

SECOND AMENDMENT TO COUNTY OF MONTEREY STANDARD AGREEMENT

This **SECOND AMENDMENT TO COUNTY OF MONTEREY STANDARD AGREEMENT** (the “**Second Amendment**”), is entered into as of date signed by both Parties (the “**Effective Date**”), by and between County of Monterey, a political subdivision of the State of California (“**County**”) and Community Foundation for Monterey County (the “**Contractor**”). County and Contractor may be individually referred to herein as a “**Party**” and collectively as the “**Parties**.”

WHEREAS, County and Contractor entered into a County of Monterey Standard Agreement (the “**Agreement**”) effective as of September 1st, 2021, whereby County engaged Contractor to provide services and staff for the Virus Integrated Distribution of Aid project; and

WHEREAS, County and Contractor entered into AMENDMENT No. 1 to revise particular budget line items to meet grant deliverables with no change to the total contract liability of the Agreement retroactive to September 1, 2022, effective as of July 26, 2022; and

WHEREAS, pursuant to Sections B.1.1(c), B.1.2(c), B.1.3, and B.2 of Exhibit A of the Agreement, the Contractor is obligated to collect and share certain data relating to the services performed by Contractor with the County; and

WHEREAS, pursuant to Section 16.02 of the Agreement, County and Contractor desire to amend the Agreement to incorporate an exhibit that provides more specific data sharing obligations of the Parties, in accordance with the terms set forth in this Second Amendment.

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein, and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, it is understood and agreed by and between the Parties as follows:

1. AMENDMENT

A. Section 4.0 of the Agreement is hereby amended by inserting immediately following the words “Exhibit B Other: Invoice template” the words “Exhibit C: Data Sharing and Use Agreement.”

B. **New Exhibit “C: Data Sharing and Use Agreement.”** Exhibit C, Data Sharing and Use Agreement is added and attached to this Agreement. The Parties agree that the terms of the Data Sharing and Use Agreement are retroactive to September 1, 2021 and coterminous with the termination or expiration of the Parties’ Agreement.

2. MISCELLANEOUS.

A. Capitalized terms used herein but not otherwise defined shall have the applicable meanings set forth in the Agreement.

B. Except as expressly amended by this First Amendment, the remaining terms of the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the Parties have executed this First Amendment as of the Effective Date.

“County”

**County of Monterey, a political subdivision
of the State of California**

By:

Name: Elsa Jimenez
Its: Director of Health
Date:

“Contractor”

**Community Foundation for Monterey
County**

By: DocuSigned by:
Dan Baldwin

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Name: Dan Baldwin
Its: President/CEO
Date:

8/9/2022 | 11:41 AM PDT

IN WITNESS WHEREOF, the Parties have executed this Second Amendment as of the Effective Date.

“County”

“Contractor”

County of Monterey, a political subdivision of the State of California

Community Foundation for Monterey County

By:

By:

Name: Elsa Jimenez
Its: Director of Health
Date:

Name: Dan Baldwin
Its: President/CEO
Date:

Approved as to Fiscal Provisions:

DocuSigned by:

Gary Giboney Gary Giboney

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Deputy Auditor/Controller

Dated: 8/10/2022 | 8:33 AM PDT Deputy Auditor Controller

Approved as to Form:

DocuSigned by:

Stacy Saetta Stacy Saetta

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Deputy County Counsel

Dated: 8/10/2022 | 8:23 AM PDT Chief Deputy County Counsel.

*INSTRUCTIONS: If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.

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Exhibit C

**Health and Human Services: Advancing Health Literacy
Virus Integration Distribution of Aid (VIDA): A Community Health
Worker COVID-19 Outreach and Education Project to Improve
Health Literacy in Monterey County, California**

July 1, 2021, and June 30, 2023

**DATA SHARING AND USE AGREEMENT BETWEEN
COUNTY OF MONTEREY, a political subdivision of the State of California
and
COMMUNITY FOUNDATION OF MONTEREY COUNTY**

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AGREEMENT

I. DECLARATION

This agreement is entered, by and between the County of Monterey on behalf of the **Monterey County Health Department**, hereinafter referred to as "**Health**" and **Community Foundation of Monterey County** hereinafter referred to as "**CFMC**", for the purpose of providing services under the Virus Integration Distribution of Aid (VIDA): A Community Health Worker COVID-19 Outreach and Education Project to Improve Health Literacy in Monterey County, California.

