

SR #2014-1443

STAFF REPORT



DEPARTMENT: Clark County Public Health
DATE: May 15, 2014
SPECIFIC REQUEST: Clark County Board of Commissioners approval of Contract HDC.630 between ESD112, acting as fiscal agent of the Southwest Washington Healthy Living Collaborative (SWHLC) and Clark County Public Health, to support the developing collaborative and to fund a 2014 Prevention Summit. Further, authorization for the Public Health Director to sign amendments. Remuneration under this agreement is up to \$28,540.

PUBLIC HEALTH STRATEGIC INITIATIVES

- 1 - Ensure Public Safety and Increase Community Resilience
2 - Increase Opportunities for Healthy Living
3 - Increase Opportunities for Every Child to Have a Healthy Start
4 - Link Public Health, Primary Care, Behavioral Health, Oral Health, and Community Resources in Alignment With Health Care Reform
5 - Demonstrate Excellence in Local Public Health Practice and Management
Other

BACKGROUND

The Southwest Washington Healthy Living Collaborative (SWHLC) is an organization that grew out of work associated with the Community Transformation Grant that engaged regional community partners for the purpose of collectively impacting the most vulnerable populations in our region. Member organizations established infrastructure, a policy and steering committee, a fiscal agent (ESD 112), and workgroups dedicated to reducing health and economic disparity and addressing pivotal physical and behavioral health needs. The SWHLC will develop, implement, and fund a broad spectrum of policy, systems, and environmental strategies and programs to improve the health outcomes of Southwest Washington for vulnerable populations. For example, the collaborative will work to strengthen families and neighborhoods and support strategic areas of active living, healthy eating and tobacco prevention.

The purpose of this contract is to support the developing infrastructure of the Healthy Living Collaborative by allocating \$15,000 from State Foundational Public Health funds to support the salary for an Executive Director and \$13,540 toward the organization, venue, speakers and A/V needs for a Fall 2014 Prevention Summit to educate community partners who will be engaged in this work. Clark County will also share staffing including .5 FTE of a Project Coordinator to manage the workgroups of the SWHLC and .25 FTE of a Public Health Nurse and .25 FTE of a Community Health Worker to organize and initiate a Community Health Advocate pilot program in the Rose Village neighborhood of Vancouver, Washington.

COMMUNITY INVOLVEMENT

- More than 40 regional community partners (including Alliance for a Healthier Generation • Burgerville • Clark College • Clark County Community Services • Clark County Public Health • Commission on Hispanic Affairs • Comprehensive Health Education Foundation • Cowlitz County Health and Human Services • Cowlitz-Wahkiakum Council of Governments • Educational Service District 112 • Highlands Neighborhood Association • National Alliance on Mental Health Illness • Peace Health Seventh Day Adventist Church • Skamania County Community Health • Support for Early Learning and Families • SW Behavioral Health • SW WA Agency on Aging and Disability • SW WA Behavioral Health Ombudsman • SW WA Regional Transportation Council • Vancouver Housing Authority • Vancouver Public Schools • WA Department of Health • Wahkiakum County Health and Human Services • Washington State University • YMCA) have joined and actively

Handwritten signature/initials

*Prevent disease * Promote healthy choices * Protect food, water and air * Prepare for emergencies*
participate in the SWHLC. In addition to funding from Clark County, the SWHLC is supported through contributions from community partners including Kaiser Permanente, SW Behavioral Health, Community Health and Education Foundation, and other organizations.

HEALTH EQUITY

People in Southwest Washington who have the highest levels of health disparities are often the most difficult to reach. Generational poverty, obesity and preventable chronic disease are interrelated and present complex challenges to ensuring health equity. The Healthy Living Collaborative of Southwest Washington (SWHLC) supports the best practice of regional collective impact by involving partners from multiple sectors across Clark, Cowlitz, Skamania, and Wahkiakum counties. SWHLC will improve health equity in neighborhoods that have extensive intergenerational poverty by addressing primary risk factors for obesity and chronic disease.

ACTION REQUESTED

- Clark County Board of Commissioners approval for contract HDC.630 with ESD112.
- Authorization for Public Health Director to sign amendments.

BUDGET AND POLICY IMPLICATIONS

This activity is funded with State Foundational Public Health funds. Should an adjustment to the department budget be necessary, an adjustment will be submitted during a future budget supplemental process.

FISCAL IMPACT

Yes (see attached form) No

DISTRIBUTION

Alan Melnick, Clark County Public Health
Tricia Mortell, Clark County Public Health
Jeff Harbison, Clark County Public Health
Cyndie Meyer, Clark County Public Health
Belinda Walker, Clark County Public Health
Kathy Smith, Clark County Public Health

Clark County Public Health

Clark County



Alan Melnick, MD, MPH
Public Health Director/Health Officer

Clark County Board of Commissioners

5/20/14
Date

May 27, 2014
Date

SR 104-14

FISCAL IMPACT ATTACHMENT (Completed by Finance Manager)

Fund #/Title	Current Biennium		Next Biennium		Second Biennium	
	GF	Total	GF	Total	GF	Total
1025 / State Foundational Public Health funds and Community Transformation Grant funds		\$28,540				
Total		\$28,540				

I. A – Describe the type of revenue (grant, fees, etc.)
General Fund

II. A – Expenditures summed up

Fund #/Title	FTE's	Current Biennium		Next Biennium		Second Biennium	
		GF	Total	GF	Total	GF	Total
1025 / Public Health			\$28,540				
Total			\$28,540				

III. B – Expenditure by object category

Fund #/Title	Current Biennium		Next Biennium		Second Biennium	
	GF	Total	GF	Total	GF	Total
Salary/Benefits						
Contractual		\$28,540				
Supplies						
Travel						
Other controllables						
Capital Outlays						
Inter-fund Transfers						
Debt Service						
Total		\$28,540				

