RESOLUTION - ACTION REQUESTED 2017-93

MEETING: February 28, 2017

TO: The Board of Supervisors

FROM: Eric Sergienko, Health Officer

RE: CMSP County Wellness & Prevention Pilot Project

RECOMMENDATION AND JUSTIFICATION:
Approve the Agreement with the County Medical Services Program (CMSP) to Implement a County Wellness and Prevention Pilot Program; Authorize the Health Officer to Sign the Agreement; and Approve a Budget Action Increasing Revenue and Appropriations in the Health Budget from CMSP in the Amount of $150,000, for a Three Year Grant Period.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
On November 3, 2015, the Board of Supervisors approved the request to apply for non-competitive grant from the CMSP for a County Wellness and Prevention Pilot Project with Resolution number 2016-645.

The goals of the Mariposa County CMSP (County Medical Services Program) Wellness and Prevention Pilot Project are to identify and address the social determinants of health of the adult uninsured population, and improve the general health and wellness of uninsured adults in the community through increased awareness and linkage to preventative care services available to potential CMSP eligible individuals.

The pilot project will target CMSP enrolled and CMSP eligible individuals (ages 21-64, income up to 300% FPL, uninsured) as well as Medi-Cal eligible persons. CMSP has identified that 10% of Mariposa County residents currently do not have health insurance. While Medi-Cal enrollment has increased over the first two years of the Affordable Care Act, there continues to be a portion of our population who remain uninsured.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Do not authorize the Health Officer to sign the agreement.

FINANCIAL IMPACT:
None. 100% grant funded. Grant amount shall not exceed $150,000 for a term of beginning March 1, 2017 and terminates on June 30, 2020. The appropriate grant revenue and appropriations have been included in the Requested Budget for Fiscal Year 2017-18 in the Health operating budget. Adjustments to the
budget will be made during Mid-Year, if the Department does not receive the grant.

ATTACHMENTS:
Notice of Award Letter (PDF)
CMSP Agreement Cover Letter (PDF)
CMSP County Wellness & Prevention Pilot Project Agreement (PDF)
Revised Budget Action Form for CMSP (PDF)

CAO RECOMMENDATION
Requested Action Recommended

Dallin Kimble
Dallin Kimble, Interim CAO 2/23/2017

RESULT: ADOPTED BY CONSENT VOTE [UNANIMOUS]
MOVER: Merlin Jones, District II Supervisor
SECONDER: Rosemarie Smallcombe, District I Supervisor
AYES: Miles Menetrey, Rosemarie Smallcombe, Merlin Jones, Marshall Long
EXCUSED: Kevin Cann
## BUDGET ACTION FORM

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<th>DESCRIPTION</th>
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<td>20,000</td>
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**TOTALS**

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<tr>
<th>TRANSFER BETWEEN FUNDS</th>
<th>DEBIT</th>
<th>CREDIT</th>
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**ACTION REQUESTED:** (Check all that apply)

(X) Budget appropriation by Board of Supervisors (4/5ths Vote Required): Amending the total amount available in the county budget, or in any one fund of the budget, or transferring appropriation from contingencies.

( ) Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations from one budget to another, or between categories within a budget unit.

**JUSTIFICATION:**

Appropriate $50,000 in revenue for the CMSP/Wellness Grant and $50,000 in expenses for the remainder of FY 16-17 Public Health Department.

**DEPT HEAD SIGNATURE**

**APPROVED BY RES NO.** 17-93

**CLERK**

**DATE** 3/22/17

**DEPARTMENT** Eric Sergienko, MD, MPH, Health Officer

**AUDITOR'S USE ONLY**

**BA #**
AGREEMENT FOR

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD

COUNTY WELLNESS & PREVENTION PILOT PROJECT

between

COUNTY MEDICAL SERVICES PROGRAM
GOVERNING BOARD
("Board")

and

MARIPOSA COUNTY HEALTH DEPARTMENT
("Grantee")

Effective as of:
March 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 March 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 March 1, 2017.

**BOARD:**

COUNTY MEDICAL SERVICES
PROGRAM GOVERNING BOARD

By: Karl Brownstein, Administrative Officer

Date: 3/9/17

**GRANTEE:**

By: Title: Health Officer

Date: 3/1/2017

**APPROVED AS TO FORM:**

STEVEN W. DAHLEM
COUNTY COUNSEL
EXHIBIT A

GRANTEE:  Mariposa County Health Department

GRANTEE'S PARTNERS UNDER CONTRACT:

GRANT FUNDS:

Total Amount To Be Paid under Agreement: $150,000
Amount to Be Paid Upon Execution Of This Agreement: $50,000
Amount To Be Paid On January 1, 2018: $50,000
Amount To Be Paid On January 1, 2019: $37,500
Amount To Be Paid On Board's Determination and Acceptance of Grantee's Completion of its
Obligations under the Terms of this Agreement: $12,500
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:
Mariposa County Health Department
Attn: Eric Sergienko, County Health Officer
PO Box 5
Mariposa, CA 95338
(209) 966-3689
(209) 966-4929 (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:

