STATE OF CALIFORNIA
STANDARD AGREEMENT AMENDMENT
STD 213A (Rev 6/03)

☒ Check here if additional pages are added: 1 Page(s)

Agreement Number	Amendment Number
14-10959	A04
Registration Number:	

1. This Agreement is entered into between the State Agency and Contractor named below:

State Agency's Name (Also known as CDPH or the State)
California Department of Public Health

Contractor's Name (Also referred to as Contractor)
Monterey County Department of Health

2. The term of this Agreement is: January 1, 2015 through September 29, 2018

3. The maximum amount of this Agreement after this amendment is: $ 1,046,667.00 One Million Forty Six Thousand Six Hundred Sixty Seven Dollars and No/100

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and Incorporated herein:

Purpose of amendment: This amendment increases funds in Exhibit B, Budget Attachment, Year 4 by $46,667.00. Amends the Scope of Work for Year 4 by adding activities and responsible parties.

I. Certain changes made in this amendment are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).

II. Exhibit A, A02, Scope of Work, is hereby replaced in its entirety and shall now read Exhibit A, A04, Scope of Work.

(Continued on next page)

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

Contractor's Name *(If other than an individual, state whether a corporation, partnership, etc.)*
Monterey County Department of Health

By *(Authorized Signature)* ✍ | Date Signed *(Do not type)*

Printed Name and Title of Person Signing
Elsa Jimenez, Director

Address
1270 Natividad Road, Salinas, CA 93906

STATE OF CALIFORNIA

Agency Name
California Department of Public Health

By *(Authorized Signature)* ✍ | Date Signed *(Do not type)*

Printed Name and Title of Person Signing
Marshay Gregory, Chief, Contracts Management Unit

Address
1616 Capitol Avenue, Suite 74.262, MS 1802, P.O. Box 997377,
Sacramento, CA 95899-7377

CALIFORNIA
Department of General Services
Use Only

☐ Exempt per:

APPROVED AS TO FORM:
DEPUTY COUNTY COUNSEL
COUNTY OF MONTEREY

Reviewed as to fiscal provisions

Received 8/31/18

Auditor-Controller
County of Monterey 9/12/18

III. Exhibit B, A02, Budget Detail and Payment Provisions, is hereby revised as follows:

Paragraph 1.C to read as follows:

C. The County shall submit, in arrears, not more frequently than once a month, and no less than quarterly, an invoice to CDPH for costs incurred pursuant to this agreement. **Budget years cannot be combined and submitted** to CDPH for costs incurred pursuant to this agreement. In addition, each invoice shall contain the following:

14-10959 A04
~~Kimberly Steele~~ **Myrna Lim**
California Department of Public Health
Chronic Disease Control Branch
MS 7208
P.O. Box 997377
Sacramento, CA 95899-7377

Paragraph 1.F to read as follows:

Timely Submission of Final Invoice

1) A final undisputed invoice shall be submitted for payment no more than thirty ~~(60)~~ **(30)** calendar days following the expiration or termination date of this agreement, unless a later or alternate deadline is agreed to in writing by the program project representative, as shown in Exhibit A, provision 4 A. Said invoice should be clearly marked "Final Invoice", indicating that all payment obligations of CDPH under this agreement have ceased and that no further payments are due or outstanding.

2) CDPH may, at its discretion, choose not to honor any delinquent final invoice if the County fails to obtain prior written CDPH approval of an alternate final invoice submission deadline.

Paragraph 5.A. to read as follows:

5. Amounts Payable

A. The amounts payable under this amendment shall not exceed:

1) 216,742 for the budget period of 01/01/2015 through 06/29/2015.
2) $283,258 for the budget period of 06/30/2015 through 06/29/2016, this includes $33,258 of unspent funds being shifted from Year 1 to Year 2 to complete Year 1 services.
3) $250,000 for the budget period of 06/30/2016 through 06/29/2017.
4) $250,000 for the budget period of 06/30/2017 through 06/29/2018.
5) **$46,667.00** for the budget period of 06/30/2017 through **09/29/2018.**

B. Reimbursement shall be made for allowable expenses up to the amount annually encumbered commensurate with the state fiscal year in which services are performed and/or goods are received,

IV. Exhibit B, A02 Attachment IV, Budget Year 4 is hereby replaced in its entirety and shall now read Exhibit B, A04, Attachment IV, Budget Year 4.

Exhibit A
Scope of Work

1. Service Overview

Pursuant to Health and Safety Code 131085, the Contractor will provide services to local communities with populations at high risk for diabetes and cardiovascular disease (CVD) who are 18 years and older. The services provided will result in increasing knowledge, skills and opportunities to prevent, delay or control diabetes, CVD and other chronic diseases.

Centers for Disease and Prevention Control (CDC) funding awarded to CDPH for Monterey County Department of Health (MCDH) Local Assistance is for supplemental 1305 interventions and restricted to all Domain 3 and specific Domain 4 activities. MCDH is exempt from all CDC activities in Domain 1 and Domain 2. In Domain 4 Strategy 2; MCDH is exempt from all intervention activities. Domain 1 and Domain 2 are not included in the scope of work (SOW). Domain 4, Strategy 2 is included in the SOW for formatting purposes between Domain 4 Strategy 1 and 3.

2. Service Location

The services shall be performed in the County of Monterey as described in the Scope of Work.

3. Service Hours

The services shall be provided during normal Contractor working days and hours, excluding national and state holidays.

4. Project Representatives

A. The project representatives during the term of this agreement will be:

California Department of Public Health	Monterey County Department of Health
~~Laurel Cima Coates~~,**Jefferey Rosenhall,** Chief, **Cardiovascular Disease and Diabetes Prevention Section** ~~Programs and Policy Section~~ Chronic Disease Control Branch Telephone: (916) ~~322-5336~~ **322-4147** Fax: (916) 552-9729 Email: ~~Laurel.cima@cdph.ca.gov~~ **Jefferey. Rosenhall@cdph.ca.gov**	Krista Hanni Planning, Evaluation, and Policy Manager Telephone: (831) 755-4586 Fax: (831) 796-8682 Email: hannikd@co.monterey.ca.us

Exhibit A
Scope of Work

B. Direct all inquiries to:

California Department of Public Health Chronic Disease Control Branch Attention: ~~Kimberly Steele~~ **Myrna Lim** Mail Station 7208 1616 Capitol Avenue P.O. Box 997377 Sacramento, CA 95899-7377 Telephone: (916) 552-9900 Fax: (916) 552-9729 Email: ~~Kimberly.Steele@cdph.ca.gov~~ **myrna.lim@cdph.ca.gov**	**Monterey County Department of Health** Krista Hanni 1270 Natividad Road Salinas, CA 93906 Telephone: (831) 755-4586 Fax: (831) 796-8588 Email: hannikd@co.monterey.ca.us

C. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this agreement.

5. Semiannual Reports

A. The Contractor shall submit one original report semi-annually to CDPH in the format prescribed by the State. The semiannual reports shall describe advancement made in completing agreement deliverables.

B. Semiannual report periods and due dates are:

	Budget Period	Report Period	Due Date
Year 1:	First Semi-annual	01/01/2015-06/29/2015	07/01/2015
Year 2:	First Semi-annual	06/30/2015-12/31/2016	01/01/2016
	Second Semi-annual	01/01/2016-06/29/2016	07/01/2016
Year 3:	First Semi-annual	06/30/2016-12/31/2017	01/01/2017
	Second Semi-annual	01/01/2017-06/29/2017	07/01/2017
Year 4:	First Semi-annual	06/30/2017-12/31/2018	01/01/2018
	Second Semi-annual	01/01/2018-~~06~~ **09**/29/2018	~~06~~ **09**/29/2018

C. Copies of all deliverable documents will be submitted with semi-annual reports.

D. If the State does not receive complete and accurate reports by the required dates, further payments to the Contractor may be suspended until complete and accurate reports are received. Contractor's last monthly and/or final invoice will not be processed until an acceptable Final Comprehensive Semiannual Report has been received and approved by the State.

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6. Subcontractor Requirements

The Contractor's procurement process will be utilized in the competitive selection of subcontractors. All subcontracting shall comply with the requirements of the State Contracting Manual (SCM), Sections 3.06.D, and 3.17.2.D, as applicable.

7. Services to be Performed

The Contractor will provide specific services, deliverables, and tasks specified in the approved SOW to address strategies required by the CDC-funding. Any subsequent formal amendments will be approved in writing as required pursuant to this agreement.

The Contractor will collaborate with the University of California, Davis (UCD) Evaluator to collect data from publically available sources to track and monitor progress as requested.

8. CDPH Responsibilities

CDPH will be responsible for overall programmatic oversight for implementation of the activities designed to address the risk of diabetes and cardiovascular disease.

