pertinent to individual patient health
- Development of person-centered care plan
- Development of interventions with measurable outcomes and goals—medication, patient glucose testing and journaling, lifestyle changes such as nutrition and physical activity,

Health Coaching – WDCM Community Health Worker

- At least 120 minutes per month initially (first 3 months), at least 60 minutes per month thereafter
- Use of motivational interviewing techniques to address goals set for medical provider-developed person-centered care plan
- Document progress towards goal attainment as outlined in the care plan
- Referrals to resources, as needed, to include individual needs related to employment, housing, education, child care, family needs, transportation, income assistance
- Enrollment in “Living Well with Diabetes” diabetes self-management series of classes

Community Health Worker

- Documents monthly encounters including:
 - Time spent with each participant
 - Interventions provided to support attainment of goals outlined in the person-centered plan
 - Outcomes achieved each month
 - Participant response to the monthly intervention
 - Barriers to attaining desired outcomes
 - Health care navigation/ Health coaching provided

Referrals to community resources

WDCM Coordinator

- Reviews with CHW documentation monthly and makes recommendations
- Engages in problem-solving with CHW to address concerns, barriers
- Tracks patients' progress
- Tracks patients' outcomes
- Submits individual Patient Health Review documentation to the primary care provider for each patient on the last day of each month

Medical Provider

- Reviews Patient Health Review for each patient by the 15th of each month
- Makes recommendations for further interventions or revision of current interventions of patient care plan
- Adjusts patient care as needed—changes of medication, glucose testing, other patient care
- Completes Patient Health Review and returns to WDCM Coordinator by end of the month

WCDCMM CHW Health Coaching Guide

Date _____ Time Spent _____ Community Health Worker _____

Patient Name _____ Date of Birth _____

Screening Check (at time of health coaching session or at last medical provider/health department visit)

A1C _____ Blood Pressure _____ Cholesterol _____

Height _____ Weight _____ Other _____

Action Plan Check (goals and if met) _____

Successes _____

Limitations/Barriers _____

Questions/Concerns _____

Health coaching topic(s) _____

Assistance given at health coaching session (educational information, referrals, assistance with referrals, enrollment in program(s), etc.) _____

Patient request for discussion with medical provider (successes, limitations, barriers, medication, glucose testing, concerns, questions, etc.) _____

Health Coaching follow-up needed _____

Other notes _____

Next appointment _____

Community Health Worker Signature _____

WCDHD/Programs/WCDCMM/WCDCMMWorkPlan/WCDCMMHealthCoachingGuide/11.121.19

Diabetes Care Plan

Patient name _____ Date of birth _____

Address _____

Phone numbers(s) _____

Primary care provider _____

Phone _____ Email _____

Other point of contact (nurse, staff) – Name _____

Phone _____ Email _____

Medical provider – Podiatrist, Optometrist, Dentist, Endocrinologist, Other

Provider name _____

Phone number _____ Email _____

Other point of contact (nurse, staff) – Name _____

Phone _____ Email _____

Medical provider – Podiatrist, Optometrist, Dentist, Endocrinologist, Other

Provider name _____

Phone number _____ Email _____

Other point of contact (nurse, staff) – Name _____

Phone _____ Email _____

Medical provider – Podiatrist, Optometrist, Dentist, Endocrinologist, Other

Provider name _____

Phone number _____ Email _____

Other point of contact (nurse, staff) – Name _____

Phone _____ Email _____

Community Health Worker

Name _____

Health Department _____

Phone number _____ Email _____

Initial Assessment – Primary Care Provider

Date of Diagnosis _____ A1C _____ Blood pressure _____
Height _____ Weight _____ Cholesterol _____
Medication prescribed: _____
Glucose monitoring directions: _____
Referral to other medical care: _____
Other patient care needs: _____

Patient care plan/goals _____

Next recommended appointment date: _____

Initial Assessment - Community Health Worker

Date: _____ Health Intake Form completed: ____ Yes ____ No
Patient reported self-care (Glucose monitoring, healthy lifestyle changes, medication) _____

Barriers/Limitations: _____

Successes: _____

Patient needs (housing, employment, income assistance, etc.) _____

Referrals for those needs: _____

Education/health coaching: _____
Assistance provided: _____
Recommendations/notes: : _____

Time spent with patient: _____ Next appointment: _____

Initial Assessment – Medical Provider

Provider name _____ Date: _____

Reason seen: _____

Diagnosis: _____

Patient care needed: _____

Recommendations: _____

Next appointment: _____

Clinical Team Monthly Follow-up

Date (one month following primary care provider Initial Assessment) _____

PCP - Reviewed Patient Records/Care Plan _____ (Signature)