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<th>Event</th>
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<tbody>
<tr>
<td>7/8/16</td>
<td>Pilot Project Request for Proposals (RFP) Released</td>
</tr>
<tr>
<td>8/4/16</td>
<td>RFP Assistance Teleconference</td>
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<tr>
<td>8/8/16</td>
<td>Pilot Project Letters of Intent (LOI) Due</td>
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<tr>
<td>9/2/16</td>
<td>Pilot Project Applications Due</td>
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<tr>
<td>10/27/16</td>
<td>Pilot Project Applications Reviewed and Approved by Governing Board</td>
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<tr>
<td>10/31/16</td>
<td>Pilot Project Awards Announced Via Letter</td>
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<tr>
<td>1/1/17</td>
<td>Pilot Project Agreements Executed and Projects Begin Implementation</td>
</tr>
<tr>
<td>12/31/19</td>
<td>Pilot Projects End</td>
</tr>
<tr>
<td>3/31/20</td>
<td>Final Pilot Project Reports due from Counties to Governing Board</td>
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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 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 exceed 10% 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: ikemper@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.cmncounties.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 will not be accepted.

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
<table>
<thead>
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<th>3-Year Grant Amount</th>
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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:
Attachment A

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 in 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:

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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**

ATTACHMENT C


*Source*

Modified from original source. Originally prepared by Dennis Rose & Associates for the County Medical Services Program’s Wellness & Prevention Program (2001)
Chart 1: Logic Model Template

**Target Population**

The target population consists of:

- 
- 
- 
- 

**Program Theory**

If the services are:

**Activities**

And if the program provides:

- 
- 
- 
- 

**Outcomes**

Then,

- 
- 
- 

**Impact**

Ultimately,
EXHIBIT C
APPLICATION
GRANTEE'S APPLICATION
APPLICATION COVER SHEET
CMSP Wellness & Prevention Pilot Project

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

2. **Funding:**
   CMSP Pilot Project Requested Amount: $150,000
   In-Kind and/or Other Matching Amount Provided by Applicant (if any): $0

3. **Applicant:**
   Organization: Mariposa County Health Department
   Applicant's Director or Chief Executive: Eric Sergienko
   Title: County Health Officer
   Applicant's Type of Entity (specific county department): Health Department
   Address: PO Box 5
   City: Mariposa  State: CA  Zip Code: 95338  County: Mariposa
   Telephone: (209) 966-3689  Fax: (209) 966-4929
   E-mail Address: esergienko@mariposacounty.org

4. **Primary Contact Person (Serves as lead contact person during the application process.)**
   Name: Ginnie Nash
   Title: Health Educator
   Organization: Mariposa County Health Department
   Address: PO Box 5
   City: Mariposa  State: CA  Zip Code: 95338  County: Mariposa
   Telephone: (209) 966-3689  Fax: (209) 966-4929
   E-mail Address: vnash@mariposacounty.org

5. **Secondary Contact Person (Services as alternate contact during the application process.)**
   Name: Eric Sergienko
   Title: County Health Officer
   Organization: Mariposa County Health Department
   Address: PO Box 5
   City: Mariposa  State: CA  Zip Code: 95338  County: Mariposa
   Telephone: (209) 966-3689  Fax: (209) 966-4929
   E-mail Address: esergienko@mariposacounty.org

6. **Financial Officer (Serves as chief Fiscal representative for project.)**
   Name: Diane Robarge
   Title: Administrative Analyst
   Organization: Mariposa County Health Dept
   Address: PO Box 5
   City: Mariposa  State: CA  Zip Code: 95338  County: Mariposa
   Telephone: (209) 966-3689  Fax: (209) 9664929
   E-mail Address: drobarge@mariposacounty.org
Attachment A

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: 12/12/14
Name: Eric Sergienko
Title: County Health Officer
Organization: Mariposa County Health Department
Address: PO Box 5
City: Mariposa State: CA Zip Code: 95338 County: Mariposa
Telephone: (209) 966-3689 Fax: (209) 966-4929
E-mail Address: esergienko@mariposacounty.org
B. PROJECT SUMMARY

The goals of the Mariposa County CMSP (County Medical Services Program) Wellness and Prevention Pilot Project are to identify and address the social determinants of health of the adult uninsured population, and improve the general health and wellness of uninsured adults in the community through increased awareness and linkage to preventative care services available to potential CMSP eligible individuals.

The Mariposa County Health Department will focus on partnering with community healthcare providers, local government programs and community-based nonprofit organizations to build and sustain a coordinated approach to chronic disease prevention for the uninsured and low socioeconomic status (SES) populations in the County. The pilot project will target CMSP enrolled and CMSP eligible individuals (ages 21-64, income up to 300% FPL, uninsured) as well as Medi-Cal eligible persons. CMSP has identified that 10% of Mariposa County residents currently do not have health insurance. While Medi-Cal enrollment has increased over the first two years of the Affordable Care Act, there continues to be a portion of our population who remain uninsured.