Exhibit A
Scope of Work

Year 1

Domain 3 Health System Interventions **Strategy 1: Increase implementation of quality improvement processes in health systems.**				
Intervention 1: Increase electronic health record adoption and the use of health information technology to improve performance.				
	Activity	**Timeline**	**Responsible Party**	**Deliverables**
1	Monterey County Planning, Evaluation, and Policy (PEP) Unit will prepare duty statements, orientation plan and reference and resource manual specific to implementing activities associated with increasing the adoption of EHRs and the use of health information technology (HIT) to improve performance.	1/15/15 – 5/31/15	PEP Program Manager	Duty statements, orientation plan, resource manual, draft contract.
2	The *Monterey County Prevention First* staff will develop a subcontract (workplan) that incorporates work to increase implementation of quality improvement processes EHR adoption and HIT improvement] in health care systems.	1/2/15 - 5/1/15	PEP Program Manager, Clinic Services Manager, Information Technology (IT) Manager	Subcontract, Meeting minutes
3	*Monterey County Prevention First* staff will work with Safety Net Integration Council to identify providers/health care systems for targeted quality improvement interventions to improve use of EHR adoption and HIT performance improvement. Monterey County shall provide stipends for health care providers as applicable throughout the duration of the agreement.	1/1/15 – 5/31/15	PEP Program Manager, Clinic Services Manager, IT Manager	Provider/Health Care Systems List

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4	*Monterey County Prevention First* staff will work with Subcontractor to analyze survey data already collected and/or begin developing environmental scan entitled "Quality Improvement Processes (QIPHC) in the Health Care System". Scan would first collate information from recently conducted surveys related to quality improvement processes.	4/15/15 - 6/29/15	PEP Program Manager, Clinic Service Manager, Subcontractor	Copy of data analyses of previous scan, Copy of scan survey tool
5	*Monterey County Prevention First* staff and Subcontractor will attend and participate in California Department of Public Health (CDPH) sponsored trainings and teleconferences.	1/1/15 – 6/29/15	PEP Program Manager Clinic Services Manager Subcontractor	Registration/Sign-in Sheet, Training Materials
6	*Monterey County Prevention First* staff and Subcontractor will collaborate with CDPH and technical assistance providers to begin to develop and provide any training/resource materials to support local providers to improve quality performance.	4/1/15 – 6/29/15	PEP Program Manager, Clinic Services Manager, Subcontractor	Emails and teleconferences, Training Materials
7	*Monterey County Prevention First* staff will prepare and implement MOUs with Safety Net Integration Council health care system partners for participation in surveys and trainings as part of 1305 Supplemental Grant.	4/1/15 – 6/29/16	PEP Program Manager	MOUs with partners
8	*Monterey County Prevention First* staff will meet with Safety Net Integration Council to discuss efforts to increase adoption and use of EHR, meeting meaningful use requirements, exchange health information and share best practices.	4/15/15 - 6/29/16	PEP Program Manager, Clinic Services Manager, Subcontractor	Meeting minutes, Summary of Recommendations
9	Prepare semi-annual reports.	1/1/15 - 6/29/16	PEP Program Manager	Submit reports
10	Evaluation activities: participate in required webinars and trainings on data collection and performance measures.	1/1/15 - 6/29/15	PEP Program Manager	Agendas, Training Materials

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11	Consult with UCD Evaluator to identify and collect data for required performance measures.	1/1/15 - 6/29/15	PEP Program Manager	Compilation of data collected

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Intervention 2: Increase institutionalization and monitoring of aggregated/standardized quality measures at the provider and system level.				
	Activity	**Timeline**	**Responsible Party**	**Deliverables**
1	*Monterey County Prevention First* staff and Subcontractor will ensure questions on the "Quality Improvement Processes in Health Care Systems" survey will enable development of action plan to increase implementation of quality improvement processes in Monterey County health care systems.	5/1/15 - 6/29/15	PEP Program Manager, Subcontractor	Survey Tool
2	Monterey County's PEP unit will collaborate with UCD Evaluator to develop methods to locally implement a *Prevention First* evaluation design and reporting mechanism.	4/15/14 – 6/29/15	Management Analyst III	Agendas, Summary of Evaluation Methodology, Evaluation Tools
3	*Monterey County Prevention First* staff and Subcontractor will coordinate a database, not connected to CDPH assets, of Safety Net Integration Council's key partners/stakeholders (physician's groups, clinics, hospitals, etc.) to serve as a resource for conducting the survey, and to serve as the target population for expanding EHR/meaningful use (MU) Quality Improvement.	5/1/15 – 6/29/15	PEP Program Manager, Clinic Services Manager, Subcontractor	Database of Safety Net Council partners/stakeholders

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4	*Monterey County Prevention First* staff will work with Safety Net Integration Council partners/stakeholders to develop an action plan to: a) promote the use of evidence-based practices and encourage health systems to implement standardized, guideline-based treatment protocols. b) share tools to assist in chronic care management. Tools may include such modalities as blood pressure and/or diabetes algorithms. c) discuss with appropriate health systems partners hypertension and/or diabetes prevalence compared to state and national averages and opportunities to develop action steps to improve outcomes; and d) discuss current EHR prevalence and data retrieval/exchange.	5/1/15 – 6/29/15	PEP Program Manager, Clinic Services Manager, Subcontractor	Submit Minutes, Action Plan
5	Prepare semi-annual reports.	1/1/15 - 6/29/16	PEP Program Manager	Submit Reports
6	Evaluation activities, participate in required webinars and trainings on data collection and performance measures.	1/1/15 - 6/29/16	PEP Program Manager	Submit Agendas, Training Materials
7	Consult with the UCD Evaluator to identify and collect data for required performance measures.	1/1/15 - 6/29/16	PEP Program Manager	Compilation of data collected

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Scope of Work

Domain 3
Strategy 2: Increase the use of team-based care in health systems.

Intervention 1: Increase engagement of non-physician team members (nurses, pharmacists, and patient navigators) in hypertension and diabetes in health care systems.

	Activity	Timeline	Responsible Party	Deliverables
1	*Monterey County Prevention First* staff and Subcontractor will identify key stakeholders through discussion with Safety Net Integration Council and Clinic Managers and make plans to convene a meeting with them to discuss methods of team-based care, explore possible lines of communication, and the exchange of health related information amongst mutual patients.	5/1/15 - 6/29/15	PEP Program Manager and Subcontractor	List of Key Stakeholders, Schedule of Meetings, Summary of Meetings
2	Subcontractor will include team-based care inquiries to the "Quality Improvement Processes in Health Care Systems" survey to obtain a baseline of current practice. At minimum, the following inquiries will be included: A. Use of a team-based care model B. Utilization of a team-based care for the treatment and management of hypertension and diabetes, and if so C. The role of each team member D. Rate of patients' successful achievement of disease self-management E. Funding to support team-based care.	5/1/15 – 6/29/15	PEP Program Manager, Clinic Services Director, Subcontractor	Survey Tool
3	Prepare and submit semi-annual reports.	1/1/15 - 6/29/16	PEP Program Manager	Submit Reports
4	Evaluation activities, participate in required webinars and trainings on data collection and performance measures.	1/1/15 - 6/29/15	PEP Program Manager	Submit Agendas, Training Materials
5	Consult with UCD Evaluator to identify and collect data for required performance measures.	1/1/15 - 6/29/16	PEP Program Manager	Compilation of data collected

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Domain 4: Community-Clinical Linkages **Strategy 1:**		**Not Applicable for Monterey County**		
Domain 4 **Strategy 2: Increase use of lifestyle intervention programs in community setting for the primary prevention of type 2 diabetes.**				
Intervention 1: Increase referrals to, use of, and/or reimbursement for CDC-recognized lifestyle change programs for the prevention of type 2 diabetes.				
	Activity	**Timeline**	**Responsible Party**	**Deliverables**
1	*Monterey County Prevention First* staff and Subcontractor will meet with representative from Monterey County's Medi-Cal Managed Care Plan, Central California Alliance for Health (CCAH) to introduce the goals and objectives of the grant and inquire about the following: a. Current interventions offered to beneficiaries diagnosed with pre-diabetes b. Status of coverage for National Diabetes Prevention Program (NDPP) services c. Provision and type of patient and provider incentives to address pre-diabetes.	1/1/15 – 6/29/15	PEP Program Manager and Subcontractor	Meeting agenda and meeting minutes.
2	*Monterey County Prevention First* staff and Subcontractor will prepare and send an introductory letter to Community Hospital of the Monterey Peninsula (CHOMP) CDC-recognized NDPP that describes the work of the grant related to increasing the use of lifestyle intervention programs in the community for primary prevention of type 2 diabetes and to request an introductory meeting to discuss opportunities for supporting and promoting the Diabetes Prevention Program classes.	5/1/15 – 6/15/15	PEP Program Manager and Subcontractor	Boilerplate description of *Monterey County Prevention First* grant and scope of work; letter customized to Diabetes Prevention Program

