AGREEMENT FOR

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD

COUNTY WELLNESS & PREVENTION PILOT PROJECT

between

COUNTY MEDICAL SERVICES PROGRAM
GOVERNING BOARD
("Board")

and

EL DORADO COUNTY HEALTH AND HUMAN SERVICES AGENCY
("Grantee")

Effective as of:
January 1, 2017

AGREEMENT

COUNTY MEDICAL SERVICES PROGRAM
COUNTY WELLNESS & PREVENTION PILOT PROJECT

FUNDING GRANT

This agreement ("Agreement") is by and between the County Medical Services Program Governing Board ("Board") and the lead agency listed on Exhibit A ("Grantee").

A. The Board approved the funding of the County Wellness & Prevention Pilot Project (the "Pilot Project") in participating County Medical Services Program ("CMSP") counties in accordance with the terms of its Request for Proposals for the County Wellness & Prevention Pilot Project in the form attached as Exhibit B ("RFP").

B. Grantee submitted an Application ("Application") for the County Wellness & Prevention Pilot Project in the form attached as Exhibit C (the "Project"). The Project is a grant project ("Grant Project").

C. Subject to the availability of Board funds, the Board desires to award funds to the Grantee for performance of the Project.

The Board and Grantee agree as follows:

1. Project. Grantee shall perform the Project in accordance with the terms of the RFP and the Application. Should there be a conflict between the RFP and the Application, the RFP shall control unless otherwise specified in this Agreement.

2. Grant Funds.

A. Payment. Subject to the availability of Board funds, the Board shall pay Grantee the amounts in the time periods specified in Exhibit A ("Grant Funds") within thirty (30) calendar days of the Board's receipt of an invoice from Grantee for a Grant Project, as described in Exhibit A. Neither the Board nor CMSP shall be responsible for funding additional Project costs, future County Wellness & Prevention Pilot Projects or services provided outside the scope of the Pilot Project.

B. Refund. If Grantee does not spend the entire Grant Funds for performance of the Project within the term of this Agreement, then Grantee shall immediately refund to the Board any unused Grant Funds.

C. Possible Reduction in Amount. The Board may, within its sole discretion, reduce any Grant Funds that have not yet been paid by the Board to Grantee if Grantee does not demonstrate compliance with the use of Grant Funds as set forth in Section 2.D, below. The Board's determination of a reduction, if any, of Grant Funds shall be final.

D. Use of Grant Funds. As a condition of receiving the Grant Funds, Grantee shall use the Grant Funds solely for the purpose of performance of the Project, and shall not use

the Grant Funds to fund Grantee's administrative and/or overhead costs; provided, however, an amount of the Grant Funds equal to or less than fifteen percent (15%) of the total Project expenditures may be used to fund Grantee's administrative and/overhead expenses directly attributed to the Project. Grantee shall provide Board with reasonable proof that Grantee has dedicated the Grant Funds to the Project. Grantee shall refund to the Board any Grant Funds not fully dedicated to the Project. Grantee shall budget for evaluation expenses (such as time spent performing data collection, analyzing data, or preparing reports) in an amount not to exceed ten percent (10%) of total Pilot Project expenditures.

E. Annual Expenditure Reports. The Grantee shall provide the Board with annual expenditure reports documenting the use of Grant Funds in a form as determined by the Board.

F. Matching Funds. The Grantee is not required to provide in kind and/or matching funds but are strongly encouraged to provide such in kind and/or added funds from other sources to maximize the potential scope and reach of the Project. In kind and/or matching funds may be provided solely by the Grantee or through a combination of funding sources.

3. Grantee Data Sheet. Grantee shall complete and execute the Grantee Data Sheet attached as Exhibit D ("Grantee Data Sheet"). Board may, within its sole discretion, demand repayment of any Grant Funds from Grantee should any of the information contained on the Grantee Data Sheet not be true, correct or complete.

4. Board's Ownership of Personal Property. If Grantee's Application anticipates the purchase of personal property such as computer equipment or computer software with Grant Funds, then this personal property shall be purchased in Grantee's name and shall be dedicated exclusively to the Grantee's health care or administrative purposes. If the personal property will no longer be used exclusively for the Grantee's health care or administrative purposes, then Grantee shall, immediately upon the change of use, pay to the Board the fair market value of the personal property at the time of the change of use. After this payment, Grantee may either keep or dispose of the personal property. Grantee shall list all personal property to be purchased with Grant Funds on Exhibit A. This paragraph 4 shall survive the termination or expiration of this Agreement.

5. Authorization. Grantee represents and warrants that this Agreement has been duly authorized by Grantee's governing board, and the person executing this Agreement is duly authorized by Grantee's governing board to execute this Agreement on Grantee's behalf.

6. Data and Project Evaluation. Grantee shall collect Project data and conduct a Project evaluation. Grantee shall report data and evaluation findings to the Board as part of the Progress and Final Reporting set forth in Section 7, below. The Grantee shall not submit any protected health information ("PHI") to the Board. The Board reserves the right to hire an external pilot project evaluator to conduct an evaluation of the Project ("Pilot Project Evaluator"). The Grantee may be required to participate in one or more interviews with Pilot Project Evaluator, have a minimum of one (1) representative participate in quarterly web-based technical assistance meetings, and participate in surveys with the Pilot Project Evaluator as determined by the Board. Grantee shall maintain and provide the Board with reasonable access

to such records for a period of at least four (4) years from the date of expiration of this Agreement. Grantee shall cooperate fully with the Board, its agents and contractors, including but not limited to the Pilot Project Evaluator, and provide information to any such contractor in a timely manner. The Board may, within its sole discretion, terminate this Agreement at any time and suspend and/or discontinue payment of any Grant Funds if Grantee does not satisfactorily meet data collection and reporting requirements as set forth herein and in the RFP.

7. Progress and Final Reporting. Grantee shall notify the Board of any proposed substantial changes to the Project's components. The Project's components shall include: (a) the Project plan; (b) the target population; (c) the structure and process for providing services/support; (d) the roles and responsibilities of all participating (partnering) agencies; (e) services provided; (f) key Grantee personnel;(g) the budget; and (h) timelines. The Grantee shall submit five (5) biannual progress reports to the Board, that: (a) highlights the Project's key accomplishments, to date; (b) identifies challenges and barriers encountered during the prior six (6) months; (c) describes what the Project has learned, to date, about the target population; and (d) provides an update on data collection and evaluation efforts. In addition, the Grantee shall submit a final report to the Board by March 31, 2020, that: (a) highlights the Project's key accomplishments; (b) identifies challenges and barriers encountered during the Project; (c) describes what the Project has learned about the target population; (d) reports the evaluation findings; and (e) thoroughly describes the Project's future activities following the Pilot Project. The Board may, within its sole discretion, terminate this Agreement at any time and suspend and/or discontinue payment of any Grant Funds if Grantee does not satisfactorily meet reporting requirements as set forth herein and in the RFP.

8. Term. The term of this Agreement shall be from January 1, 2017, to June 30, 2020, unless otherwise extended in writing by mutual consent of the parties.

9. Termination. This Agreement may be terminated: (a) by mutual consent of the parties; (b) by either party upon thirty (30) days prior written notice of its intent to terminate; or, (c) by the Board immediately for Grantee's material failure to comply with the terms of this Agreement, including but not limited to the terms specified in paragraphs 6, 7 and 8. Upon termination or expiration of the term, Grantee shall immediately refund any unused Grant Funds to the Board, and shall provide the Board with copies of any records generated by Grantee in performance of the Project and pursuant to the terms of this Agreement.

10. Costs. If any legal action or arbitration or other proceeding is brought to enforce the terms of this Agreement or because of an alleged dispute, breach or default in connection with any provision of this Agreement, the successful or prevailing party shall be entitled to recover reasonable attorneys' fees and other costs incurred in that action, arbitration or proceeding in addition to any other relief to which it may be entitled.

11. Entire Agreement of the Parties. This Agreement constitutes the entire agreement between the parties pertaining to the subject matter contained herein and supersedes all prior and contemporaneous agreements, representations and understandings of the parties.

12. Waiver. To be effective, the waiver of any provision or the waiver of the breach of any provision of this Agreement must be set forth specifically in writing and signed by the

giving party. Any such waiver shall not operate or be deemed to be a waiver of any prior or future breach of such provision or of any other provision.

13. No Third-Party Beneficiaries. The obligations created by this Agreement shall be enforceable only by the parties hereto, and no provision of this Agreement is intended to, nor shall it be construed to, create any rights for the benefit of or be enforceable by any third party, including but not limited to any CMSP client.

14. Notices. Notices or other communications affecting the terms of this Agreement shall be in writing and shall be served personally or transmitted by first–class mail, postage prepaid. Notices shall be deemed received at the earlier of actual receipt or if mailed in accordance herewith, on the third (3rd) business day after mailing. Notice shall be directed to the parties at the addresses listed on Exhibit A, but each party may change its address by written notice given in accordance with this Section.

15. Amendment. All amendments must be agreed to in writing by Board and Grantee.

16. Assignment. This Agreement shall be binding upon and shall inure to the benefit of the parties to it and their respective successors and assigns. Notwithstanding the foregoing, Grantee may not assign any rights or delegate any duties hereunder without receiving the prior written consent of Board.

17. Governing Law. The validity, interpretation and performance of this Agreement shall be governed by and construed by the laws of the State of California.

18. Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument.

Dated effective January 1, 2017.

BOARD:	GRANTEE:
COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD	
By: _____	By: Patricia Charles-Heath
Kari Brownstein, Administrative Officer	Title: Director
Date: _____	Date: 12-14-16

EXHIBIT A

GRANTEE: El Dorado County Health and Human Services Agency

GRANTEE'S PARTNERS UNDER CONTRACT1

_____
_____
_____

GRANT FUNDS:

Total Amount To Be Paid under Agreement: $300,000
Amount to Be Paid Upon Execution Of This Agreement: $100,000
Amount To Be Paid On January 1, 2018: $100,000
Amount To Be Paid On January 1, 2019: $75,000
Amount To Be Paid On Board's Determination and Acceptance of Grantee's Completion of its Obligations under the Terms of this Agreement: $25,000
If Funds will be Used to Purchase Personal Property, List Personal Property to be Purchased:

_____
_____
_____

NOTICES:

Board:
County Medical Services Program Governing Board
Attn: Alison Kellen, Program Manager
1545 River Park Drive, Suite 435
Sacramento, CA 95815
(916) 649-2631 Ext. 119
(916) 649-2606 (facsimile)

Grantee:
El Dorado County Health and Human Services Agency
Attn: Patricia Charles-Heathers, PhD, Director
3057 Briw Road, Suite B
Placerville, CA 95667
(530) 642-7300
(530) 663-8498 (facsimile)

_____

1 Attach copy of any contract.

EXHIBIT B

REQUEST FOR PROPOSAL

BOARD'S REQUEST FOR PROPOSAL

REQUEST FOR PROPOSALS
County Wellness & Prevention Pilot Project

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD

I. ABOUT THE COUNTY MEDICAL SERVICES PROGRAM

The County Medical Services Program (CMSP) was established in January 1983, when California law transferred responsibility for providing health care services to indigent adults from the State of California to California counties. This law recognized that many smaller, rural counties were not in the position to assume this new responsibility. As a result, the law also provided counties with a population of 300,000 or fewer with the option of contracting back with the California Department of Health Services (DHS) to provide health care services to indigent adults. DHS utilized the administrative infrastructure of Medi-Cal's fee-for-service program to establish and administer the CMSP program.

In April 1995, California law was amended to establish the County Medical Services Program Governing Board (Governing Board). The CMSP Governing Board, composed of ten county officials and one ex-officio representative of the Secretary of the California Health and Human Services Agency, is authorized to set overall program and fiscal policy for CMSP. This law also authorized the Governing Board to contract with DHS or an alternative contractor to administer the program. Between April 1995 and September 2005, the Governing Board contracted with DHS to administer CMSP. Beginning October 1, 2005, Anthem Blue Cross Life & Health (Anthem) assumed administrative responsibility for CMSP medical, dental, and vision benefits. Advanced Medical Management (AMM) assumed this responsibility on April 1, 2015. MedImpact Healthcare Systems, Inc. (MedImpact) assumed administrative responsibility for CMSP pharmacy benefits beginning April 1, 2003 and continues to serve in this role.

Thirty-five counties throughout California now participate in CMSP: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Modoc, Mono, Napa, Nevada, Plumas, San Benito, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Tuolumne, Yolo and Yuba.