The CMSP Outreach and Engagement Pilot Project will identify the social determinants of health and the barriers, both real and perceived, to provision of health care insurance and preventative health services among the target population. We will use the data obtained to identify and prioritize outreach efforts to the target population about CMSP eligibility and the new Primary Care Benefit. The project aims to:

- Identify and enroll the uninsured population of CMSP eligible individuals in Mariposa County.
- Educate the target population on the benefits of regular preventative health care screenings
- Determine and address the social determinants of health (SDOH) the populations' health outcomes and methods link them to appropriate safety net programs.
- Increase knowledge of CMSP’s Primary Care Benefit among community partners and local health care providers
- Improve the health of potential and current CMSP enrollees through increased Primary Care Benefit utilization.

The Project will implement a twofold approach for outreach to the target population through coordinated efforts with 1) existing departmental chronic disease prevention programs, such as immunization, obesity prevention (nutrition, physical activity), and tobacco cessation education; and 2) direct potential CMSP enrollees to resources for CMSP application assistance, and other public programs that address the SDH (e.g. housing, transportation, and food assistance programs) through engagement with community partners.
CMSP County Wellness & Prevention Pilot Project Proposal / Mariposa County

The Health Department will work closely with Mariposa County Human Services, the Mariposa County Health & Wellness Coalition, other County services (Probation, Housing, Sheriff, Victims Services), health care providers, and interested community partners, to target the CMSP and Medi-Cal eligible uninsured population.

Finally, the project evaluation methods will assist in identification of the SDOH that create barriers to preventative health care access and the social services programs that alleviate conditions that contribute to overall health and wellness. The evaluation findings will be instrumental to creating best practices to address these SDOH barriers, and should additional funding be available, to improve upon and sustain the piloted resource linkage system for the targeted population and other low SES individuals in Mariposa County.

C. PROJECT NARRATIVE

1. Statement of Problem / Need Within Community

CMSP has identified that 10% of Mariposa County residents currently do not have health insurance. After the Affordable Care Act was implemented, Mariposa County Human Services received funding through Blue Shield Foundation to conduct outreach and enrollment efforts to Medi-Cal eligible individuals. With this outreach effort, the County was able to realize a significant increase in Medi-Cal enrollment and a reduction in the need for CMSP utilization over the first two years of the Affordable Care Act. Nonetheless, there continues to be a portion of our population that is not enrolled in any of these safety net programs. Unfortunately, when individuals lack basic access to healthcare and financial support for medical visits, they tend to put off their healthcare needs until an emergency arises, exposing both themselves and the health care system to a higher level of financial and personal costs.

Rural communities have some unique characteristics which make it challenging to outreach to and engage a certain segment of the community. One challenge is the geographic barrier. Vast in overall geographic expanse, Mariposa County has 12 people per square mile, limited public transportation, and a topography that makes it difficult to travel to inclement weather. Additionally, many people attracted to rural areas such as this are happy to live "off the grid", steering clear of traditional services or attention from the government or health/social services sectors. For this reason, traditional outreach or engagement efforts may fall short with this community. Another demographic factor is the high number of individuals with disabilities. According to the US Census (2014) 11.7% of Mariposa County residents report a disability as compared with 6.7% in California overall. The American Community Survey puts this number as high as 20% of people in Mariposa County report having some form of disability, physical or emotional/mental.
For individuals who have gone through the Social Security Disability process, they are qualified for Medi-Cal in most cases, however, the County has many individuals either by choice or due to lack of capacity to complete the application have not gone through this process and continue to be uninsured. Due to the economic landscape in Mariposa, with tourism being our primary economic driver as home to Yosemite National Park, many of our jobs are part-time, seasonal or run by small businesses/sole proprietors. Often these employers do not, or cannot, offer health insurance and the employees make too much to qualify for Medi-Cal, but too little to afford their own coverage through the Exchange. Many probably meet CMSP eligibility. Finally, there is a segment of the community that chooses not to participate in any sort of government program. This is the group of individuals who even when identified to would be most difficult to engage due to cultural beliefs or attitudes about “government support”.

In order to address the barriers to engaging the target population outlined above, during the first year of this Project, we will conduct further analysis with our health care and social service partners, non-profits, churches, community leaders, clubs and service organizations, and chamber of commerce/economic development department to gain a better understanding of who is still uninsured (CMSP Eligible) and what barriers, either intrinsic or extrinsic, these individuals face to accessing insurance or health care. This analysis, through the form of interviews, focus groups, surveys, etc. will allow us to further shape outreach and engagement efforts in the subsequent years of this grant. Additionally, given the current national political changes, there is uncertainty about the future target populations for Medi-Cal and by virtue CMSP during the upcoming years, all of which may influence our work and strategies on this Project to engage and enroll CMSP eligible individuals.

2. Local Health Care Delivery System Landscape

Mariposa County is a rural medically underserved area with poor access to primary care with 27.5 primary care providers per 100,000 residents as compared to the US median of 48.0. Both the age adjusted chronic lower respiratory disease death rate and adult asthma prevalence are higher than comparable communities and 9.7% of adults have diabetes (as compared to 8.1% in US).