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3	*Monterey County Prevention First* staff and Subcontractor will attend the CDPH kick-off meeting and participate in webinars and teleconferences to share best-practices and receive training and technical assistance.	4/15/15 - 6/29/15	PEP Program Manager and Subcontractor	*Monterey County Prevention First* staff oriented to broader goal of scope of work and list of program contacts and resources
4	*Monterey County Prevention First* staff will prepare and implement Memorandum of Understandings (MOUs) for participation in planning for NDPP surveys and trainings as part of 1305 Supplemental Grant with health care system partners who are members of the Safety Net Integration Council.	4/1/15 - 6/29/16	PEP Program Manager, Clinic Services Manager	MOUs with Safety Net Integration Council partners
5	PEP staff will work with UCD Evaluator to provide support for implementing evaluation plan as it relates to NDPP programs locally and collect data for required performance measures.	4/1/15 - 6/29/16	Management Analyst III	Log of support provided and compilation of data collected
6	Prepare semi-annual reports.	1/1/15 - 6/29/16	PEP Program Manager	Submit Reports
7	Evaluation activities, participate in required webinars and trainings on data collection and performance measures.	1/1/15 - 6/29/15	PEP Program Manager	Submit Agendas, Training Materials

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Domain 4
Strategy 3: Increase use of health-care extenders in the community in support of self-management of high blood pressure and diabetes.

Intervention 1: Increase engagement of community health workers (CHWs) in the provision of self-management programs.

	Activity	Timeline	Responsible Party	Deliverables
1	Subcontractor will reach out to local Community Organizations to develop list of organizations in county using CHWs in chronic disease prevention and control in preparation for Key Informant Interviews (KIIs).	5/1//15 – 6/29/15	Subcontractor	List of organizations to be used for KIIs with Diabetes Self-Management Education (DSME) programs
2	Subcontractor will prepare a joint introductory letter with *Monterey County Prevention First* staff and send it to the Diabetes Education Center, Diabetes & Nutrition Support Services, LLC, and Community Hospital of the Monterey Peninsula (CHOMP) that describes the work of the grant and to request meeting to gather information on reimbursement, referrals and engagement of community health workers in the provision of diabetes self-management and to identify opportunities to collaborate on a plan to meet the need for diabetic education in Monterey County.	6/2/15 – 6/29/15	PEP Program Manager and Subcontractor	Letter to the diabetes education programs
3	Subcontractor will make initial contact with the Health Services Advisory Group and begin to identify organizations in Monterey County employing community health workers.	6/2/15 – 6/29/15	Subcontractor	Draft list of organizations employing community health workers that serve Monterey County residents
4	Monterey County Prevention First staff and Subcontractor will attend and participate in CDPH sponsored trainings and teleconferences.	4/1/15 - 6/29/15	PEP Program Manager, Subcontractor	Meeting attendance logs

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5	Prepare semi-annual reports.	1/1/15 - 6/29/16	PEP Program Manager	Submit Reports
6	Evaluation activities, participate in required webinars and trainings on data collection and performance measures.	1/1/15 - 6/29/15	PEP Program Manager	Submit Agendas, Training Materials
7	Consult with UCD Evaluator to identify and collect data for required performance measures.	1/1/15 - 6/29/15	PEP Program Manager	Compilation of data collected

Intervention 2: Increase engagement of CHWs to promote linkages between health systems and community resources for adults with high blood pressure.

	Activity	Timeline	Responsible Party	Deliverables
1	Subcontractor will reach out to the Health Services Advisory Group to identify local Community Organizations to in county using Community Health Workers and high blood pressure control evidence-based practices in preparation for KIIs.	5/1//15 – 6/29/15	Subcontractor	List of organizations to be used for KIIs with high blood pressure control programs
2	Subcontractor will make initial contact with Health Services Advisory Group and begin to identify organizations in Monterey County employing community health workers for working with residents who have high blood pressure.	6/1/15 – 6/29/15	PEP Program Manager and Subcontractor	Draft list of organizations employing community health workers that serve Monterey County residents
3	Monterey County Prevention First staff and Subcontractor will attend and participate in CDPH sponsored trainings and teleconferences.	4/1/15 – 6/29/15	PEP Program Manager and Subcontractor	Submit Meeting attendance logs
4	Prepare semi-annual reports.	1/1/15 - 6/29/16	PEP Program Manager	Submit Reports
5	Evaluation activities, participate in required webinars and trainings on data collection and performance measures.	1/1/15 - 6/29/15	PEP Program Manager	Submit Agendas, Training Materials
6	Consult with UCD Evaluator to identify and collect data for required performance measures.	1/1/15 - 6/29/16	PEP Program Manager	Compilation of data collected

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Year 2

Domain 3 Health System Interventions **Strategy 1: Increase implementation of quality improvement processes in health systems.**				
Intervention 1: Increase electronic health record adoption and the use of health information technology to improve performance.				
	Activity	**Timeline**	**Responsible**	**Deliverables**
1	Check database of key stakeholders (using the Central California Alliance for Health (CCAH) Monterey County provider list) to ensure the inclusion of health care systems, clinics and private practitioners serving Monterey County's adult Medi-Cal and Medicare populations for use when inviting respondents to participate in "Quality Improvement Processes in Health Care Systems" survey.	6/30/15 – 7/31/15	Subcontractor	Copy of updated database
2	Subcontractor will develop an article to publish in Monterey County Health Department's "Provider Update" bulletin, announcing Monterey County's participation in the Prevention First grant, describing the grantee's role in assessing the status of providers expanding the use of health information technology for quality improvement in the treatment of diabetes and hypertension, and inviting and encouraging participation in the upcoming "Quality Improvement Processes in Health Care Systems" survey.	9/1/15 - 9/30/15	Subcontractor	Published article
3	Subcontractor will complete and validate survey questions and administer the "Quality Improvement Processes in Health Care Systems" survey, electronically via Survey Monkey to Monterey County Medi-Cal enrolled providers.	6/30/15 – 11/30/15	Subcontractor	Email to Providers, Copy of Survey

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4	Subcontractor will analyze data from survey and prepare report with recommendations on methods to improve implementation of MU and Health Information Exchange (HIE), especially as it relates to quality improvement interventions for improved patient outcomes and reporting on National Quality Forum (NQF) measures 18 and 59.	1/1/16 – 6/29/16	Subcontractor	Summary of data analysis, Report with recommendations
5	*Monterey County Prevention First* staff and Subcontractor will attend and participate in CDPH sponsored trainings and teleconferences.	6/30/15 – 6/29/16	PEP Program Manager, Subcontractor	Agenda, Training Materials, Registration/sign-in Sheet
6	Prepare semi-annual reports.	6/30/15 - 6/29/16	PEP Program Manager	Submit Reports
7	Evaluation activities, participate in required webinars and trainings on data collection and performance measures.	6/30/15 - 6/29/16	PEP Program Manager	Submit Agendas, Training Materials
8	Consult with UCD Evaluator to identify and collect data for required performance measures.	6/30/15 - 6/29/16	PEP Program Manager	Compilation of data collected
Intervention 2: Increase institutionalization and monitoring of aggregated/standardized quality measures at the provider and system level.				
	Activity	**Timeline**	**Responsible Party**	**Deliverables**
1	Subcontractor and *Monterey County Prevention First staff* will continue to finalize action plan for promoting standardization of quality improvement (QI) processes, as per Year 1 scope.	6/30/15 – 12/30/16	Subcontractor, PEP Program Manager	Action Plan

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2	Subcontractor and *Monterey County Prevention First* staff will identify and coordinate the participation of Monterey County providers and/or health systems representatives in Learning Action Network (LAN) events focused on sharing best practice strategies for institutionalizing and monitoring aggregate/ standardized quality measures.	3/1/16 – 6/29/16	PEP Program Manager, Clinic Services Manager, IT Manager, and Subcontractor	LAN Announcements, List of providers participating in LANs
3	Subcontractor will identify providers whose EHRs include MU capability who are interested in participating in a forum focused on developing standardized protocols and processes for monitoring and sharing standardized quality measures.	3/1/16 – 6/29/16	Subcontractor	List of providers and health care systems representatives interested in participating in quality improvement forum
4	Subcontractor will present project progress to Safety Net Integration Council and begin discussion on collaborating on standardizing performance measures, best practice protocols to increase improving processes in Health Care Systems and focus on improving quality of care, effective delivery, and use of clinical and other preventive services and opportunities to continue to explore collaboration on grant goals with this workgroup.	8/1/15 – 12/31/15	Subcontractor	Summary of meetings, with decisions and recommendations
5	PEP unit will collaborate with UCD Evaluator, to develop the *Monterey County Prevention First* evaluation design and reporting expectations. Activities to include monitoring HIT/EHR implementation and QI processes.	6/30/15 – 6/29/16	Management Analyst III	Evaluation plan
6	Subcontractor will meet with Central Coast Health Connect (health information exchange) to share grant focus and goals and to promote reporting on NQF 18 and 59 performance measures.	6/30/15 – 7/31/15	Subcontractor	Agenda, Power Point, Minutes
7	Prepare semi-annual reports.	6/30/15 - 6/29/16	PEP Program Manager	Submit Reports

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8	Evaluation activities, participate in required webinars and trainings on data collection and performance measures.	6/30/15 - 6/29/16	PEP Program Manager	Submit Agendas, Training Materials
9	Consult with UCD Evaluator to identify and collect data for required performance measures.	6/30/15 - 6/29/16	PEP Program Manager	Compilation of data collected

Domain 3
Strategy 2: Increase the use of team-based care in health systems.