INTERLOCAL AGREEMENT

between

CLARK COUNTY

and

EDUCATIONAL SERVICES DISTRICT #112

PH 1415

This Agreement is authorized pursuant to Chapter 39.34 RCW and entered into, upon signature, by and between Clark County, by and through its Public Health Department, hereinafter referred to as the "COUNTY," and Educational Services District #112, hereinafter referred to as "ESD112," who hereby agree to the terms and conditions of this Agreement by signing below:

IT IS THE PURPOSE OF THIS AGREEMENT to provide State Foundation Public Health Funds and resources for activities in Southwest Washington which support healthy living and fulfill grant requirements for County;

WHEREAS, COUNTY is working collaboratively with local health jurisdictions, local nonprofit agencies and other governmental agencies to leverage resources in the region to improve healthy solutions for marginalized areas on Clark County; AND,

WHEREAS COUNTY and other agencies are contributing funding and staff support to these efforts; AND

WHEREAS ESD 112 has agreed and has the expertise to be the fiscal agent for the funding and support agencies are contributing to accomplish activities set forth in the Healthy Living Collaborative project mutually agreed upon by all participants; AND NOW, THEREFORE,

THE COUNTY AND ESD 112 mutually agrees to the following:

1. PERIOD OF PERFORMANCE

Subject to its other provisions, the term of this Agreement shall be for the twelve month period from March 1, 2014 through February 28, 2015. The agreement may be extended annually thereafter, subject to the prior written approval of both parties.

2. PAYMENT PROVISIONS

The County agrees to pay ESD the sum of \$28,540.00. This agreement shall be paid as outlined in the Budget Support & Community Committed Resources, incorporated herein as Exhibit B. Total compensation for this contract may not exceed \$28,540.00 without the mutual written consent of both parties. Of the total \$28,540.00, \$22,000 is allocated to wages: \$15,000 is allocated to the salary for the Executive Director of the Healthy Living Collaborative and \$7,000 is allocated toward compensation for conference planning services for the Prevention Summit. No more than 14% (\$3,080) of the total \$22,000 paid may be used for indirect fees without the mutual written consent of both parties. An additional \$6,540 shall be paid and allocated toward payment of venue rental fees and audiovisual fees for the Prevention

Summit. No more than 9% (\$540.00) of the \$6,540.00 paid may be used for indirect fees without the mutual written consent of both parties.

The County agrees to provide all compensation as outlined in Budget Support & Community Committed Resources, incorporated herein as Exhibit B within 30 days of the date this agreement is executed.

3. REPORTING

ESD 112 shall provide the County with a quarterly report summarizing mile stones, accomplishments and activities as outlined in the Scope of Work, incorporated herein as Exhibit A.

4. RESPONSIBILITIES OF PARTNERS

A variety of community partners and agencies agree to provide support and resources for the Southwest Healthy Living Collaborative (SWHLC) project, as outlined in Southwest Healthy Living Collaborative MOU, incorporated herein as Exhibit C and the Southwest Healthy Living Collaborative Charter, incorporated herein as Exhibit D.

a.) ESD 112 Agrees to following roles and responsibilities:

- i. Establish policies for the coalition and programs, practices, projects and services carried out under this agreement.
- ii. Formulate its goals and objectives in compliance with its funding source(s).
- iii. Monitor the daily operations of the SWHLC project and develop work plan for SWHLC activities and programs.
- iv. Keep abreast of any grant or contract changes in policies, procedures, or requirements, and notify County of any significant changes in a timely manner.
- v. Be responsible for identifying and preparing applications for grant and funding opportunities, and obtain ESD approval on all funding requests when ESD will be the official recipient.
- vi. Adhere to the adopted governance structure and operating procedures as outlined in the SWHLC Charter.
- vii. Manage the SWHLC operating budget plan, identify service providers, and authorize coalition expenditures. All pre-authorization of expenditures will be forwarded on to ESD for review and procurement of goods and services.
- viii. Making final recommendations for creating job descriptions and provide final recommendations in the selection of the consultant Executive Director position for the SWHLC.
- ix. Ensuring the consultant is meeting all contract deliverables.
- x. Assisting SWHLC partners in creating job descriptions for donated Staff positions, advertise job openings and otherwise assist SWHLC partners in recruitment, conduct background investigations and other due diligence, assist with candidate interviewing and screening, and make recommendations to the SWHLC members as appropriate.
- xi. Manage, track and report on all funding and expenditures being contributed and paid out toward the SWHLC project.
- xii. Hire an Executive Director position to oversee the activities, deliverables and outcomes of the SWHLC project.
- xiii. Provide narrative summary of outcomes, milestones and progress as outlined in Scope of Work attached hereto as Exhibit A. Reports shall be due September 1, 2014 and March 15, 2015.

b.) County agrees to the following:

- i. Provide up to \$28,540.00 as outlined in Exhibit B to support the salary of an Executive Director position to oversee the projects, deliverables and activities of the SWHLC project. ESD 112
- ii. Share Public Health staff as outlined in Exhibit B provided the following positions are filled and funded: (1) .25 FTE Public Health Nurse, (1) .25 Community Health Worker and (1) .50 Program Coordinator. These positions perform work under a grant agreement with the State of Washington related to community transformation activities in our community and our region.
- iii. Supervises, directs and oversees work activities of County staff as outlined in Position Descriptions incorporated herein as Exhibit E.

5. INDEMNIFICATION

ESD 112 does release, indemnify and promise to defend and save harmless County, its elected officials, officers, employees and agents from and against any and all liability, loss, damages, expense, action, and claims, including costs and reasonable attorney's fees incurred by County, its elected officials, officers, employees and agents in defense thereof, asserting or arising directly or indirectly on account of or out of the performance of service pursuant to this Agreement. In making such assurances, ESD 112, specifically agrees to indemnify and hold harmless County from any and all claims, including but not limited to, bodily injury claims, brought by employees of ESD 112, and/or participants and recipients of services provided by the Healthy Living Collaborative, and expressly waives its immunity under the Industrial Insurance Act as to those claims which are brought against County. Provided, however, this paragraph does not purport to indemnify County against the liability for damages arising out of bodily injuries to person or damages caused by or resulting from the sole negligence of County, its elected officials, officers, employees and agents.