Primary care is delivered through three Rural Health Centers and one Tribal Health Center:

- John C. Fremont Family Practice (Mariposa township)
- Horisons Unlimited Health Care (Mariposa township)
- John C. Fremont Northside Clinic (Greeley Hills)
- MACT Tribal Health Clinic (Mariposa township)
Hospital care within the county is limited to one critical access hospital:
  • John C. Fremont Hospital (Mariposa township)

John C. Fremont also provides a skilled nursing facility. Specialty care providers visit John C. Fremont on a monthly basis to provide consultative services, but the majority of specialty care and referrals are performed outside of the county. The strength of the local health care system is that it is small and relatively well connected system. The challenge is accessing primary care and optimizing the use of both physicians and mid-level providers to ensure the best care possible.

The Mariposa County Health Department provides limited clinical services including immunizations, sexually transmitted infection clinic, family planning clinic, and well child exams. In addition, the department provides health education include tobacco cessation and nutritional education through the SNAP ED program. Behavioral health services are available through local providers and through the Department of Human Services, including telehealth options.

3. Description of Proposed Project

The Mariposa County Health Department will perform the following activities during the three-year CMSP Pilot Project timeframe. The activities align with the implantation Work Plan timeline and the anticipated outcomes as outlined in the Logic Model.

Pilot Project Year 1

1. The Health Department will contract with a consultant to conduct key informant interviews, surveys, and focus group sessions with community leaders, stakeholders, and "gatekeepers" to the target population to assess and quantify the real and perceived barriers to receiving preventative health care services that relate to the Social Determinants of Health (SDH) among low SES populations (e.g. health care provider availability, transportation costs, health care navigation, employment status, and/or knowledge level of health benefits derived from preventative health care).

2. The consultant will analyze results of community information gathering sessions, and secondary data sources and provide recommended methods and evaluation measures for enrollment outreach activities (i.e. locations, populations, partnership opportunities) and other potential linkage methods for potential CMSP enrollees.

3. Health Education and nursing staff will conduct a minimum of two (2) preliminary chronic disease (wellness) outreach events targeting the uninsured population to create awareness of the CMSP program, and more specifically, promote the Primary Care Benefit.
4. Surveys will be conducted at outreach events to assess community knowledge and awareness of the SDH barriers to health care access, health insurance attainment, and CMSP services. Paid media (newspaper ads) and social media will be used to inform the community of outreach events and access to the CMSP Primary Care Benefit.

5. The Health Department consultant, in partnership with Human Services eligibility staff, will develop a healthcare provider CMSP eligibility and enrollment information kit and conduct a minimum of two (2) informational presentations on the CMSP Primary Care Benefit and enrollment guidelines to local health care providers.

Pilot Project Year 2:
1. In the first quarter, Health Department staff and the Consultant will conduct a CMSP “Partners Outreach” Workshop to disseminate the findings of the preliminary research conducted in Year 1, encourage partner engagement in upcoming CMSP outreach events to promote resources/services for low SES populations and to solicit best practice methods for linking the project target population to CMSP application assistance.

2. The Health Department will conduct quarterly outreach events to include chronic disease prevention education, basic preventative health screenings (i.e. blood pressure, diet/physical activity questionnaire, etc), and promotion of the CMSP Primary Care Benefit. Eligibility workers from Human Services will be invited to attend events; when not present, potential enrollees will be referred to Human Services for application assistance. Events will take place at locations determined to be most effective based on the Year 1 analysis. Paid media (newspaper ads) and social media will be used to inform the community of events and the CMSP Primary Care Benefit.

3. The Health Department consultant will provide local healthcare providers and partners with quarterly updates on CMSP enrollment numbers. Provider CMSP information kits will be available for distribution upon request.

4. In partnership with Human Services, the Health Department consultant will develop a system to effectively link the target population with Human Services for application assistance and processing. The consultant will work with partner organizations (e.g. Probation, Crisis Services, food banks, housing providers, etc.) to pilot the CMSP linkage plan for potential enrollees to include linkages for the target population to CMSP application assistance and community resources that address the SDH among low SES populations.
Pilot Project Year 3:
1. The Health Department will conduct quarterly outreach events to include chronic disease prevention education, basic preventative health screenings (i.e. blood pressure, diet/physical activity questionnaire, etc.), and promotion of the CMSP Primary Care Benefit. Eligibility workers from Human Services will be invited to attend events; when not present, potential enrollees will be referred to Human Services for application assistance. Events will take place at locations determined to be most effective based on the Year 1 analysis. Paid media (newspaper ads) and social media will be used to inform the community of events and the CMSP Primary Care Benefit.

2. Surveys will be conducted at outreach events to re-assess community knowledge and awareness of the SDH barriers to health care access, health insurance attainment, and CMSP services. Paid media (newspaper ads) and social media will be used to inform the community of events and the CMSP Primary Care Benefit. Survey data will be used to determine if changes to outreach strategies are needed.

3. The Health Department consultant will continue to provide local healthcare providers and partners with quarterly updates on CMSP enrollment numbers. Provider CMSP information kits will be available for distribution upon request.

4. The Health Department consultant will evaluate the CMSP target population linkage system to determine effectiveness, challenges and opportunities for improvement. Community partners will be invited to a workshop to review the linkage system effectiveness and solicit feedback for improvements and sustainability measures, with an overall goal of maintaining increased CMSP enrollment numbers.