Patient seen during last month? _____ If so, A1C/Glucose _____

Other medical results _____

Notes following Care Plan Review (Successes, limitations, barriers, concerns) _____

Changes to Care Plan _____

Recommendations for Community Health Worker _____

Medical provider – Reviewed Patient Records/Care Plan _____ (Signature)

Notes following Care Plan Review (Successes, limitations, barriers, concerns) _____

Changes to Care Plan _____

Recommendations for Community Health Worker _____

Community Health Worker review _____ (Signature) Date _____

Notes following Care Plan Review (Success, limitations, barriers, concerns) _____

Plans for patient _____

2 month Monthly Care Plan Review

PCP - Reviewed Patient Records/Care Plan _____ (Signature)

Patient seen during last month? _____ If so, A1C/Glucose _____

Other medical results _____

Notes following Care Plan Review (Successes, limitations, barriers, concerns) _____

Changes to Care Plan _____

Recommendations for Community Health Worker _____

Medical provider – Reviewed Patient Records/Care Plan _____ (Signature)

Notes following Care Plan Review (Successes, limitations, barriers, concerns) _____

Changes to Care Plan _____

Recommendations for Community Health Worker _____

Community Health Worker review _____ (Signature) Date _____

Notes following Care Plan Review (Success, limitations, barriers, concerns) _____

Plans for patient _____

Three Month Care Plan Review

PCP - Reviewed Patient Records/Care Plan _____ (Signature)

Patient seen during last month? _____ If so, A1C/Glucose _____

Other medical results _____

Notes following Care Plan Review (Successes, limitations, barriers, concerns) _____

Changes to Care Plan _____

Recommendations for Community Health Worker _____

Medical provider – Reviewed Patient Records/Care Plan _____ (Signature)

Notes following Care Plan Review (Successes, limitations, barriers, concerns) _____

Changes to Care Plan _____

Recommendations for Community Health Worker _____

Community Health Worker review _____ (Signature) Date _____

Notes following Care Plan Review (Success, limitations, barriers, concerns) _____

Plans for patient _____

4 Month Care Plan Review

PCP - Reviewed Patient Records/Care Plan _____ (Signature)

Patient seen during last month? _____ If so, A1C/Glucose _____

Other medical results _____

Notes following Care Plan Review (Successes, limitations, barriers, concerns) _____

Changes to Care Plan _____

Recommendations for Community Health Worker _____

Medical provider – Reviewed Patient Records/Care Plan _____ (Signature)

Notes following Care Plan Review (Successes, limitations, barriers, concerns) _____

Changes to Care Plan _____

Recommendations for Community Health Worker _____

Community Health Worker review _____ (Signature) Date _____

Notes following Care Plan Review (Success, limitations, barriers, concerns) _____

Plans for patient _____

5 Month Care Plan Review

PCP - Reviewed Patient Records/Care Plan _____ (Signature)

Patient seen during last month? _____ If so, A1C/Glucose _____

Other medical results _____

Notes following Care Plan Review (Successes, limitations, barriers, concerns) _____

Changes to Care Plan _____

Recommendations for Community Health Worker _____

Medical provider – Reviewed Patient Records/Care Plan _____ (Signature)

Notes following Care Plan Review (Successes, limitations, barriers, concerns) _____

Changes to Care Plan _____

Recommendations for Community Health Worker _____

Community Health Worker review _____ (Signature) Date _____

Notes following Care Plan Review (Success, limitations, barriers, concerns) _____

Plans for patient _____



CLAS Self-Assessment

Question Title

1. Does your program recruit, retain and promote staff that reflects the cultural diversity of the community? (CLAS Standard 3) Check all that apply.

- Our staff fully reflects the cultural diversity of our community
- Our staff partially reflects the cultural diversity of our community
- Our program staff does not currently reflect the cultural diversity of our community

Question Title

2. Does your program have written policies and procedures that support recruitment, retention, training and promotion practices? (CLAS Standard 2) Check one.

- All our staff are aware of / universally trained on them.
- Not all our staff are aware of / universally trained on them.
- Our program does not currently have written policies and procedures that support these diversity practices.

Question Title

3. Do program staff members at all levels and disciplines receive training in culturally- and linguistically-appropriate service delivery? (CLAS Standard 4) Check all that apply.

- Training is provided to staff as standard part of orientation for new hires at all levels and disciplines.
- Training is provided at least once a year to staff at all levels and disciplines.
- Training is provided, but not in a standardized / routine manner.
- Our program does not currently provide this training.