6. TERMINATION

This Agreement may be terminated, for any reason, with or without cause, by either party upon ninety (90) days prior written notice to the other party.

7. CONSENT AND UNDERSTANDING

This Agreement contains a complete and integrated understanding of the agreement between the parties and supersedes any understandings, agreement or negotiations, whether oral or written, not set forth herein or in written amendments hereto duly executed by both parties.

8. GOVERNING LAW

This Agreement is governed by the laws of the State of Washington. Venue for any litigation shall occur in Clark County Superior Court.

9. PUBLIC RECORDS ACT

Notwithstanding the provisions of this Agreement, to the extent any record, including any electronic, audio, paper or other media, is required for retention or indexed as a public record in accordance with the Washington Public Records Act, RCW Chapter 42.56, parties agree to maintain all records constituting public records and to produce or assist County in producing such records, within the time frames and parameters set forth in Washington law.

IN WITNESS WHEREOF, the parties have executed this Agreement.

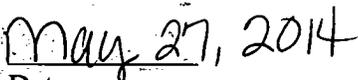
FOR CLARK COUNTY:

ESD 112



Clark County Board of Commissioners

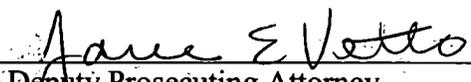
TBD



Date

Date

APPROVED AS TO FORM ONLY:



Deputy Prosecuting Attorney

Exhibit A Scope of Work

Healthy Living Collaborative Project Goal:

People in Southwest Washington who have the highest levels of health disparities are often the most difficult to reach. Generational poverty, obesity and preventable chronic disease are interrelated and present complex challenges to ensuring health equity. The Healthy Living Collaborative of Southwest Washington (SWHLC) is comprised of partners from multiple sectors across Clark, Cowlitz, Skamania, and Wahkiakum counties. Collaborative members joined together to support neighborhood-based health solutions that work to build health in policies and systems to address root causes that lead to unhealthy behaviors or circumstances that keep people in poverty. SWHLC will improve health equity in neighborhoods that have extensive intergenerational poverty by addressing primary risk factors for obesity and chronic disease. The collaborative aims to strengthen families and neighborhoods by integrating systems that address clinical, behavioral, and community based prevention strategies.

Scope of Work

The purpose of this Scope of Work (SOW) is to designate a group of community partners comprised of local health jurisdictions, non profit agencies and governmental agencies working collaboratively on the strategies and activities of the Southwest Washington Healthy Living Collaborative (SWHLC) project. The SWHLC shall develop, implement, and fund a broad spectrum of policy, systems, and environmental strategies and programs to improve the health outcomes of Southwest Washington for vulnerable populations.

Duration

March 1, 2014 – February 28, 2015.

Deliverables, Outcomes and Reporting Requirements:

SWHLC is dedicated to prevention through collective impact so the most vulnerable communities can live healthier lives. To do this the following primary services will be provided:

Deliverable	Outcome	Reporting
Sustain a regional collaborative of cross-sector partners and members of the communities served, to include non-traditional partners such as housing, transportation, planning, education, air quality, parks, criminal justice, energy, and employment agencies.	Increased cross-sector coordination between all partners and systems that have influence over the social determinants of health.	Submit narrative report outlining progress and milestones for outcomes on 9/1/2014 and 3/15/15.

Deliverables	Outcomes	Date Complete
Develop and maintain Collaborative structure, governance, and backbone staffing support.	Strong collaborative processes with designated “backbone” staff to help plan, manage, and support the Collaborative’s efforts.	
Maintain a shared vision, common agenda, and mutually reinforcing activities among Collaborative partners to include policy, systems, environmental, and programatic prevention strategies.	Aligned economic, physical, social, and service environments that provide opportunities for health and support healthy behaviors.	
Support the development and implementation of policy and system change action plans that address root causes of unhealthy behavior and the circumstances that perpetuate poverty and/or increase risk for disease.	Increased healthy communities and people where prevention and early mitigation of disease throughout the life course is a priority.	
<p>Through the Community-Linkages workgroup, the Collaborative will lay groundwork for effective regional community-based prevention by supporting three neighborhood test sites to develop models, test strategies, and generate knowledge.</p> <p>Implementation strategies as follows:</p> <p>Pilot model test sites in three distinct communities across Southwest Washington will:</p> <ul style="list-style-type: none"> • Recruit natural helpers from the test site neighborhood or rural population; • Train the recruited team in core Community Health Worker (CHW) competencies and support their ongoing meetings and activities; • Assist the Community Linkages Workgroup to prioritize efforts based on neighborhood or rural community input. 	<p>Increased community capacity of neighborhood-based Community Health Workers to build community engagement, link community resources and improve health outcomes.</p> <p>Increased neighborhood opportunities in the areas of chronic disease prevention, substance-free living, safety, and social connections as determined by the community.</p> <p>Increased capacity of systems to weave health, housing, social services, education, employment, economic development, and civic participation into the fabric of three identified neighborhoods.</p>	<p>Submit narrative report outlining progress and milestones for outcomes on 9/1/2014 and 3/15/15.</p>