II. BACKGROUND

The Virus Integration Distribution of Aid (VIDA) project is implemented by Monterey County Health Department in partnership with the Community Foundation of Monterey County to develop a community co-created health literacy approach to support and expand local efforts to reduce the number of (and/or disproportionality) of COVID-19 case, hospitalizations and mortality rates in the county. VIDA Outreach and Education project was initially funded from January 1 – June 30, 2021, however, Monterey County Health Department was awarded additional funding by Health and Human Services to support and further expand local efforts to June 30, 2023. With the expansion efforts through Health and Human Services: Advancing Health Literacy Grant, CFMC will contract with up to ten Community-Based Organizations (CBOs) to provide services and staff, and otherwise do all things necessary for or incidental to the performance of work as it relates to the execution of established processes. Utilizing Community Health Workers (CHW) employed by the various CBOs, the project aims to provide COVID-19 health and safety information that is accurate, accessible, and culturally and linguistically appropriate, promote changes in the health care system that improve health information, communication, informed decision-making, and access to COVID-19 related health care services, and improve the health and safety of county residents. The data will be collected from CBOs and utilized by Health and CFMC to support and expand the project.

The initial VIDA population of focus:

- Monterey County ZIP Codes (and associated SVI census tracts) with the highest COVID-19 case, hospitalizations and mortality rates.

III. PURPOSE

The purpose of this agreement is to describe and confirm the roles of each organization to collect, safeguard and report data collected throughout the VIDA project duration.

IV. PRINCIPLES OF THE AGREEMENT

A. Health agrees to:

- a. Develop collection tools and forms directly related for evaluation measures and distribute to CFMC Contracted CBOs for reporting.
- b. Collect data for evaluation measures directly from CFMC contracted CBOs as detailed in Exhibit A.
- c. Safeguard all data collected in compliance with standards for privacy and security of health information, including without limitation, protected health information described by HIPAA

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- d. Report all evaluation measures in a de-identifiable, aggregated format to Health and Human Services, CFMC and CBOs as required under the terms of the project agreements.
 - a. May also report Board of Supervisors, internally to Health Officer or Director as requested in an aggregated, de-identified format.
- e. Oversee the execution of additional data evaluation reports and ensure its reporting to the groups or individuals previously identified (IV.A.c)

B. CFMC agrees to:

- a. Coordinate the data exchange from CBOs to Health to ensure submission of all evaluation measure deliverables
- b. Collaborate with CBOs to ensure timely submission and record reconciliations are complete
- c. Ensure client data and records remain restricted to authorized users only within each respective CBO

C. Reporting Requirements

- a. CFMC will provide Health with patient-level and aggregated counts of education and outreach support, per the schedule detailed in Exhibit A
- b. CFMC agrees to provide such additional data as may be required to satisfy Health and Human Services Request for information regarding the performance of work under this Agreement
- c. Health agrees to provide aggregated evaluation reports in a written, audiovisual formats as required by Health and Human Services
- d. Health may also report evaluation summary reports to CFMC, Board of Supervisors, internally to the Health Officer, and/or Director, on a monthly, quarterly, or as otherwise requested

V. Contract Administrators

Health hereby designates Krista Hanni as its Administrator for this Data Sharing and Use Agreement. All matters concerning this Data Sharing and Use Agreement that are within the responsibility of **Health** shall be under the direction of, or shall be submitted to, the **Health** Administrator.

CFMC hereby designates Dan Baldwin, as its Administrator for this Data Sharing and Use Agreement. All matters concerning this Data Sharing and Use Agreement which are within the responsibility of **CFMC** shall be under the direction of, or shall be submitted to, the **CFMC** Administrator.

VI. EXHIBITS

The following exhibit is incorporated herein by reference and constitutes a part of this Agreement:

Exhibit A VIDA Reporting Requirements

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IN WITNESS WHEREOF, Health and **CFMC** have executed this Agreement as of the dates written below.

COUNTY OF MONTEREY (HEALTH)

By: _____
Elsa Jimenez, Director of Health
Department of Health

Date: _____

Approved as to Legal Form:

By: Stacy Sietta
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Stacy L. Sietta, Chief Deputy County Counsel
Office of the County Counsel

Date: 8/10/2022 | 8:23 AM PDT

COMMUNITY FOUNDATION OF MONTEREY COUNTY (CFMC)

By: 
Dan Baldwin, President/CEO
Community Foundation of Monterey County

Date: 2/8/2022

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EXHIBIT A
Health and Human Services: Advancing Health Literacy Program
VIDA
Data Reporting Requirements