CMSP is funded by State Program Realignment revenue received by the CMSP Governing Board and county general purpose revenue provided in the form of County Participation Fees. CMSP members are medically indigent adults, ages 21 through 64, who meet all of CMSP's eligibility criteria and are not otherwise eligible for Medi-Cal or Covered California. Enrollment in CMSP is handled by county social services departments located in the 35 participating counties. All CMSP members must be residents of a CMSP county and their incomes must be less than or equal to 300% of the Federal Poverty Level (based on net nonexempt income). Depending on individual circumstances, CMSP members may have a share-of-cost. Enrollment terms for CMSP

members are up to 6 months. At the end of the enrollment term, CMSP members must reapply for CMSP to continue eligibility for benefits.

For all CMSP members *except* undocumented members, the CMSP Standard Benefit provides coverage of medically necessary inpatient, outpatient, vision, dental, and prescription drug services based upon a defined benefit package that is determined by the Governing Board. For undocumented CMSP members, the CMSP Standard Benefit provides coverage for medically necessary emergency care services only, including prescription drug services.

Beginning May 1, 2016 and for a two-year pilot project period, all CMSP members with a monthly share-of-cost for their Standard Benefit and all undocumented CMSP members are provided an additional Primary Care Benefit that does not require a monthly share of cost payment. This added benefit provides coverage of the following health care services:

- Up to three (3) medical office visits with a primary care doctor, specialist or for physical therapy (any combination of visits);
- Preventive health screenings, including annual physical, specific lab tests and cancer screenings;
- Specific diagnostic tests and minor office procedures; and,
- Prescription drug coverage with a $5.00 copay for each prescription (maximum benefit limit of $1,500 in prescription costs).

II. ABOUT THE CMSP COUNTY WELLNESS & PREVENTION PILOT PROJECT

The CMSP Governing Board seeks to test the effectiveness of providing local-level wellness and prevention services to CMSP eligible and potentially eligible persons that address any of the following three project areas:

- *Community Wellness:* Community based, collaborative strategies to provide wellness and prevention services for uninsured populations, with a focus on potential CMSP enrollees.
- *Whole Person Care:* Integrated systems development strategies that link local health and human service delivery systems to better serve CMSP enrollees, potential CMSP enrollees, and other publicly funded populations.
- *Addressing the Social Determinants of Health:* Collaborative local efforts to work across five determinants – Economic Stability, Education, Social and Community Context, Health and Health Care, and Neighborhood and Built Environment – to establish policies and strategies that positively influence social and economic conditions and those that support changes in individual behavior for the uninsured, including potential CMSP enrollees.

The target populations for county Pilot Projects must include persons potentially eligible for CMSP or enrolled in CMSP. In addition, the target populations may also include persons potentially eligible for or enrollees of other public programs. The goals of the Pilot Project are to promote timely delivery of necessary medical and support services to the target populations, improve their health outcomes, and link the target populations to other wellness resources and support. County Pilot Projects shall identify and

describe all of its target populations based upon the project area or areas that the Pilot Projects will be giving focus.

III. PILOT PROJECT APPLICANTS

Lead Agency Applicant Requirements

County Pilot Projects may focus within one CMSP county or two or more counties that participate in CMSP. Additionally, they may focus on one geographic region of a county or operate countywide. The Lead Agency Applicant must be a CMSP county that is applying solely for the county or on behalf of a group of CMSP counties working jointly. Lead Agency Applicants may be a County Health and Human Services Agency, County Health Department, or County Public Health Department. The Lead Agency Applicant must describe the community support they have in carrying out the project and provide evidence of that support through Letters of Commitment and/or Support from community based providers or organizations, such as local hospitals, primary care providers, non-profit community service agencies, or the local Medi-Cal managed care plan. In addition, the Lead Agency Applicant must demonstrate their collaboration with other county agencies, as relevant and appropriate for their project focus, as demonstrated by Letters of Commitment and/or Support. Such other county agencies may include Social Services, Mental Health, Drug and Alcohol Services, and the Justice System (including Probation, Sheriff and Courts).

IV. PILOT PROJECT TIMELINE

The following timeline shall guide the County Wellness & Prevention Pilot Project:

7/8/16	Pilot Project Request for Proposals (RFP) Released
8/4/16	RFP Assistance Teleconference
8/8/16	Pilot Project Letters of Intent (LOI) Due
9/2/16	Pilot Project Applications Due
10/27/16	Pilot Project Applications Reviewed and Approved by Governing Board
10/31/16	Pilot Project Awards Announced Via Letter
1/1/17	Pilot Project Agreements Executed and Projects Begin Implementation
12/31/19	Pilot Projects End
3/31/20	Final Pilot Project Reports due from Counties to Governing Board

V. FUNDING AWARDS – ALLOCATION METHODOLOGY

The Governing Board, within its sole discretion, may provide funding to counties participating in CMSP for the County Wellness and Prevention Pilot Project activities described in this RFP. As approved by the Governing Board on May 26, 2016 the maximum amount of funding available to each participating CMSP County is presented in APPENDIX Table 1. The Governing Board, within its sole discretion, may release all or some of the amounts presented in Table 1 based on the overall quality of the Pilot Project proposal submitted by the county or group of counties acting jointly and the manner in it which it addresses the needs of the identified target populations. Total

funding provided by the Governing Board for the County Wellness & Prevention Pilot Project may equal up to $7.65 million over the three-year period.

Following the Governing Board's approval of a County's Wellness and Prevention Pilot Project Application, the County will receive a total 3-year allocation, one-third of which will be allocated each program year, with Year 2 and Year 3 funding allocated on the basis of County compliance with program requirements, including specified Pilot Project reporting on services and outcomes.

Applicants receiving funding under the Pilot Project shall not be required to provide in-kind and/or matching funds to receive the grant, but are strongly encouraged to provide such in-kind and/or added funding from other sources to maximize the potential reach and scope of their Pilot Projects. Administrative and/or overhead expenses shall equal no more than 15% of the total Pilot Project expenditures. No Pilot Projects funds shall be used for administrative and/or overhead costs not directly attributed to the project. In addition, Pilot Projects shall be required to budget for evaluation expenses (such as time spent performing data collection, analyzing data, or preparing reports) in an amount not to exceed10% of total Pilot Project expenditures.

VI. FUNDING AWARDS – METHODOLOGY FOR REVIEW AND SCORING

The Governing Board shall have sole discretion on whether to award funding for a Pilot Project. Pilot Project proposals shall be reviewed and scored to assure that the projects meet minimum standards for receipt of County Wellness and Prevention Pilot Project funding. County Wellness & Prevention Pilot Project Applications will be reviewed and scored based upon the following criteria:

1) Project Narrative (65% in total)
    - Statement of Need (5%)
    - Target Population (5%)
    - Proposed Project/ Approach (15%)
    - Capacity (15%)
    - Organization and Staffing (10%)
    - Project Implementation (15%)
2) Budget (10%)
3) Logic Model (10%)
4) Proposed Evaluation Method (10%)
5) Letters of Commitment/Support (5%)

In order for the Governing Board to consider approving funding for a CMSP county's Pilot Project, the county's proposal must achieve a minimum score of seventy-five percent (75%).

VII. APPLICATION ASSISTANCE

A. RFP Assistance Teleconference

To assist potential applicants, Governing Board staff will conduct an RFP assistance teleconference on August 4, 2016 at 10:00 a.m. *Call-in details (including phone number, pass code, etc.) will be provided at a later time.* Applicants are encouraged to "save the date" for this teleconference, participate on the teleconference, and bring any questions they have regarding Pilot Project requirements and the application process to this teleconference.

B. Frequently Asked Questions (FAQ)

Once the application process gets underway, questions that are received by the Governing Board will be given written answers and these questions and answers will be organized into a Frequently Asked Questions (FAQ) document that will be posted on the Governing Board's website under the Pilot Project tab.

C. Letter of Intent (LOI)

The Governing Board requests that all Pilot Project funding applicants intending to submit an application provide a brief Letter of Intent (LOI) to the Governing Board that is presented on the letterhead of the applicant organization. While the LOI is not required, receipt of an LOI from all likely applicants will assist the Governing Board in planning for application review and related processing. Please submit the LOI no later than August 8, 2016 by 5:00 p.m. PST. The LOI may be submitted by e-mail or fax to the addresses listed below:

Via E-Mail: wellness&preventionpp@cmspcounties.org
SUBJECT: Wellness & Prevention Pilot Project RFP

Via Fax: CMSP Governing Board
ATTN: Wellness & Prevention Pilot Project
916-649-2606

D. Pilot Project Contact Information

Please direct any questions regarding the RFP to: lkemper@cmspcounties.org

VIII. PILOT PROJECT PROPOSAL FORMAT AND REQUIREMENTS

A. Application Cover Sheet

Using the form provided, please include the county name or names (if counties are acting jointly), identified Lead County Applicant and Lead Applicant's contact name(s), address, telephone, and e-mail contact information. The application cover sheet

(Attachment A) is available for download at the Governing Board's website at http://www.cmspcounties.org/about/grant_projects.html.

B. Project Summary (no longer than 2 pages)

Describe the proposed project concisely, including its goals, objectives, overall approach, target population(s), key partnerships, anticipated outcomes, and deliverables.

C. Project Narrative (no longer than 10 pages)

1. Clear Statement of Problem or Need Within Community

All Pilot Projects should be based upon identified needs of the target population(s) within the community. Please describe the target population(s) to be served in your proposed project. Define the characteristics of the target population(s) and discuss how the proposed project will identify members of the target population(s). Provide an estimate of the total number of clients that will be served through each year of the Pilot Project. Include any background information relating to the proposed county or counties to be served, geographical location, unique features of the community, or other pertinent information that helps shape the target population's need within the community.

2. Local Health Care Delivery System Landscape

Describe how medical care is delivered within the proposed county or counties. Identify the main sources of care for the target population(s) as well as strengths and existing challenges in the health care delivery system. Describe the Lead Applicant role and the roles of other counties, if acting jointly, as well as all key planning project partners' roles within the health care delivery system.

3. Description of Proposed Project

Describe and discuss the proposed activities to be performed in the Pilot Project. All activities discussed should correspond with the items listed in the logic model (see Section VIII D below) and be incorporated into the Implementation Work Plan. *As a part of this description, identify how the proposed Pilot Project will educate the public about CMSP and the CMSP Primary Care Benefit and link potential CMSP applicants to the county social services department for CMSP application assistance and processing.*

4. Organization and Staffing

This section should describe and demonstrate the Applicant's organizational capability to implement, operate, and fully participate in the evaluation of the proposed project. In addition, information provided should clearly delineate the roles and responsibilities of the Lead Applicant County, other counties if acting jointly, and key partners and include the following:

- An organizational chart and description of organizational structure, lines of supervision, and management oversight for the proposed project, including oversight and evaluation of consultants and contractors;
- Identification of a project manager with day-to-day responsibility for key tasks such as leadership, monitoring ongoing progress, preparing project reports, and communicating with other partners; and,
- The roles, qualifications, expertise, and auspices of key personnel.

5. *Implementation Work Plan*

This section should include a Project Implementation Work Plan and timetable for completion of implementation activities.

D. Logic Model

All applicants are required to submit a logic model. A logic model is a series of statements linking target population conditions/circumstances with the service strategies that will be used to address the conditions/circumstances, and the anticipated outcomes. Logic models provide a framework through which both program and evaluation staff can view the relationship between conditions, services and outcomes. (A brief guide on designing logic models is found in Attachment C.) All logic models should include a description of the: 1) target population(s); 2) program theory; 3) activities; 4) outcomes, and 5) impacts.

E. Proposed Evaluation Methodology (no longer than 2 pages)

To inform the Governing Board of the Pilot Project's proposed strategy for providing evidence of the effectiveness of the Pilot Project, all applicants shall outline and describe the specific programmatic, clinical and/or financial metrics that will be used to evaluate the effectiveness of their proposed Pilot Project. As a part of this effort, applicants shall identify the data sources to be used and the frequency of data submission, and provide a brief written assessment of the relative availability and reliability of the data sources. Applicants shall also identify any barriers to data collection or the evaluation that could impede a determination of the effectiveness of the Pilot Project. Finally, applicants shall describe how the Pilot Project will comply with federal and state laws requiring confidentiality of protected health information. Please Note: Pilot Projects may additionally be subject to external evaluation by an evaluation contractor hired by the Governing Board, at the sole discretion of the Governing Board.

F. Budget and Budget Narrative (no longer than 2 pages)

Complete the Detail & Summary Budget Templates (See Attachments B1 and B2) and provide a brief budget narrative detailing all expense components that make up total operating expenses and the source(s) of in-kind and/or direct matching funding. These Budget Templates are available as an Excel spreadsheet for download at http://www.cmspcounties.org/about/grant_projects.html.

As part of the budget narrative, describe all administrative costs and efforts to minimize use of Pilot Projects funds for administrative and overhead expenses. Please note: No Pilot Projects funds shall be used for administrative and/or overhead costs not directly attributed to the project. In addition, administrative and/or overhead expenses shall equal no more than 15% of the total Pilot Project expenditures.