Deliverables	Outcomes	Date Complete
<p>Establish a regional network of practicing CHW's that:</p> <ul style="list-style-type: none"> • Promotes professional development opportunities and provides scholarships; • Advocates for workforce development in Southwest Washington related to the CHW skill set; • Raises awareness among local systems of care about the value that local CHW activities add to these systems. <p>Provide regional coordination and planning that:</p> <ul style="list-style-type: none"> • Develops a replicable model for establishing peer-to-peer CHWs in a variety of community settings; • Increases knowledge of how this model interfaces with various health and wellness systems to impact shared health improvement goals; • Engages ongoing support from public and private sectors in managing the development of how CHWs are deployed and supported in Southwest Washington; • Leads policy, system, and environmental change strategies in our region and across the state that effectively use CHWs to support the triple aim of health care reform. 	<p>Increased community capacity of neighborhood-based Community Health Workers to build community engagement, link community resources and improve health outcomes.</p> <p>Increased neighborhood opportunities in the areas of chronic disease prevention, substance-free living, safety, and social connections as determined by the community.</p> <p>Increased capacity of systems to weave health, housing, social services, education, employment, economic development, and civic participation into the fabric of three identified neighborhoods.</p>	<p>Submit narrative report outlining progress and milestones for outcomes on 9/1/2014 and 3/15/15.</p>
<p>Establish and maintain a funders group to sustain the collective processes, measurement reporting systems, and community leadership.</p>	<p>A robust pool of supportive funding that supports a long-term process of social change without identifying any particular solution in advance.</p> <p>Cross learnings among funders about specific issues and new insights into grantmaking strategies.</p> <p>Shared financial risk and amplified success and impact.</p>	

Develop an evaluation plan to include agreed upon data collection and shared measures.	A shared measurement plan.	Submit narrative report outlining progress and milestones for outcomes on 9/1/2014 and 3/15/15.
Design and agree upon regular communication methods and reporting tools to include updates on Collaborative; structure, budget, fund development, and project activities.	Regular and effective communication and collaboration among stakeholders.	

Statement of Work Educational Service District 112:

ESD 112 will provide a one time conference planning and coordination services for the Prevention Summit scheduled for September 2014:

Conference coordination for Prevention Summit to include: venue identification and reservation; agenda planning with conference planning committee; on-site logistics coordination; A/V coordination with speakers and venue; registration; catering; marketing; CEU coordination; program development. Coordinate all speaker logistical needs. Negotiate and contract for venue, and A/V support.	Well organized 2-day training for approximately 150 participants. Appropriate space for keynote and breakout sessions with A/V support as requested by presenters.	Sept. 29, 2014
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Exhibit B
Budget Support & Community Committed Resources

The County will provide up to \$28,540 in funding and contribute staff support as outlined in section 4.b.ii of this Interlocal Agreement.

ESD 112 March 1, 2014 – February 28, 2015

State Foundational Public Health and Community Transformation Grant Funds Shall Be Used as Follows:

Support Director Salary	\$ 15,000
.25 FTE Community Health Worker	\$ 0.00 In Kind
.25 FTE Public Health Nurse	\$ 0.00 In Kind
.50 FTE Program Coordinator	\$ 0.00 In Kind
Prevention Summit Training Support	\$ 7,000
<u>Prevention Summit Facilities and Audio Visual</u>	<u>\$ 6,540</u>

Total State Foundational Public Health and Community Transformation Grant Funds **\$ 28,540.00**

Community Committed Resources as of March 1, 2014

CHEF	\$60,000
Clark County Community Services	\$14,000
Clark County Public Health	\$28,540
Clark County Public Health	.25 Community Health Worker .25 Public Health Nurse .50 Program Coordinator
Debit – Director Position	\$60,000

Community Partners as of March 1, 2014

Alliance for a Healthier Generation	Educational Services District 112	SW Behavioral Health
Burgerville	Free Clinic of Southwest Washington	SW WA Regional Transportation Council
Clark College	Highlands Neighborhood Association	Vancouver Housing Authority
Clark County Community Services	Kaiser Permanente	Vancouver Public Schools
Clark County Food System	Lower Columbia College	WA Department of Health
Clark County Public Health	Lower Columbia CAP	Wahkiakum County Health and Human Services

Commission on Hispanic Affairs	National Alliance on Mental Health Illness	Washington State University
Community Foundation for SW Washington	North Pacific Union Conference of Seventh Day Adventists	YMCA
Comprehensive Health Education Foundation	Peace Health	
Cowlitz County Health & Human Services	Prevention Alliance	
Cowlitz Indian Tribe	Regional Health Alliance	
Cowlitz on the Move	Skamania County Community Health	
Cowlitz-Wahkiakum Council of Governments	Support for Early Learning and Families	
Council for the Homeless	SW Washington Agency on Aging and Disability	

Exhibit C

Memorandum of Understanding (MOU) Between The Healthy Living Collaborative of Southwest Washington (HLC) and Educational Service District #112 (ESD)

REVISED 2-19

Introduction

People in Southwest Washington who have the highest levels of health disparities are often the most difficult to reach. Generational poverty, obesity and preventable chronic disease are interrelated and present complex challenges to ensuring health equity. The Healthy Living Collaborative of Southwest Washington (HLC) is comprised of partners from multiple sectors across Clark, Cowlitz, Skamania and Wahkiakum counties. Collaborative members joined together to support neighborhood-based health solutions that work to build health in policies and systems to address root causes that lead to unhealthy behaviors or circumstances that keep people in poverty. HLC will improve health equity in the region by addressing primary risk factors for obesity and chronic disease in neighborhoods that have extensive intergenerational poverty. The collaborative aims to strengthen families and neighborhoods by integrating systems that address clinical, behavioral, and community based prevention strategies. To do this, we have built a regional collaborative structure that will pool funding, establishes collective leadership, creates accountability to the community and aligns cross-sector services needed to link clinical, behavioral, and community prevention and early intervention strategies. The goal is prevention so the most vulnerable communities can live healthier lives.

MOU Purpose

The purpose of this MOU is to designate Educational Service District 112 (ESD) as the Fiscal Agent for HLC. A fiscal agent is necessary to receive, disburse and account for funds and activities that carry out HLC objectives. HLC members agree to have the ESD serve as the Fiscal Agent starting January 16, 2014.