5. The Health Department consultant and staff, in partnership with Human Services, will prepare best practice guidelines for sustaining the CMSP program enrollment linkages and disseminate the findings to the community partners and healthcare providers.
5. **Organization and Staffing**

**Mariposa County CMSP Wellness & Prevention Pilot Project Organizational Chart**

- **Eric Sergienko**
  - County Health Officer

- **Mariposa County Human Services POC**

- **Ginnie Nash**
  - Public Health Educator

- **Margarita King**
  - Public Health Nurse

- **Diane Robarge**
  - Admin Analyst

- **Carol Thomas**
  - Secretary

- **Brianna Samuelson**
  - PAII - Health Education

- **Consultant**

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**County Health Officer** (HO – Eric Sergienko, MD, MPH) will provide general oversight of all program activities, deliverables and engagement with community partners. Dr. Sergienko holds a Master’s in Public Health. He recently retired from the United States Navy and most recently served as the Department of Defense Liaison to the Centers for Disease Control in Atlanta and as the Director of Public Health at the Naval Hospital in Guam.

**Public Health Educator** (PHE - Ginnie Nash) will be the primary lead for the project. She will oversee the project activities, consultant deliverables and process evaluation. The PHE oversees two grant programs to promote wellness and chronic disease prevention in the community. The PHE holds a Master’s in Public Health in Health Behavior Health Promotion and is a Certified Health Education Specialist (CHES), with five years of
community health programming experience. The PHE facilitates the Mariposa County Health and Wellness Coalition, engages with both County and community based organizations to foster community collaboration efforts to address policy, system and environmental changes with a goal of improving the overall health of Mariposa County residents. The PHE will supervise activities of the PAII-HE and the Consultant.

**Program Assistant II Health Education** (PAII-HE - Brianna Samuelson) will be assigned to public outreach material development, planning and distribution. The PAII-HE works in two health education programs that are engaged in similar outreach activities and has experience providing chronic disease prevention education, curriculum development, outreach, and facilitation of community events.

**Public Health Nurse** (PHN Manager – Margarita King) will oversee nursing participation in quarterly outreach events to provide basic health screenings procedures in collaboration with the PHE, PAII-HE and the Consultant.

**Consultant/Evaluator** (TBD) will provide project planning framework for outreach evaluation and coordinate with the PHE to develop outreach and education efforts to the target population, local healthcare providers and partner organizations. The Consultant’s will include, but are not limited to the development of survey instruments, conducting focus group and key informant interviews, primary and secondary research data interpretation and analysis, and assist with preventive health care benefits and chronic disease education materials development.

**Administrative Analyst** (AA – Diane Robarge) will be responsible for financial reporting, budgeting and invoicing. The AA has been a Mariposa County employee for several years, worked in the Auditors office and currently is responsible for budget reporting of all CDPH and the general budget of the Health Department.

**Secretary** (Carol Thomas) works under the lead of the AA, and will be responsible for time studies of payroll purposes, equipment orders, accounts payables and general office support.
6. Implementation Work Plan

<table>
<thead>
<tr>
<th>Activity</th>
<th>Start</th>
<th>Finish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify key deliverables and hire consultant to assist with project planning, research, outreach and evaluation</td>
<td>3/1/17</td>
<td>4/1/17</td>
</tr>
<tr>
<td>Key informant interviews, public opinion surveys, focus groups on SDH and low-SES population; secondary data research</td>
<td>4/1/17</td>
<td>6/30/17</td>
</tr>
<tr>
<td>Analyze community data; develop outreach strategy. Develop pre/post survey to assess public knowledge of SDH. Develop CMSP promotion and media plan (print, social media, etc.)</td>
<td>04/01/17</td>
<td>8/30/17</td>
</tr>
<tr>
<td>Develop provider informational kits; schedule and conduct minimum of 2 presentations.</td>
<td>7/1/17</td>
<td>12/31/17</td>
</tr>
<tr>
<td>Conduct preliminary community outreach events (2) to include public surveys to assess local knowledge/awareness of the SDH and barriers to receiving health care services.</td>
<td>8/1/17</td>
<td>12/31/17</td>
</tr>
<tr>
<td>Implementation of media plan; continued promotion of CMSP program, Primary Care Benefit, outreach events.</td>
<td>9/1/17</td>
<td>12/31/19</td>
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<tr>
<td>Plan and conduct the CMSP Partners Outreach Workshop</td>
<td>11/1/17</td>
<td>1/31/18</td>
</tr>
<tr>
<td>Conduct quarterly outreach events to include chronic disease prevention education, health screenings, CMSP eligibility and program information, enrollment assistance and information on other safety net program resources.</td>
<td>1/1/2018</td>
<td>12/31/19</td>
</tr>
<tr>
<td>Provide local healthcare providers and community partners with quarterly updates on CMSP enrollment; and provide CMSP information kits as requested.</td>
<td>04/1/18</td>
<td>2/1/2020</td>
</tr>
<tr>
<td>Develop and implement a pilot linkage system for the target population to provide application assistance and linkage to other safety net / social services resources. Involve Human Services and community partners in process.</td>
<td>01/01/18</td>
<td>12/31/19</td>
</tr>
<tr>
<td>Conduct public surveys (post) at outreach events to assess knowledge/ awareness of the SDOH; analyze data and determine if changes to outreach strategies are needed.</td>
<td>1/1/19</td>
<td>09/30/19</td>
</tr>
<tr>
<td>Conduct ongoing process evaluation of the pilot linkage system to determine effectiveness and opportunities for improvement.</td>
<td>07/1/18</td>
<td>12/31/19</td>
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<tr>
<td>Plan and conduct a workshop with partners to solicit partner feedback as part of evaluation of the linkage systems.</td>
<td>9/1/19</td>
<td>10/31/19</td>
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<tr>
<td>Compile data collected over project timeframe, create summary findings of the three year project; investigate sustainability opportunities; report findings to the CMSP Governing Board. ///</td>
<td>4/1/19</td>
<td>3/31/20</td>
</tr>
</tbody>
</table>
D. LOGIC MODEL