All Pilot Projects are required to budget for evaluation related activities in an amount up to 10% of total Pilot Project expenditures. Evaluation related activities shall include tasks such as data collection, data cleaning, and data analysis. Such funding is intended to support the evaluation component of the Pilot Project as set forth in Section VIII E above. Projects may additionally be required to work with an external project-wide evaluation contractor that is contracted with the CMSP Governing Board.

G. Letters of Commitment and/or Support

Letters of Commitment and/or Support from key partners should be included and will be utilized in scoring (5%). Letters should describe the key partner's understanding of the proposed Pilot Project and their organizations' role in supporting or providing services.

Lead Applicants (CMSP county alone or lead CMSP county acting on behalf of a group of counties working jointly) must provide evidence of support from community based providers or other service organizations in the county or counties, if acting jointly, through Letters of Commitment and/or Support. In addition, the Lead Applicants must demonstrate their collaboration with other county agencies, as relevant and appropriate for their Pilot Project focus. Such other county agencies may include Social Services, Mental Health, and Drug and Alcohol Services, and Justice System (including Probation, Sheriff, and Courts)

IX. APPLICATION INSTRUCTIONS

A. All Pilot Project applications must be complete at the time of submission and must follow the required format and use the forms and examples provided:

   1. The type font must be Arial, size 12 point.
   2. Text must appear on a single side of the page only.
   3. Assemble the application in the order and within the page number limits listed with the Proposal Format & Requirements sections.
   4. Clearly paginate each page.

B. Applications transmitted by facsimile (fax) or e-mail <u>will not be accepted</u>.

C. The application shall be signed by a person with the authority to legally obligate the Applicant.

D. Provide one original hard-copy Pilot Project application clearly marked original, and two (2) hard copies.

E. Provide an electronic copy (CD) of the following application documents: 1) Project Summary (Word document), 2) Project Narrative (Word document), and 3) Budget (Excel document), 4) Logic Model, and 5) Proposed Evaluation Methodology.

F. Do not provide any materials that are not requested, as reviewers will not consider the materials.

G. Folders and binders are not necessary or desired; please securely staple or clip the application in the upper left corner.

H. Applications must be received in the office no later than 5:00 p.m. PST on September 2, 2016. Submit all applications to:

CMSP Governing Board
ATT: Wellness & Prevention Pilot Project Applications
1545 River Park Drive, Suite 435
Sacramento, CA 95815

APPENDIX: Table 1 CMSP County Wellness and Prevention Pilot Project Maximum County Allocations			
Population Category	**County**	**County Population**	**3-Year Grant Amount**
> 400,000 population	Sonoma County	500,292	$375,000
	Solano County	431,131	$375,000
> 100,000 population	Marin County	260,750	$300,000
	Butte County	224,241	$300,000
	Yolo County	207,590	$300,000
	El Dorado County	183,087	$300,000
	Shasta County	179,804	$300,000
	Imperial County	179,091	$300,000
	Madera County	154,548	$300,000
	Kings County	150,269	$300,000
	Napa County	141,667	$300,000
	Humboldt County	134,809	$300,000
> 50,000 population	Nevada County	98,893	$225,000
	Sutter County	95,847	$225,000
	Mendocino County	87,869	$225,000
	Yuba County	73,966	$225,000
	Lake County	64,184	$225,000
	Tehama County	63,067	$225,000
	San Benito County	58,267	$225,000
	Tuolumne County	53,831	$225,000
< 50,000 population	Calaveras County	44,624	$150,000
	Siskiyou County	43,628	$150,000
	Amador County	36,742	$150,000
	Lassen County	31,749	$150,000
	Glenn County	27,955	$150,000
	Del Norte County	27,212	$150,000
	Colusa County	21,419	$150,000
	Plumas County	18,606	$150,000
	Inyo County	18,410	$150,000
	Mariposa County	17,682	$150,000
	Mono County	13,997	$150,000
	Trinity County	13,170	$150,000
	Modoc County	9,023	$150,000
< 5,000 population	Sierra County	3,003	$75,000
	Alpine County	1,116	$75,000
	TOTAL	3,671,539	$7,650,000

Attachment A

APPLICATION COVER SHEET
CMSP Wellness & Prevention Pilot Project

1. **CMSP County or Counties Included in the Pilot Project:**

2. **Funding:**
   CMSP Pilot Project Requested Amount: $_____
   In-Kind and/or Other Matching Amount Provided by Applicant (if any): $_____

3. **Applicant:**
   Organization:
   Applicant's Director or Chief Executive:
   Title:
   Applicant's Type of Entity (specific county department):
   Address:
   City: State: CA Zip Code: County:
   Telephone: ( ) Fax: ( )
   E-mail Address:

4. **Primary Contact Person** (*Serves as lead contact person during the application process.)*
   Name:
   Title:
   Organization:
   Address:
   City: State: CA Zip Code: County:
   Telephone: ( ) Fax: ( )
   E-mail Address:

5. **Secondary Contact Person** (*Services as alternate contact during the application process.)*
   Name:
   Title:
   Organization:
   Address:
   City: State: CA Zip Code: County:
   Telephone: ( ) Fax: ( )
   E-mail Address:

6. **Financial Officer** *(Serves as chief Fiscal representative for project.)*
Name:
Title:
Organization:
Address:
City: State: CA Zip Code: County:
Telephone: ( ) Fax: ( )
E-mail Address:

7. By submitting this application for Wellness & Prevention Pilot Project funding, the applicant signifies acceptance of the applicant's responsibility to comply with all requirements stated in this Request for Proposals (RFP) authorized by the County Medical Services Program Governing Board ("Governing Board"). Further, the applicant understands that should the Governing Board award pilot project funding to the applicant, the Governing Board is not obligated to fund the pilot project grant until the applicant submits correct and complete documents as required for the pilot project agreement; the Governing Board is otherwise satisfied that the applicant has fully met all Governing Board requirements for receipt of pilot project funding; and the pilot project agreement between the Governing Board and the applicant has been fully executed. The Governing Board shall have sole discretion on whether or not to award pilot project funding of any amount to the applicant.

   I declare that I am an authorized representative of the applicant described herein. I further declare under penalty of perjury under the laws of the State of California that the information set forth in this Cover Sheet and the attached response to the Wellness & Prevention Pilot Project RFP is true and correct.

Official Authorized to Sign for Applicant:

Signature: Date:

Name:
Title:
Organization:
Address:
City: State: CA Zip Code: County:
Telephone: ( ) Fax: ( )
E-mail Address:

County Wellness & Prevention Pilot Project Budget Guidelines

Applicants should use the budget detail and summary formats provided. Applicants may either use the actual tables or create a spreadsheet with the same categories and format. ***Pilot Projects*** should budget for anticipated expenditures in all three years of the pilot project.

Budget items should be placed into one of 5 categories. Five categories and a brief description of each category are listed below. Any expenses that are categorized within "Other" should be explained the budget summary.

Personnel
Gross salary and fringe benefits related to staff or funded project. Fringe benefits included employer FICA, unemployment and workers compensation taxes, medical insurance, vacation/sick leave and retirement benefits.

Contractual Services
Payments related to subcontractors and consultants who provide services to the project. Includes all expenses reimbursed including salaries, office expenses, travel.

Office Expenses
Directly attributable expenses for photocopies, postage, telephone charges, utilities, facilities, educational materials, general office supplies, computer equipment and software, and medical supplies.

Travel
Actual project-related travel expenses, including airfare, meals, hotels, mileage reimbursement, parking and taxis. If the organization has an established per diem policy, per diem may be charged to the grant in lieu of actual incurred expenses.

Other
Items that do not fall into any of the other categories listed above. Each item listed in other should be discussed in the brief budget summary.

No grant funding should be used for administrative and/or overhead costs not directly attributed to the project.

Budget Narrative
Provide a brief (no more than 2 pages) budget summary detailing all expense components that make up total operating expenses and the source(s) of in-kind and/or direct matching funding, if any. Describe all administrative costs and efforts to minimize use of pilot projects funds for administrative and overhead expenses.

Attachment B2: Budget Template - Summary Budget
CMSP County Wellness & Prevention Pilot Project

Applicant:

Summary Budget – CY 2017 through CY 2019:

Category	Total Cost (Year 1)	CMSP Funding (Year 1)	Other Funding (Year 1)
Personnel			
Contractual Services			
Office Expenses			
Travel			
Other			
TOTAL YEAR 1			

Category	Total Cost (Year 2)	CMSP Funding (Year 2)	Other Funding (Year 2)
Personnel			
Contractual Services			
Office Expenses			
Travel			
Other			
TOTAL YEAR 2			

Category	Total Cost (Year 3)	CMSP Funding (Year 3)	Other Funding (Year 3)
Personnel			
Contractual Services			
Office Expenses			
Travel			
Other			
TOTAL YEAR 3			

Attachment B2: Budget Template - Detail Budget
CMSP County Wellness & Prevention Pilot Project

Applicant:

Detail Budget – CY 2017 through CY 2019:

Category Item/Service	Qnty (Year 1)	Cost (Year 1)	Qnty (Year 2)	Cost (Year 2)	Qnty (Year 3)	Cost (Year 3)	**Total Cost**
Personnel							
Contractual Services							
Office Expenses							
Travel							
Other							

Guidelines for Logic Model

I. Purpose

Applicants for County Wellness & Prevention Pilot Project funding must submit a logic model. Designing a logic model will enable applicants to define their program, pinpoint their approach, identify resources and consider outcomes. The purpose of a logic model is to build a foundation for program development, ensure consensus among stakeholders and provide a framework for program evaluation. Each site is responsible for completing an evaluation of their project. A logic model provides a common "map" to be used by program staff and evaluators to design a useful evaluation. Designing an evaluation, before completing a logic model, may lead to collecting information on irrelevant outcomes. Conversely, programs may fail to collect information regarding individuals or services that may contribute to the success of a program. The creation of thoughtful logic model is the first step in designing an effective County Wellness & Prevention Pilot Project.

Applicants are encouraged to use the guidelines that follow, although other forms of logic models are acceptable.

II. Overview

The development of logic models is a useful tool for establishing dialogue between evaluation and system development efforts. Logic modeling is a method of articulating a program's theory or beliefs about how and why services are expected to produce particular results. In its simplest form, a logic model describes the clients that a system of care intends to serve, the services and supports that will be offered, and the short and long term outcomes that are expected to be achieved.

Kumpfer, et al. (1993) believe that logic models are useful tools for local stakeholders for several reasons. First, logic models can elicit consensus among staff and other system stakeholders regarding the service strategies and outcomes for a particular program. Second, they serve as a model to compare the intended program approach with what actually occurred. Third, they facilitate the articulation of specific beliefs about what services and strategies are related to the achievement of outcomes. Finally, logic models provide a framework for evaluation efforts through the linkage of action to results. Overall, logic models provide a framework through which both program and evaluation staff can view the linkages between conditions, services and outcomes.

The first step for stakeholders in developing a logic model is to clearly articulate their service delivery strategy. This means that stakeholders throughout a service system, including administrators, service providers, and inter-agency collaborators, should be able to describe the target population they intend to serve, the services they expect to provide along with the supporting collaborative infrastructures, and the results they expect to achieve (Usher, 1998; Hernandez,

Hodges, & Cascardi, 1998). When these basic questions are answered, stakeholders will be in a better position to complete their logic model.

Logic models depicting a program's approach can be compared to maps with guideposts that help keep program strategies on course (Alter & Murty, 1997). This approach takes into account the slippage or shifts that often occur in service delivery and uses the logic model as a stabilizer for a program or services during times of change. By knowing what changed in a program and when it changed, outcome information can be better interpreted and utilized. In this regard, the logic model becomes the ongoing documentation of changes in a program and enables stakeholders to track them.

Evaluators have the important role of eliciting the underlying service delivery theory by asking service personnel, managers, interagency stakeholders key questions about the target population served, the service approach employed and the goals that the service approach hopes to accomplish. If there is not agreement among program staff and stakeholders in their answers to these questions, then the evaluator helps the group reach consensus through further discussion. This process makes the results of evaluation more relevant to the service strategy under study, and hence more useful toward improving services.

III. Components of a Logic Model

It seems that there is a different vocabulary used for each type of logic model. Although logic models may vary slightly in their purpose (i.e., program logic model vs. evaluation logic model), most models include the same types of components described in slightly different ways. In general, a logic model can be broken down into five (5) basic components: 1) Target Population; 2) Program Theory; 3) Program Activities; 4) Outcomes; and, 5) Impact/Goals. A logic model template is shown in chart 1.