Intervention 1: Increase engagement of non-physician team members (nurses, pharmacists, and patient navigators) in hypertension and diabetes in health care systems.

	Activity	Timeline	Responsible Party	Deliverables
1	Subcontractor will administer "Quality Improvement Processes in Health Care Systems" survey which will have a component related to team-based care with providers.	6/30/15 -11/30/16	Subcontractor	Survey, Survey data
2	Subcontractor will analyze results from "Quality Improvement Processes in Health Care Systems" survey.	1/1/16 - 4/30/16	Subcontractor	Summary of survey/data analysis
3	Subcontractor will discuss with Safety Net Integration Council survey results and work with *Monterey County Prevention First I* staff and Council to identify appropriate partners, health care systems to focus on quality improvement initiatives that include use of team-based care for the treatment of diabetes and high blood pressure.	5/1/16 - 6/29/16	Subcontractor, PEP Program Manager, Clinic Services Manager, IT Manager	Meeting minutes. List of providers and health care systems engaging non-physician team members and those using team-based care in the treatment of hypertension and diabetes

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4	Coordinate and convene partners/health care systems in one – two 60 – 90 minute meetings to discuss Prevention First goals, encourage, and promote their participation as champion sites for implementing non-physician team members in the management of hypertension and diabetes management.	5/1/16 – 6/29/16	Subcontractor, PEP Program Manager	Agenda, Power point presentations, Meeting Minutes
5	PEP unit will collaborate with UCD Evaluator for guidance and support toward the development of an evaluation plan of team-based care activities.	6/30/15 – 6/29/16	Management Analyst III	TA Log, Evaluation plan
6	Prepare semi-annual reports.	6/30/15 - 6/29/16	PEP Program Manager	Submit Reports
7	Evaluation activities, participate in required webinars and trainings on data collection and performance measures.	6/30/15 - 6/29/16	PEP Program Manager	Submit Agendas, Training Materials
8	Consult with UCD Evaluator to identify and collect data for required performance measures.	6/30/15 - 6/29/16	PEP Program Manager	Compilation of data collected

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Domain 4: (Community-Clinical Linkages)
Strategy 1: Not Applicable for Monterey County

Domain 4
Strategy 2: Increase use of lifestyle intervention programs in community setting for the primary prevention of type 2 diabetes.

Intervention 1: Increase referrals to, use of, and/or reimbursement for CDC recognized lifestyle change programs for the prevention of type 2 diabetes.

	Activity	Timeline	Responsible Party	Deliverables
1	*Monterey County Prevention First* staff and Subcontractor will meet with CHOMP CDC-recognized NDPP administrator and instructor to identify persons for KIIs to gather information about marketing program, referrals, reimbursement, access limitations and service delivery challenges and to share information garnered from interviews with CCAH.	7/15/15 – 8/30/15	PEP Program Manager and Subcontractor	Agenda and meeting minutes including issues needing address to broaden reach and identified next steps
2	*Monterey County Prevention First* staff and Subcontractor will work with CHOMP Diabetes Prevention Program staff to develop and implement a plan to reach out to Medi-Cal managed care to provide business case for reimbursement for NDPP.	9/1/15 – 10/31/15	PEP Program Manager and Subcontractor	Agreed upon written plan and implementation timeline
3	Subcontractor will request time on agenda at Monterey Peninsula safety net providers' staff meetings to present a prepared PowerPoint presentation describing the high burden of prediabetes, NDPP and its benefits to pre-diabetic patients, promoting the adoption of protocols to institutionalize provider referrals to NDPP; options for referrals (incorporate into EHR, referral forms, etc.), and contact information for the CHOMP Diabetes Prevention Program. Provide resources to providers such	6/30/15 – 11/1/15	Subcontractor	KIIs.

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	as the CDC/AMA provider toolkit for preventing type 2 diabetes.			
4	*Monterey County Prevention First* staff and Subcontractor will attend CDPH trainings and webinars related to lifestyle intervention programs.	6/30/15 - 6/29/16	PEP Program Manager and Subcontractor	Meeting attendee logs and minutes
5	PEP staff will continue to work with UCD Evaluator to provide support for implementing evaluation plan as it relates to NDPP programs locally.	6/30/15 - 6/29/16	Management Analyst III	Log of support provided
6	Prepare semi-annual reports.	6/30/15 - 6/29/16	PEP Program Manager	Submit Reports
7	Evaluation activities, participate in required webinars and trainings on data collection and performance measures.	6/30/15 - 6/29/16	PEP Program Manager	Submit Agendas, Training Materials
8	Consult with UCD Evaluator to identify and collect data for required performance measures.	6/30/15 - 6/29/16	PEP Program Manager	Compilation of data collected

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Domain 4
Strategy 3: Increase use of health-care-extenders in the community in support of self-management of high blood pressure and diabetes.

Intervention 1: Increase engagement of CHWs in the provision of self-management programs.

	Activity	Timeline	Responsible Party	Deliverables
1	Subcontractor will develop two KIIs, one with community organizations utilizing CHWs and inquire about the scope in which they are used and if there is data to show their effectiveness. The other interview will be of the American Diabetes Association (ADA)/American Association of Diabetes Educators (AADE) DSME programs to follow up on year 1 letter and will ask agencies that provide DSME programs about current utilization of CHWs in program delivery.	6/30/15 – 11/1/15	Subcontractor	KII questions.
2	Subcontractor will conduct surveys with staff from key organizations.	11/1/15 – 2/28/16	Subcontractor	Responses and survey results database
3	Subcontractor will analyze results of surveys and produce report with recommendations on how the local health department can partner with local health system and ADA/AADE DSME programs to promote engagement of CHW in provision of care for persons with diabetes.	3/1/16 – 4/30/16	Subcontractor	Report summarizing results from KIIs, matrix summarizing information on organizations using Community Health Workers and recommendations for how to promote engagement of CHW and partnering with ADA/AADE programs
4	Subcontractor will use results of survey to develop draft brochure for use by community organizations that promotes ADA/AADE DSME programs for adults with diabetes in addition to other community resources.	6/30/15 – 6/29/16	Subcontractor	Draft brochure

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5	*Monterey County Prevention First* staff and Subcontractor will attend CDPH calls, webinars and trainings.	6/30/15 – 6/29/16	PEP Program Manager and Subcontractor	Attendance on calls
6	PEP staff will work with UCD Evaluator to implement evaluation plan for local work on engagement of CHWs.	6/30/15 – 6/29/16	Management Analyst III	Log of support provided
7	Prepare semi-annual reports.	6/30/15 - 6/29/16	PEP Program Manager	Submit Reports
8	Evaluation activities, participate in required webinars and trainings on data collection and performance measures.	6/30/15 - 6/29/16	PEP Program Manager	Submit Agendas, Training Materials
9	Consult with UCD Evaluator to identify and collect data for required performance measures.	6/30/15 - 6/29/16	PEP Program Manager	Compilation of data collected

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Intervention 2: Increase engagement of CHWs to promote linkages between health systems and community resources for adults with high blood pressure.				
	Activity	**Timeline**	**Responsible Party**	**Deliverables**
1	Subcontractor will develop a survey to conduct KIIs of community organizations using community health workers for provision of participant education and support, to query whether data has been collected to demonstrate improved high blood pressure control, if they are providing self-management programs, to assess if community health workers are or have been assigned to work with adults with high blood pressure, what resources the organization provides for adults with high blood pressure, and the payment structure the activities were compensated.	6/30/15 – 11/1/15	Subcontractor	KII questions
2	Subcontractor will conduct survey with staff from key organizations.	11/1/15 – 2/28/16	Subcontractor	Responses and survey results database
3	Subcontractor will analyze results of survey and produce report with recommendations on how the local health department can partner with local health system to promote engagement of CHW in provision of care for persons with high blood pressure.	3/1/16 – 4/30/16	Subcontractor	Report summarizing results from KIIs, matrix summarizing information on organizations using Community Health Workers and recommendations for how to promote engagement of CHW
4	Subcontractor will use results of survey to develop draft brochure for use by community organizations that identifies community resources for adults with high blood pressure.	6/30/15 – 6/29/16	Subcontractor	Draft brochure