Mariposa County CMSP Wellness and Prevention Project – Logic Model

<table>
<thead>
<tr>
<th>Target Population</th>
<th>Program Theory</th>
<th>Activities</th>
<th>Outcomes</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mariposa County CMSP enrolled and CMSP eligible individuals (ages 21-64, income up to 300% FPL, uninsured), as well as Medi-Cal eligible persons.</td>
<td>Engagement with the target CMSP eligible population to increase knowledge of preventative health care will improve overall wellness through preventive health care benefit use.</td>
<td>Data to support and identify the target populations needs, barriers to care and the SDOH that influence choices.</td>
<td>Shortterm: Providers will be familiar with CMSP eligibility and benefits provided.</td>
<td>Improved health outcomes among the CMSP eligible population will be achieved through chronic disease reduction and prevention.</td>
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<td></td>
<td>Linkages with community partners to provide local resources to address the social determinants of health (SDOH) that negatively impact access to services to improve the health of the target population will promote positive community health outcomes.</td>
<td>Outreach to target population to engage, educate and encourage enrollment in CMSP and uptake of the Primary Care Benefit.</td>
<td>Intermediate: Relationships with partner organization will be strengthened and linkage systems piloted to address provision of services related to the SDOH.</td>
<td>AND Prevention services for addressing the social determinants of health will improve overall community health.</td>
</tr>
<tr>
<td></td>
<td>Provider and community partner knowledge and support of the CMSP program will increase enrollment.</td>
<td>Local health care provider education on the CMSP program and the new Primary Care Benefit.</td>
<td>Long term:  The number of CMSP enrollees will increase within 3 years of program implementation.</td>
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<td></td>
<td></td>
<td>Chronic disease prevention, primary and preventive care benefit outreach to target population.</td>
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<tr>
<td></td>
<td></td>
<td>Link target population to safety net/social services programs that will positively influence the SDOH.</td>
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E. PROPOSED EVALUATION METHODOLOGY

The Mariposa County Health Department will contract with a consultant to develop strategies to evaluate the Pilot Program implementation process, effectiveness and monitor expected outcomes. The consultant will review data collection and reporting procedures with key project partners and develop a formal evaluation plan designed to discover to what extent the project was implemented as planned (fidelity), the proportion of target population participation (reach), extent to which the program influenced the program outcomes (context), and identification of implementation barriers encountered and how they were resolved.

Methods and data sources that may be used to evaluate program activities include:

Primary research data examples to evaluate program fidelity and context will include both qualitative and quantitative data collection, with examples as follows:

- Development of pre and post surveys at wellness events to determine individual knowledge and perceptions of preventative health care benefits, awareness of the factors that contribute to the SDOH and knowledge of CMSP programs.
- Pre and post surveys at workshop events to assess knowledge of the SDOH, CMSP program benefits and eligibility.
- Qualitative data instruments will include key informant interviews and focus groups to determine best practices to reach the target audience, and strategies for linking them to CMSP and other social programs.

Primary research data examples to evaluate program context and reach include:

- Track and measure the number of CMSP enrollees
- Number and attendance at outreach events
- Number and type of preventive health screenings provided at outreach events
- Number of provider presentations conducted and number of information toolkits distributed
- Tracking of number and type of CMSP promotions placed in local media sources

Secondary research methods will include analysis of County demographics, with a focus on factors that contribute to the SDOH (e.g. housing, education level, employment status, transportation, and health insurance status. Data sources will include US Census Bureau, California Health Interview Study (CHIS), Enroll America, County Health Rankings and Roadmaps (RWJ Foundation), Mariposa County Human Services database, among others.

Barriers to implementation of the planned program activities will be monitored every six months for effectiveness and improvement. For example, participation numbers will be reviewed, if they are much lower than anticipated, data collected at events will be analyzed, outreach strategies and/or media plan will be reexamined, and updated based on findings.