Question Title

4. Does your program provide timely professional interpreter services, at no cost, to all Limited English Proficiency (LEP) clients, including those clients who use American Sign Language? (CLAS Standard 5, Federal mandate) Check one.

- Always
- Most of the time

- Sometimes
- Our program does not currently provide timely professional interpreter services.

Question Title

5. Do all LEP or Deaf / Hard of Hearing clients receive verbal and written notices about their right to language assistance services? (CLAS Standard 6, Federal mandate) Check all that apply.

- Verbal notices are provided.
- Written notices are provided.
- Our program does not currently provide either verbal or written notice about this right.

Question Title

6. Are Deaf / Hard of Hearing clients and clients with disabilities provided a copy of your program's Disability Access notice? (CLAS Standard 6, Federal mandate) Check one.

- Always
- Most of the time
- Sometimes
- Our program does not currently provide Disability Access notice to clients.

Question Title

7. Does your program offer written materials in languages that target the diverse cultural groups in your service area/population? (CLAS Standard 8, Federal mandate) Check one.

- Written materials are offered in the languages of all cultural groups in our service area/population.
- Written materials are offered in the languages of some cultural groups in our service area/population.
- Our program does not currently offer written materials in the languages of the cultural groups in our service area/population.

Question Title

8. Does your program clearly display images / post signage visibly that shows inclusivity for the diverse cultural groups including LGBTQ and people with disabilities in your service area/population? (CLAS Standard 8, Federal mandate) Check one.

- Images / signage visibly posted in the languages of all cultural groups in our service area.
- Images / signage visibly posted in the languages of most cultural groups in our service area.
- Images / signage visibly posted in the languages of some cultural groups in our service area.
- Our program does not currently post images / signage visibly in the languages of the cultural groups in our service area.

Organizational Support and Accountability

Question Title

9. Does your program have a plan to identify and address CLAS needs for underserved populations? (CLAS Standard 9) Check one.

- A plan is fully developed and being implemented.
- A plan is currently in draft form or only partially implemented.
- Our program does not currently have a written plan.

Question Title

10. Does your program review your written CLAS plan at least once a year to assess CLAS progress and needs? (CLAS Standard 10) Check one.

- Written CLAS plan is reviewed by program about once a year.
- Our program does not currently review our written CLAS plan once a year.
- Not applicable: our program does not currently have a written CLAS plan.

Question Title

11. Does your program collect client satisfaction data to inform culturally- and linguistically-appropriate service (CLAS) delivery? (CLAS Standard 14) Check one.

- Always
- Sometimes
- Our program does not currently collect client satisfaction data to inform CLAS delivery.

Question Title

12. Does your program use Race, Ethnicity Language (REL) community/service area data to help design and deliver program services? (CLAS Standard 11) Check one.

- REL community data used in all applicable situations to design/deliver program services.
- REL community data used most of the time to design/deliver program services.
- REL community data sometimes used to design/deliver program services.
- REL community data never used to design/deliver program services.

Question Title

13. Does your program use Race, Ethnicity Language (REL) client data to help design, deliver and evaluate program services? (CLAS Standard 11) Check one.

- REL client data always used to design/deliver program services
- REL community data used most of the time to design/deliver program services
- REL client data sometimes used to design/deliver program services
- REL client data never used to design/deliver program services

Question Title

14. Does your program participate in partnerships with other agencies that target the diverse cultural groups in your service area/population? (CLAS Standard 13) Check one.

- Our program participates in partnerships with other agencies that target all of the diverse cultural groups in our service area/population.
- Our program participates in partnerships with other agencies that target some of the diverse cultural groups in our service area/population.
- Our program does not currently participate in partnerships with other agencies that target the diverse cultural groups in our service area/population.



CLAS Self Assessment

Based on your responses to the previous 14 questions, please select one or more to improve your CLAS efforts this year with a brief description of your plan.

Use numbers the numbers 1, 2, and 3 for each improvement plan.

Question Title

1st

Action plan for next year

Question Title

2nd

Action plan for next year

Question Title

3rd

Action plan for next year

Culturally and Linguistically Appropriate Services (CLAS) Workplan

CLAS Assessment need identified	Objective	Goal	Date of completion	Responsible person(s)	Evaluation

Diabetes Self-Care
West Central Diabetes Care Management for Minorities
Health Education Class Plan

Objectives:

- Proper usage of glucose testing equipment
- Monitoring blood glucose to better reach healthy glucose levels
- Taking medication properly
- Improving nutrition and physical activity

Blood Glucose Monitoring Devices - <https://www.fda.gov/medical-devices/vitro-diagnostics/blood-glucose-monitoring-devices>

