

## **Agreement for Medi-Cal Capacity Grant**

This agreement, effective upon the date of the last signature below (Grant Effective Date), is entered into in order to specify the terms and conditions under which Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission, operating as Central California Alliance for Health (the Alliance) agrees to provide funds (Grant) through the Alliance Medi-Cal Capacity Grant Program (Program) for grant #0624-MCHD-Admin-CHACHIP to or on behalf of County of Monterey Health Department -Administrative Bureau (Grantee).

### **Recitals**

*Whereas*, the Alliance has established the Program to offer grants to health care providers and community organizations to support efforts that advance the Alliance mission to provide timely access to quality health care services and to increase Medi-Cal capacity in the Alliance's service area;

*Whereas*, the Program will focus the provision of available funds in the focus areas of Access to Care, Healthy Beginnings and Healthy Communities; and

*Whereas*, the Alliance has made a decision to award funds to Grantee based on the application submitted by Grantee for a Grant under the Program;

*Now Therefore*, the Alliance and Grantee agree that all funds awarded as a Grant under the Program shall be subject to the terms and conditions of this Agreement.

1. Statement of Services. The "Statement of Services" is attached hereto and hereby incorporated into this Agreement as Exhibit 1, and sets forth the services to be provided by Grantee under this Agreement.

2. Incorporation of Grant Request. The Grantee represents that all information contained in the original Grant application is true, accurate and complete in all material respects. Grantee further agrees that it will notify the Alliance promptly of any material change in information submitted in the original Grant application, including any significant change in contract status for the provision of Medi-Cal services, organizational leadership or contact information.

3. Amount and Purpose of Grant. The amount of the Grant shall be set forth in Exhibit 1 in consideration of and on condition that the sum be expended only for the purposes of carrying out the Statement of Services in Exhibit 1. Grantee shall use any and all funds provided through the Grant solely as set forth in Exhibit 1. Unless specifically provided in this Agreement or in Exhibit 1, no part of the Grant may be used to fund administrative services or other operating expenses of the Grantee, even if those services are utilized to support the services set forth in Exhibit 1. No part of the Grant may be used to fund expenses related to religious activities, lobbying or political action by the Grantee. To the extent that Grantee is unable to use any part of the Grant funds as set forth in the Statement of Services, Grantee shall notify the Alliance and return any funds that have not been or cannot be expended as provided in Exhibit 1. Grantee agrees to assume any obligation to furnish any additional funds that may be necessary to complete the Statement of Services in Exhibit 1. All costs accrued for services or supplies prior

to the execution of Agreement are not eligible for reimbursement unless specifically provided for in the terms of Exhibit 1.

4. Payment Schedule. The schedule for the payment of the Grant is set forth in Exhibit 1.

5. Payment Documentation. The timing, scope and format of the documentation that Grantee shall provide to the Alliance to request Grant funds is set forth in Exhibit 1. The Alliance reserves the right to request additional documentation as it deems necessary to validate the use of Grant funds, either before or after use by Grantee, and shall have the right at its sole discretion to withhold any payment pending any questions that it may have regarding the use of funds. The Alliance reserves the right to enter into a separate agreement with a third party to ensure that the covenants of this Agreement are met by the Grantee, including but not limited to those of sections 1, 3, and 6.

6. Books and Records. Grantee agrees to maintain satisfactory financial accounts, documents and records for the Grant and to make them available to the Alliance, the State of California, the United States Department of Health and Human Services or the Comptroller General of the United States, or otherwise required by law, for auditing at reasonable times. Grantee also agrees to retain such financial accounts, documents and records for three years following termination or completion of the Grant. Grantee agrees to maintain and make available for inspection by the Alliance accurate records of all of its costs, disbursements and receipts with respect to its activities under this Agreement.

