File ID A 15-209 No. 54

Monterey County

168 West Alisal Street,
1st Floor
Salinas, CA 93901
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Board Order

Agreement No.: A-12759

Upon motion of Supervisor Parker, seconded by Supervisor Phillips and carried by those members present, the Board of Supervisors hereby:

a. Approved and authorized the Director of Health or designee to sign Agreement #14-10959 with the California Department of Public Health in the amount of $1,000,000, for the period January 1, 2015 to June 30, 2018, to provide services to local communities with populations at high risk for diabetes and cardiovascular disease under Domains 3 and 4, Health Systems Interventions of the 1305 Supplemental Funds in partnership with area safety net providers; and
b. Authorized the Director of Health or designee to approve three future amendments up to ten percent (10%) of the original contract amount, which does not significantly alter the scope of services; and
c. Authorized the Auditor-Controller to amend Fiscal Year 2014-15 Adopted Budget Fund 001, Appropriation Unit HEA014, Unit 8438 to increase revenue and appropriations in the amount of $250,000.

PASSED AND ADOPTED on this 23rd day of June 2015, by the following vote, to wit:

AYES: Supervisors Armenta, Phillips, Salinas, Parker and Potter
NOES: None
ABSENT: None

I, Gail T. Borkowski, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 78 for the meeting on June 23, 2015.

Dated: June 24, 2015
File ID: A 15-209

Gail T. Borkowski, Clerk of the Board of Supervisors
County of Monterey, State of California

By Denise Hancock
Deputy

STATE OF CALIFORNIA
STANDARD AGREEMENT
STD 213 (Rev 06/03)

REGISTRATION NUMBER	AGREEMENT NUMBER
	14-10959

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

STATE AGENCY'S NAME
California Department of Public Health (Also referred to as CDPH or the State)

CONTRACTOR'S NAME
Monterey County Department of Health (Also referred to as Contractor)

2. The term of this Agreement is: 01/01/2015 through 06/29/2018

3. The maximum amount of this Agreement is: $ 1,000,000 One Million Dollars

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of this Agreement.

Exhibit A – Scope of Work	43 pages
Exhibit B – Budget Detail and Payment Provisions	3 pages
Exhibit B, Attachments I - IV – Budget (Years I - IV)	5 pages
Exhibit C * – General Terms and Conditions	GTC 610
Exhibit D – Special Terms and Conditions	18 pages
Exhibit E – Additional Provisions	1 page
Exhibit F – Contractor's Release	1 page
Exhibit G – Travel Reimbursement Information	2 pages

Items shown above with an Asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto.
These documents can be viewed at http://www.ols.dgs.ca.gov/Standard+Language.

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
Ray Bullick, Director of Health

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
Yolanda Murillo, Chief, Contracts Management Unit

ADDRESS
1616 Capitol Avenue, Suite 74.317, MS 1802, PO Box 997377
Sacramento, CA 95899-7377

California Department of General Services Use Only

☐ Exempt per:

Reviewed as to fiscal provisions

Auditor-Controller
County of Monterey

APPROVED AS TO FORM AND LEGALITY

DEPUTY COUNTY COUNSEL
COUNTY OF MONTEREY

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
Majel Arnold, Chief, Programs and Policy Section Chronic Disease Control Branch Telephone: (916) 322-5336 Fax: (916) 552-9729 Email: Majel.Arnold@cdph.ca.gov	Krista Hanni Planning, Evaluation, and Policy Manager Telephone: (831) 755-4586 Fax: (831) 796-8682 Email: hannikd@co.monterey.ca.us

B. Direct all inquiries to:

California Department of Public Health	Monterey County Department of Health
Chronic Disease Control Branch Attention: Elise Williams Mail Station 7212 1616 Capitol Avenue P.O. Box 997377 Sacramento, CA 95899-7377 Telephone: (916) 552-9900 Fax: (916) 552-9729 Email: elise.williams@cdph.ca.gov	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	01/01/2018-06/29/2018	07/01/2018

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.