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5	*Monterey County Prevention First* staff and Subcontractor will attend CDPH calls, webinars, and trainings.	6/30/15 – 6/29/16	PEP Program Manager and Subcontractor	Attendance on calls
6	PEP staff will support UCD Evaluators in implementation of evaluation plan as it relates to work conducted to increase engagement of CHWs and identify and collect data for required performance measures.	6/30/15 – 6/29/16	Management Analyst III	Log of support provided and compilation of data collected
7	Prepare semi-annual reports.	6/30/15 - 6/29/16	PEP Program Manager	Submit Reports
8	Evaluation activities, participate in required webinars and trainings on data collection and performance measures.	6/30/15 - 6/29/16	PEP Program Manager	Submit Agendas, Training Materials

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Year 3

Domain 3 Health System Interventions **Strategy 1: Increase implementation of quality improvement processes in health systems.**				
Intervention 1: Increase electronic health record adoption and the use of health information technology to improve performance.				
	Activity	**Timeline**	**Responsible Party**	**Deliverables**
1	Subcontractor will work with *Monterey County Prevention First* staff, Safety Net Integration Council, using data from environmental scan and QIPHC survey and with input from CDPH staff as appropriate to share findings on but not limited to the following:. a) Prevalence of EHR implementation b) Capacity for data retrieval/exchange c) Areas to improve/expand data sharing d) Methods to increase NQF18 & 59 reporting e) Identify QI training and technical assistance needs	6/30/16 – 12/30/16	PEP Program Manager, Clinic Services Manager, IT Manager, Subcontractor	Power point presentation, Survey Results, Data Analysis, Quality Improvement Resources describing NQF 18 and 59 measures; reporting requirements
2	Subcontractor will work with Safety Net Integration Council and CDPH staff (other TA experts) to identify strategies to encourage and provide technical assistance and resources to providers and health systems reporting use of an EHR but not employing MU to identify quality improvement interventions for improved patient outcomes (based on survey results).	6/30/16 – 6/29/17	Subcontractor	Summary of TA provided, training and technical assistance resources posted on *Monterey County Prevention First* website

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3	Monterey County Prevention First staff and Subcontractor will attend and participate in CDPH sponsored trainings and teleconferences.	6/30/16 – 6/29/17	PEP Program Manager, Subcontractor	Agenda, Training Materials
4	Subcontractor in collaboration with Prevention First staff will identify providers/health care system with efficient EHR/MU reporting status/capability to serve as mentor/champion to provide "how to" resource information to other partners/stakeholders needing to improve/expand QI service capacity.	6/30/16 – 6/29/17	PEP Program Manager, Subcontractor	List of providers/health care system to serve as mentors/champions
5	Prepare semi-annual reports.	6/30/16 - 6/29/17	PEP Program Manager	Submit Reports
6	Evaluation activities, participate in required webinars and trainings on data collection.	6/30/16 - 6/29/17	PEP Program Manager	Submit Agendas, Training Materials
7	Consult with UCD Evaluator to identify and collect data.	6/30/16 - 6/29/17	PEP Program Manager	Compilation of data collected
Intervention 2: Increase institutionalization and monitoring of aggregated/standardized quality measures at the provider and system level.				
	Activity	**Timeline**	**Responsible Party**	**Deliverables**
1	*Monterey County Prevention First* staff and Subcontractor will develop and coordinate promotional advertisement with Safety Net Integration partners and stakeholders on LAN trainings to encourage participation for the purpose of sharing best practice strategies for monitoring and institutionalizing standardized measures for reporting NQF 18 and 59.	6/30/16 – 6/29/17	PEP Program Manager, Clinic Services Manager, and Subcontractor	Copies of promotional advertisement, List of advertisement placement

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2	Develop and schedule at least one LAN event to provide training and/or TA to Providers/Health Systems on implementing processes to improve quality performance. Specific LANs might include but not be limited to: utilizing health care teams to improve management of hypertension; and developing and implementing protocols to monitor hypertension, patient medication adherence.	6/30/16 – 6/29/17	Subcontractor	Schedule of LAN events, Agenda, Training Materials
3	Monterey County Health Department (MCHD) staff will work with local network of collaboratives, Impact Monterey County, to identify and manage a web-based indicator dashboard for sharing data and communicating strategies found to improve management of hypertension and diabetes.	6/30/16 – 6/29/17	PEP Program Manager	Web-based information exchange site to facilitate informal information sharing.
4	Subcontractor will work with local health care systems representatives to compile standardized best practice protocols to increase quality improvement processes in local health systems focusing on quality of care, service delivery, and use of clinical and other preventive services.	6/30/2016 – 6/29/2017	Subcontractor	Copy of Protocols, Compilation and website posting of best-practice protocols and associated rates of achieving HbA1c<9 and blood pressure <140/90
5	Monterey County's PEP unit will collaborate with CDPH and UCD Evaluator to provide local input, including on activities related to 1305 deliverables as well as local perspectives, to implementation of a *Prevention First* evaluation plan and collect data.	6/30/16 – 6/29/17	PEP Program Manager	Evaluation Plan and compilation of data collected.

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6	Prepare semi-annual reports.	6/30/16 - 6/29/17	PEP Program Manager	Submit reports
7	Evaluation activities, participate in required webinars and trainings on data collection.	6/30/16 - 6/29/17	PEP Program Manager	Submit Agendas, Training Materials
Domain 3 **Strategy 2: Increase the use of team-based care in health systems.**				
Intervention 1: Increase engagement of non-physician team members (nurses, pharmacists, and patient navigators) in hypertension and diabetes in health care systems.				
	Activity	**Timeline**	**Responsible Party**	**Deliverables**
1	Subcontractor will use environmental scan results to identify and enlist champions and key partners to promote, provide guidance and support in the use of non-physician team members as a best practice strategy in the management of hypertension and diabetes.	6/30/16 –6/29/17	Subcontractor, PEP Chronic Disease Prevention Coordinator	Log of outreach and discussion with champions and partners. PowerPoint highlighting local best practices.
2	Subcontractor convenes meetings with champion sites (health care systems and providers) to discuss, review and share recommendation for incorporating principles of Team-Based Care including a) Shared goals b) Clear Roles/Responsibilities c) Mutual Trust d) Effective Communication e) Measurable Processes and Outcomes f) Review implementation progress, challenges, barriers, and identify solutions.	6/30/16 – 6/29/17	Subcontractor	Meeting Minutes, Summary of Team-Based Care decisions and/or recommendations

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3	Subcontractor will work with the Safety Net Integration Council for guidance in preparing a presentation for at least one local provider health care quality improvement committees, coalitions or workgroup-on team-based care models and recognized best practices for adopting non-physician team-based care models as a strategy in the management of diabetes and hypertension.	10/1/16 –3/30/17	Subcontractor	PowerPoint presentation, Invitation of request for Team-Based Care model presentation
4	Subcontractor will collaborate with MCHD, CDPH and UC Davis to develop a team-based care (TBC) case study report for local distribution and will consider the following: • TBC is a health system-level, organizational intervention that incorporates a multi-disciplinary team to improve the quality of hypertension care for patients. • TBC is established by adding new staff or changing the roles of existing staff • TBC Principles o Shared Goals o Clear Roles o Mutual Trust o Effective Communication o Measurable Processes and Outcomes	1/1/17 – 3/30/17	Subcontractor	Case Study Report

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5	Subcontractor will work with MCHD as they pilot test TBC model/guidelines with a clinic site and assess ongoing activities to determine best practice strategies for countywide implementation.	4/1/17 – 6/29/17	Subcontractor	Best practice guidelines
6	PEP unit will collaborate with UCD Evaluator for guidance and support in monitoring and evaluating team-based care activities.	6/30/16 – 6/29/17	PEP Program Manager	TA Log, Evaluation Plan
7	Prepare semi-annual reports.	6/30/16 - 6/29/17	PEP Program Manager	Submit reports
8	Evaluation activities, participate in required webinars and trainings on data collection.	6/30/16 - 6/29/17	PEP Program Manager	Submit Agendas, Training Materials
9	Consult with UCD Evaluator to identify and collect data.	6/30/16 - 6/29/17	PEP Program Manager	Compilation of data collected

Domain 4: Community-Clinical Linkages
Strategy 1: Not Applicable for Monterey County

Domain 4
Strategy 2: Increase use of lifestyle intervention programs in community setting for the primary prevention of type 2 diabetes.