- ***Target Population***

Consider the target population carefully. Ethnicity, race, age, gender, geographic location, primary language spoken, housing status, and medical conditions contribute to the definition of the target population.

Program Theory
This component should discuss the "theory" or the basis of the program or intervention. The "program theory" refers to the underlying assumptions that guide program planning and service delivery. These assumptions are critical to producing change and improvement in the target population. For example, a program theory regarding disease case management for diabetics may state:

> "Case management services for CMSP diabetics should include local coordination of all health and social service providers to address needs in

a timely and efficient manner that conserves resources and eliminates duplication."

The program theory assumes that local coordination across service providers is important for serving an indigent population. Several theories may be combined to define an overall approach to serving the target population. For example, a program to serve children with severe emotional disturbances and their families had the following program theories:

- Family involvement in program design and implementation
- Incentive-oriented for providers
- Wide array of services to address needs in multiple areas
- Broad network of local providers
- Collaboration with multiple sectors
- Collaboration with existing local systems of care

It is important to note that these are theories and approaches, *not* activities. Activities are the actual services offered or the formation of a collaborative body with family members, or the linking of regional providers through a formal referral system. Program theories shape the creation of activities. The formation of program theories is one of the most difficult components of logic model development, however, clearly developed theories will ensure consensus among stakeholders.

- ***Activities***

Activities are the specific processes and/or events that comprise the program. Some examples of activities are:

- Mental health counseling
- Case management
- Community forums
- Creation of a new health service
- Dental referral mechanism

Activities are the interventions focused on the target population that are intended to impact individual health or community health outcomes. Activities are often measured by process outcomes. For example, 35 individuals received case management services for 6 months.....20 individuals received preventative dental care..... 10 injury prevention classes were held during 6 months....12 men and 23 women attended the diabetes self-management workshop.

- ***Outcomes***

Outcomes are the results of the activities provided by the program. Outcomes may be measured on an individual or group level. Outcomes provide a way to measure change in participants' lives and/or community conditions. Outcomes may be short-term, intermediate or long-term depending on how far in to the

future they are measured. For example, a diabetes case management program may not expect to see differences in kidney disease among diabetics for several years (long-term outcome), however, the program may see decreases in hospitalizations due to hypoglycemia during the first year of the program (short-term).

Identifying short-, intermediate- and long-term outcomes also will enable programs to define indicators. Indicators describe outcomes in specific and measurable terms. For example, a disease case management program may target fewer health complications due to diabetes as an outcome. Several indicators may include, a 10% reduction in hypoglycemic episodes among diabetics whom are case managed. Another example may be a substance abuse program that seeks to reduce drug use by 50% among participants. An indicator variable would be the number of clients who tested negative for drug use over a 6-month period. Defining outcomes and indicators will contribute to the development of useful program evaluations.

- ***Impacts***

Impacts are the long-term changes that the program expects to make. They provide direction and focus to the program and should be consistent with the larger mission and vision of the organization. Impacts are often closely influenced by many other factors in addition to the program such as economic conditions, and cultural values. Some examples of impacts are:

- Improved mental health among program participants
- Better health outcomes for the medically under served in the community

IV. Completing a Logic Model

Use the categories above to create a logic model for your Pilot Project. Begin with the overall impacts of the program and then jump to the target population and move forward. As you fill in the program theory, activities and outcomes for your model always go back to the target population and make sure the activities you plan are effecting the appropriate people. Use a flowchart, like the one provided in chart 1, to help visualize the flow of the program as you are constructing the different components.

The logic model should provide your program with a clear map that can be used as a reference for program design, implementation and evaluation.

References

Alter, C. & Murty, S. (Winter 1997). Logic Modeling: A Tool for Teaching Practice Evaluation. *Journal of Social Work Education, 33* (1), 103-117.

Hernandez, M., Hodges, S., & Cascardi, M. (1998). The Ecology of Outcomes: System Accountability in Children's Mental Health. *The Journal of Behavioral Health Services & Research, 25*(2), 136-150.

Kumpfer, K.L., Shur, G.H., Ross, J.G., Bunnell, K.K., Librett, J.J. & Millward, A.R. (1993). Measurements *in Prevention*. Rockville, MD: U.S. Dept. Of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention.

Usher, C. L. (1998). Managing Care Across Systems to Improve Outcomes for Families and Communities. *The Journal of Behavioral Health Services & Research, 25*(2), 217-229.

Source

Modified from original source. Originally prepared by Dennis Rose & Associates for the
County Medical Services Program's Wellness & Prevention Program (2001)

ATTACHMENT C

Chart 1: Logic Model Template

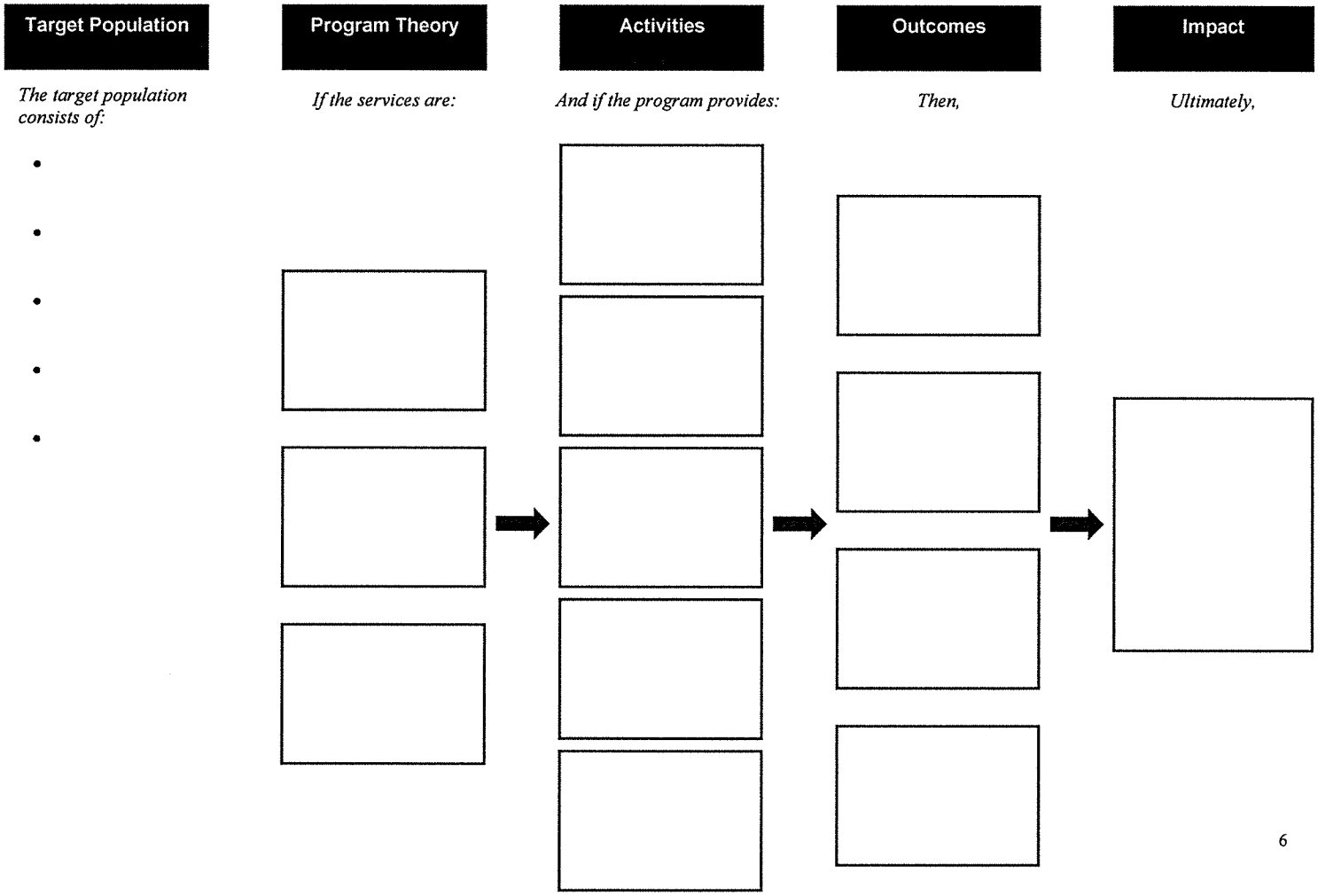


EXHIBIT C

APPLICATION

GRANTEE'S APPLICATION

Attachment A

ORIGINAL

APPLICATION COVER SHEET
CMSP Wellness & Prevention Pilot Project

1. **CMSP County or Counties Included in the Pilot Project:**
   County of El Dorado

2. **Funding:**
   CMSP Pilot Project Requested Amount: $300,000.00
   In-Kind and/or Other Matching Amount Provided by Applicant (if any): $0.00

3. **Applicant:**
   Organization: El Dorado County Health and Human Services Agency
   Applicant's Director or Chief Executive: Patricia Charles-Heathers, Ph.D.
   Title: Director
   Applicant's Type of Entity (specific county department): Health and Human Services
   Address: 3057 Briw Rd, Suite B
   City: Placerville State: CA Zip Code: 95667 County: El Dorado
   Telephone: (530) 642-7300 Fax: (530) 663-8498
   E-mail Address: Patricia.charles-heathers@edcgov.us

4. **Primary Contact Person** (*Serves as lead contact person during the application process.)*
   Name: Jason Stalder
   Title: Department Analyst
   Organization: Health and Human Services Agency
   Address: 3057 Briw Rd, Suite B
   City: Placerville State: CA Zip Code: 95662 County: El Dorado
   Telephone: (530) 642-7331 Fax: (530) 663-8498
   E-mail Address: jason.stalder@edcgov.us

5. **Secondary Contact Person** (*Services as alternate contact during the application process.)*
   Name: Olivia Byron-Cooper
   Title: Program Manager
   Organization: Health and Human Services Agency
   Address: 931 Spring Street
   City: Placerville State: CA Zip Code: 95667 County: El Dorado
   Telephone: (530) 621-6373 Fax: (530) 653-2208
   E-mail Address: olivia.byron-cooper@edcgov.us

6. **Financial Officer** *(Serves as chief Fiscal representative for project.)*
Name: Lori Walker
Title: Chief Fiscal Officer
Organization: El Dorado County Health and Human Services Agency
Address: 3057 Briw Rd, Suite B
City: Placerville State: CA Zip Code: 95667 County: El Dorado
Telephone: (530) 295-6907 Fax: (530) 653-2215
E-mail Address: lori.walker@edcgov.us

7. By submitting this application for Wellness & Prevention Pilot Project funding, the applicant signifies acceptance of the applicant's responsibility to comply with all requirements stated in this Request for Proposals (RFP) authorized by the County Medical Services Program Governing Board ("Governing Board"). Further, the applicant understands that should the Governing Board award pilot project funding to the applicant, the Governing Board is not obligated to fund the pilot project grant until the applicant submits correct and complete documents as required for the pilot project agreement; the Governing Board is otherwise satisfied that the applicant has fully met all Governing Board requirements for receipt of pilot project funding; and the pilot project agreement between the Governing Board and the applicant has been fully executed. The Governing Board shall have sole discretion on whether or not to award pilot project funding of any amount to the applicant.

I declare that I am an authorized representative of the applicant described herein. I further declare under penalty of perjury under the laws of the State of California that the information set forth in this Cover Sheet and the attached response to the Wellness & Prevention Pilot Project RFP is true and correct.

Official Authorized to Sign for Applicant:

Signature: Patricia Charles-Heathers Date: 8/30/16

Name: Patricia Charles-Heathers
Title: Director
Organization: El Dorado County Health and Human Services Agency
Address: 3057 Briw Rd, Suite B
City: Placerville State: CA Zip Code: 95667 County: El Dorado
Telephone: (530) 642-7300 Fax: (530) 663-8498
E-mail Address: patricia.charles-heathers@edcgov.us

El Dorado County
Health and Human Services – CMSP Pilot – Project Summary

The El Dorado County Health and Human Services Agency (HHSA) is pleased to submit for review a proposal for the County Health and Wellness Pilot Project Request for Proposals issued by the County Medical Services Program Governing Board.

The goal of this pilot project is to focus on Community Wellness through collaboration with community based healthcare providers, Eligibility Workers employed through the County Social Services Division of HHSA, and the Public Health division of HHSA, in an effort to increase the number of CMSP enrollees and to further the efforts of Community Wellness within the County. Our approach to accomplishing this goal will be met by:

- Hiring a Bilingual Health Program Specialist dedicated to this program (.8 FTE). This position will serve as main program staff, and will conduct Community Events and Public Health Fairs aimed at educating targeted potential clients about available program and providing information about health living and community resources; and
- Collaborating with the Social Services division to ensure an eligibility work is present at the Public Health Fairs to work directly with potential clients to assess their eligibility for CMSP enrollment; and

Our initial evaluation of the current situation reveals some key insights that have influenced our approach. First, there are a large number of uninsured individuals within the County, many of whom speak Spanish. The uninsured rate for the Latino community and the Native American community are significantly above the County average. Secondly, there are many clients who could benefit from CMSP prior to Medi-Cal enrollment, and potentially more clients who would benefit from CMSP who are otherwise Medi-Cal ineligible. Our research indicates these populations are likely not enrolled in services currently due in large part to a lack of knowledge about available resources, the enrollment process, and eligibility qualifications.