1. **Reciprocal data sharing:** VIDA is a co-created health literacy approach to support and expand local efforts of CHW outreach and education to reduce the number of (and/or disproportionality) of COVID-19 case, hospitalizations and mortality rates in the county. As available, **CFMC** will join **Health** in regularly scheduled data review.
2. **Data Reporting:** Monthly education and outreach efforts, staff summary and event reports data shall be dated and provided in Excel (preferred) or pdf format. Isolation and Quarantine Systems Navigation Report shall be dated, entered on web-based Microsoft Forms data entry format, and made available in read-only csv. (preferred) or Excel format.
 - A. **Health** will provide **CFMC** with a list of data elements by Support type (Resources Provided through community outreach and education, Direct Support, Messaging, and Needs Supported), ZIP code and week
 - B. **Health** will provide **CFMC** with a list of data elements by event outreach efforts
 - C. **Health** will provide **CFMC** with a list of data elements by staffing position and month
 - D. **Health** will provide **CFMC** with a list of data elements for individuals with needs supported through Isolation and Quarantine Systems Navigation
 - E. **CFMC** will ensure the distribution of all data reporting requirements to contracted CBOs.
 - F. **CFMC** will oversee the provision to **Health** with corresponding list education and outreach data, per the itemized schedule below, on the first Friday of each month.
 - G. **CFMC** and **Health** will collaborate on data reports to assess for modifications as needed

The data elements per event to be provided from **CFMC- CBOs** to **Health** are as follows:

- A. **CHW Metrics and ZIP Code Data:** To be reported monthly by all project CBOs and will include counts of education and outreach efforts per week.

Resources Provided through Community Outreach Efforts	Number of individuals resources provided to
	COVID-19 Transmission Education
	Testing
	Financial Support Services
	Food Distribution / Meal Support
	Mental Health
	Immigration
	Housing

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	Rent or mortgage
	Utility Assistance
	Transportation
	Childcare
	Eldercare
	Spiritual Support
	Vaccination Support (information)
	Vaccine Appointments Registration
	Legal Rights Education or Outreach
	Other: *
Any Resources Provided TOTAL	
Direct Resource Supports (non-isolation/quarantine)	Number of (non-isolation/quarantine) individuals received direct resource support
	Actual Food Distribution
	Actual support at Vaccination Clinics
	Actual Legal Assistance
	Actual Financial Assistance
	Actual Testing by Organization
	Other Actual Resource Support:
Any Direct Supports (non-isolation/quarantine) TOTAL	
Direct Resources (possible Isolation/Quarantine)	Actual Testing by Organization
COVID-19 Messaging as part of Community Outreach Efforts	Social Media (Facebook/Twitter) posts
	Social Media (Facebook) Direct/Private Messaging or Voice Conversation to Community Members
	Phone Calls or Text Messages to Community Members
	Town Halls/Platicas
	WhatsApp Posts
	Radio/TV Interviews
	Door Hangers
	Other: *
	Any COVID-19 Messaging TOTAL
Needs Addressed through Isolation/Quarantine Support	Number of individuals in Isolation and Quarantine with needs addressed
	Food
	Income Replacement
	Rent or Mortgage
	Utility Assistance
	Water Assistance

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		Medical Bills
		Respite Care Transition
		Distance Learning
		Childcare
		Actual Testing by Organization
		Other: *
		Any Needs Addressed TOTAL
City	ZIP Code	
Gonzales	93926	
Salinas	93905	
Chualar	93925	
Greenfield	93927	
San Lucas	93954	
King City	93930	
Soledad	93960	
Salinas	93906	
Castroville	95012	
Pajaro / Las Lomas	95076	
Salinas	93901	
Moss Landing	95039	
Salinas	93907	
San Ardo	93450	
Seaside	93955	
Spreckels	93962	
Marina	93933	
Aromas	95004	
Salinas	93908	
Big Sur	93920	
Monterey	93940	
Carmel Valley	93924	
Pacific Grove	93950	
Carmel Valley	93923	
Pebble Beach	93953	
Carmel	93921	
Prunedale	93902	
Bradley	93426	
Out of County	0.000	

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- B. Event and Outreach Report Data Elements:** To be reported monthly by all CBOs participating or leading in Testing Clinics or Testing-related events, Vaccine Clinics or vaccine-related events, Canvassing or providing resources via mobile (van) outreach efforts throughout the County.