Intervention 1: Increase referrals to, use of, and/or reimbursement for CDC recognized lifestyle change programs for the prevention of type 2 diabetes.

	Activity	Timeline	Responsible Party	Deliverables
1	Subcontractor will continue to attend Safety Net Integration Council meetings and present prepared PowerPoint describing the project activities over the last year and encourage involvement in year 3 and year 4 activities.	6/30/16 – 6/29/17	Subcontractor	Log of presentations, attendee lists

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2	Subcontractor as part of attending Safety Net Integration Council meetings and depending on recommendations from KIIs will explore mechanisms to support improvements to linkages between the CHOMP Diabetes Prevention Program and other organizations employing community health workers (e.g., YMCA) and other resources to encourage provision of NDPP classes in English and Spanish for underserved populations. Program staff will post information from findings on website.	6/30/16 – 6/29/17	Subcontractor	Recommendations for linkage improvements. Log of presentations, attendee lists. Postings of opportunities on website.
3	Subcontractor will work with MCHD, CCAH, CHOMP and other providers to develop and distribute promotional materials for new Medi-Cal coverage for NDPP services through website and other venues.	6/30/16 – 6/29/17	Subcontractor	Promotional materials. List of distribution venues
4	Attend CDPH trainings, calls, and webinars.	6/30/16 – 6/29/17	PEP Program Manager, Subcontractor	Attendance logs
5	PEP staff will continue to work with UCD Evaluator to provide support for implementing evaluation plan as it relates to NDPP programs locally.	6/30/16 – 6/29/17	PEP Program Manager	Log of support provided
6	Prepare semi-annual reports.	6/30/16 - 6/29/17	PEP Program Manager	Submit reports
7	Evaluation activities, participate in required webinars and trainings on data collection.	6/30/16 - 6/29/17	PEP Program Manager	Submit Agendas, Training Materials

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8	Consult with UCD Evaluator to identify and collect data.	6/30/16-6/29/17	PEP Program Manager	Compilation of data collected

Domain 4
Strategy 3: Increase use of health-care extenders in the community in support of self-management of high blood pressure and diabetes.

Intervention 1: Increase engagement of CHWs in the provision of self-management programs.

	Activity	Timeline	Responsible Party	Deliverables
1	Subcontractor will use informational brochure on use of CHWs and diabetes self-management programs to reach out to local health care system organizations and other partnering organizations to generate dialogue on expanding use of CHWs.	6/30/16 – 12/31/16	Subcontractor	Informational letter, log of emailing to accredited DSME programs and other organizations
2	Subcontractor will develop training to be offered as Continuing Education opportunity webinar or other format in year 4 for local health system providers that highlights best practices of CHWs used locally as well as other opportunities indicated by KII.	1/1/17 – 6/29/17	Subcontractor	Outline for training, PowerPoint, announcement for webinar
3	*Monterey County Prevention First* staff and Subcontractor will attend CDPH calls and webinars.	6/30/16 – 6/29/17	PEP Program Manager and Subcontractor	Attendance on calls and webinars
4	PEP staff will work with UCD Evaluator to continue to implement evaluation plan for local work on engagement of CHWs.	6/30/16 – 6/29/17	PEP Program Manager, PEP Chronic Disease Prevention Coordinator	Log of support provided.

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5	Prepare semi-annual reports.	6/30/16 - 6/29/17	PEP Program Manager	Submit reports
6	Evaluation activities, participate in required webinars and trainings on data collection.	6/30/16 - 6/29/17	PEP Program Manager	Submit Agendas, Training Materials
7	Consult with UCD Evaluator to identify and collect data.	6/30/16 - 6/29/17	PEP Program Manager	Compilation of data collected

Intervention 2: Increase engagement of CHWs to promote linkages between health systems and community resources for adults with high blood pressure.

	Activity	Timeline	Responsible Party	Deliverables
1	Subcontractor will reach out to local health care system organizations and other partnering organizations and generate dialogue on expanding use of CHWs.	6/30/16 – 12/31/16	Subcontractor	Informational brochure, Email communication log
2	Subcontractor will develop training to be offered as Continuing Education opportunity webinar or other format in year 4 for local health system providers that highlight best practices used locally as well as opportunities indicated by KII on the benefits of engaging CHWs in chronic disease prevention and control.	1/1/17 – 6/29/17	Subcontractor	Outline for training, PowerPoint, announcement for webinar
3	Subcontractor in collaboration with MCHD staff will use results of KII to develop recommendations and plan for expansion of local community health worker capacities, including defining a locally appropriate, but generalized scope of work, involving leadership across organizations to build centralized support for CHWs, and creating CHW position descriptions within organization's human resources departments.	6/30/16 – 6/29/17	PEP Program Manager, Clinic Manager, Subcontractor	Recommendations and plan for expansion and integration of CHWs into health care and other organizations or teams

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4	*Monterey County Prevention First* staff and Subcontractor will attend CDPH calls, webinars, and trainings.	6/30/16 – 6/29/17	PEP Program Manager and Subcontractor	Attendance on calls and webinars
5	PEP staff will continue to support UCD Evaluators in implementation of evaluation plan as it relates to work conducted to increase engagement of CHWs and collect data.	6/30/16 – 6/29/17	PEP Program Manager	Log of support provided and compilation of data
6	Prepare semi-annual reports.	6/30/16 - 6/29/17	PEP Program Manager	Submit reports
7	Evaluation Activities, participate in required webinars and trainings on data collection.	6/30/16 - 6/29/17	PEP Program Manager	Submit Agendas, Training Materials

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Year 4

Domain 3: Health System Interventions **Strategy 1: Increase implementation of quality improvement processes in health systems.**				
Intervention 1: Increase electronic health record adoption and the use of health information technology to improve performance.				
	Activity	**Timeline**	**Responsible Party**	**Deliverables**
1	*Monterey County Prevention First* staff and Subcontractor will continue to work with Safety Net Integration Council to prioritize and target providers, based on responses to the "Quality Improvement Processes in Health Care Systems" survey, to encourage the increased use of electronic health record functionality and Meaningful Use appropriate for managing treatment of diabetes and high blood pressure, and use of data to improve protocols and practices for improved health outcomes.	6/30/17 – ~~6/29/18~~ **9/29/18**	PEP Program Manager, Clinic Services Manager, and Subcontractor	Meeting Action Items, outreach emails with information on increased use of EHR functionality and MU
2	Monterey County *Prevention First* staff and Subcontractor will continue to work with Safety Net Integration Council to collect, compile, and compare standardized best practice protocols to assist providers in their efforts to utilize EHRs and MU to increase quality improvement processes focused on improving the quality of care, effective delivery, and use of clinical and other preventive services.	6/30/17 – ~~6/29/18~~ **9/29/18**	PEP Program Manager, Clinic Services Manager, and Subcontractor	Revised list of and copies of best practice protocols and meeting notes or protocols.

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3	Subcontractor will attend meetings with Safety Net Integration Council providers not using their EHR for MU to identify opportunities for improvements, and to encourage tracking and reporting on National Quality Foundation measures related to high blood pressure and diabetes.	6/30/17 – ~~6/29/18~~ **9/29/18**	Subcontractor	Meeting agendas and minutes; **summary analysis of safety net providers EHR/HIE progress**
4	Monterey County *Prevention First* staff and Subcontractor will **work with Intrepid Ascent to** develop and co-sponsor a Learning Action Network event or webinar for local providers, health care systems and Central Coast Health Connect representatives to share methods and best-practice strategies to monitor and institutionalize standardized measures for reporting NQF18 and 59 quality measures.	6/30/17 – ~~6/29/18~~ **9/29/18**	Subcontractor	Agenda, attendance logs, and evaluations for LAN event
5	*Monterey County Prevention First* staff and Subcontractor will attend and participate in CDPH sponsored trainings and teleconferences.	6/30/17 – ~~6/29/18~~ **9/29/18**	PEP Program Manager and Subcontractor	Agenda, Training Materials
6	Prepare semi-annual reports.	6/30/17- ~~6/29/18~~ **9/29/18**	PEP Program Manager	Submit reports
7	Evaluation activities, participate in required webinars and trainings on data collection.	6/30/17-~~6/29/18~~ **9/29/18**	PEP Program Manager	Submit Agendas, Training Materials
8	Consult with UCD Evaluator to identify and collect data.	6/30/17-6/29/18	PEP Program Manager	Compilation of data collected