As a result of our efforts we anticipate the following outcomes:

- Short Term: An increase in public education resources providing information about CMSP, other healthy safety net programs, and healthy living.
- Medium Term: An increase in knowledge of CMSP availability and eligibility including qualifications, and an increase in community knowledge of available healthcare programs for indigent adults.
- Long Term: An increase in the number of 21 to 64 year old adults receiving health care services through CMSP, and a decrease in the number of uninsured individuals within the county.

Corresponding with the logic model presented in this proposal, we have developed following indicators to measure how our efforts reach the anticipated outcomes:

- Feedback from program staff.
- The number of Community Events and Public Health Fairs held.
- The number of target audience members in attendance for events and the demographic data for the clients served as a result of the events.
- The number of and percent increase of education resources available providing information about CMSP, other health care safety net programs, and health living.
- The number and percent increase of knowledge for clients and the community.
- The number and percent increase of CMSP, Medi-Cal and other healthcare safety net program participants before and after the implementation phase of the project.

These indicators will be measured and tracked as a part of an internal program evaluation that will be conducted by the Program Manager directly responsible for oversight of the program funded staff, in an effort to minimize costs and provide for timely changes and built in flexibility in providing program activities. The result of these evaluations will be reported to CMSP following the completion of evaluation, scheduled to take place in the first quarter of the 2nd and 3rd years of the program, as well as the final year of the program, providing a cumulative report.

The expenses budgeted for this project consist mostly of personnel costs for program related staff and the costs of materials. There are also additional costs built into the budget, including office expenses and travel costs. Administrative costs will be billed to the grant based validated indirect costs, at a rate not to exceed 15% of the grant award. Additionally, the Eligibility Workers and Program Manager whose time will benefit the program, are identified as leveraged resources to support program related activities, as their time cannot be used as match due to federal restrictions.

As a result of these efforts, HHSA believes we can make a significant effort that will translate to a measurable outcome of reducing the number of uninsured individuals within the county, increasing the number of CMSP clients, and creating a better, healthier, and more knowledgeable community supporting our overall goal of supporting Community Wellness.

El Dorado County
Health and Human Services – CMSP Pilot - Project Narrative

Statement of Need:

The El Dorado County is topographically divided into two zones. The northeast corner of the County is in the Lake Tahoe region and is commonly referred to as the "East Slope" of the County, while the remainder of the County is in the area west of Echo Summit or "West Slope" of the County. The United States Census estimates that, as of 2014, the population of El Dorado County was 183,087.

The Robert Wood Johnson Foundation County Health Rankings identifies the population of individuals under the age of 65 without health insurance in El Dorado County at 13%[1] as of 2014. Research from the UCLA California Health Interview Survey (CHIS), places the uninsured rate in El Dorado County of adults between the ages of 21 and 64 at 19.3% as of 2014. Notably, the CHIS also indicates the uninsured rate for Latinos as being 62.8% and Native Americans being 42.9% within the county – both far exceeding the county wide uninsured rate[2].

A recent survey (not yet published) conducted by Access El Dorado (ACCEL) seems to support and reflect some of the data established by CHIS. In a convenience survey of 278 respondents, where 95.8% of respondents reported being uninsured (4.2% had Emergency Medi-Cal only), 156 respondents completed the survey in Spanish. This same survey indicated the majority of respondents had lived in El Dorado County for more than 12 months (87.6%) and the majority identified as US Citizens or Lawful Permanent Residents (86.8%). Seventy-five participants stated the expense of insurance being the reason they were uninsured; one-hundred and twenty-nine respondents cited a lack of insurance for one of four reasons:

- Lack of knowledge of what was available;
- Lack of knowledge of how to apply or where to apply;
- Lack of knowledge on how to select the right insurance; and / or
- Belief in a lack of qualification for any assistance.[3]

Two conclusions are self-evident from these sources. First, there are a significant number of uninsured persons in El Dorado County, many of whom speak Spanish. Second, many of the uninsured remain so due to a basic lack of knowledge about the availability of services, how to qualify for those services, and how to navigate the enrollment process.

For the purposes of this project, El Dorado County Health and Human Services Agency (HHSA) intends to target all uninsured adults between the ages of 21 to 64 in order to cast as wide a net as possible. From that target population, HHSA intends provide education and outreach about program availability, eligibility requirements, and other available HHSA services and community

[1] http://www.countyhealthrankings.org/app/california/2015/measure/factors/85/map
[2] 2014 California Health Interview Survey
[3] ACCEL "El Dorado County Covered" a yet to be published survey of Uninsured in El Dorado County

health topics in order to increase access to health care safety net programs and decrease the percentage of uninsured. The ultimate goal of this project will be to further the ongoing effort of creating community wellness by increasing client knowledge of healthcare options and resources that exist with the County. During the course of this process, HHSA will be looking for individuals who are uninsured and eligible for CMSP enrollment. With the disparity between the county wide percentage of uninsured and the uninsured rate for two of the county's major demographic groups, special emphasis must be made to target outreach efforts towards these groups.

Using only a narrow definition of "served" to include only those clients we enroll in CMSP, an annual projection of CMSP clients enrolled may only be approximately 20. This number may be somewhat misleading, as in context, HHSA currently has approximately 200 clients who have enrolled in CMSP and are transitioning into Medi-Cal. As a result, enrollment number may be larger than 20 individuals per year, but maintaining those clients as CMSP members may not be sustainable, given clients will likely enroll in Medi-Cal, provided they meet the Federal Poverty Line (FPL) and other eligibility requirements.

HHSA intends to define the term "served" more broadly, to include all of those served through an increase in potential clients' awareness of CMSP, other health insurance safety net programs, health promotions, and other HHSA services then we may conservatively project several hundred clients served as a direct result of the pilot project efforts. HHSA currently establishes Medi-Cal eligibility and enrollment for several thousand clients annually, while as of August of 2016, only 14 clients were actively enrolled in CMSP throughout 2016. From January of 2015 to January of 2016, HHSA experienced a 10% increase in clients enrolling in Medi-Cal. That being said, these service numbers do not reflect any increases due to the changes in enrollment eligibility released by CMSP in May of 2016. Now that CMSP will qualify individuals with an income up to 300% of the FPL, it is likely there are a significant amount of clients who were ineligible for Medi-Cal due to income restrictions, who may now be eligible for CMSP. Projecting exactly what this number will look like, however, is only guesswork as not enough data exists subsequent to the CMSP changes in order to make an accurate projection; we only have the current level of enrollees as a baseline. The majority of current clients enrolling in CMSP are waiting for the enrollment period to begin for Medi-Cal (considering 138% of FPL for Medi-Cal and the previous 200% of FPL for CMSP standards were so close), and very limited outreach efforts have been made within the last three months to make the public aware of the CMSP program changes and its availability. It is completely reasonable to project an increase in education and outreach efforts will likely increase the number of clients participating, especially considering CMSP now allows for more broad eligibility qualifications. What is certain is that with high levels of uninsured in two identified population groups, (the Latino and Native American communities), it is reasonable to expect an increase based on targeting our efforts in the areas known to have high levels of uninsured individuals.

For the full term of this project, it is also reasonable to project a notable increase in the number of CMSP enrollees within the first year to eighteen months of the project as the result of a surge of information and access. We may also speculate that after the initial surge, there will be a gradually diminishing rate of enrollment, due to the pool of uninsured but eligible clients being reduced through enrollment.

Target Population:

HHSA intends to target outreach and education efforts to 21 to 64 year old individuals who are currently without health insurance. In doing so, HHSA is deliberately taking a broad approach so that individuals who are CMSP eligible will be able to be identified and enrolled.

Research indicates the most likely sources for identifying and enrolling CMSP clients include:

1. Unserved or underserved population groups, specifically Native Americans and Latinos;
2. Individuals who are otherwise Medi-Cal ineligible.

First, El Dorado County's has a significant native people population and history, grounded in the Miwok Nation of the Sierra Nevada. El Dorado County is home to the Shingle Springs Band of Miwok Indians, whose tribal members consist of Miwok, Maidu, and Nisenan people. While this population group does not represent a very large portion of the county population as a whole, the uninsured rate within this population group is significantly higher than many other population groups. Data indicates 42.9% of this population group lacks health insurance.

While the Latino population in El Dorado County comprises approximately 12.85% of the total county population, the majority of this population group is found in five communities throughout the county: South Lake Tahoe (25.32% of the community population), Diamond Springs (13.88% of the community population), Camino (12.79% of the community population), Placerville (12.59% of the community population), and El Dorado Hills (9.77% of the community population). These five areas in total represent more than 70% of the total Latino population within the County[4]. Research indicates 62.8% of this population is uninsured.

The second targeted population group is fairly broad, but exists because of programmatic changes at the State level. Due to changes in Medi-Cal qualifications, many individuals who previously were ineligible for Medi-Cal are now eligible – but they may not know it. It is entirely reasonable to assume that a client who sought Medi-Cal enrollment two years ago may not have heard of the changes in enrollment eligibility. This may make these clients eligible for Medi-Cal and in need of CMSP until Medi-Cal enrollment can be accomplished. However, enrollment in Medi-Cal is only allowed during a specified enrollment period. These individuals will also be targeted as they can be enrolled into CMSP prior to transitioning into Medi-Cal or

[4] 2014 California Health Interview Survey

another healthcare provider, depending on circumstances. This pathway to health insurance seems to be the current trend experienced by HHSA Eligibility Workers.

In addition to those seeking CMSP as a means of transitioning to Medi-Cal, we also project there are a number of individuals, who were previously denied Medi-Cal or who could not qualify for Medi-Cal. These individuals may now be eligible for CMSP due to changes in CMSP eligibility. This population may be significant, but as the changes in CMSP are very recent, it is difficult to quantify the size of the population. Based on the FPL data, a family of four attempting to enroll in Medi-Cal would have an annual household income limit of $33,534 (138% of FPL). However, using the new CMSP eligibility guidelines, that annual household income limit would be $72,900 (300% of FPL). While income is obviously not the only requirement, this change is quite significant and represents a wide window through which new enrollees may qualify. Research suggests El Dorado County (as of 2016), has 72,769 households with a Median Household Income of $64,687 (across all race and ethnic groups). Supporting the idea that Latinos within the County may be a prime target area for this project, the Median Household Income for Latinos is $43,899, significantly lower than the Median Household Income for Non-Hispanics, at $66,973, or the total county Median Household Income. The Median Household Income for those identified as American Indian and Alaskan Natives is even lower at $39,580[5]. Again, as income is not the sole qualifying criteria, it is difficult to contextualize this measurement. Additionally, the household income numbers do not establish the number of people within the household, which will affect the income limits. But this data does seem to suggest there may be many households within the county with too much income to qualify for Medi-Cal, who may be able to qualify for CMSP.

Indigent populations within the county are currently enrolled in healthcare safety net programs through the work of HHSA's Eligibility Workers, who specialize in determining the eligibility and / or qualifications necessary for clients to receive services. These workers are stationed both at HHSA's offices, and at points of emergency Medi-Cal care within the community (Barton Hospital and Marshall Hospital). Primarily, the main source of care for these individuals comes through healthcare providers who accept Medi-Cal and CMSP patients. A challenge facing this population is the nature of the enrollment system being user-driven (clients need to seek out the information) and a lack of knowledge about how that process works. To become enrolled, potentially eligible clients either need to find an HHSA location to pursue enrollment, or fairly commonly, are identified at the point of care as needing emergency medical assistance and lacking a viable insurance option. It is because users are often identified at the point of care that HHSA has stationed eligibility workers at these access points. HHSA is also in the process of developing community based "hubs" within local community libraries that will serve as an access point for services. Once these hubs are fully functioning, they will help to mitigate the user-driven access problem of the current system. However, accessing the hubs still requires

[5] 2016 Nielson Claritas data received in connection with www.welldorado.org

clients to seek out the resources rather than having the resources come to them; as a result, the hubs are project to only mitigate the problem of access and not solve it entirely.

Through this pilot project, HHSA will take the lead in outreach and education that extends beyond the points of care and HHSA offices, and go out into the community in order to proactively identify and enroll potential clients before they have an emergency and need medical assistance. HHSA will collaborate with key community-based partners, who are currently providing direct assistance to these clients including the Community Health Center and Access El Dorado (ACCEL) in order to ensure outreach and education efforts reach as wide an audience as possible.