Blood Glucose Testing - <https://www.diabetes.org/diabetes/medication-management/blood-glucose-testing-and-control/checking-your-blood-glucose>

Understanding Blood Glucose and Control - <https://www.diabetes.org/diabetes/medication-management/blood-glucose-testing-and-control>



Week of	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
My blood sugar level before breakfast							
What I ate for breakfast							
My blood sugar level before lunch							
What I ate for lunch							
What I ate for a snack							
My blood sugar level before dinner							
What I ate for dinner							
My bedtime blood sugar level							
Notes							

<https://www.bing.com/images/search?view=detailV2&id=BE5542DAAEFBC61D3199D8D90DD4CAE088AB7E22&thid=OIP.u2sealRejxMI F4tpEut1gHaFi&mediurl=https%3A%2F%2Fi.pinimg.com%2F736x%2F76%2Faa%2Fb6%2F76aab646accedce0a8f8f71eedc2c6cf--gestational-diabetes-diet.jpg&exph=551&expw=736&q=ada+blood+glucose+log&selectedIndex=3&qpvt=ada+blood+glucose+log&ajaxhist=0&vt=0&eim=0,1>

<https://www.bing.com/images/search?view=detailV2&id=A865DA860007F65D1858B3EAE74A79D6D7818F7A&thid=OIP.lnX6q1 IPfuoyMQdOuwneQHaD5&mediurl=https%3A%2F%2Fimages.wordlayouts.com%2Fwp-content%2Fuploads%2F2016%2F04%2FBlood-sugar-log-template-for-PDF.png&exph=369&expw=700&q=ada+blood+glucose+log&selectedIndex=7&qpvt=ada+blood+glucose+log&ajaxhist=0&vt=0&eim=0,1>

BLOOD SUGAR TRACKER

WEEK OF: _/_/_	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	before	after	before	after	before	after	before	after	before	after	before	after	before	after
Breakfast														
Lunch														
Dinner														
Bedtime														

WEEK OF: _/_/_	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	before	after	before	after	before	after	before	after	before	after	before	after	before	after
Breakfast														
Lunch														
Dinner														
Bedtime														

WEEK OF: _/_/_	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	before	after	before	after	before	after	before	after	before	after	before	after	before	after
Breakfast														
Lunch														
Dinner														
Bedtime														

Diabetes medication

<https://www.diabetes.org/diabetes/medication-management>

Insulin

<https://www.diabetes.org/diabetes/medication-management/insulin-other-injectables>

Oral Medication

https://www.diabetes.org/diabetes/medication-management/oral-medication?language_content_entity=en

Nutrition and Physical Activity

Nutrition

My Plate <https://www.choosemyplate.gov/>

Exercise

https://www.diabetes.org/fitness?language_content_entity=en

https://www.diabetes.org/fitness/get-and-stay-fit/exercise-and-type-1?language_content_entity=en

https://www.diabetes.org/fitness/get-and-stay-fit?language_content_entity=en

Community Health Worker Training Resources

Community Health Worker training – Department of Health and Human Services -
<http://dhhs.ne.gov/Pages/Health-Navigation.aspx>

National CLAS Standards – Office of Minority Health -
<https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>

<https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CLAS-Toolkit-12-7-16.pdf>

Think Cultural Health - <https://thinkculturalhealth.hhs.gov/>

CLAS Standards training – Contact person: Maria Cantu Hines, Nebraska DHHS,
Maria.cantuhines@nebraska.gov, phone 402-362-4150

“Living Well with Diabetes” training – Contact person: Julie Chytil, Nebraska DHHS,
Julie.Chytil@nebraska.gov, phone 402-326-2904

HIPAA online training and certification– <https://www.hipaatraining.com>

Health Literacy – Nebraska Association of Local Health Directors - <https://nalhd.org/our-work/health-literacy.html>. Contact nalhd@nalhd.org

American Diabetes Association - <https://www.diabetes.org/>

Glucose testing, A1C screening, Blood Pressure reading , Cholesterol screening competencies – available through West Central District Health Department, Contact person: Brandi Lemon,
lemonb@wcdhd.org, 308-221-6839



REFERRAL TO WEST CENTRAL DIABETES CARE MANAGEMENT FOR MINORITIES

Referring Doctor's Information

Name _____

Name of clinic _____

Phone/email (best contact) _____

Fax _____

Signature _____

Referring to:

West Central District Health Department
111 N. Dewey, North Platte, NE
308-221-6823 or 308-221-6839, livingstonj@wcdhd.org or lemonb@wcdhd.org