Event Type (Vaccine Clinic, Testing, Mobile Outreach, Door Canvassing, Other)
Date of Event or Outreach
Location of Event (Address)
ZIP Code of Event
Lead Organization Name
Number of Additional Organization on site (to be completed only by Lead Organization)
Name(s) of other organizations (to be completed only by Lead Organization)
Number of individuals tested or vaccinated
Number of CHWs
Was canvassing done before the event? (Y/N)
Were additional resources provided? (Y/N)
If yes, number of individuals resources provided through community outreach and education by your organization
Number of individuals reached while speaking English
Number of individuals reached while speaking Spanish
Number of individuals reached while speaking Other Language

- C. Staffing Summary Data Elements:** To be reported monthly and will include counts per month.

Number of CHW Coordinators who have been newly selected/recruited
Number of CHW Coordinators who have left their position (quit, reassigned, on leave, etc.)
TOTAL NUMBER OF CURRENT CHW COORDINATORS
Number of Data Analysts who have been selected/recruited
Number of Data Analysts who have left their position (quit, reassigned, on leave)
TOTAL NUMBER OF CURRENT DATA ANALYST
Number of CHW who have been newly selected/recruited
Number of CHWs who have left their position (quit, reassigned, on leave, etc.)
TOTAL NUMBER OF CURRENT CHWS
Number of CHWs who received initial training

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D. Isolation and Quarantine Systems Navigation Support Data Elements: To be completed on a real-time, ongoing basis, by CBOs who are supporting the needs of individuals in isolation & Quarantine only. Data elements contain mixed quantitative and qualitative measures.

Intake Form	Follow-Up Form	Demographics Update Form
<i>Intake and Follow-up items are completed for individuals with needs supported through Isolation & Quarantine ONLY on a real-time basis. Demographic Update form is available if information is discovered later than time of intake form completion</i>		
Consent form read and signed	Record ID	Record ID
Date Participant signed consent	Date of birth	Date of Birth
Outreach strategy	Name of Organization	Name of Organization
Language was used when interacting with the participant	Date of First Contact with participant	First and Last Name of Community Health Worker (CHW)
If Other language selected, please specify	Location of First Contact	CHW E-mail Address
First Name	If Other selected for Location of First Contact, please specify.	CHW Phone Number
Last Name	Isolation & Quarantine Education Provided at First Contact?	First Name
Primary residential Street Address	Participant Exposure Status	Last Name
City	If Other was selected for Participation Exposure Status, please specify	Date of Birth
ZIP Code	Date of Symptom Onset: Complete If Participant is symptomatic or have COVID-19 symptoms.	Phone Number
Phone number (optional)	Participant worried about being able to isolate or quarantine?	Street Address
Alternative Phone Number (optional)	Interested in Follow-up?	City
E-mail	First Follow-up Notes: Please include the date note entered.	ZIP code
Date of birth	Date of First Attempt to Call Participant by CHW	Select the Race you must identify with.
If younger than 18 or over 65 years of age, do you have a caregiver?	Outcome of First Attempt to Call Participant	If Other was selected for race, please specify.
If your response is yes, what is the name of your caregiver?	Date of Second Attempt to Call Participant by CHW	Select the Ethnicity you must identify with.

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Select the Race you must identify with.	Outcome of Second Attempt to call Participant	Gender Identity
If Other was selected for race, please specify.	Date of Third Attempt to Call Participant by CHW	If Other was selected for Gender, please specify.
Select the Ethnicity you must identify with.	Outcome of Third Attempt to Call Participant	
Gender Identity	Isolation & Quarantine Education Provided on First Call?	
If Other was selected for Gender, please specify.	Isolation & Quarantine Support Survey done?	
Primary Occupation	Sent E-mail/ Sent Information?	
If Other was selected for Primary Occupation, please specify.	E-mail Complete if information sent via e-mail. Else, leave blank.	
Current Place of Work/ School	First Call Notes	
If unemployed, check the box below	Date of First Attempt to Refer Participant to Resources	
Income sources (Check all that apply)	Outcome of First Attempt for Referral	
If Other was selected for INCOME SOURCES, please specify.	Date of Second Attempt to Refer Participant to Resources	
Are you or a member of your family considered high risk for COVID-19 complications due to age (65+), compromised immune system, pregnancy, or other significant health risk?	Outcome of Second Attempt for Referral	
Is your family needing to quarantine?	Date of Third Attempt to Refer Participant to Resources	
Household Unit Size	Outcome of Third Attempt for Referral	
Number of persons over the age of 18	Referral to Resource Notes: It should include the date(s) note entered.	
Number of persons under the age of 18	Date of First Attempt to call participant 2 weeks after referral	
Would you like to receive community text messages?	Outcome of First Attempt for Referral Follow-up	