HLC develops and funds a broad spectrum of policy, systems, and environmental strategies and programs for the betterment of the SW region. The HLC is dedicated to creating a healthier community full of opportunities to eat healthy, be active, breathe clean air, and deliver community-based prevention. The ESD's role as Fiscal Agent applies to the activities that fall under the current HLC bylaws, work plans, staffing plans, and budget.

1. General Understandings

- A. This MOU contains the entire understanding of how the ESD will operate as Fiscal Agent and supersedes all prior agreements and understandings between HLC's policy and steering committee and the ESD.
- B. This MOU can be altered or modified only by written agreement of the ESD and HLC policy and steering committee.
- C. HLC partners, HLC's policy and steering committee and the ESD will notify each other if and when they receive a notice of or otherwise has reason to know of any potential, threatened or pending claim or legal action relating to or arising in any way out of the activities ESD is taking as Fiscal Agent.
- D. This MOU will remain in place from January 16, 2014 to December 31, 2015 and shall automatically renew for additional one year terms unless HLC's policy and steering committee notifies the ESD prior to November 1st that it no longer wants the ESD to act as Fiscal Agent

the following year, or unless SWHLC's policy and steering committee or the ESD notify the other it is terminating its participation in implementing the understandings described herein, as provided in paragraph 1.F.

- E. The ESD, and HLC's policy and steering committee will meet at least once annually to review and discuss this MOU and, if continuation is desired, to determine if any changes need to be made to the understandings expressed herein.
- F. The ESD may discontinue providing Fiscal Agent Services at any time, without cause, prior to expiration of the then current term by giving 90 days written notice to HLC's policy and steering committee, with majority vote of the active policy and steering committee, may terminate the use of the ESD as Fiscal Agent at any time, without cause, prior to the expiration of the then current term by giving 90 days written notice to the ESD. The ESD shall be entitled to compensation for all costs to provide services and expenditures incurred as a result of the activities the ESD has undertaken on behalf of HLC up through the termination date.

The ESD or HLC may discontinue implementation of this MOU by giving the other party thirty (30) days written notice at any time that the other party is in material breach of the understandings in this MOU. If the party in material breach fails to resolve the breach to the satisfaction of the non-breaching party the MOU will be abandoned at the end of the thirty (30) day period with no further understandings or requirements, except the ESD shall be compensated for costs to provide services and for expenditures incurred to undertake HLC activities.

2. Roles and Responsibilities (Mutually and Individually)

A. HLC shall be responsible for the following:

- 1. Establish policies for the coalition and its programs, practices, projects and services.
- 2. Formulate its goals and objectives in compliance with its funding source(s).
- 3. Monitor the daily operations of the HLC and develop work plan for HLC activities and programs.
- 4. Keep abreast of any grant or contract changes in policies, procedures, or requirements, and notify ESD of any significant changes in a timely manner.
- 5. Be responsible for identifying and preparing applications for grant and funding opportunities, and obtain ESD approval on all funding requests when ESD will be the official recipient.
- 6. Adhere to the adopted governance structure and operating procedures: please see copy of attached HLC Charter.
- 7. Manage the HLC operating budget plan, identify service providers, and authorize coalition expenditures. All pre-authorization of expenditures will be forwarded on to ESD for review and procurement of goods and services.
- 8. Making final recommendations for creating job descriptions and provide final recommendations in the selection of the consultant Executive Director position for the HLC.
- 9. Ensuring the consultant is meeting all contract deliverables.
- 10. Assisting HLC partners in creating job descriptions for donated Staff positions, advertise job openings and otherwise assist HLC partners in recruitment, conduct background investigations and other due diligence, assist with candidate interviewing and screening, and make recommendations to the HLC members as appropriate.

B. ESD acknowledges HLC is an autonomous entity and has the responsibility to develop its own governance structure, policies and procedures, programs and services.

C. ESD will provide the following fiscal services:

1. Manage the procurement and payment processing for all HLC expenditures in accordance with ESD policies and procedures and the Standards of Accounting and Fiscal Reporting for Washington State and/or Federal government. The ESD shall only pay expenditures for HLC, which are deemed by the ESD as an allowable use of public funds.
2. Establish separate accounts within the ESD chart of accounts for HLC funds and expenditures, respectively, with the term HLC in the title of the accounts.
3. Maintain and retain appropriate financial records.
4. Provide financial activity reports to the HLC's policy and steering committee fiscal liaison and collaborative director on a monthly basis. Make available, to the HLC, upon request, all books, records, documents and other evidence pertaining to the costs and expenses relating to this Agreement to the extent and in such detail as will properly reflect all direct expenditures, which reimbursement is claimed or payment is made under the provisions of this contract.
5. Receive funds on behalf of HLC. The ESD is limited to a 14% administrative fee on all direct expenditures, which includes indirect costs.
6. Maintain general liability insurance for the ESD.
7. ESD will direct community health advocates in carrying out functions of the collaborative work plan. The ESD will employ the community health advocates as temporary project staff. As ESD employees, advocates will be subject to the personnel policies and procedures of the ESD.
8. Collaborate the HLC in creating job descriptions for consultants, advertise, and manage the procurement process.

D. HLC acknowledges that ESD will receive administrative funds necessary to support HLC activities and will retain such funds as are necessary to cover the administrative fee and any costs or expenditures associated with ESD's responsibilities as Fiscal Agent described in this MOU.

3. Signatures and Dates

A. Amendment language: This MOU may be amended by mutual consent of both parties; however, such amendments **MUST BE** in writing and signed by both parties.

B. Signature and Effective Date. This MOU is effective on the date written below, provided it is signed by representatives from HLC and ESD.

Effective this 3rd day of March, 2014.

By: Andy Silver, Chair
(Signature)

Andy Silver
Chair, SWHLC

By: Twyla Barnes, XX
(Signature)

Twyla Barnes
Superintendent, ESD 112

Exhibit D

Southwest Washington Healthy Living Collaborative Charter

Our Mission: Health and Well-Being for all Southwest Washington Communities

Name: Healthy Living Collaborative of SW Washington

Duration: Healthy Living Collaborative of SW Washington *shall* be perpetual.

Purpose: People in Southwest Washington who have the highest levels of health disparities are often the most difficult to reach. Generational poverty, obesity and preventable chronic disease are interrelated and present complex challenges to ensuring health equity. The Healthy Living Collaborative of Southwest Washington (HLC) is comprised of partners from multiple sectors across Clark, Cowlitz, Skamania, and Wahkiakum counties. Collaborative members joined together to support community-based health solutions that work to build health in policies and systems to address root causes that lead to unhealthy behaviors or circumstances that keep people in poverty. HLC will improve health equity in neighborhoods that have extensive intergenerational poverty by addressing primary risk factors for obesity and chronic disease. The collaborative aims to strengthen families and neighborhoods by integrating systems that address clinical, behavioral, and community based prevention strategies.

Overall Goal: Increase the health of communities and people by addressing the root causes of unhealthy behavior and the circumstances that perpetuate poverty and increase risk for chronic disease.

The Healthy Living Collaborative identifies the following priority areas for collective change:

Regional Collective Infrastructure

Objective: Increase cross-sector coordination and alignment between all partners and systems that have influence over the social determinants of health.

- **Key Strategies:** to braid public & private dollars that create a nimble pool of dollars to fund the work; to design a structural process for change to maintain a shared vision, common PSE agenda, mutually reinforcing activities, strong communication; and to develop an evaluation plan with shared measurement and data collection amongst collaborative partners.

Health in All Policies and Services

Objective: Improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas that prevent and mitigate chronic disease and poverty.

- **Key Strategies:** to motivate leaders and decision-makers to integrate considerations of health, well-being and equity during the development, implementation and evaluation

of policies and services; Identify and implement policy, systems and environmental change strategies that address root causes of unhealthy behavior and the circumstances that perpetuate poverty and increase risk for disease.

Community Linkages - Community-Based Prevention Pilot:

This project is a demonstration of one approach to support local community development of skilled Community Health Workers to increase their utilization in a variety of inter-related local systems of care and support

Objective(s): Increased community capacity of neighborhood-based Community Health Workers to build community engagement, link community resources and improve health outcomes; increase neighborhood opportunities in the areas of chronic disease prevention, substance-free living, safety, and social connections as determined by the community; and to increased capacity of systems to inform and weave health, housing, social services, education, employment, economic development, and civic participation into the fabric of three identified neighborhoods.

- **Key Strategies:** Through the Community-Linkages workgroup, the Collaborative will lay groundwork for effective regional community-based prevention by supporting three neighborhood test sites to develop models, test strategies, and generate knowledge.

Collaborative Membership:

To the extent possible the membership shall be composed of:

- People that live, work, or learn in Clark, Cowlitz, Skamania, and Wahkiakum counties
- Representation from the constituency we serve, are engaged and effectively supported for success in their service. Ensure diverse representation to create health equity.
- Representation from all relevant sectors for healthy communities interventions
- Representatives from the following entities but not limited to: Public Health/Human Services, Healthcare, Early Learning/Education, Land Use/Transportation, Non-Profit, Business, Housing/Underserved Populations, Faith Based
- All member groups will be asked to sign a letter of commitment (See Attachment B – Commitment Letter)

Collaborative Roles & Responsibilities:

- Attend meetings - The meetings shall be held quarterly. The chairperson(s) may call additional meetings when necessary
- Provide input to issues/strategies and direction
- Support the overall work of the coalition
- Each member shall sit on a subcommittee and agree to actively participate in committee work, and are expected to volunteer their services for Coalition projects.
- Recruit appropriate sectors and members
- Members shall receive no compensation for their services as members

Collaborative Decision Making:

- The Collaborative will make every effort to seek consensus on all decisions, but if necessary, decisions will be made by a modified-consensus majority rule.
- In the case of a vote, only coalition members on behalf of their organization may participate, at one vote per organization.
- Strategic direction and investment decisions will be based upon an agreed upon investment criteria tool (*see attachment A for Criteria Tool*)

Collaborative Leadership:

The leadership of the Healthy Living Collaborative of SW WA will be guided by the policy/steering committee, which will provide the collaborative with direction and funding. The broader membership will provide the Policy/Steering Committee with goals and objectives. The Policy and Steering Committee will take specific recommendations to the larger collaborative in key areas like policy and systems agenda planning, name change, logo design, or other major course corrections like change to the fiscal agent or redirection of large resources. The full collaborative will then have the opportunity for input and opting out in areas where alignment may be challenging for multiple stakeholders. At the large collaborative meetings decision points and opportunities should be based on simple dialogue regarding collaborative mission, and feasibility criteria. (*Please See Attachment C Infrastructure Depiction*).

Steering/Policy Committee (SC) Composition:

- The management of the HLC will be vested in a 9-13 member steering committee drawn from coalition membership and key health and prevention champions in the community.
- Nomination of candidates for steering committee appointments will be held every two years. There will be no less than 5 and no more than 13 members on the policy/steering committee. The SC should be comprised of a chairperson, co-chairperson, fiscal liaison, fiscal agent, and up to 9 additional diverse sector representatives. Such as: public health/human services, early learning/education, land use/transportation, non-profit, business, housing/underserved populations.

Steering/Policy Committee (SC) Roles and Responsibilities:

The Policy and Steering Committee takes primary responsibility for the coalition's overall direction, while recognizing a value of keeping the larger coalition informed and with voice. The Policy and Steering Committee will elect a Chair, Co-Chair, and a Fiscal Liaison.

The Policy and Steering Committee in partnership with the Director and HLC project team will run the day-to-day operations and goals of the collaborative key responsibilities below:

- Attend meetings regularly
- Establish policies for the coalition and its programs, practices, projects and services.
- Hiring & supervision: is delegated to the Policy/Steering Committee (specifically the Chair-Co-Chair for final decision)
- Budget Management (in partnership with the Fiscal Liaison and the Fiscal Agent)
- Recruit appropriate sectors and funders to participate in Collaborative efforts.
- Assist in setting the agenda for Collaborative and Funding Meetings
- Recruitment of active and engaged Coalition Members
- Engage in selected policy and advocacy work as appropriate

Chair/Co-Chair Responsibilities

- The chairperson(s) shall preside at all Steering Committee meetings. The chairperson(s) shall have general supervision and direction of all the business and see that decisions of the collaborative are carried out.
- The co-chair will assume duties of the chairperson in his/her absence.
- Make final recommendations for creating job descriptions and provide final recommendations in the selection and ongoing use of the consultant Executive Director position for the HLC.
- Ensure the consultant is meeting all contract deliverables.

Fiscal Liaison

- The Fiscal Liaison will work directly with the HLC Director and the Fiscal Agent to ensure accurate, transparent, and fiscally sound budget management.

Collaborative Director Responsibilities

The SC may delegate the following to the Collaborative Director as determined in final contract deliverables:

- Keep the SC abreast of any grant or contract changes in policies, procedures, or requirements, and notify the Fiscal Agent of any significant changes in a timely manner.
- Sustainability planning for all HLC efforts
- Ensure HLC strategic direction and investment opportunities are in alignment with the coalition mission, decision making criteria, and funding source requirements.
- Fund development
- Management of the funders group that braids public & private dollars for a nimble pool of HLC funding. To include Identifying and maintaining a funders group that supports a long-term process of social change without identifying any particular solution in advance. Establish the working relationship with the funders group that allows the HLC to steer the work and stay with an initiative for multiple years.
- Monitor the daily operations of the HLC and develop work plan for HLC activities and programs.
- Be responsible for identifying and preparing applications for grant and funding opportunities, and obtain ESD approval on all funding requests when ESD will be the official recipient.
- In partnership with the Fiscal Liaison manage the HLC operating budget plan, identify service providers, and authorize coalition expenditures. All pre-authorization of expenditures will be forwarded on to ESD for review and procurement of goods and services.
- Support HLC partners in creating job descriptions for donated Staff positions, advertise job openings and otherwise assist HLC partners in recruitment, conduct background investigations and other due diligence, assist with candidate interviewing and screening, and make recommendations to the HLC members as appropriate.
- Bring in technical expertise as needed and as an ex officio during steering/policy meetings and noted clearly in minutes.

Steering/Policy Committee Term: Each steering committee member shall serve a term of two years. Should any steering committee position become vacant during the year, the committee shall hold an election at the next regular meeting to fill the vacancy.

Steering/Policy Committee Termination: SC membership can be terminated by cause at the discretion of the SC. Termination by cause must be requested in writing by no fewer than three active SC members and must be approved by no fewer than two thirds of the SC active membership. All SC members whose terms are terminated by cause are not eligible to submit again their candidacy for membership for a period of three years from the effective date of termination.

NOTE: No part of any funds shall benefit of or be distributable to its members, officers or private persons, except those funds that shall be authorized for services rendered and to make payment in furtherance of the Healthy Living Collaborative purposes.

Investment and Strategic Direction Criteria

- **Approach:** does the strategy support the overall goal of increasing the health of communities and people by addressing the root causes of unhealthy behavior and the circumstances that perpetuate poverty and increase risk for chronic disease; does the strategy have a policy, systems, or environmental component; does it build on existing efforts; can the strategy help create or deepen the learning's across service providers?
- **Practical:** are others better positioned to tackle this issue; is there a point organization ready to play the lead role; is the collection of strategies comprehensive with near and long-term tactics; is the strategy (better) achieved when two or more counties work together or be actionable by a regional system/body/council; is the strategy self-sustaining or does it require ongoing resources (implementation, enforcement)?
- **Social:** who is affected (positively and negatively); are there unintended consequences; are multiple populations impacted (rural); are these ideas that can connect in tangible ways with quality of life issues; and does the strategy allow for the voice of the communities or people served?
- **Scientific and Economic:** does the strategy fit the problem or goal; what kind of data and evidence is available; can this solution be measured; and what is the overall budget context?
- **Legal:** does the enacting body have the legal authority and is future litigation a concern if the idea is enacted?
- **Political:** is it controversial; what do key stakeholders think; is there a good state of readiness; at what level is the sphere of influence (local, regional, state, federal); and can the strategy transcend county lines? Does the strategy support and/or inform state-level efforts? Does the strategy have the potential to negatively impact the collaborative ability to maintain a common agenda?

SAMPLE COMMITMENT LETTER FOR HLC MEMBERS

The [_____] is committed to be an active member of the Southwest Healthy Living Collaborative (HLC). We are committed to the mission, vision, goals and strategies that have been and will be decided by the HLC. We are committed to engaging in the planning, collaboration and tactics that will be undertaken by the HLC

As general evidence of our commitment, we agree to do the following:

- ❖ Appoint a representative to attend coalition meetings and agree to actively participate in committee work, and volunteer their services for relevant Collaborative projects.
- ❖ Authorize that representative to make decisions on our behalf
- ❖ Disseminate relevant information to our organizational members and employees through all relevant mechanisms
- ❖ Keep the HLC informed of our organization's related activities

Specifically, our organization will commit the following resources to the HLC (check all that apply):

- Access to our volunteers for HLC tasks
- A financial commitment of \$ _____
 - Check the box if this commitment could be annual
- In-kind contributions of staff time, material resources, meeting space, refreshments
- Connections to other key organizations/individuals (specify)

Name of Organization: _____
Representative Signature: _____
Print Name: _____
Date: _____

Exhibit E Position Descriptions

Health Policy and Systems Coordinator

The health policy and systems change coordinator for the Healthy Living Collaborative of Southwest Washington (HLC) reports to the program manager of Chronic Disease Prevention at Clark County Public Health with functional responsibility to the executive director of the HLC and its fiscal agent, Educational Service District 112 on behalf of the Healthy Living Collaborative. This position supports community-level work associated with prevention of chronic disease. Work is primarily community-based and focused on identifying and reducing the impact of adverse health disparities on populations.

This work is accomplished through a variety of methodologies including, but not limited to assessment, group facilitation, and community mobilization, which requires considerable knowledge of community-based public health principles. It also requires the ability to engage with people from diverse backgrounds, cultures and socioeconomic circumstances. This individual is expected to operate with considerable latitude and apply sound judgment. No supervision of staff is required, but the coordinator may guide peers, community partners, and volunteers in assigned duties.

Organizational responsibilities include: understanding and promoting the public health mission of CCPH; representing CCPH and the HLC at state and regional meetings and workshops; providing courteous, respectful, efficient customer service to all clients; honoring diversity of all employees and constituents; participating in training; and striving for personal excellence in public health work.

Activities	Milestones	Due Date
Work collaboratively with HLC executive director and HLC policy/steering committee on all HLC-related work.	• Plan and participate in regular meetings	Ongoing
	• Maintain and document appropriate and regular communication with HLC director and Policy and Steering Committee	Ongoing
	• Maintain and update HLC work platform.	Quarterly
	• Collaborate with community-based pilot coordinator and teams.	Ongoing
Provide administrative, technical, and leadership support to HLC leadership	• Inform HLC partners regarding public health science to guide sound judgments and recommendations based	Ongoing

Activities	Milestones	Due Date
and workgroups.	<p>on this science.</p> <ul style="list-style-type: none"> • Convene and assist in leading workgroups. • Develop and disseminate progress updates to stakeholders. • Serve as liaison to CTG HCH and public health strategies. • Collaborate with stakeholders to develop, promote, and implement policies, systems, and environmental changes. • Promote adoption of best and promising practices. 	<p>Ongoing</p> <p>Quarterly or more frequently as needed.</p> <p>At least weekly</p> <p>Ongoing</p> <p>Ongoing</p>
Participate in performance measurement and evaluation strategies	<ul style="list-style-type: none"> • Identify and analyze data to inform strategy and activity development. • Collaborate with HLC executive director to compile and report on progress and performance to meet CCPH and CTG reporting requirements. 	<p>Ongoing</p> <p>Monthly</p>
Build and maintain community partner relationships through open communication and community engagement	<ul style="list-style-type: none"> • Mobilize regional and county partnerships and support community-based efforts as identified by the HLC and as directed by the HLC Policy and Steering Committee. • Develop systems for maintaining partnerships and recognizing partners' contributions in conjunction with HLC. 	<p>Ongoing</p> <p>Ongoing</p>

Community Health Worker Program Coach

The Community Health Worker Program Coach for the Healthy Living Collaborative of Southwest Washington (HLC) reports to the program manager of Chronic Disease Prevention at Clark County Public Health with functional responsibility to the Community Linkages Model-Site Coordinator of the HLC and its fiscal agent, Educational Service District 112 on behalf of the Healthy Living Collaborative. This position supports community-level work associated with prevention of chronic disease. Work is primarily community-based and focused on identifying and reducing the impact of adverse health disparities on populations.

The Program Coach leads and coordinates the development and implementation of the Community Health Worker Program and assists with its evaluation, ensuring that the program meets the health and safety needs of the residents of an identified community within Clark County, Washington. This position builds strategic community relations; recruits, trains, supports, and supervises a small group of Community Health Workers; oversees the Community Health Worker community outreach and activities; and documents program implementation. This individual is expected to operate with considerable latitude and apply sound judgment. The coordinator may guide peers, community partners, and volunteers in assigned duties.

Organizational responsibilities include understanding and promoting the public health mission of CCPH; representing CCPH and the HLC at state and regional meetings and workshops; providing courteous, respectful, efficient customer service to all clients; honoring diversity of all employees and constituents; participating in training; and striving for personal excellence in public health work.

Activities	Milestones	Due Date
Program Development	<ul style="list-style-type: none"> • Assess the needs of the immediate neighborhood/community as they relate to program development and community outreach activities. • Work collaboratively with local external service agencies to integrate/plan/complement programs and services. • Develop and/or adapt accurate, culturally appropriate, and educationally sound training curricula for training Community Health Workers and educational materials for CHWs to use with their family, friends and neighbors. 	<p>Initial assessment completed May 2014</p> <p>Ongoing</p> <p>Ongoing</p>
Program Management	<ul style="list-style-type: none"> • Recruit 8 - 12 natural helpers from the identified community. • Train the recruited team in core CHW competencies and supports their ongoing meetings and activities. 	<p>June – Sept 2014</p> <p>July – Sept 2014</p>

Activities	Milestones	Due Date
	<ul style="list-style-type: none"> • Guide CHWs to prioritize work based on neighborhood input. • Supervise Community Health Workers to provide outreach, referral, health and safety promotion, and support to residents of one identified community within Clark County, Washington. • Establish and monitor Community Health Worker Program budget, contracts, and Community Health Worker stipend system. • Develop goals, objectives, benchmarks, and schedules with Community Health Workers and perform Community Health Workers' evaluations. • Tracks Community Health Worker performance; provide on-going training and support; and keep records of Community Health Worker activities. 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
Participate in performance measurement and evaluation strategies	<ul style="list-style-type: none"> • Identify and analyze data to inform strategy and activity development. • Assist HLC Community Linkages Model-Site Coordinator to compile and report on progress and performance to meet HLC, CCPH and MCHBG reporting requirements. 	<p>Ongoing</p> <p>Monthly</p>
Other Functions	<ul style="list-style-type: none"> • Represents the HLC Community Health Worker Project at local and national meetings and conferences. • Contributes to board reports, website content, and articles. • Supports and maintains an environment that honors cultural awareness and competency. • Performs other related duties to support primary job function. • Participates on special projects as directed/requested. 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>As assigned</p>