Proposed Project / Approach:

HHSA's goal in in this project is to further the efforts of existing HHSA programs in creating Community Wellness. HHSA already provides public health services aimed at educating the community about health trends and healthy living, and we also house Eligibility Workers in our Income Maintenance unit, who specialize in assisting clients in determining health insurance options- a vital component to a health community. We also partner with external, community based organizations who are also working towards creating a healthy community. For the purposes of this project and the perceived goal of increasing CMSP program participants, are approach begins with the understanding that all of the pieces of this project are working toward the same goal of Community Wellness. This understanding is furthered by the knowledge that efforts aimed at increasing Community Wellness are not singular in shape or scope. We believe no Eligibility Worker, Health Program Specialist, Program Manager, or Community Partner will be successful at creating Community Wellness without the help of partners approaching the same problem from a different area of expertise.

As a result, HHSA plans to approach increasing the number of CMSP enrollees through a proactive strategy that will reach out into the community and target identified groups. This effort will be primarily educational and informational in nature, but it will also serve as a direct mechanism for connecting the target audience with access to services. This strategy reflects our understanding that access to information is a key barrier preventing potential clients from pursuing services, but it's not the only barrier. Access and availability are often barriers that prevent clients from taking new knowledge and acting on it.

In order to facilitate an increase in education and awareness of health insurance safety net programs, healthy living, health promotions, and other meaningful pieces that constitute Community Wellness, including knowledge and availability of the CMSP program, HHSA will host community outreach and education events throughout the County, specifically targeting the population groups identified in this proposal. These events will be held in or near the communities where our target population groups are concentrated. Outreach and education events will be comprised of two event types: Community Events and Health Education Fairs.

At the Community Events, the Health Program Specialist will provide a short presentation to targeted community audiences providing them with basic information about the availability of services, the enrollment process, healthy living, and health related resources within El Dorado County. The Health Program Specialist will also provide direct access information as a means to facilitate appointments and meetings with Eligibility Workers, in an effort to serve as a warm handoff to the next step in the process. Additionally, the Health Program Specialist will provide travel vouchers for the clients in order to provide for their transportation to the point of enrollment, consistent with the warm-handoff model. The Community Events are intended to be a smaller, precisely targeted opportunity to reach out directly to the communities through a local venue they can easily access; they intended to serve as a targeted access point that will open the door for the enrollment process. It is anticipated these Community Events will be held monthly throughout the county with a main focus of delivering presentations in the communities where our targeted populations live.

The Public Health Fairs will be larger events held quarterly at alternating locations between the Eastern Slope and Western Slope of the County. At the Public Health Fairs HHSA's Health Program Specialist will present information all of the information presented at Community Events, but they will also be partnered with an Eligibility Worker, who can help to qualify potential clients at the event. Doing so will allow clients to be easily transitioned from information to action. This will represent a significant change to the systems level efforts that typically take place, as clients' will be able to bypass the barriers and move directly toward solutions.

Understanding that identified demographics include Latino and Native American populations, HHSA intends hire a Health Program Specialist that is bi-lingual with an established understanding of cultural competency. Additionally, several of the Eligibility Workers already providing eligibility services at HHSA are already bilingual; these staff will be utilized during the Community Events and Public Health Fairs as necessary.

Capacity:

El Dorado County HHSA is an umbrella organization that encompasses public health, social services, community services, and mental health services. As such, HHSA has years of experience developing, implementing, and evaluating programs that require both evaluative components and deliverable data.

For the purposes of this project the Public Health Program Manager will have the primary responsibility for direct supervision of the Health Program Specialist dedicated to his program, monitoring and evaluating the program's success. As the Public Health Program Manager is directly involved in the planning and implementation of the project, the Program Manager has an active role in determining the project level indicators that will be measured to determine successful outcomes.

As is demonstrated in the Logic Model identified as a part of this proposal, design for this project begins with project planning. Effectively, we "plan backwards and implement forward". By starting with what objectives and goals we want to accomplish and then working backwards to what we need to accomplish those goals, we ensure the activities we are planning directly correspond to the outcomes we are attempting to achieve.

The Program Manager of Public Health has specific knowledge of program evaluation, indicator development, and measuring the effectiveness of efforts in achieving outcomes. As such, the evaluation of the success of this program will rest solely in the hands of HHSA as the lead applicant. This will also reduce the burden placed on community partners with limited funds and capacity.

Our key partners involved in the implementation of this project will be ACCEL (Access El Dorado) and Community Health Clinic. These agencies will be responsible for providing assistance in informing their clients about upcoming Community Events and Public Health Fairs.

Organization and Staffing:

Staffing for this project will consist primarily of the Health Program Specialist, who will report directly to the Public Health Program Manager. However, outreach and education events will also utilize the services of Eligibility Workers to provide event attendees with the opportunity enroll at the event without further follow up required.

The Health Program Specialist will be responsible for:

- Coordinating and facilitating Community Events and Public Health Fairs;
- Leading the efforts to recruit and enroll potential CMSP clients;
- Track and record program indicators and report on programmatic activities to the Public Health Program Manager; and
- Communicate and coordinate with community partners as well as the Social Services Division of HHSA.

Qualifications for this position include the equivalent to two years of college level coursework in sociology, psychology, social services, public administration or a related field and two years of paid or unpaid experience conducting community education or outreach activities, or four years of increasing responsible experience providing technical and administrative support to a specific public health program. HHSA will also be seeking a bi-lingual candidate to fill this position.

The Eligibility Worker will be responsible for:

- Providing interactive interviews to elicit eligibility information and identify need for public assistance;

- Explaining regulations, rules, and policies to clients and apprise them of their rights, responsibilities, and eligibility for available programs;
- Ensuring accuracy and completion of enrollment forms, and resolve any discrepancies by securing documentation and records; and
- Attending quarterly Health Education Fairs, where they will serve as a warm hand to transition audience members from the information they receive from the Health Program Specialist into the enrollment process.

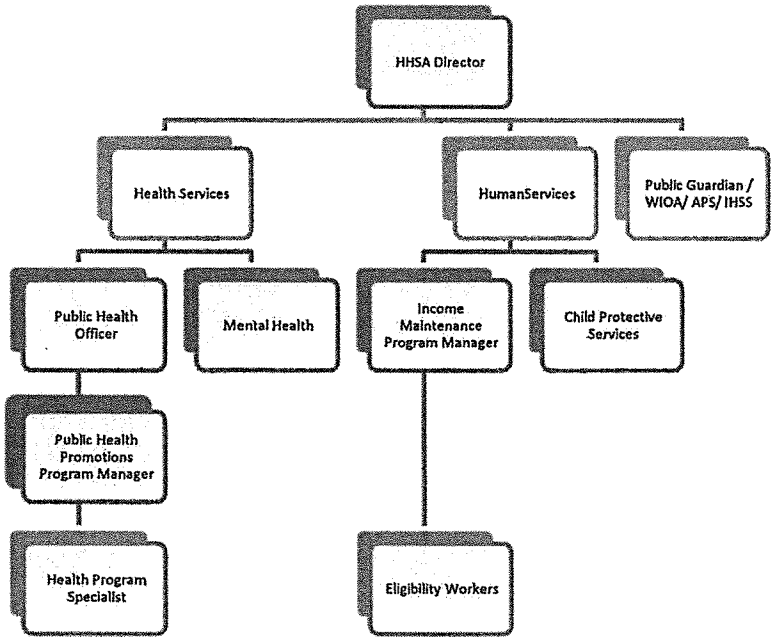
Qualifications for the Eligibility Worker include completion of 60 semester units (or 90 quarter units) or a combination of education and experience equivalent to the education requirement.

The Public Health Program Manager will be responsible for:

- Direct supervision of the Health Program Specialist; and
- Program oversight, evaluation, monitoring, and metrics reporting.

HHSA's Public Health Program Manager, Olivia Byron-Cooper, has worked in Public Health for eleven years, and has a Master's Degree in Public Health. All of the eleven years she has worked in Public Health, she has gained experience at evaluating efforts to outcomes and program effectiveness. She will be serving as the Project Manager for this pilot project, and she will also be responsible for the evaluation of the program.

For the purposes of this project, a project Organization chart has been created to establish where program activities and personnel fit within the HHSA organizational structure:



Project Implementation:

In an ideal setting, upon notification of a successful proposal, HHSA would begin work immediately. However, certain on-the-ground realities exist in public agencies when it comes to recruitment and hiring of key project personnel. As such, HHSA believes the full timeline for implementation of activities for the project can be broken down into two periods: a Development Period and a Performance Period. Key milestones in the Work Plan are identified below:

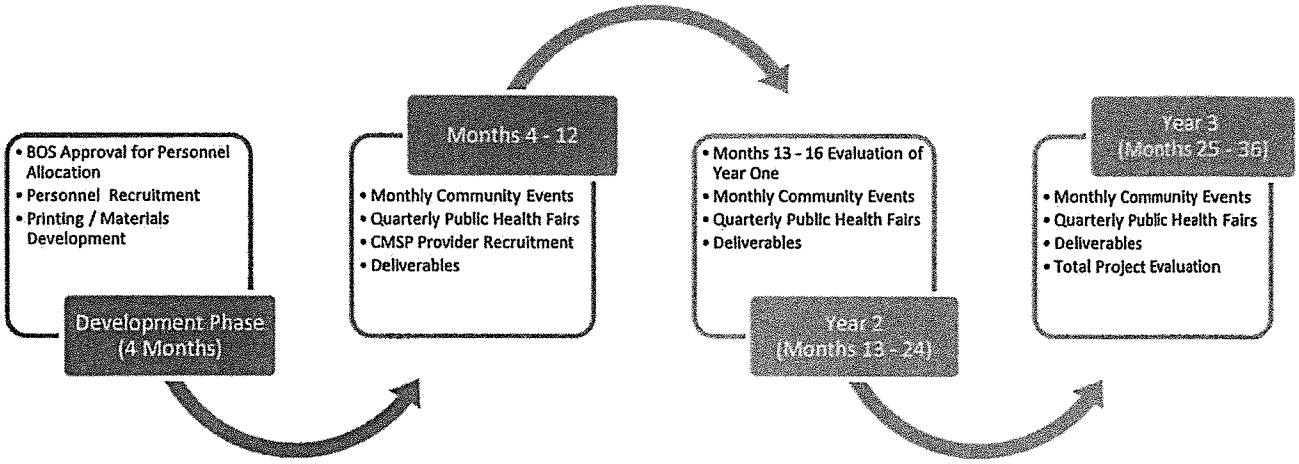
Development Period (First 4 Months)

1) Receive Board of Supervisors approval for the additional allocation of the Health Program Specialist, which cannot be accomplished until funds are awarded.
2) Recruitment Process
   - Release job posting
   - Identify Qualified applicants
   - Conduct Interviews
   - Make a selection
   - Background check and other pre-employment processes
3) Develop outreach materials, brochures, and other printed items

Performance Period (Months 14 through 36)

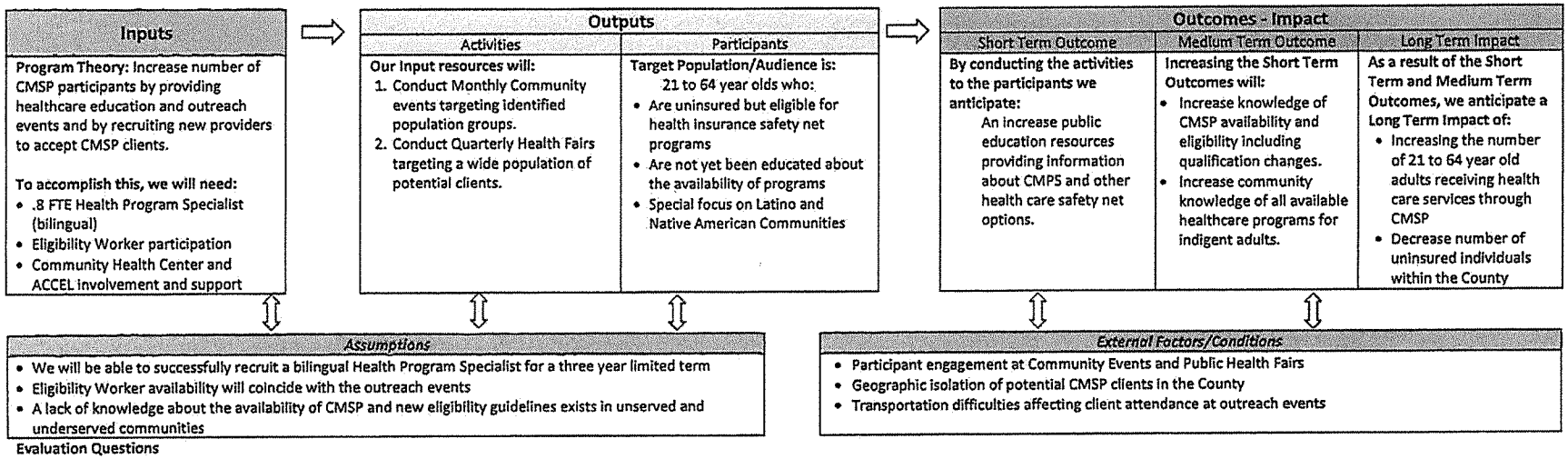
1) Year One (Months 4 – 12)
   - Monthly Community Events
   - Quarterly Public Health Fairs
   - Deliverable reporting to CMSP on a to be determined basis
2) Year Two (Months 13 – 24)
   - 1st Quarter Evaluation of prior year performance with recommendations and modifications to improve performance based on findings
   - Monthly Community Events
   - Quarterly Public Health Fairs
   - Deliverable reporting to CMSP on a to be determined basis
3) Year Three (Months 25 – 36)
   - 1st Quarter Evaluation of prior year performance with recommendations and modifications to improve performance based on findings
   - Monthly Community Events
   - Quarterly Public Health Fairs
   - Cumulative Deliverable reporting to CMSP
   - Cumulative Pilot Project Evaluation

Represented graphically, this timeline is indicative of both periods:



While both the Work Plan and Timeline are broad, they both illustrate the key activities that will be performed during the grant period. Specific dates have not been added as setting dates this early would be seemingly arbitrary guesswork. Additionally, the Development Phase may take more or less time, depending on variables outside of HHSA Control. If an internal candidate is recruited for the Health Program Specialist position, the development phase could be less than 3 months and allow for more time during the Performance Period.