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 Centers for Disease Control and Prevention (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 in meeting required performance measures. The **required performance measures** include:

A. Proportion of health care systems with electronic health records (EHRs) appropriate for treating patients with HBP

B. Proportion of patients that are in health care systems that have EHRs appropriate for treating patients with HBP
C. Proportion of health care systems reporting on NQF 18
D. Proportion of patients with high blood pressure in adherence to medication regimens
E. Proportion of patients with diabetes in adherence to medication regimens
F. Proportion of adults with known high blood pressure who have achieved blood pressure control
G. Proportion of health care systems with policies or systems to encourage a multi-disciplinary team approach to blood pressure control
H. Proportion of patients that are in health care systems that have policies or systems to encourage a multi-disciplinary approach to blood pressure control
I. Number of DSME programs (ADA/AADE/state-accredited)
J. Proportion of counties with DSME programs (ADA/AADE/state-accredited)
K. Number of Medicaid recipients with diabetes who have DSME as a covered Medicaid benefit
L. Proportion of people with diabetes in targeted settings who have at least one encounter at a DSME program during the funding year
M. Age-adjusted hospital discharge rate for diabetes as any-listed diagnosis per 1,000 persons with diabetes
N. Number of Medicaid recipients or state/local public employees with pre-diabetes or at high risk for type 2 diabetes who have access to evidence-based LIPs as a covered benefit
O. Proportion of health care systems with policies or practices to refer persons with pre-diabetes or at high risk for type 2 diabetes to a CDC-recognized LIP
P. Proportion of participants in CDC-recognized LIPs who were referred by a health care provider
Q. Number of persons with pre-diabetes or at high risk for type 2 diabetes who enroll in a CDC-recognized LIP
R. Percent of participants in CDC-recognized LIP achieving 5-7% weight loss
S. Proportion of recognized/accredited DSME programs in targeted settings using CHWs in the delivery of education/services
T. Proportion of health care systems that engage CHWs to link adult patients with high blood pressure to community resources that promote self-management
U. Number of participants in recognized/accredited DSME programs using CHWs in the delivery of education/services
V. Proportion of patients with high blood pressure that have a self-management plan (including medication adherence, self-monitoring of blood pressure levels, increased consumption of nutritious food and beverages, increased physical activity, maintaining medical appointments)
W. Decreased proportion of people with diabetes with A1C >9
X. Proportion of adults with known high blood pressure who have achieved high blood pressure control

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
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 – 6/29/15	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 - 6/29/15	PEP Program Manager, Clinic Services Manager, Subcontractor	Meeting minutes, Summary of Recommendations
9	Prepare semi-annual reports.	1/1/15 - 6/29/15	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
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 - 6/29/15	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 the UCD Evaluator to identify and collect data for required performance measures.	1/1/15 - 6/29/15	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	*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 - 6/29/15	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 - 6/29/15	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	*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
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 - 6/29/15	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 - 6/29/15	Management Analyst III	Log of support provided and compilation of data collected
6	Prepare semi-annual reports.	1/1/15 - 6/29/15	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

Exhibit A
Scope of Work

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
5	Prepare semi-annual reports.	1/1/15 - 6/29/15	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 - 6/29/15	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 - 6/29/15	PEP Program Manager	Compilation of data collected

Exhibit A
Scope of Work

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

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
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
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
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

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

Exhibit A
Scope of Work

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 as the CDC/AMA provider toolkit for preventing type 2 diabetes.	6/30/15 – 11/1/15	Subcontractor	KIIs.
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

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

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

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

Exhibit A
Scope of Work

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

Exhibit A
Scope of Work

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 – 11/30/16	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	TA Log, Summary of TA provided, Training and technical assistance resources posted on *Monterey County Prevention First* website

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 and performance measures.	6/30/16 - 6/29/17	PEP Program Manager	Submit Agendas, Training Materials
7	Consult with UCD Evaluator to identify and collect data for required performance measures.	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

Exhibit A
Scope of Work

2	Develop and provide LAN events to provide training and/or t/a 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 – 12/30/16	Subcontractor	Schedule of LAN events, Agenda, Training Materials
3	Subcontractor will work with Central Coast Health Connect and the Health Department Information System Manager to identify and manage a web-based data dashboard for "enrolled" entities to share data and communicate strategies found to improve management of hypertension and diabetes.	6/30/16 – 6/29/17	Subcontractor, Information System Manager (in-kind)	Copies of Dashboard, Hypertension and Diabetes Reports Summary of Quality Improvement Meetings
4	Subcontractor will work with local health care systems representatives to develop 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 (data dash board).	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	Coordinate and conduct monthly or bi-monthly webinars for dashboard trainings to track/monitor QI processes, NQF 18 & 59 reporting, patient outcomes, disease management, and to problem solve challenges and/or barriers regarding QI.	6/30/16 – 6/29/17	Subcontractor	Webinar attendance, Training Materials

6	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 and collect data for required performance measures.	6/30/16 – 6/29/17	Management Analyst III	Evaluation Plan and compilation of data collected.
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 and performance measures.	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 – 9/30/17	Subcontractor	Log of outreach and discussion with champions and partners. PowerPoint highlighting local best practices.