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Intervention 2: Increase institutionalization and monitoring of aggregated/standardized quality measures at the provider and system level.				
	Activity	**Timeline**	**Responsible Party**	**Deliverables**
1	Monterey County *Prevention First* staff will continue to have meetings with Impact Monterey County and continue to refine data dashboards to provide opportunities to encourage local Safety-Net providers with electronic health records to report on NQF 18 and 59 measures for patients with hypertension, diabetes and pre-diabetes.	6/30/17 – 12/31/17	PEP Program Manager and Subcontractor	Meeting agenda and minutes
2	*Monterey County Prevention First* staff and Subcontractor will **work with Intrepid Ascent to** facilitate a Learning Action Network event for local providers, health systems and the Health Information Exchange Network representatives for the purpose of sharing best practice strategies for monitoring and institutionalizing standardized measures for reporting NQF 18 and 59.	6/30/17 – ~~6/29/18~~ **9/29/18**	Subcontractor	LAN Agenda, Training Materials, Attendee Roster
3	Monterey County *Prevention First* staff and Subcontractor will identify, encourage and promote technical assistance opportunities to providers and health care systems for targeted quality improvement interventions to improve use of HIT.	1/2/18 – ~~6/29/18~~ **9/29/18**	Subcontractor	Email to providers offering technical assistance resources

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4	Monterey County *Prevention First* staff and Subcontractor will work with Central Coast Health Connect to identify and target safety net providers meeting technical criteria for enrollment but not yet enrolled in exchange, to assess barriers to their enrollment, and help to facilitate ~~provide~~ technical assistance and/or encourage enrollment in health exchange.	6/30/17 – 6/29/18	Subcontractor	Information sheet, email and mail outreach/TA log
5	Monterey County's PEP unit will collaborate with UCD Evaluator to receive technical assistance in the development and implementation of a Prevention First Evaluation Plan.	6/30/17 – 6/29/18	PEP Program Manager	Log of support provided. Evaluation Plan
6	Prepare semi-annual reports.	6/30/17- ~~6/29/18~~ **9/29/18**	PEP Program Manager	Submit reports
7	Evaluation Activities, participate in required webinars and trainings on data collection.	6/30/17- ~~6/29/18~~ **9/29/18**	PEP Program Manager	Submit Agendas, Training Materials
8	Consult with UCD Evaluator to identify and collect data.	6/30/17-6/29/18	PEP Program Manager	Compilation of data collected
Domain 3 **Strategy 2: Increase the use of team-based care in health systems.**				
Intervention 1: Increase engagement of non-physician team members (nurses, pharmacists, and patient navigators) in hypertension and diabetes in health care systems.				
	Activity	**Timeline**	**Responsible Party**	**Deliverables**
1	Subcontractor will continue to convene periodic meetings with SNIC and other champion sites to discuss Team-Based Care system improvements.	6/30/17 – ~~6/29/18~~ **9/29/18**	Subcontractor	Meeting Minutes

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2	Subcontractor will continue to work with MCHD to pilot test guidelines and explore expansion to other sites for assessing and implementing changes in practice through the use of expanded primary care models, such as; patient centered medical home, community care teams, and community health workers.	6/30/17 – 6/29/18	PEP Program Manager and Subcontractor	Summary report of pilot site implementation, successes, challenges/barriers and recommendation for potential expansion.
3	*Monterey County Prevention First* staff and Subcontractor will prepare and publish three articles for the Monterey County *Health Department's Provider Bulletin* on the pilot study's *use* of non-physician extenders, describing other local practices and success stories, and providing resources to learn more about multidisciplinary team models achieving successful high blood pressure and A1c control.	6/30/17 – 6/29/18	PEP Program Manager, Clinic Services Manager, Subcontractor	Published Articles
4	Subcontractor will identify team-based care models approved for reimbursement and guidelines appropriate to improve patient outcomes for diabetic and high blood pressure patient populations and work with champions to provide technical assistance and resources for safety net providers.	6/30/17 – ~~6/29/18~~ **9/29/18**	Subcontractor	Email to providers offering technical assistance. Technical assistance and resources log. **TBC Resource Report for local distribution & other 1305/1422 counties**
5	PEP Staff will continue to work with UCD Evaluator to provide support for team-based care evaluation needs and collect data.	6/30/17 – 6/29/18	PEP Program Manager	TA Log and compilation of data collected

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6	Prepare semi-annual reports.	6/30/17 - ~~6/29/18~~ **9/29/18**	PEP Program Manager	Submit reports
7	Evaluation Activities, participate in required webinars and trainings on data collection.	6/30/17 - ~~6/29/18~~ **9/29/18**	PEP Program Manager	Submit Agendas, Training Materials
Domain 4: Community-Clinical Linkages **Strategy 1:**		**Not Applicable for Monterey County**		
Domain 4 **Strategy 2: Increase use of lifestyle intervention programs in community setting for the primary prevention of type 2 diabetes.**				
Intervention 1: Increase referrals to, use of, and/or reimbursement for CDC recognized lifestyle change programs for the prevention of type 2 diabetes.				
	Activity	**Timeline**	**Responsible Party**	**Deliverables**
1	Subcontractor will continue to work with SNIC providers and other organizations providing lifestyle intervention programs through attendance at staff meetings to encourage collaborative efforts to increase the number of classes and provide classes at different locations	6/30/17 – ~~6/29/18~~ **9/29/18**	Subcontractor	List of options for increasing classes; **DPP class expansion research and recommendation report**
2	Subcontractor will work with Central California Alliance for Health and other identify opportunities to direct resources toward efforts to increase participation in NDPP.	6/30/17 – 6/29/18	Subcontractor	

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3	Subcontractor in collaboration with the Monterey County Health Department will develop and publish article for Provider's Bulletin highlighting local work toward incentivizing participation in existing NDPPs and any expansions Diabetes Prevention Programs or in classes	1/1/18 – 6/29/18	Subcontractor	Article for Provider Update
4	PEP staff will continue to work with UCD Evaluator to provide support for implementing evaluation plan as it relates to NDPP programs locally and collect data.	6/30/17 – 6/29/18	PEP Program Manager	Log of support provided and compilation of data collected
5	Prepare semi-annual reports.	6/30/17 - ~~6/29/18~~ **9/29/18**	PEP Program Manager	Submit reports
6	Evaluation activities, participate in required webinars and trainings on data collection.	6/30/17 -06~~/29/18~~ **9/29/18**	PEP Program Manager	Submit Agendas, Training Materials

Domain 4
Strategy 3: Increase use of health-care extenders in the community in support of self-management of high blood pressure and diabetes.

Intervention 1: Increase engagement of community health workers (CHW) in the provision of self-management programs.

	Activity	Timeline	Responsible Party	Deliverables
1	Subcontractor will offer LAN training as part of a Continuing Education opportunity and/or provider support webinars in year 4 for local health system providers that highlights best practices used locally as well as opportunities for supporting use of CHWs as indicated by KII.	6/30/17 – ~~11/30/18~~ **9/29/18**	Subcontractor, PEP Chronic Disease Prevention Coordinator	Presentation agenda, Training materials, attendance; **summary report of CHW LAN event.**

Exhibit A
Scope of Work

2	Subcontractor in collaboration with local providers will use results of KII to explore with health care system providers next steps for expansion of local community health worker capacities, including defining a locally appropriate, but generalized scope of work, involving leadership across organizations to build centralized support to increase engagement of CHWs in provision of self-management programs and ongoing support for adults with high blood pressure and adults with diabetes.	12/1/17 – ~~6/29/18~~ **9/29/18**	Subcontractor, PEP Chronic Disease Prevention Coordinator, **PEP Program Manager**	Meeting agenda and minutes; **CHW Resource Report for local distribution & other 1305/1422 counties; MCHD report on pilot CHW "Introduction course" offered through Community Health Leadership training program.**
3	**Monterey County Prevention First staff and Subcontractor will work with Workforce Development Board and other regional healthcare and educational organizations to facilitate discussions regarding moving efforts forward on locally appropriate CHW Certification/training.**	**7/1/18 – 9/29/18**	**Subcontractor, PEP Program Manager**	**Meeting agenda and minutes**
~~3~~**4**	*Monterey County Prevention First* staff and Subcontractor will attend CDPH calls, webinars, and trainings.	6/30/17 – ~~6/29/18~~ **9/29/18**	PEP Program Manager, Subcontractor, PEP Chronic Disease Prevention Coordinator	Meeting attendance logs

Exhibit A
Scope of Work

~~4~~5	PEP staff will work with UCD Evaluator to continue to implement evaluation plan for local work on engagement of CHWs and collect data.	6/30/17 – 6/29/18	PEP Program Manager	Log of support provided and compilation of data
~~5~~6	Prepare semi-annual reports.	6/30/17 - ~~6/29/18~~ 9/29/18	PEP Program Manager	Submit reports
~~6~~7	Evaluation activities, participate in required webinars and trainings on data collection.	6/30/17 - ~~6/29/18~~ 9/29/18	PEP Program Manager	Submit Agendas, Training Materials
8	Monterey County Prevention First staff and Subcontractor will carry out research and develop recommendations for sustainability options to continue work and progress on strategies to increase utilization of CHWs and expansion of NDPP for Domains 3 & 4 including a new cycle of 1305 funding.	7/1/18 – 9/29/18	Subcontractor, PEP Program Manager	Recommendations for sustainability of progress on selected activities for Domains 3 & 4

Exhibit A
Scope of Work

Intervention 2: Increase engagement of CHWs to promote linkages between health systems and community resources for adults with high blood pressure.