Patient Information

First Name _____ Last Name _____

Address _____

Home phone _____ Cell _____ Email _____

Best days/times to reach patient _____

Reason for referral _____

Fax to: 308-696-1204, Attention Brandi

Verification of registration/refusal will be faxed to you at:

Fax number _____

Attention _____



REFERRAL TO WEST CENTRAL DIABETES CARE MANAGEMENT FOR MINORITIES

Referring Doctor's Information

Name _____

Name of clinic _____

Phone/email (best contact) _____

Fax _____

Signature _____

Referring to:

Southwest Nebraska Public Health Department
404 W. 10th St., McCook, NE 69001
308-345-4223 or , director@swhealth.ne.gov or joy@swhealth.ne.gov

Patient Information

First Name _____ Last Name _____

Address _____

Home phone _____ Cell _____ Email _____

Best days/times to reach patient _____

Reason for referral _____

Fax to: 308-345-4289, Attention Myra or Joy

Verification of registration/refusal will be faxed to you at:

Fax number _____

Attention _____

REFERRAL TO MEDICAL PROVIDER FOR
WEST CENTRAL DIABETES CARE MANAGEMENT FOR MINORITIES

Referring Health Department's Information

Name _____

Name of health department _____

Phone/email (best contact) _____

Fax _____

Signature _____

Referring to:

Medical Provider _____

Clinic Name _____

Address _____

Phone _____ Fax _____

Email _____

Patient Information

First Name _____ Last Name _____

Address _____

Home phone _____ Cell _____ Email _____

Best days/times to reach patient _____

Reason for referral _____





**GLUCOSE MONITORING POINT -OF - CARE TESTING
COMPETENCY CHECKLIST FOR ANNUAL SKILLS
GLUCOSE METER**

Competency Statement	P	F
A. Demonstrates skills and knowledge required of proper sample ID, collection and handling.		
1. Uses required protective safety equipment (gloves, lancets, etc.); wash hands well before and after	✓	
2. Verifies order and understands specimen requirements for test.	✓	
3. Describes/Demonstrates proper technique for accurate patient identification, i.e. Six Rights	✓	
4. Review steps for obtaining patient blood sample, including site preparation and any special instructions or restrictions.	✓	
B. ACCUCHECK INFORM GLUCOSE METER		
1. Turns ON meter; Check QC Status and Battery Status	✓	
2. Review the calibration procedure of the Accu -Chek Inform meter.	✓	
3. Review the steps to enter test trip codes and check expiration date of test strips.	✓	
4. Performs wet test using control or finger stick sample.	✓	
5. Explains Test Result and Follow up Action if this is a real patient.	✓	
6. Knows the Critical ranges of Patient Results. Knows Reference Ranges for Patient results	✓	
7. Explains the comments that are available.	✓	
8. Test Results: Knows interpretation of patient results and recognizes abnormal results. Recognizes signs & symptoms of hypo & hyperglycemia.	✓	
9. Documentation of Results: Properly documents patient results on chart.	✓	
10. Disposal of Biohazards: Follows OSHA guidelines for disposal of biohazard material	✓	
11. Explains proper maintenance and care of system	✓	
12. Has knowledge in troubleshooting problems (specimen collection; error codes, meter optics; etc.)	✓	
13. Reads Procedure and reviews at least annually or when procedure is updated.	✓	

Legend:
P=Proficient F=Fail (review & retest)

Employee Signature <i>Maria D Lein</i>	Date: <i>11-20-2019</i>
Check One: <u> </u> Orientation <u>✓</u> Annual	Evaluator <i>B. Lemon BSN</i>
<i>I certify this personnel has demonstrated competency in performing Accu -Chek Glucose Meter Testing.</i>	Date <i>11-20-19</i>

Infection Prevention during Blood Glucose Monitoring: <https://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html>

Steps for obtaining patient blood sample, including site preparation and any special instructions or restrictions:

- Don gloves
- Select a puncture site on the lateral (relating to the side) aspect of finger
- Position the finger in a dependent position and massage toward the fingertip
- Cleanse the site with alcohol pad, then dry with a cotton ball
- Engage the sterile lancet and remove the cover; Position the sterile lancet firmly against the skin; Press lancet and pierce skin
- Squeeze the patient's finger above the puncture site until a droplet of blood has collected
- Wipe away the first drop of blood and squeeze again to form another droplet
- Place test strip close to the drop of blood; Allow contact between the drop of blood and the test patch until blood covers the entire patch.
- Using cotton ball, gently apply pressure to the puncture site
- Place test strip into glucometer meter and follow manufacture guidelines
- Turn off the meter and dispose of test strip, cotton ball, alcohol pad, lancet into proper containers per WCDHD policy
- Remove gloves and dispose of them in proper container