7. Funding Promotion. Any materials used to advertise, announce or otherwise inform the public of the receipt of the funding provided for hereunder shall describe the funding and the services funded by the Alliance accurately, and in a way that conforms to the purpose statement in the scope of services set forth in Exhibit 1. Any such materials that mention or include information about the Alliance shall refer to the health plan as “Central California Alliance for Health (the Alliance)” on first usage and “the Alliance” thereafter. Any published list of funders who have supported activities related to this funding must include the Alliance. Funded organization must inform the public about the Alliance’s funding through the use of signage, acknowledgement in published materials, news media, social media, websites or other public announcements, as applicable. All materials produced in accordance with this Agreement (including but not limited to training curriculum, agendas, newsletters, flyers, brochures, reports and videos, etc.) shall contain a statement that the material is funded through the Alliance. Funded organizations who receive funding for the purpose of constructing or renovating a building must memorialize Alliance financial support with a plaque. Funded organizations must refer to the Alliance’s Promotion Toolkit for Funded Partners for instruction on the required promotional verbiage, use of Alliance name and Alliance logo in promotional activities. If a funded organization wishes to execute promotional activities or communication not included in the toolkit, the funded organization must obtain written approval of communication materials promoting Alliance funding prior to engaging in these efforts or activities.

8. Legal Compliance. If Grantee is a participant in the Medi-Cal program as of the Grant Effective Date, Grantee agrees that the Grant award and the payment of Grant funds by the Alliance pursuant to this Agreement is conditioned on Grantee’s continuing compliance with all applicable requirements of federal and California law related to Grantee’s participation in the

Medi-Cal program. Grantee shall notify the Alliance immediately in the event that Grantee or any employee or agent of Grantee whose employment was in part financed using Grant funds is suspended or excluded from participation in any state or federal health care program, including Medi-Cal or Medicare.

9. Term and Termination.

- a. This Agreement, including Exhibit 1, shall be effective on the Grant Effective Date. This Agreement shall remain in effect so long as the Statement of Services in Exhibit 1 is in effect, and in any event shall terminate no earlier than one year after the date of the last payment made to Grantee or on Grantee's behalf under this Agreement.
- b. Grantee may rescind this Agreement at any time prior to the issuance of first payment by the Alliance pursuant to Exhibit 1. After issuance of payment, this Agreement may be rescinded, modified or amended by mutual agreement in writing.
- c. The Alliance may terminate this Agreement if Grantee (i) fails to return the partially executed Agreement within 60 calendar days of the Alliance's grant award decision date, or such later date as the parties may mutually agree upon in writing; (ii) fails to comply with the terms of this Agreement; (iii) terminates its agreement to participate in the Alliance provider network or Medi-Cal program for any reason, including without cause; or (iv) ceases accepting new Medi-Cal patients prior to reaching assigned capacity or otherwise materially curtails its operations as a provider.
- d. The Alliance may terminate this Agreement or cease providing payments hereunder in the event that the Alliance determines in its sole discretion (i) that further payments as set forth in the Agreement and/or Exhibit 1 could violate laws or regulations, including laws or regulations in existence on the Effective Date that may have been clarified or subject to new or changed interpretation, or (ii) in the event of a natural disaster or other event that causes the Alliance to be unable to fulfill its commitment hereunder.
- e. This Agreement and the Alliance's obligation to make further payment hereunder shall terminate immediately in the event that Grantee ceases operations or in the event of Grantee's insolvency, which insolvency shall be considered to have occurred when Grantee makes an assignment for the benefit of creditors, files a petition in bankruptcy, is adjudicated insolvent or bankrupt, if a receiver or trustee is appointed with respect to a substantial part of such other party's property, or a proceeding is commenced against it which will substantially impair Grantee's ability to carry out the Statement of Services in Exhibit 1. The Alliance reserves the maximum rights it is entitled to under any law and under the terms of this Agreement to seek return of any payments already made prior to Grantee's cessation of operations or insolvency, and to ensure that no funds provided pursuant to this Agreement, no matter when they were provided, shall be used for the purpose of paying Grantee's general creditors or for any purpose other than as specifically set forth in Exhibit 1.

10. Effect of Termination. In the event of termination, this Agreement and Exhibit 1 shall terminate and have no further force or effect with respect to either party as of the effective date of termination established in writing, except that all obligations arising or accruing prior to termination, including use or return of Grant funds, shall be performed in accordance with the terms of the Agreement in effect as of the date such obligations arose or accrued and shall survive termination. The provision of sections 6, 7, 11, 12 and 13 of this Agreement shall remain in effect for any occurrences arising out of performance of the Agreement prior to termination.