CMSP Logic Model - County Wellness and Prevention Pilot Project



Evaluation Questions

Inputs	Activities	Participation	Short Term Impact	Med. Term Impact	Long Term Impact
• Were program staff hired and operating timely? • Was the staffing adequate to meet the need?	• How often were Community Events held? • How often were Public Health Fairs held?	• How many of the target population attended an outreach/education event? • What is the demographic information available for the population we reached?	To what extent did resources providing education about availability and eligibility increase?	Did the program increase knowledge of CMSP and other healthcare programs in the community?	Did the program increase the number of CMSP participants?

Evaluation Indicators

Inputs	Activities	Participation	Short Term Impact	Med. Term Impact	Long Term Impact
Feedback from program staff	• Number of Community Events • Number of Public Health Fairs	• Number of target audience in attendance at events • Demographic data for clients served	Number & % of increase of education resources	Number & % of increased knowledge	Number & % of CMSP participants before and after • Milestones at 1, 2, and 3 years to establish change

El Dorado County Health and Human Services Agency (HHSA) proposes to evaluate the effectiveness of the pilot project described in the Project Narrative using quantifiable data based on the indicators developed and described as a part of the Logical Model submitted with the proposal.

The Logic Model developed for this project functions under the philosophy of "Plan backwards; work forwards." We started with the impact (long-term outcome) we want to achieve a: increase the number of CMSP participants and decrease the number of uninsured individuals within the County. In order to accomplish this, we move to our medium term outcomes: We must increase knowledge and availability of the CMSP program and increase community knowledge of all healthcare programs available for indigent adults. We will accomplish this as a result of our short-term outcome, an increase in the number of public education resources providing information about CMSP, other health care safety net options, and healthy living.

Based on the logic model, accomplishing these outcomes will occur when our described activities are performed to our described target population, utilizing the inputs provided for this program. Most importantly, every position within the logic model directly correlates with evaluative questions that will be asked to determine effectiveness, and based on these questions, we can ascertain quantifiable indicators that will determine successfulness.

These indicators or metrics, will measure:

- Feedback from program staff.
- The number of Community Events and Public Health Fairs held.
- The number of target audience members in attendance for events and the demographic data for the clients served as a result of the events.
- The number of and percent increase of education resources available providing information about CMSP, other health care safety net programs, and health living.
- The number and percent increase of knowledge for clients and the community.
- The number and percent increase of CMSP, Medi-Cal and other healthcare safety net program participants before and after the implementation phase of the project.

HHSA intends to collect this data using data collection tools that will vary in scope based on the data being collected. A calendar of projected events and actual events will facilitate a basic count of how many events have been held, and whether or not we are meeting the projection we have identified in the proposal. Client data will be tracked by tools designed specifically to capture the indicators we have identified, so as to avoid collecting any confidential client data that would fall into protected information under federal and state laws. These metrics will them be compiled and analyzed so they can be reported to CMSP, and the source documents will be retained by HHSA for further

analysis, should CMSP decide to proceed with an external evaluation hired by CMSP's Governing Board.

The major barrier to client based data collection will be client cooperation and participation. If we are not successful at capturing the client data we need to evaluate the indicators, we will be left with an incomplete picture of the program effectiveness. This barrier can be mitigated through staff training to ensure program staff understand the importance of gathering information related to the metrics during their interaction with clients.

HHSA intends to conduct on-going program evaluation that will take place in the first quarter of the 2nd year and 3rd year, with a cumulative evaluation being conducted at the end of the final quarter. Each evaluation along with the metrics compiled for the evaluation will be reported to CMSP following the completion of the evaluation, unless CMSP requires the data be submitted more frequently.

The evaluation process will be completed by the Public Health Program Manager who has direct supervisory responsibility over project funded staff. This assignment is due to the Program Manager's familiarity and experience in conducting program evaluation (eleven years), but because evaluating effectiveness just above the direct services personnel and within their chain of command will effectively result in flexibility to change program components or strategies based on developing situational awareness. Providing the evaluation component as a part of HHSA will also provide a cost savings to the grant, and provide a direct mechanism of accountability for the end result, as we will not be waiting on a contractor to compile data that may or may accurately capture the indicators developed within the logic model.

Attachment B2: Budget Template - Detail Budget
CMSP County Wellness & Prevention Pilot Project

Applicant: El Dorado County Health and Human Services Agency

Detail Budget – CY 2017 through CY 2019:

Category Item/Service	Qnty (Year 1)	Cost (Year 1)	Qnty (Year 2)	Cost (Year 2)	Qnty (Year 3)	Cost (Year 3)	Total Cost
Personnel							
Bilingual Health Program Specialist including taxes and benefits	.8 FTE	$63,555	.8 FTE	$65,418	.8 FTE	$68,031	$197,004
Contractual Services							
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Office Expenses							
Office Chair	1	$900					$900
Laptop Computer	1	$1,200					$1,200
General Office Supplies (pens, paper, and other general materials)	1	$1,500	1	$1,500	1	$1,500	$4,500
Travel							
County vehicle reimbursement rate @ $.61 per mile	5023	$3,064	4630	$2,824	5031	$3,069	$8,957
Travel Vouchers for Clients Attending Events	120	$1,200	120	$1,200	120	$1,200	$3,600
Other							
Administrative Costs		$14,181		$14,858		$15,000	$44,039
Health Promotions Outreach and Education Materials		$12,000		$13,000		$10,000	$35,000
Booth rentals for Fairs	4	$1,200	4	$1,200	4	$1,200	$3,600
Banners for hubs	6	$1,200					$1,200
Annual Total		$100,000		$100,000		$100,000	$300,000

Attachment B2: Budget Template - Summary Budget
CMSP County Wellness & Prevention Pilot Project

Applicant: El Dorado County Health and Human Services Agency

Summary Budget – CY 2017 through CY 2019:

Category	Total Cost (Year 1)	CMSP Funding (Year 1)	Other Funding (Year 1)
Personnel	63555	63555	0
Contractual Services	N/A	N/A	0
Office Expenses	3600	3600	0
Travel	4264	4264	0
Other	28581	28581	0
TOTAL YEAR 1	100000	100000	0

Category	Total Cost (Year 2)	CMSP Funding (Year 2)	Other Funding (Year 2)
Personnel	65418	65418	0
Contractual Services	N/A	N/A	0
Office Expenses	1500	1500	0
Travel	4024	4024	0
Other	29058	29058	0
TOTAL YEAR 2	100000	100000	0

Category	Total Cost (Year 3)	CMSP Funding (Year 3)	Other Funding (Year 3)
Personnel	68031	68031	0
Contractual Services	N/A	N/A	0
Office Expenses	1500	1500	0
Travel	4269	4269	0
Other	26200	26200	0
TOTAL YEAR 3	100000	100000	0

Direct Costs:

The majority of costs associated with this project is the personnel cost for the Health Program Specialist position. Ideally, this position would be 1.0 Full Time Equivalent (FTE) Health Education Coordinator, which has a higher qualification standard. However, the fully burdened rate for 1.0 FTE Health Education Coordinator, exceeds the total amount available per year for this program ($107,473), and will not leave sufficient appropriations in the budget for other direct program costs. As a result, HHSA intends to hire a 0.8 FTE Health Program Specialist (a lower level classification) to provide program related services. To fit with the budget, this position will begin at step one, with an annual cost of $62,643. Due to bargaining unit agreements that establish step increases on an annual basis, the cost of this position will rise 5% at six months and then annually thereafter. The hourly rate for the position also includes a $1 per hour bilingual pay incentive, in accordance with bargaining unit agreements.

The cost of the Eligibility Worker time spent at the outreach events and public health fairs will not be charged to the grant. Additionally, this time cannot be used as match as the funding used to pay for these positions is not an eligible match source. The program goals for this project and the regular duties of the eligibility workers have common interest. As a result, the Eligibility Worker time dedicated to the project should be viewed as a leveraged resource intended to help further the goals and interests of the project, while not technically being counted as match.

There is time committed to the project by the Public Health Promotions Program Manager, who will be responsible for direct supervision of the Health Program Specialist, in addition to being responsible for the evaluation of indicators established in the Logic Model. While this position will be contributing a significant amount of time to accomplishing program-related objectives, none of the salary for this position will be billed to the grant. The cost of this position could be considered a match source. As a result, this position should also be viewed as being highly leveraged in the interest of this project, while not technically tracked or reported as a match value during invoice submission.

The other Direct Costs associated with the program as follows:

- Office related equipment and supplies;
- Vehicle mileage reimbursement for County vehicle usage;
- Travel Vouchers for clients; and
- Booth rentals, Banners, and Health Promotions Outreach and Education Materials.

The office equipment budgeted for this project includes an office chair and a laptop computer which are needed for the Health Program Specialist's daily functions There is

also a portion of funds budgeted for on-going program related office supplies including but not limited to pens, pencils, paper, printer toner, notebooks, etc.

It is anticipated the Health Program Specialist will utilize a county vehicle for travel associated with this project. As the Health Program Specialist will be doing a significant amount of travel between the East Slope (South Lake Tahoe) and the West Slope of the County, it is anticipated travel expenses will be significant. The amount budgeted for reimbursement is based on the standard reimbursement rate utilized for County vehicles, and includes fuel, maintenance, and depreciation.

We also anticipate providing clients with travel vouchers so that we can facilitate travel between Community Events and HHSA offices where enrollment will take place. The travel vouchers will function as a key component of the warm-hand off approach we are taking in the Community Events, so that we can connect clients directly to HHSA eligibility services when an Eligibility Worker is not present.

Other Costs:

While defined as "Other Costs" on the Budget worksheet, this section includes both direct and indirect costs.

As the primary focus of this pilot project is outreach and education, we anticipate an annual cost associated with the production of materials, documents, supplies, information, and health-care related samples/products that will be distributed at the Community Events and Health Fairs. The exact quantity of the different types of materials may vary depending on the audience, but the purpose of these materials is to provide for the development of all supplies and materials necessary to further the Community Wellness as a part of this pilot project. The materials will need to be created in multiple languages and will provide information about CMSP, other health safety net programs, and relevant health related materials for each audience. We also anticipate the need to rent booths for the health fairs as an annual cost (events planned quarterly), and create banners for the booths that will advertise for the pilot project. The banners are projected to be a cost incurred only the 1st year, as they can be reused throughout the life of the project.