	Activity	Timeline	Responsible Party	Deliverables
1	Subcontractor will offer LAN training as part of Continuing Education opportunity and/or provider support webinars in year 4 for local health system providers that highlights best practices used locally as well as opportunities for supporting use of CHWs as indicated by KII.	6/30/17 – ~~11/30/18~~ **9/29/18**	Subcontractor	Presentation agenda, training materials, attendance lists, **evaluations for LAN event.**
2	Subcontractor in collaboration with local providers will use results of KII to engage with health care system providers to identify next steps for expansion of local community health worker capacities, including defining a locally appropriate, but generalized scope of work, involving leadership across organizations to build centralized support for CHWs, and creating CHW position statements within organization's human resources departments.	12/1/17 – ~~6/29/18~~ **9/29/18**	Subcontractor	Meeting agenda and minutes; **CHW Resource Report for local distribution & other 1305/1422 counties**
3	*Monterey County Prevention First* staff and Subcontractor will attend CDPH calls, webinars, and trainings.	6/30/17 – ~~6/29/18~~ **9/29/18**	PEP Program Manager, Subcontractor	Meeting attendance logs
4	PEP staff will continue to support UCD Evaluators in implementation of evaluation plan as it relates to work conducted to increase engagement of CHWs and collect data.	6/30/17 – 6/29/18	PEP Program Manager, PEP Chronic Disease Prevention Coordinator	Log of support provided and compilation of data collected.
5	Prepare semi-annual reports.	6/30/17 - ~~6/29/18~~ **9/29/18**	PEP Program Manager	Submit reports
6	Evaluation activities, participate in required webinars and trainings on data collection.	6/30/17 - ~~6/29/18~~ **9/29/18**	PEP Program Manager	Submit Agendas, Training Materials

		Domain 3 *(Heart Supplemental)*		Domain 4 *(Diabetes Supplemental)*		TOTAL	
A. PERSONNEL							
Position Title	**Annual Salary**	**Cost**	**%FTE**	**Cost**	**%FTE**	**Total % FTE**	**Total Costs**
1. Planning, Evaluation, and Policy (PEP) Manager	$ 120,054	~~$ 6,003~~ $ 12,125	~~5.00%~~ 10.10%	~~$ 6,003~~ $ 12,125	~~5.00%~~ 10.10%	~~10.00%~~ 20.20%	~~$ 12,006~~ $ 24,250
2 Clinic Services Manager	$ 120,692	$ 3,017	2.50%	$ 3,017	2.50%	5.00%	$ 6,034
3. Information Technology Manager	$ 111,006	$ 2,775	2.50%	$ 2,775	2.50%	5.00%	$ 5,550
~~4. Management Analyst III~~	~~$ 96,387~~	~~$ 2,410~~	~~2.50%~~	~~$ 2,410~~	~~2.50%~~	~~5.00%~~	~~$ 4,819~~
4. Chronic Disease Prevention Coordinator	$ 67,956	$ 2,406	3.54%	$ 2,406	3.54%	7.08%	$ 4,812
	~~$ 448,139~~	~~$ 14,205~~	~~12.50%~~	~~$ 14,205~~	~~12.50%~~	~~25.00%~~	~~$ 28,410~~
	~~$ 448,139~~	~~$ 14,201~~	~~13.54%~~	~~$ 14,201~~	~~13.54%~~	~~27.08%~~	~~$ 28,402~~
Total Salaries	$ 419,708	$ 20,323	18.64%	$ 20,323	18.64%	$37.28%	$ 40,646
B. FRINGE BENEFITS							
32.5% of Personnel.							
			~~$ 4,602~~		~~$ 4,602~~		~~$ 9,205~~
			~~$ 4,615~~		~~$ 4,615~~		~~$ 9,230~~
Total Fringe Benefits			$ 6,605		$ 6,605		$ 13,210
			~~$ 18,807~~		~~$ 18,807~~		~~$ 37,614~~
			~~$ 18,816~~		~~$ 18,816~~		~~$ 37,632~~
TOTAL PERSONNEL COSTS			$ 26,928		$ 26,928		$ 53,856
OPERATING EXPENSES							
1. Landline phone (.25 FTE x 12 months x $75 /month)		$ 225		$ -		$ 225	
2. Monthly computer service/repair fee (0.25 FTE x 12 months x $211.03)		$ 633		$ -		$ 633	
Total Operating		$ 858		$ -		$ 858	
TRAVEL							
1. Meetings, conferences/trainings. PEP Program Manager, ~~Clinic Services Manager~~ Chronic Disease Prevention Coordinator and ~~Subcontractor~~ will travel within Monterey County and to and from Sacramento.			~~$ 383~~		~~$ 383~~		~~$ 766~~
			$ 373		$ 373		$ 746
			~~$ 383~~		~~$ 383~~		~~$ 766~~
Total Travel			$ 373		$ 373		$ 746
SUBCONTRACTS							
1. Subcontractor - ~~TBD~~ California State University Monterey Bay			~~$ 108,381~~		~~$ 96,739~~		~~$ 205,119~~
			$ 122,381		$ 110,748		$ 233,129
Subcontractor- ~~TBD~~ California State University Monterey Bay (Domain 3, Strategy 1, Intervention 1, Activities 1-5; Intervention 2, Activities ~~1-4~~ 2-4; Domain 3, Strategy 2, Intervention 1, Activities ~~1-5~~ 1-4; Domain 4, Strategy 2, Intervention 1, Activities 1-3; Domain 4, Strategy 3, Intervention 1, Activities 1-3; Intervention 2, Activities 1-3)							
			~~$ 108,381~~		~~$ 96,739~~		~~$ 205,119~~
Total Subcontracts			$ 122,381		$ 110,748		$ 233,129
OTHER COSTS							
		$ -		$ -		$ -	
Total Other Costs		$ -		$ -		$ -	

	~~$ 128,428~~	~~$ 115,928~~	~~$ 244,356~~
	~~$ 128,429~~	~~$ 115,928~~	~~$ 244,356~~
TOTAL DIRECT COSTS	$ 150,540	$ 138,049	$ 288,589
INDIRECT COSTS			
15% of personnel costs.			
	~~$ 2,821~~	~~$ 2,821~~	~~$ 5,642~~
	~~$ 2,822~~	~~$ 2,822~~	~~$ 5,644~~
Total Indirect Costs	$ 4,039	$ 4,039	$ 8,078
	~~$ 131,250~~	~~$ 118,750~~	~~$ 250,000~~
TOTAL EXPENSES	$ 154,579	$ 142,088	$ 296,667

STATE OF CALIFORNIA
CALIFORNIA CIVIL RIGHTS LAWS ATTACHMENT
DGS OLS 04 (Rev. 01/17)

DEPARTMENT OF GENERAL SERVICES
OFFICE OF LEGAL SERVICES

Pursuant to Public Contract Code section 2010, a person that submits a bid or proposal to, or otherwise proposes to enter into or renew a contract with, a state agency with respect to any contract in the amount of $100,000 or above shall certify, under penalty of perjury, at the time the bid or proposal is submitted or the contract is renewed, all of the following:

1. CALIFORNIA CIVIL RIGHTS LAWS: For contracts executed or renewed after January 1, 2017, the contractor certifies compliance with the Unruh Civil Rights Act (Section 51 of the Civil Code) and the Fair Employment and Housing Act (Section 12960 of the Government Code); and

2. EMPLOYER DISCRIMINATORY POLICIES: For contracts executed or renewed after January 1, 2017, if a Contractor has an internal policy against a sovereign nation or peoples recognized by the United States government, the Contractor certifies that such policies are not used in violation of the Unruh Civil Rights Act (Section 51 of the Civil Code) or the Fair Employment and Housing Act (Section 12960 of the Government Code).

CERTIFICATION

I, the official named below, certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Proposer/Bidder Firm Name (Printed)	Federal ID Number
Monterey County Department of Health	

By (Authorized Signature)

Printed Name and Title of Person Signing

Elsa Jimenez, Director

Executed in the County of	Executed in the State of
Monterey County	CA

Date Executed

STATE OF CALIFORNIA
CALIFORNIA CIVIL RIGHTS LAWS ATTACHMENT
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Printed Name and Title of Person Signing

Elsa Jimenez, Director

Executed in the County of	Executed in the State of
Monterey County	CA

Date Executed