11. Remedies.

- a. Grantee shall return to the Alliance any Grant funds that Grantee cannot document that it has used to carry out the scope of services provided for in Exhibit 1.
- b. In the event Grantee fails to complete the full scope of services that are to be carried out over the course of time as contemplated in Exhibit 1, Grantee may be required to return any Grant funds that it has already received under this Agreement, even if such funds were properly used. Grantee's specific obligation to return funds is provided for in Exhibit 1.
- c. In addition to any other provision of this Agreement, if the Alliance determines, at its sole discretion, that Grantee has substantially violated or failed to carry out any provision of this Agreement, including but not limited failure to provide documentation provided for in section 5 hereof, the Alliance may, in addition to any other legal remedies it may have, refuse to make any further grant payments to Grantee or on Grantee's behalf under this or any other Grant Agreement, and may demand the return of all or part of the grant funds previously received by Grantee or on Grantee's behalf, which Grantee shall immediately pay to the Alliance. The Alliance may also avail itself of any other remedies available under the law.

12. Compliance with Services Agreement. If Grantee is a party to services agreement with the Alliance, Grantee shall comply with all of the requirements in such agreement, including any nondiscrimination provisions.

13. Indemnification. Each Party ("Indemnifying Party"), at its own expense, agrees to defend, indemnify and hold harmless the other Party ("Indemnified Party") and any of Indemnified Party's affiliates, subsidiaries, directors, officers, employees, representatives, and agents from and against any and all liabilities, losses, costs, expenses (including, without limitation, attorneys' fees), damages, claims, suits, and/or demands (including, without limitation, those based on the injury to or death of any person or damage to property), directly or indirectly arising out of, or resulting from, (i) any act or omission of Indemnifying Party related to any of its obligations performed hereunder, (ii) any breach of Indemnifying Party's representations or warranties set forth in this Agreement, and/or (iii) any actual or alleged infringement, misappropriation, or other violation of any third party rights or any laws or regulations relating to Indemnifying Party's performance of its obligations under this Agreement.

14. Independent Contractors. The parties hereto are independent contractors and neither the Alliance nor Grantee is an agent or employee of the other.

15. Severability. Except as provided in section 9.d, if any provision of this Agreement or the application thereof is held invalid, that invalidity shall not affect other provisions or applications of the Agreement which can be given effect without the invalid provision or application, and to this end the provisions of this Agreement are severable.

16. Waiver. No terms or provision hereof will be considered waived by either party, and no breach excused by either party, unless such waiver or consent is in writing and signed on behalf of the party against whom the waiver is asserted. No consent by either party to, or waiver of, a breach by either party, whether expressed or implied will constitute consent to, waiver of, or excuse of any other, different, or subsequent breach by either party.

17. Assignment. This Agreement shall not be assigned by the Grantee either in whole or in part.

18. This Agreement shall supersede any prior oral or written understandings or communications between the parties and constitutes the entire agreement of the parties with respect to the subject matter hereof. This agreement may not be amended or modified, except in writing signed by both parties.

19. This Agreement may be executed in separate counterparts, each of which shall be deemed to be an original, and all of which taken together constitute one and the same instrument. Telecopied or scanned signatures will be deemed to have the same effect as an original.

For the Grantee:

Signature: Elsa Jimenez

Name: Elsa Jimenez

Title: Director of Health

Date: 09/04/2024

Approved as to form.

DocuSigned by:  
Stacy Saetta  
C0ECE1B99F444A9...

Chief Deputy County Counsel  
10/15/2024 | 11:39 AM PDT

For Central California Alliance for Health:

Signature: Michael Schrader

Name: Michael Schrader

Title: CEO

Date: 09/04/2024

Approved as to fiscal provisions

DocuSigned by:  
Patricia Ruiz  
E79EF64E57454F6...

Auditor Controller Analyst I  
10/16/2024 | 7:16 AM PDT

EXHIBIT 1  
Community Health Needs Assessment (CHA) &  
Community Health Improvement Plan (CHIP) Support  
STATEMENT OF SERVICES

This Exhibit 1 sets forth the additional terms and conditions that are applicable to Grantees receiving a CHA & CHIP Support (Grant) from the Alliance.