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Are resources required?	Date of Second Attempt to call participant 2 weeks after referral	
Childcare: Support Needed?	Outcome of Second Attempt for Referral Follow-up	
Childcare: Need caused by COVID-19?	Date of Third Attempt to call participant 2 weeks after referral	
Childcare: Need Urgency	Outcome of Third Attempt for Referral Follow-up	
Childcare: Need Referral?	Participant Final COVID Result	
Childcare: Need will make it difficult to Isolate or Quarantine?	Participant Self-isolation Success	
Distance Learning: Support Needed?	Participant Outcome if self-quarantined or household quarantined. Only complete if the participant is not a positive COVID-19 case, was exposed to COVID-19, and opted to self-quarantine and monitor.	
Distance Learning: Need caused by COVID-19?	Participant Resource Access Response	
Distance Learning: Need Urgency	Pertinent Notes related to the participant, not elsewhere documented	
Distance Learning: Need Referral?	Participant Vaccine Status	
Distance Learning: Need will make it difficult to Isolate or Quarantine?	Participant Vaccine Dose	
Food: Support Needed?	Participant Vaccine Brand	
Food: Need caused by COVID-19?	Send Confirmation to Email Address	
Food: Need Urgency	Record Status: "Pending" when the CHW is still working with the participant. "Closed": when the CHW is finished helping the participant, the participant did not respond, or the participant's phone number was wrong or disconnected.	
Food: Need Referral?	Language was used when interacting with the participant?	
Food: Need will make it difficult to Isolate or Quarantine?	If Other language selected, please specify	

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Income Replacement: Support Needed?		
Income Replacement: Need caused by COVID-19?		
Income Replacement: Need Urgency		
Income Replacement: Need Referral?		
Income Replacement: Need will make it difficult to Isolate or Quarantine?		
Medical Bills: Support Needed?		
Medical Bills Assistance: Need caused by COVID-19?		
Medical Bills Assistance: Need Urgency		
Medical Bills Assistance: Need Referral?		
Medical Bills Assistance: Need will make it difficult to Isolate or Quarantine?		
Mental Health Services: Support Needed?		
Mental Health Services: Need caused by COVID-19?		
Mental Health Services: Need Urgency		
Mental Health Services: Need Referral?		
Mental Health Services: Need will make it difficult to Isolate or Quarantine?		

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Rent or Mortgage: Support Needed		
Rent or Mortgage: Need caused by COVID-19?		
Rent or Mortgage: Need Urgency		
Rent or Mortgage: Need Referral?		
Rent or Mortgage: Need will make it difficult to Isolate or Quarantine?		
Respite Care: Support Needed?		
Respite Care Transition: Need caused by COVID-19?		
Respite Care Transition: Need Urgency		
Respite Care Transition: Need Referral?		
Respite Care Transition: Need will make it difficult to Isolate or Quarantine?		
Transportation: Support Needed?		
Transportation Services: Need caused by COVID-19?		
Transportation Services: Need Urgency		
Transportation: Need Referral?		
Transportation Services: Need will make it difficult to Isolate or Quarantine?		
Utility: Support Needed?		
Utility: Need caused by COVID-19?		
Utility: Need Urgency		
Utility: Need Referral?		

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Utility: Need will make it difficult to Isolate or Quarantine?		
Wage Assistance: Support Needed?		
Wage Assistance: Need caused by COVID-19?		
Wage Assistance: Need Urgency		
Wage Assistance: Need Referral?		
Wage Assistance: Need will make it difficult to Isolate or Quarantine?		
Water Assistance: Support Needed?		
Water Assistance: Need caused by COVID-19?		
Water Assistance: Need Urgency		
Water Assistance: Need Referral?		
Water Assistance: Need will make it difficult to Isolate or Quarantine?		
Other: Support Needed?		
If Other was selected for Support Needed, please specify.		
Other: Need caused by COVID-19?		
Other: Need Urgency		
Other: Need Referral?		
Other: Need will make it difficult to Isolate or Quarantine?		
Comments		
Name of Organization: Please choose your organization from the drop-down list		

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First and last name of Community Health Worker (CHW)		
CHW E-mail address		
CHW Phone number		
Record Status: "Pending" when the CHW is still working with the participant. "Closed": when the CHW is finished helping the participant, the participant did not respond, or the participant's phone number was wrong or disconnected.		
Age at time of consent (years) *calculated on back end only*		