Administrative Costs:

HHSA has an Indirect Cost Rate that is approved by a cognizant federal entity (Housing and Urban Development). This rate is currently set at 36.16% of direct salaries costs, and is a real and measurable cost of administering agency functions. These indirect costs are directly tied to the program, as they are based on the salary costs associated with these particular services. As the RFP specifically limits the billable costs for the program to 15% of the total award, and HHSA's indirect cost rate is based on salaries

(excluding taxes and benefits), HHSA intends to apply the Federally approved indirect cost rate at 36.16% of the salary costs over three years, with the difference between limit in the RFP and the actual indirect cost being absorbed by HHSA in the 3rd year. The following chart illustrates these costs succinctly:

Description	Salary Cost Year 1	Salary Cost Year 2	Salary Cost Year 3
Salary Base	$39,220	$41,092	$43,048
ICR	36.16%	36.16%	36.16%
Total Admin Cost	$14,181	$14,858	$15,556
Total Grant Cost	$14,181	$14,858	$15,000
Difference	$0	$0	$556

Evaluation Activities: Evaluation costs will be assumed under the fund source paying for the Program Manager. These costs will be leveraged to support grant related activities, but will not be used as match due to limitations from the funder.

Contractual Services:

The proposed budget for the Pilot Project does not include any funding for contractual services as no such services are anticipated as a part of the project.

El Dorado
Community Health Centers
PLACERVILLE | DIAMOND SPRINGS | CAMERON PARK

TEL (530) 621-7700 MEDICAL
(530) 497-5016 DENTAL
FAX (530) 621-7713
www. edchc.org

August 25, 2016

CMSP Governing Board
Attn: Wellness and Prevention Pilot Project
1545 River Park Drive, Suite 435
Sacramento, CA 95815

To Whom it May Concern:

The El Dorado Community Health Center is submitting this letter as a confirmation of our support to our local partner organization, the El Dorado County Health and Human Services Agency (HHSA), in their submission of a proposal for the CMSP Wellness and Prevention Pilot Project program. Our organization will be supporting this effort by collaborating with HHSA for the purposes of providing program collaboration and outreach support to uninsured clients within El Dorado County. As we encounter clients within the community who could benefit from CMSP services, and the education opportunities presented through this Pilot Project, we will ensure these clients are informed about HHSA's project and will make our best effort to help them connect with HHSA's staff working on the project.

HHSA will be using this pilot project to promote Community Wellness through a plan for education and outreach to potential clients with information about availability of public health insurance options, healthy living, and the CMSP Program. Our agency strongly shares the goal of promoting Community Wellness, and we will be a strong partner in supporting HHSA's efforts with the Pilot.

Sincerely,

Terri Stratton, MPH
Executive Director

PLACERVILLE
4327 Golden Center Drive
Placerville, CA 95667

DIAMOND SPRINGS
4641 Missouri Flat Road
Placerville, CA 95667

CAMERON PARK 1
3401 Ponte Morino Drive Ste 110
Cameron Park, CA 95682

CAMERON PARK 2
3100 Ponte Morino Drive Ste 120
Cameron Park, Ca 95682

August 26, 2016

CMSP Governing Board
Attn: Wellness and Prevention Pilot Project
1545 River Park Drive, Suite 435
Sacramento, CA 95815

To whom it may concern:

Access El Dorado (ACCEL) is submitting this letter of support for the El Dorado County Health and Human Services Agency's proposal for the CMSP Wellness and Prevention Pilot Project program. ACCEL will be collaborating with HHSA to provide outreach support to uninsured clients within El Dorado County. As we encounter clients within the community who could benefit from CMSP services and the educational opportunities presented through this Pilot Project, we will ensure they are informed about HHSA's involvement and make our best effort to help them connect with HHSA's dedicated staff.

HHSA will be using this pilot project to promote Community Wellness through a plan for education and outreach to potential clients with information about availability of public health insurance options, healthy living, and the CMSP Program. Our agency shares the goal of promoting Community Wellness, and we will support HHSA's effort to the best of our ability.

Sincerely yours,

Jonathan W. Lehrman, MD

Jonathan W. Lehrman, MD
ACCEL Medical Director and Board Chairman

EXHIBIT D

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD
GRANTEE DATA SHEET

Grantee's Full Name:	El Dorado County Health And Human Services Agency
Grantee's Address:	3057 Briw Road, Suite B Placerville, CA 95667
Grantee's Executive Director/CEO: (Name and Title)	Patricia Charles-Heathers, PhD, Director
Grantee's Phone Number:	(530) 642-7300
Grantee's Fax Number:	(530) 663-8498
Grantee's Email Address:	Patricia.charles-heathers@edcgov.us
Grantee's Type of Entity: (List Nonprofit or Public)	Public
Grantee's Tax Id# [EIN]:	94-6000511

I declare that I am an authorized representative of the Grantee described in this Form. I further declare under penalty of perjury under the laws of the State of California that the information set forth in this Form is true and correct.

GRANTEE:

By: Patricia Charles-Heathers
Title: Director
Date: 12-14-16

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FIRST AMENDMENT

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD COUNTY WELLNESS & PREVENTION PILOT PROJECT FUNDING GRANT AGREEMENT

This First Amendment ("Amendment") is by and between the County Medical Services Program Governing Board ("Board") and El Dorado County Health and Human Services Agency ("Grantee"), and amends the County Medical Services Program Governing Board County Wellness & Prevention Pilot Project Funding Grant Agreement dated effective January 1, 2017 ("Agreement"), by and between Board and Grantee.

Background

A. Board and Grantee previously entered into the Agreement with regard to the County Medical Services Program County Wellness & Prevention Pilot Project ("Pilot Project").

B. Board and Grantee desire to amend the Agreement to extend the term of the Agreement and other matters concerning the Project.

IT IS HEREBY AGREED AS FOLLOWS:

Agreements

1. Section 7 is amended to read as follows:

> 7. Progress and Final Reporting. Grantee shall notify the Board of any proposed substantial changes to the Project's components. The Project's components shall include: (a) the Project plan; (b) the target population; (c) the structure and process for providing services/support; (d) the roles and responsibilities of all participating (partnering) agencies; (e) services provided; (f) key Grantee personnel;(g) the budget; and (h) timelines. The Grantee shall submit seven (7) biannual progress reports to the Board, that: (a) highlights the Project's key accomplishments, to date; (b) identifies challenges and barriers encountered during the prior six (6) months; (c) describes what the Project has learned, to date, about the target population; and (d) provides an update on data collection and evaluation efforts. In addition, the Grantee shall submit a final report to the Board by March 31, 2021, that: (a) highlights the Project's key accomplishments; (b) identifies challenges and barriers encountered during the Project; (c) describes what the Project has learned about the target population; (d) reports the evaluation findings; and (e) thoroughly describes the Project's future activities following the Pilot Project. The Board may, within its sole discretion, terminate this Agreement at any time and suspend and/or discontinue payment of any Grant Funds if Grantee does not satisfactorily meet reporting requirements as set forth herein and in the RFP.

2. Section 8 of the Agreement is amended to read as follows:

8. Term. The term of this Agreement shall be from January 1, 2017, to June 30, 2021, unless otherwise extended in writing by mutual consent of the parties.

3. This Amendment is effective November 1, 2019.

4. Except as expressly amended herein, all other terms and conditions of the Agreement shall remain in full force and effect the same as if this Amendment had not been executed.

Dated effective November 1, 2019.

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD

By _____
Kari Brownstein
Administrative Officer

EL DORADO COUNTY HEALTH AND HUMAN SERVICES AGENCY

By _____
Name Donald Semon
Title Director, Health and Human Services Agency

Attachment B2: Budget Template - Detail Budget
CMSP County Wellness & Prevention Pilot Project

Applicant: El Dorado County Health and Human Services Agency

Detail Budget – CY 2017 through CY 2020:

Category Item/Service	Qnty (Year 1)	Cost (Year 1)	Qnty (Year 2)	Cost (Year 2)	Qnty (Year 3)	Cost (Year 3)	Qnty (Year 4)	Cost (Year 4) Budget	**Total Cost**
Personnel									
Bilingual Health Program Specialist including taxes and benefits	.8 FTE	$37,251	.8 FTE	$70,486	.8 FTE	$22,557	0	$0	$130,294
Epidemiologist, including taxes and benefits							80 hours @ 43.41/hour	$3,473	$3,473
Health Education Coordinator, including taxes and benefits							16 hours @$43.41/hour	$695	$695
Contractual Services									
Marshall Medical Center (to perform all remaining program activities through December 31, 2020 except program evalulation and final report)	N/A	N/A	N/A	N/A	N/A	N/A		$135,000	$135,000
Office Expenses									
Office Chair	1	$0		$0		$0			$0
Laptop Computer	1	$0		$942		$0			$942
General Office Supplies (pens, paper, and other general materials)	1	$409	1	$355	1	$2			$766
Travel									
County vehicle reimbursement rate @ $.61 per mile	5023	$32	4630	$517	5031	$4			$552
Travel Vouchers for Clients Attending Events	120	$375	120	$0	120	$0	12	$120	$495

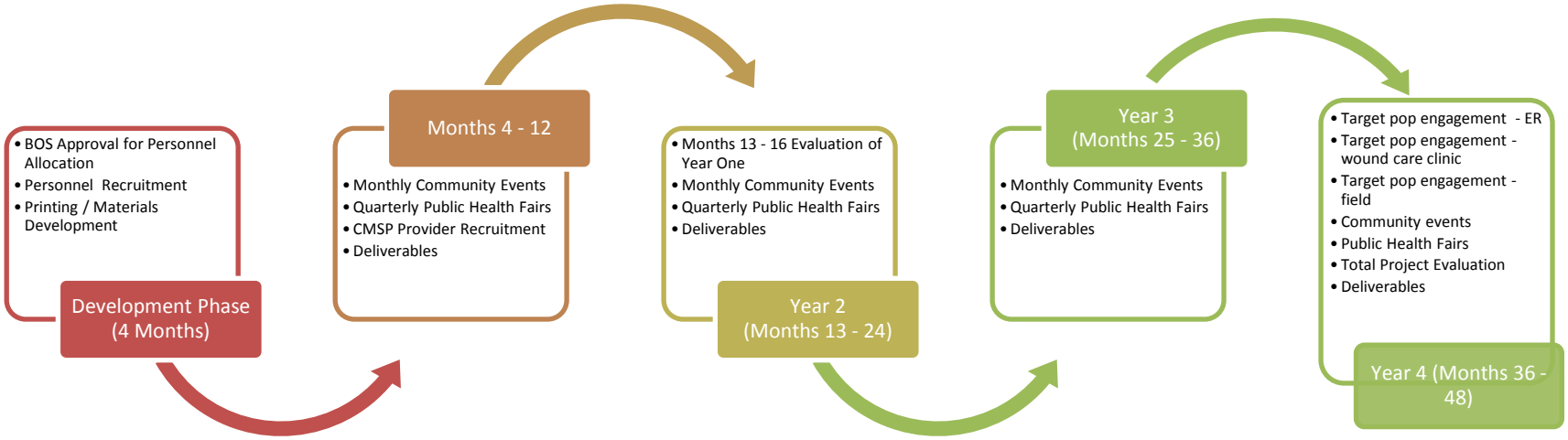
Attachment B2: Budget Template - Detail Budget
CMSP County Wellness & Prevention Pilot Project

Applicant: El Dorado County Health and Human Services Agency

Detail Budget – CY 2017 through CY 2020:

Category Item/Service	Qnty (Year 1)	Cost (Year 1)	Qnty (Year 2)	Cost (Year 2)	Qnty (Year 3)	Cost (Year 3)	Qnty (Year 4)	Cost (Year 4) Budget	**Total Cost**
Other									
Administrative Costs		$3,956		$13,143		$3,982		$4,524	$25,605
Administrative Costs supported by County Funds other than CMSP				$6,723		$10,531			$17,254
Health Promotions Outreach and Education Materials		$0		$1,510		$0			$1,510
Booth rentals for Fairs	4	$0	4	$0	4	$0			$0
Signage	6	$0		$668		$0			$668
Final Project Costs-to be preapproved by CMSP									$0
HPS Training	6	$0		$0		$0			$0

Annual Total	$42,023	$87,621	$26,545	$143,811	$300,000
Annual Total w/Other Fund	$42,023	$94,344	$37,076		$317,254



Project timeline narrative

We are still in the process of contracting with Marshall Medical Center (MMC). This item will not reach our board of supervisors until the latter part of March. MMC will still need to hire a staff member to perform the contracted work. The plan is to achieve the following milestones.

- MMC and El Dorado County finalize subcontract.
- Contract approved by El Dorado County Board of Supervisors
- MMC hires health education coordinator
- Transfer of CMSP educational and other materials from County Public Health to MMC
- HEC begins immediately engaging with patients in MMC's ER, wound care clinic, and field locations
- HEC attends, engages potential CMSP clients at, and partners with County HHST eligibility workers (as events arise)
- Interim report for activities through 6/30/2020
- County Public Health evaluates program data since launch
- Final report for activities from start through 12/31/2020

There is some chance that the contract will not be signed if MMC deems that there is insufficient time in the remaining part of the year for the work to be performed, however we are encouraging them to continue on this path, which may tie into other similar activities they plan to perform in future years.