**Award Date:** July 31, 2024

**Grant #:** 0624-MCHD-Admin-CHACHIP

**Grantee Name:** County of Monterey Health Department - Administrative Bureau

**Grant Amount:** The Grant Amount shall not exceed **\$150,000**.  
*Final grant payments will depend on verification of actual expenses but will not exceed grant amount.*

**Grant Effective Date:** This Grant shall be effective on the Grant Effective Date (date of the last signature on Agreement) and shall expire two years after Grant Effective Date, or such later date as the parties may mutually agree upon in writing.

**Grant Term:** 18 months

**Purpose of Grant:** To support Grantee in the development and/or implementation of their CHA and/or Community Health Improvement Plan (CHIP), as described in the approved funding proposal received June 6, 2024 (attached as Exhibit 2).

**CHA/CHIP Grant Terms and Conditions**

1. **Duration.** Grantee shall have through December 31, 2025 to complete all activities that were submitted for funding in its Grant Application, which were approved by the Alliance for funding in its Grant Award, and all required reporting.
2. **Payment Schedule.** Payments shall be made to Grantee by the Alliance according to the schedule provided below, subject to the receipt of all documentation reasonably required by the Alliance, and all other terms of the Agreement:
  - a. One-Time Payment. The grant payment shall be based on costs described in the approved Grant Application and be one-time payment of the full Grant Amount. The payment shall be paid within twenty (20) business days of the receipt of the signed Agreement.
3. **Use of Funds.**
  - a. Grant funds may only be used for the purpose of paying expenses that are actually incurred by Grantee in carrying out this Statement of Services (i.e., activities described in the approved funding proposal) during the grant period.

- b. Funds cannot be used for the following purposes, and any amounts budgeted for such unapproved uses will be deducted from payment amounts awarded hereunder:
    - i. Travel, overhead or administrative costs if not included in approved proposal.
    - ii. Activities completed or costs incurred prior to approval of the grant request by the Alliance.
  - c. Use of grant funds may not duplicate other Medi-Cal funding including, but not limited to, Department of Health Care Services incentive programs or other incentive programs administered by the Alliance.
4. **Other Grant Terms and Conditions; Return of Funds.** Grantee agrees that its receipt of funds is conditioned on meeting the requirements of this section 4, to the extent that such requirements are applicable to the type of grant it has been awarded, and that if these requirements are not met, the Alliance may cease any and all payments hereunder, and may at its discretion exercise any legal or equitable rights it may have for the return of the Grant Amount received hereunder. Grantee shall also provide the Alliance with such documentation as Alliance may request that demonstrates to the satisfaction of the Alliance that Grantee has satisfied and will satisfy the requirements set forth in this Section 4, at any time during the course of the duration of the Agreement.
- a. Legal/Contract Status. Grantee represents that it is a 501(c)(3) nonprofit or governmental entity that provides services to a significant volume of Medi-Cal members in the Alliance service area or a for-profit entity that is contracted with the Alliance to deliver Medi-Cal services.
  - b. Good Standing. If the Grantee is a contracted Alliance provider, Grantee shall maintain a contract in good standing with the Alliance for participation in the Alliance provider network during the term of the Grant. If Grant Award is made while Grantee is under investigation for suspected/actual fraud, waste or abuse, as defined in the Alliance Provider Manual, Grantee must participate in the investigation and meet all requirements of the investigation. If findings of the investigation indicate that the Grantee's contract is not in good standing, Grant funds may be recovered at the Alliance's discretion.
5. **Reporting.** Grantee shall provide the Alliance with a final report 30 days after grant activities are completed or no later than January 31, 2025. The reporting template will be provided by the Alliance and available on the online grant portal. Grantee will submit final report through the Alliance's online grant portal. Failure to submit final report may disqualify Grantee from receiving future grant funding from the Alliance.
6. **Evaluation and Monitoring.** The Alliance may monitor and conduct evaluation of operations under this Grant. This may include a visit from Alliance staff to observe the Grantee's operations related to Grant, discuss the Program with the Grantee's personnel, and review financial or other records and materials connected with the activities financed by this Grant.



# 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 Carelon 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 Carelon 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.