<http://allnurses.com/geriatric-nurses-ltc/accucheck-procedure-197396.html>

COMPETENCY CHECKLIST FOR ANNUAL SKILLS CHW Blood Pressure Measurement

Competency Statement	P	F
A. Demonstrates skills and knowledge required of proper blood pressure measurement		
1. Gathers/uses required equipment for measurement: Chair, sphygmomanometer, blood pressure cuff, blood pressure machine with batteries in working order.	✓	
2. Reviews steps for obtaining an accurate blood pressure measurement: Patient seated with back supported, both feet flat on the floor, left arm preferred (arm at rest, supported at the level of the heart), palm facing upwards, appropriate cuff size (the length of the cuff's bladder should be at least equal to 80% of the circumference of the upper arm), locate artery.	✓	
3. Educate patient on steps for accurately obtaining a blood pressure measurement.		
B. Measuring Blood Pressure Automatically		
1. Turns ON blood pressure equipment	✓	
2. Ensure patient is seated with back supported, both feet flat on the floor.	✓	
3. Place appropriately sized cuff with the artery index marker on or above the artery, wrap cuff around arm and secure with Velcro. Check cuff size. The cuff is the correct size if the artery index marker line lies within the middle of the white horizontal size check line.	✓	
4. Locates artery and places cuff on left arm unless contraindicated (mastectomy, lymphedema, etc.), palm facing upwards.	✓	
5. Explains to patient the steps for accurately obtaining a blood pressure measurement	✓	
6. Press the reading button on the blood pressure equipment to start measurement.	✓	
7. Explains Measurement Results and Follow up Action if warranted. Knows interpretation of patient results and recognizes abnormal results followed by the American Heart Association (Attachment A). In the event of a Hypertensive Crisis, the CHW will notify a WCDHD registered nurse if available. If one is not available, the CHW will call 911 for the patient. WCDHD registered nurses will assess all patients referred for a blood pressure evaluation. If a PCP is unavailable or the patient does not have a PCP, education and recommendation to notify 911 will be provided. The patient will sign the "Refusal of Services Release" in the event the patient refuses services related to his/her Hypertensive Crisis (Attachment B). <i>(In alignment with WCDHD's "Blood Pressure Analysis and Equipment Policy")</i> .	✓	
8. Documentation of Measurement: Properly documents patient results on chart.	✓	

Legend:

P=Proficient F=Fail (review & retest)

Employee Signature <div style="font-size: 1.2em; font-family: cursive;">Maria D. Lein</div>	Date: <div style="font-size: 1.2em; font-family: cursive;">11-20-2019</div>
Check One: <u> </u> Orientation <u> ✓ </u> Annual	Evaluator <div style="font-size: 1.2em; font-family: cursive;">B. Lemon BSN</div>
<i>I certify this personnel has demonstrated competency in performing Blood Pressure Measurement</i>	Date <u>11-20-19</u>



**GLUCOSE MONITORING POINT -OF - CARE TESTING
 COMPETENCY CHECKLIST FOR ANNUAL SKILLS
 GLUCOSE METER**

Competency Statement	P	F
A. Demonstrates skills and knowledge required of proper sample ID, collection and handling.		
1. Uses required protective safety equipment (gloves, lancets, etc.); wash hands well before and after	✓	
2. Verifies order and understands specimen requirements for test.	✓	
3. Describes/Demonstrates proper technique for accurate patient identification, i.e. Six Rights	✓	
4. Review steps for obtaining patient blood sample, including site preparation and any special instructions or restrictions.	✓	
B. ACCUCHECK INFORM GLUCOSE METER		
1. Turns ON meter; Check QC Status and Battery Status	✓	
2. Review the calibration procedure of the Accu -Chek Inform meter.	✓	
3. Review the steps to enter test trip codes and check expiration date of test strips.	✓	
4. Performs wet test using control or finger stick sample.	✓	
5. Explains Test Result and Follow up Action if this is a real patient.	✓	
6. Knows the Critical ranges of Patient Results. Knows Reference Ranges for Patient results	✓	
7. Explains the comments that are available.	✓	
8. Test Results: Knows interpretation of patient results and recognizes abnormal results. Recognizes signs & symptoms of hypo & hyperglycemia.	✓	
9. Documentation of Results: Properly documents patient results on chart.	✓	
10. Disposal of Biohazards: Follows OSHA guidelines for disposal of biohazard material	✓	
11. Explains proper maintenance and care of system	✓	
12. Has knowledge in troubleshooting problems (specimen collection; error codes, meter optics; etc.)	✓	
13. Reads Procedure and reviews at least annually or when procedure is updated.	✓	