2	Convene monthly or bi-monthly meetings with champion sites (health care systems and providers) to discuss, review and incorporate 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
3	Subcontractor will work with the Health Services Advisory Group for guidance in preparing a presentation and issuing an invitation requesting two local health care quality improvement committees, coalitions or workgroups present respective 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 – 12/31//16	Subcontractor	PowerPoint presentation, Invitation of request for Team-Based Care model presentation

4	Subcontractor will develop a plan to pilot an expanded team-based care (TBC) model/guidelines for local use 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	Pilot Study Implementation Plan
5	Subcontractor will work with one organization to develop a timeline to pilot test expanded TBC model/guidelines. Subcontractor will work with the site to implement and assess changes in practice through the use of expanded primary care models, such as; patient centered medical home, community care teams, and community health workers.	4/1/17 – 6/29/17	Subcontractor	Timeline, Meeting Notes (Progress Summary, Challenges/Barriers)
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	Management Analyst III	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 and performance measures.	6/30/16 - 6/29/17	PEP Program Manager	Submit Agendas, Training Materials
9	Consult with UCD Evaluator to identify and collect data for required performance measures.	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 Monterey Peninsula safety net providers staff meetings and will 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

2	Subcontractor as part of attending providers' staff meetings and depending on recommendations from KIIs will explore mechanisms to support improvements to linkages between the CHOMP Diabetes Prevention Program and organizations employing community health workers 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	Plan for linkage improvements. Log of presentations, attendee lists. Postings of opportunities on website.
3	Subcontractor will work with CHOMP Diabetes Prevention Program staff to prepare and offer webinar to local Medi-Cal managed care providers to present business case for reimbursement for NDPP.	6/30/16 – 6/29/17	Subcontractor	Webinar attendance log
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	Management Analyst III	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 and performance measures.	6/30/16 - 6/29/17	PEP Program Manager	Submit Agendas, Training Materials

8	Consult with UCD Evaluator to identify and collect data for required performance measures.	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 generate dialogue on expanding use of CHWs.	6/30/16 – 12/31/16	Subcontractor	Informational letter, log of emailing to accredited DSME programs
2	Subcontractor will begin to develop training to be offered as Continuing Education opportunity webinars in year 4 for local health system providers that highlights best practices used locally as well as 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	Management Analyst III	Log of support provided.
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 and performance measures.	6/30/16 - 6/29/17	PEP Program Manager	Submit Agendas, Training Materials
7	Consult with UCD Evaluator to identify and collect data for required performance measures.	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 use informational brochure on use of CHWs as a linkage between health systems and community resources for adults with high blood pressure to reach out to local health care system organizations and generate dialogue on expanding use of CHWs.	6/30/16 – 12/31/16	Subcontractor	Informational letter, communication log
2	Subcontractor will begin to develop training to be offered as Continuing Education opportunity webinars 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 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 positions within organization's human resources departments.	6/30/16 – 6/29/17	PEP Program Manager, Clinic Manager, Subcontractor	Plan for integration of CHWs into health care teams

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 for required performance measures.	6/30/16 – 6/29/17	Management Analyst III	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 and performance measures.	6/30/16 - 6/29/17	PEP Program Manager	Submit Agendas, Training Materials

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 increase electronic health record implementation, 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	PEP Program Manager, Clinic Services Manager, and Subcontractor	Meeting Action Items, outreach emails with information on implementation of EHR and MU
2	Monterey County *Prevention First* staff and Subcontractor will continue to work with local health care systems to develop standardized best practice protocols to increase quality improvement processes in health care systems focused on improving the quality of care, effective delivery, and use of clinical and other preventive services.	6/30/17 – 6/29/18	PEP Program Manager, Clinic Services Manager, and Subcontractor	Revised list of and copies of best practice protocols