The Health Department will hold regular internal meetings to review data collected, discuss implementation challenges and successes, determine methods for program improvement as needed, and discuss progress of partnership activities.
F. BUDGET AND BUDGET NARRATIVE

**Personnel Expense:** Year 1 = $26,715; Year 2 = $27,885; Year 3 = $29,280; Total $83,880

**Public Health Officer:** Will work in the project all three years, however will only be in the budget for Year 1, and will be in indirect in years 2 and 3. *Year 1 FTE will be .025.*

**Public Health Educator:** Will work in the project all three years as the lead on project, managing day to day responsibilities while monitoring progress and evaluation. FTE in Year 1 will be at .1 due to program set-up and delineation of duties throughout the project and FTE Year 2 & 3 will be reduced to 0.05 FTE. *Year 1 FTE will be .1, Year 2 & 3 will be .05.*

**Program Assistant II:** Will work in project all three years. Year 1 will be at .085 FTE, however anticipate increasing outreach responsibility years 2 and 3, therefore increase FTE to .1 in Years 2 & 3. *Year 1 FTE .085, FTE Year 2 & 3 .1.*

**Public Health Nurse:** Will work in project all three years as the Public Health Nurse Educator. Year 1 will be at .05 FTE and anticipate outreach responsibilities to increase to .075 FTE. *Year 1 FTE .05, Year 2 & 3 FTE .075.*

**Administrative Analyst:** Will work in the project all three years at the same FTE. *Year 1, 2, 3 FTE .025.*

**Secretary:** Will work in the project all three years at the same FTE. *Year 1, 2, 3 FTE .025.*

**Professional Services/Consultant:** Year 1 = $7,500; Year 2 = $6,000; Year 3 = $8,000; Total $21,500

The Consultant will be involved for all three years of project. Consultant will be responsible for project planning, promotion and coordination of outreach and education events, development of materials and conducting overall project evaluation.

**Operating Expense**

**Office Expense:** Year 1 = $3,013; Year 2 = $2,526; Year 3 = $2,992; Total $8,531

Both Direct and program’s share is based on FTE from quarterly time report of attributable expenses as well as cost for start-up office related costs. Year 1 cost is increased due to initial purchases for general office, binders, paper, print cartridges, etc. Cost reduced Year 2 & 3 based on FTE as actual estimated cost for supplies.
Software: Year 1 = $200; Year 2 = $200; Year 3 = $200; Total $600
Cost is based on prorated cost for program’s share of department’s use of software program. Estimated at $200 per year.

Copier: Year 1 = $400; Year 2 = $400; Year 3 = $400; Total $1,200
Cost is based on prorated estimated cost for program’s share of department’s use of copier. Estimated at $400 per year.

Communications: Year 1 = $200; Year 2 = $200; Year 3 = $200; $600
Cost is based on prorated estimated cost for program’s share of department’s use of phone system. Estimated at $200 per year.

Equipment: Year 1 = $1,400; Year 2 = $0; Year 3 = $0; Total $1,400
Cost is based on start-up cost for purchase of two iPad mini tablets with hot spot Wi-Fi capability and accessories. Estimated cost is $700 per unit. Estimated at $1,400 for Year 1. Zero cost for Year 2 & 3.

Travel: Year 1 = $900; Year 2 = $1,500; Year 3 = $500; Total $2,900
Cost is based on estimated travel miles for Years 1, 2 & 3. Year 1 estimated at $900 Total, for two staff to attend a Wellness/Chronic disease prevention workshop includes overnight lodging, mileage (within 400 miles), per diem, registration fee ($400 per person), and travel to outreach events. Year 2 is increased to include costs for extensive outreach travel by staff, consultant and speaker at workshop event. Reduced travel mileage during Year 3; outreach events only.

Other Expenses

Educational Materials: Year 1 = $3,500; Year 2 = $3,500; Year 3 = $2,000; Total $9,000
Cost is based on initial direct expense in Year 1 & 2 for program supplies which will include signs, brochures, flyers and participant related costs such as incentives for participation in focus groups and printing related costs for providers, reproduction of flyers using outside services, incentives for survey participants, and meeting costs (healthy snacks/beverages) for focus group and workshop sessions. Cost is reduced for Year #3 as bulk of educational items including printing will be produced in Years 1 & 2.

Media: Year 1 = $1,000; Year 2 = $1,000; Year 3 = $1,000; Total $3,000
Costs include media ads placed on local radio, newspapers, community signs, etc.

Professional Services/Evaluation: Year 1 = $2,500; Year 2 = $2,500; Year 3 = $2,500; Total: $7,500
$2,500 per year to be used to support any expenses that may be needed to evaluate the project, including but not limited to consultant’s time. Evaluation expenses may also include purchasing statistical software and/or paying to access Mariposa County specific data.