Legend:
 P=Proficient F=Fail (review & retest)

Employee Signature <i>Janet Livingston</i>	Date: 11-20-19
Check One: <u>Orientation</u> <input checked="" type="checkbox"/> Annual	Evaluator B. Lemon BSN
<i>I certify this personnel has demonstrated competency in performing Accu -Chek Glucose Meter Testing.</i>	Date 11-20-19

Infection Prevention during Blood Glucose Monitoring: <https://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html>

Steps for obtaining patient blood sample, including site preparation and any special instructions or restrictions:

- Don gloves
- Select a puncture site on the lateral (relating to the side) aspect of finger
- Position the finger in a dependent position and massages toward the fingertip
- Cleanse the site with alcohol pad, then dry with a cotton ball
- Engage the sterile lancet and remove the cover; Position the sterile lancet firmly against the skin; Press lancet and pierce skin
- Squeeze the patient's finger above the puncture site until a droplet of blood has collected
- Wipe away the first drop of blood and squeeze again to form another droplet
- Place test strip close to the drop of blood; Allow contact between the drop of blood and the test patch until blood covers the entire patch.
- Using cotton ball, gently apply pressure to the puncture site
- Place test strip into glucometer meter and follow manufacture guidelines
- Turn off the meter and disposes of test strip, cotton ball, alcohol pad, lancet into proper containers per WCDHD policy
- Remove gloves and disposes of them in proper container

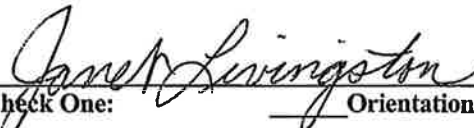
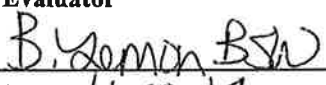
<http://allnurses.com/geriatric-nurses-ltc/accucheck-procedure-197396.html>

COMPETENCY CHECKLIST FOR ANNUAL SKILLS CHW Blood Pressure Measurement

Competency Statement	P	F
A. Demonstrates skills and knowledge required of proper blood pressure measurement		
1. Gathers/uses required equipment for measurement: Chair, sphygmomanometer, blood pressure cuff, blood pressure machine with batteries in working order.	✓	
2. Reviews steps for obtaining an accurate blood pressure measurement: Patient seated with back supported, both feet flat on the floor, left arm preferred (arm at rest, supported at the level of the heart), palm facing upwards, appropriate cuff size (the length of the cuff's bladder should be at least equal to 80% of the circumference of the upper arm), locate artery.	✓	
3. Educate patient on steps for accurately obtaining a blood pressure measurement.	✓	
B. Measuring Blood Pressure Automatically		
1. Turns ON blood pressure equipment	✓	
2. Ensure patient is seated with back supported, both feet flat on the floor.	✓	
3. Place appropriately sized cuff with the artery index marker on or above the artery, wrap cuff around arm and secure with Velcro. Check cuff size. The cuff is the correct size if the artery index marker line lies within the middle of the white horizontal size check line.	✓	
4. Locates artery and places cuff on left arm unless contraindicated (mastectomy, lymphedema, etc.), palm facing upwards.	✓	
5. Explains to patient the steps for accurately obtaining a blood pressure measurement	✓	
6. Press the reading button on the blood pressure equipment to start measurement.	✓	
7. Explains Measurement Results and Follow up Action if warranted. Knows interpretation of patient results and recognizes abnormal results followed by the American Heart Association (Attachment A). In the event of a Hypertensive Crisis, the CHW will notify a WCDHD registered nurse if available. If one is not available, the CHW will call 911 for the patient. WCDHD registered nurses will assess all patients referred for a blood pressure evaluation. If a PCP is unavailable or the patient does not have a PCP, education and recommendation to notify 911 will be provided. The patient will sign the "Refusal of Services Release" in the event the patient refuses services related to his/her Hypertensive Crisis (Attachment B). <i>(In alignment with WCDHD's "Blood Pressure Analysis and Equipment Policy")</i> .	✓	
8. Documentation of Measurement: Properly documents patient results on chart.	✓	

Legend:

P=Proficient F=Fail (review & retest)

Employee Signature  Check One: <u>Orientation</u> <input checked="" type="checkbox"/> Annual	Date: 11-20-19
<i>I certify this personnel has demonstrated competency in performing Blood Pressure Measurement</i>	Evaluator  Date 11-20-19

Location: Programs/Outreach/Competencies/Blood Pressure
 Original: 11/13/2019
 Reviewed:





CHOLESTEROL & GLUCOSE MONITORING POINT -OF - CARE TESTING

**COMPETENCY CHECKLIST FOR ANNUAL SKILLS
CHOLESTEC GLUCOSE METER**

Competency Statement	P	F
A. Demonstrates skills and knowledge required of proper sample ID, collection and handling.	-	
1. Uses required protective safety equipment (gloves, lancets, etc.); wash hands well before and after	-	
2. Verifies order and understands specimen requirements for test.	-	
3. Describes/Demonstrates proper technique for accurate patient identification	-	
4. Review steps for obtaining patient blood sample, including site preparation and any special instructions or restrictions.	-	
B. ALERE CHOLESTEC - CHOLESTEROL & GLUCOSE METER	-	
1. Turns ON meter; Check Printer Status and Runs Optics Check Cartridge	-	
2. Review and follow the steps to obtain patient blood sample and load into cartridge.	-	
3. Performs test using finger stick blood sample.	-	
4. Explains Test Result and Follow up Action if this is a real patient.	-	
5. Knows the Critical ranges of Patient Results. Knows Reference Ranges for Patient results.	-	
6. Explains the recommended actions for out of range results & shares educational fact sheets.	-	
7. Test Results: Knows interpretation of patient results and recognizes abnormal results.	-	
8. Documentation of Results: Properly documents patient results on chart.	-	
9. Disposal of Biohazards: Follows OSHA guidelines for disposal of biohazard material	-	
10. Explains proper maintenance and care of system	-	
11. Has knowledge in troubleshooting problems (specimen collection; error codes, meter optics; etc.)	-	
12. Reads Procedure and reviews at least annually or when procedure is updated.	-	

Legend:
P=Proficient F=Fail (review & retest)

Employee Signature 	Date: 11/22/19
Check One: <input type="checkbox"/> Orientation <input checked="" type="checkbox"/> Annual	Evaluator 
I certify this personnel has demonstrated competency in performing Alere Cholestec Cholesterol & Glucose Meter Testing.	Date 11/22/19



COMPETENCY CHECKLIST FOR ANNUAL SKILLS CHW Blood Pressure Measurement

Competency Statement	P	F
A. Demonstrates skills and knowledge required of proper blood pressure measurement	✓	
1. Gathers/uses required equipment for measurement: Chair, sphygmomanometer, blood pressure cuff, blood pressure machine with batteries in working order.	✓	
2. Reviews steps for obtaining an accurate blood pressure measurement: Patient seated with back supported, both feet flat on the floor, left arm preferred (arm at rest, supported at the level of the heart), palm facing upwards, appropriate cuff size (the length of the cuff's bladder should be at least equal to 80% of the circumference of the upper arm), locate artery.	✓	
3. Educate patient on steps for accurately obtaining a blood pressure measurement.	✓	
B. Measuring Blood Pressure Automatically	✓	
1. Turns ON blood pressure equipment	✓	
2. Ensure patient is seated with back supported, both feet flat on the floor.	✓	
3. Place appropriately sized cuff with the artery index marker on or above the artery, wrap cuff around arm and secure with Velcro. Check cuff size. The cuff is the correct size if the artery index marker line lies within the middle of the white horizontal size check line.	✓	
4. Locates artery and places cuff on left arm unless contraindicated (mastectomy, lymphedema, etc.), palm facing upwards.	✓	
5. Explains to patient the steps for accurately obtaining a blood pressure measurement	✓	
6. Press the reading button on the blood pressure equipment to start measurement.	✓	
7. Explains Measurement Results and Follow up Action if warranted. Knows interpretation of patient results and recognizes abnormal results followed by the American Heart Association (Attachment A). In the event of a Hypertensive Crisis, the CHW will notify a WCDHD registered nurse if available. If one is not available, the CHW will call 911 for the patient. WCDHD registered nurses will assess all patients referred for a blood pressure evaluation. If a PCP is unavailable or the patient does not have a PCP, education and recommendation to notify 911 will be provided. The patient will sign the "Refusal of Services Release" in the event the patient refuses services related to his/her Hypertensive Crisis (Attachment B). <i>(In alignment with WCDHD's "Blood Pressure Analysis and Equipment Policy")</i> .	✓	
8. Documentation of Measurement: Properly documents patient results on chart.	✓	

Legend:

P=Proficient F=Fail (review & retest)

Employee Signature:	Date: 11-22-19
Check One: <input type="checkbox"/> Orientation <input checked="" type="checkbox"/> Annual	Evaluator:
I certify this personnel has demonstrated competency in performing Blood Pressure Measurement	Date: 11/22/19

Location: Programs/Outreach/Competencies/Blood Pressure
Original: 11/13/2019
Reviewed:

