



# COUNTY OF MONTEREY HEALTH DEPARTMENT

Elsa Jimenez, Director of Health

Administration    Animal Services    Behavioral Health    Clinic Services  
Emergency Medical Services    Environmental Health    Public Administrator/Public Guardian    Public Health

June 6, 2024

## **Kate Nester**

Program Development Manager  
Central California Alliance For Health

RE: Funding Proposal for Health Department CHNA/CHIP Process and Implementation

Thank you for your acceptance of this funding proposal for the County of Monterey's CHNA/CHIP development process and implementation.

### **1. Contact Information**

Patricia Zerounian, Management Analyst III, County of Monterey Health Department Administration. [zerounianp@countyofmonterey.gov](mailto:zerounianp@countyofmonterey.gov) 831/588-8202

Please also include the following in correspondence:

Patricia Alcocer, Management Analyst II [alcocerp@countyofmonterey.gov](mailto:alcocerp@countyofmonterey.gov)

Lupe Hueramo, CDPC [hueramog1@countyofmonterey.gov](mailto:hueramog1@countyofmonterey.gov)

### **2. Proposal Narrative**

#### *Proposal Summary*

The 2024-2027 Community Health Improvement Plan (CHIP) for Monterey County is strongly rooted in input from community members and partner organizations. The work began with the creation of the 2022 Community Health Needs Assessment (CHNA), a project of the Monterey County Health Needs Collaborative, comprised of the Community Hospital of the Monterey Peninsula, Salinas Valley Health, Mee Memorial Healthcare System, Natividad, County of Monterey Health Department, and United Way Monterey County. The 2022 CHNA incorporated data from multiple sources, including primary research (through a random-sample telephone survey, a portal-based community outreach survey, and a key informant survey, all conducted between March 2 and June 15, 2022), and secondary research (vital statistics and other existing health-related data). The telephone survey resulted in 801 useable results and the community outreach survey resulted in 2,348 usable results, for a total of 3,149 responses completed through these surveys. An online key informant survey of 128 community

leaders was conducted between March 17 and April 19, 2022, providing qualitative information.

The County of Monterey chose the top four health priorities identified in the 2022 Community Health Needs Assessment to be its 2014-2018 CHIP priorities. They are:

1. Diabetes
2. Behavioral Health
3. Access to Health Care Services
4. Nutrition, Physical Activity, & Healthy Weight

The Health Department added a fifth priority:

5. Health Equity Policy Development

#### *CHNA/CHIP planning and implementation*

The County of Monterey's 2024-2027 CHIP is currently in production and is in the final draft stage. It is expected to be completed and shared with stakeholders and the larger community in fall, 2024. For each priority listed above, objectives, strategies, indicators, baseline data, data sources, and goals have been identified and approved by Health Department Bureau Directors. Many of the CHIP strategies are already being implemented.

Planning for the 2025 CHNA has begun with finalization of funding commitments and drafting MOUs between HCNCC and the other Monterey County Health Needs Collaborative members. The County Health Department anticipates its participation in CHNA planning and implementing to be similar to its efforts provided for the 2022 CHNA.

#### *Anticipated timeline to spend down funding.*

California DHCS wants to "shift local health department Community Health Assessments (CHNAs) and Community Health Improvement Plans (CHIPs) to a statewide, synchronized three-year cycle to prepare for a forthcoming requirement that the local health jurisdiction's CHNA be completed by December 2028 and the CHIP be completed by June 2029, and every three years thereafter."

To achieve CHIP alignment with the State of California, the County of Monterey's 2024-2027 CHIP will be completed in late summer/early fall, 2024. We will provide a brief update to the CHIP to account for an alignment extension year for 2027-2028. By 2029, we will produce the 2029-2031 CHIP, in accord with DHCS' requirement.

The County of Monterey Health Department was a participant in the 2022 Community Health Needs Assessment, along with United Way, the four hospitals, and HCNCC, known as the "Monterey County Health Needs Collaborative (Collaborative)." We will continue our partnership with the collaborative to produce the 2025 CHNA. We anticipate the bulk of 2024 will be used for CHNA planning, data collection and production coordination. We will also assure participation by the Health Department's Behavioral Health Bureau, in accord with Proposition 1 Behavioral Health Services Act, which requires local data be included in behavioral health planning and reporting.

#### *Use of funds*

The Health Department anticipates using the Alliance CHNA/CHIP Funding in the following manner:

- Subcontracting the professional design of the 2024-2027 CHIP for ease of understanding and application, using the Health Department's branding guidelines. This subcontract will also include:
  - Designing and implementing a community distribution plan, and
  - Creating and mounting MCHD web page elements to promote use of the 2022 CHNA and 2024-2027 CHIP.
- Managing the Health Department's participation in and data contributions to the 2025 CHNA development.
- Community partner meetings and communications to implement joint 2024-2027 CHIP activities.
- Funding and managing updates to the DataShare Monterey County online health status database that is hosted by Conduent Healthy Communities Institute.

The Alliance CHNA/CHIP grant funds will be entirely expended on or before December 31, 2025. The Health Department will issue a final report on or before January 31, 2026, to provide verification of expenditures and describe successes and challenges in utilizing the grant funds.

#### *Milestones*

- A. County of Monterey 2024-2027 CHIP completion and dissemination to stakeholders and the county at large by or before December 31, 2024.
- B. Active participation and meaningful contributions to the 2025 CHNA development throughout the duration of the planning process as a member of the Monterey County Health Needs Collaborative.

- C. Provide the Collaborative with a list of key informants to participate in the CHNA data collection process by a yet-to-be determined deadline. The Health Department works closely with a multitude of community partners and therefore we do not believe this will be difficult.

*Consultants/Subcontractors*

County of Monterey Health Department will contract with a professional designer to format the display of narrative, tables, charts, graphs, photos, and other information to facilitate understanding for lay readers. To expediate the design process and meet our anticipated deadline, the County will likely use a design contractor with which we have a current contract.

**3. Budget Expense Form**

ACTIVITY	BUREAU	AMOUNT
A. Subcontract 2024-2027 CHIP and CHNA professional design	Admin	\$25,000
Develop a CHIP/CHNA community distribution plan.	Admin	\$2,500
Create vehicles to promote CHNA and CHIP on MCHD website; provide press releases and email distribution texts for community partners.	Admin	\$2,500
B. Manage Health Department participation and contributions to the 2025 CHNA development.	Admin	\$50,000
C. Manage community partner meetings and communications to implement CHIP activities.	PH	\$50,000
D. Project management for the above.	Admin/PH	\$20,000
<b>TOTAL</b>		<b>\$150,000</b>

**4. Budget Narrative**

**A. Subcontract 2024-2027 CHIP professional design:** CHIP developed by the Health Department is fully narrated, contains a few charts, and a number of tables. It is not designed in a sense that would attract readers (no photos or graphic design elements). We plan to contract with our long-time consultants, Raimi + Associates, to provide professional design for the CHIP, develop a CHIP/CHNA community distribution plan, create a webpage to promote the CHIP on the Department's website, draft text message for email distribution to community partners.

**B. Manage Health Department participation and contributions to the 2025 CHNA development.** The Health Department played an integral role in the 2022 CHNA. Multisector collaboration. Our responsibilities included contributing to broad community engagement, providing data from a variety of sources, identifying community health issues, listing resources to address health issues, and documenting the collaborative process. These tasks were done with a focus on

equity. The Health Department's participation and contributions to the 2025 CHNA development will be similar in magnitude to that of the 2022 CHNA, including but not limited to planning meetings, data provision, communications, and contributions to the Key Informant List.

**C. Manage and coordinate community partner meetings and communications to implement 2024-2027 CHIP activities.** Based on identified priorities, the following Health department Bureaus will be responsible for managing and coordinating CHIP activities carried out by its own staff and community partner staff;

**Priority: Diabetes**

Objectives	Strategies	Indicators	Baseline Data, Data Sources, and Goals	Community Organizations
<b>Decrease diabetes and pre-diabetes for people experiencing health disparities.</b>	Increase regular glycemic status assessments.	MC FQHC adult patients diagnosed with diabetes.	Percentage of patients diagnosed with diabetes who received regular glycemic status assessments. (EPIC data) Goal: improve on 2022-2023 baseline	County of Monterey Health Clinics  CCAH
	Increase regular diabetic eye examinations.	MC FQHC adult patients diagnosed with diabetes.	Percentage of patients diagnosed with diabetes who received regular eye examination (EPIC data - this is a new HEDIS measure) Goal: improve on baseline	
	Increase regular diabetic foot assessments.	MC FQHC adult patients diagnosed with diabetes and pre-diabetes.	Percentage of patients diagnosed with diabetes who received regular foot inspections. (EPIC data) Goal: improve on 2022-2023 baseline	

**Priority: Behavioral Health**

Objectives	Strategies	Indicators	Baseline Data, Data Sources, and Goals	Community Organizations
<b>Increase behavioral health services for people experiencing health disparities.</b>	Timely access to initial behavioral health care	New BH clients seeking services.	Percentage of new clients who receive initial service within 10 business days of initial nonurgent request (Avatar) Goal: Improve upon baseline (70%)	CCAH Carelton MCHD Clinic Services (FQHC)
	Timely follow up for known member emergency department discharges for SUD and/or mental health concerns.	Known members who are discharging from emergency departments with SUD and/or mental health concerns.	Known members who are discharge from emergency departments SUD and/or mental health concerns have follow-up contact within 7 days of discharge. (Avatar) Goal: Improve upon baseline. (Avatar)	CCAH Carelton Emergency Departments at all hospitals