3	Subcontractor will convene meetings with individual practices not having adopted an EHR, or 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	Subcontractor	Meeting agendas and minutes
4	Monterey County *Prevention First* staff and Subcontractor will develop and hold a Learning Action Network event in Monterey County 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	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	PEP Program Manager and Subcontractor	Agenda, Training Materials
6	Prepare semi-annual reports.	6/30/17-6/29/18	PEP Program Manager	Submit reports
7	Evaluation activities, participate in required webinars and trainings on data collection and performance measures.	6/30/17-6/29/18	PEP Program Manager	Submit Agendas, Training Materials
8	Consult with UCD Evaluator to identify and collect data for required performance measures.	6/30/17-6/29/18	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 continue to have meetings with Central Coast Health Connect staff 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 host 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	Subcontractor	LAN Agenda, Training Materials, Attendee Roster
3	Monterey County *Prevention First* staff and Subcontractor will identify and provide technical assistance to providers and health care systems for targeted quality improvement interventions to improve use of HIT.	1/2/18 – 6/29/18	Subcontractor	Email to providers offering technical assistance, technical assistance log.

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4	Monterey County *Prevention First* staff will work with Central Coast Health Connect (health information exchanges) to identify and target providers and health care system physicians meeting technical criteria for enrollment but not yet enrolled in exchange, to assess barriers to their enrollment, and provide technical assistance and/or encouragement to enroll and utilize functionality of exchange EHRs.	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	Management Analyst III	Log of support provided. Evaluation Plan
6	Prepare semi-annual reports.	6/30/17-6/29/18	PEP Program Manager	Submit reports
7	Evaluation Activities, participate in required webinars and trainings on data collection and performance measures.	6/30/17-6/29/18	PEP Program Manager	Submit Agendas, Training Materials
8	Consult with UCD Evaluator to identify and collect data for required performance measures.	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 monthly or bimonthly meetings with champion sites to discuss Team-Based Care system improvements.	6/30/17 – 6/29/18	Subcontractor	Meeting Minutes
2	Subcontractor will continue to work with one organization 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 expansions
3	*Monterey County Prevention First* staff and Subcontractor will prepare and publish three consecutive articles for the Monterey County *Health* pilot study and *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 provide technical assistance and linkages to resources to health care systems, clinics and independent providers interested in team-based care to identify models approved for reimbursement and team-based care guidelines appropriate to the model selected to improve patient outcomes for their specific diabetic and high blood pressure patient population.	6/30/17 – 6/29/18	Subcontractor	Email to providers offering technical assistance. Technical assistance log.
5	PEP Staff will continue to work with UCD Evaluator to provide support for team-based care evaluation needs and collect data for required performance measures.	6/30/17 – 6/29/18	Subcontractor	TA Log and compilation of data collected
6	Prepare semi-annual reports.	6/30/17 - 6/29/18	PEP Program Manager	Submit reports
7	Evaluation Activities, participate in required webinars and trainings on data collection and performance measures.	6/30/17 - 6/29/18	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 Monterey Peninsula safety net providers through attendance at staff meetings to encourage collaborative efforts to increase the number of classes and providing classes at different locations	6/30/17 – 6/29/18	Subcontractor	List of options for increasing classes
2	Subcontractor will work with Central California Alliance for Health contact to determine opportunities to direct resources toward incentivizing participation in NDPP and to consider pay-for-performance or other payment models to recognize cost benefits of existing program and provide incentive for establishing more classes or more programs to serve new communities.	6/30/17 – 6/29/18	Subcontractor	Outline of opportunities
3	Subcontractor in collaboration with the Monterey County Health Officer will develop and publish article for Provider's Report highlighting local work toward incentivizing participation in NDPP and any expansions to CHOMP Diabetes Prevention Program.	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 for required performance measures.	6/30/17 – 6/29/18	Management Analyst III	Log of support provided and compilation of data collected
5	Prepare semi-annual reports.	6/30/17 - 6/29/18	PEP Program Manager	Submit reports
6	Evaluation activities, participate in required webinars and trainings on data collection and performance measures.	6/30/17 - 6/29/18	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 Continuing Education opportunity 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	Subcontractor	Training materials, attendance lists evaluation results.