### Priority: Access to Health Care

Objectives	Strategies	Indicators	Baseline Data, Data Sources, and Goals	Community Organizations
Increase access to health care for people experiencing health disparities.	Facilitate adults accessing health care, using bilingual CHWs.	Assist people in submitting Medi-Cal applications.	# adults assisted with submitting Medi-Cal applications (baseline under development). Goal: improve on baseline.	California DHCS CCAH
	Link adults with primary care providers, using bilingual CHWs.	Adults linked to a primary care provider	Usual source of care: 76% (2022 CHIS) CORE Program data (baseline under development). Goal: improve on baseline.	California DHCS CCAH
	Use CHWs to improve health literacy between patient & PCP.	Adults who participate in health literacy education.	# of individuals served CORE Program data (baseline under development). Goal: improve on baseline.	California DHCS CCAH

### Priority: Nutrition, Physical Activity, and Healthy Weight

Objectives	Strategies	Indicators	Baseline Data, Data Sources, and Goals	Community Organizations
Increase access to healthy foods for people experiencing health disparities.	Promote breastfeeding.	Breastfeeding rate among low-income mothers	Proportion of WIC clients with infants at 6 months of age who feed their infant(s) some or only breast milk (WIC data). Goal: improve on 2023-2024 baseline	<ul style="list-style-type: none"> <li>MCHD Public Health Nutritionists</li> <li>WIC</li> </ul>
	Increase access to affordable, healthy food.	Farmers' Markets participation in Market Match Vouchers	# of Market Match vouchers utilized by Monterey County WIC clients. (WIC data). Goal: improve on 2023-2024 baseline	<ul style="list-style-type: none"> <li>CalFresh Healthy Living Program</li> <li>California Fresh Rx Program</li> <li>MCHD education program at Farmers' Markets</li> <li>MCHD FQHC clinics</li> <li>MCHD Public Health Nutritionists</li> <li>Everyone's Harvest</li> <li>Monterey County Food Systems Coalition</li> <li>Monterey County Nutrition and Fitness Collaborative</li> </ul>
	Increase referrals for nutritional counseling and services.	Nutritional counseling	Percentage of overweight pediatric patients who receive nutrition counseling or referral to PH Nutritionists (based on # of PH Nutritionists) (EPIC data). Goal: improve on 2023-2024 baseline	
Increase physical activity opportunities for people experiencing health disparities.	Promote active living	Parks Rx program utilization.	Process measure: MOAs, shared website messages, flyers.  Goal: TBD	<ul style="list-style-type: none"> <li>MCHD</li> <li>Big Sur Land Trust</li> <li>Ventana Wilderness Society</li> <li>Monterey Peninsula Regional Parks District</li> <li>Blue Zones Project</li> </ul>

## Priority: Health Equity Policies

Objectives	Strategies	Indicators	Baseline Data, Data Sources, and Goals	Community Organizations
<b>Build stronger local community engagement and participatory governance strategies for health equity.</b>	Increase MCHD community partners abilities to address health equity initiatives.	# of MCHD and partners focused implementing the Spectrum of Community Engagement to Ownership (SCEO) framework to address local health disparities.	Number of Health Department staff who participate in a Community of Practice focused on implementing the SCEO framework. Goal: 40  Number of core partner organizations collaborating in implementing the SCEO framework with the Health Department. Goal: 4	<ul style="list-style-type: none"> <li>• Building Healthy Communities Monterey County</li> <li>• Mujeres en Acción</li> <li>• Center for Community Advocacy</li> <li>• Centro Binacional Para el Desarrollo Indígena Oaxaqueño</li> </ul>
<b>Establish and maintain a Community-Driven Health Equity Fund (CDHEF) to sustain health equity programs and projects</b>	Address health disparities using a participatory budgeting process.	The amount of funding annually contributed to the CDHEF by MCHD  The number of CBOs participating in the COHEF budgeting process.	Funding contributed to CDHEF in Year 1: \$500k Year 2: \$1M Year 3: \$2M  Number of CBOs participating in CDHEF activities in Year 1: 1 Year 2: 2 Year 3: 4	

**D. Project management to implement the above strategies.** The contract management team will be headed by the team the Health Department's Administration Bureau, Planning, Evaluation, and Policy Unit. The team will coordinate with the Department's Behavioral Health, Clinic Services, and Public Health bureaus for a seamless delivery of strategies and outcome data reporting. Personnel assigned to these efforts will include the PEP Unit's Program Manager, Supervising Epidemiologist, Management Analyst II, and Chronic Disease Prevention Coordinator.