Misc/Workshop: Year 1 = $0; Year 2 = $1,500; Year 3 = $0; Total $1,500
Includes costs for half day Partners CMSP Outreach Workshop in Year 2. Estimated cost includes speaker fees, lunch, facility rental, refreshments, printing, and materials.
Indirect Cost: Year 1 = $2,672; Year 2 = $2,789; Year 3 = $2,928; Total $8,389
Indirect cost rate of 10%. Indirect cost is based on FTE personnel costs and covers project overhead costs including, utilities, administrative cost from other county departments, county insurance, unemployment, payroll services and workers compensation cost, etc.
## CMSP Pilot Project Requested Budget $150,000

**No County Match**

Budget based on Calendar Year 1/1/2017 - 12/31/2019

<table>
<thead>
<tr>
<th>Personnel Costs</th>
<th>%FTE</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>Total Cost</th>
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<tbody>
<tr>
<td>Salaries</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Health Officer</td>
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<td>$162,500.00</td>
<td>$3,385.00</td>
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<td>Public Health Educator</td>
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<td>$78,572.00</td>
<td>$6,548.00</td>
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<td>$37,505.00</td>
<td>$2,657.00</td>
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<td>Public Health Nurse</td>
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| Operating Expense        |       |       |       |       |            |
| Office Expense           |       | $3,013.00 | $2,526.00 |       | $2,992.00 |       | $8,531.00 |            |
| Software                 |       | $200.00 | $200.00 |       | $200.00 |       | $600.00 |            |
| Copier                   |       | $400.00 | $400.00 |       | $400.00 |       | $1,200.00 |            |
| Communications           |       | $200.00 | $200.00 |       | $200.00 |       | $600.00 |            |
| Equipment (2 load Mini's with accessories) |       | $1,400.00 | $- |       | $- |       | $1,400.00 |            |
| Educational Materials    |       | $3,500.00 | $3,500.00 |       | $2,000.00 |       | $9,000.00 |            |
| Travel                   |       | $900.00 | $1,500.00 |       | $500.00 |       | $2,900.00 |            |
| Professional Services/Consultant |   | $7,500.00 | $6,000.00 |       | $8,000.00 |       | $21,500.00 |            |
| Professional Services/Evaluator | | $2,500.00 | $2,500.00 |       | $2,500.00 |       | $7,500.00 |            |
| Media                    |       | $1,000.00 | $1,000.00 |       | $1,000.00 |       | $3,000.00 |            |
| Workshop (year 2)        |       | $1,500.00 | $- |       | $- |       | $1,500.00 |            |
| **Operating Expense Subtotal** | | $20,613.00 | $19,326.00 |       | $17,792.00 |       | $57,731.00 |            |

**Total Salary and Operating Expenses** | $47,328.00 | $47,211.00 | $47,072.00 | $141,611.00 |

**Indirect Cost 10%** | $2,672.00 | $2,789.00 | $2,928.00 | $8,399.00 |

**Indirect Total** | $2,672.00 | $2,789.00 | $2,928.00 | $8,399.00 |

**TOTAL BUDGET** | $50,000.00 | $50,000.00 | $50,000.00 | $150,000.00 |
G. LETTERS OF COMMITMENT AND/OR SUPPORT

Mariposa County Human Services
John C. Fremont Healthcare District
Affordable Housing Coalition of Mariposa County
November 29, 2016

County Medical Services Program
1545 River Park Drive, Suite 435
Sacramento, CA 95815

To Whom it may Concern:

I am writing this letter of commitment to show Mariposa County Human Service Department’s (Human Services) commitment to the CMSP funded Outreach and Engagement Project led by the Mariposa County Health Department (Health Department). Human Services houses the County’s Social Services and Behavioral Health Programs. As such, we have done extensive outreach to the Medi-Cal population to engage and enroll them in health insurance as well as been CMSP’s partner in enrollment of eligible individuals.

This current Project seeks to increase the enrollment of eligible CMSP individuals with the expansion of this population to 300% of the Federal Poverty Level. Although most of the individuals who come into our agency for services meet this criteria and therefore are ready to engage with us, there is still a stigma associated with social services (AKA “Welfare”) or behavioral health services that continue to create a barrier for some segments of our community.

The utilization of public health nurses, health care providers, faith based leaders, Chamber of Commerce, and others who don’t represent the “government” or “welfare” systems to both outreach to and engage individuals who would otherwise avoid seeking services is essential for effectively reaching this community. Once these individuals have been engaged, however, our team of eligibility workers will partner with the Health Department to enroll individuals in CMSP (or Medi-Cal or Covered California, if more appropriate).

We look forward to this partnership and success of this Project in being able to improve health outcomes for our community members most at risk of needing emergency health care interventions and services.

Sincerely,

Chevon Kothari, MSW
Director
December 16, 2016

County Medical Services Program Governing Board
1545 River Park Drive, Suite 435
Sacramento, CA 95815

RE: Letter of Support for the Mariposa Wellness & Prevention Pilot Project

On behalf of John C. Fremont Healthcare District (JCFHD), I write to express my support of the Mariposa County Health Department application to the County Medical Services Program (CMSP) Governing Board to implement a project that will identify, engage and link potential CMSP enrollees (uninsured adults ages 18-64, not otherwise eligible for Medi-Cal) with primary care and other necessary medical services.

JCFHD operates three primary care facilities to serve the residents of Mariposa County, and is the only hospital serving the entire County. We strive to provide patient care services that are useful to the community we serve, and look forward to collaborating with the Health Department should the Mariposa County Wellness & Prevention Pilot Project be funded. As the primary health care provider in the County, we are committed to promoting and providing wellness and prevention services for uninsured populations.

Potential activities we expect to take part in, with the Health Department as the lead, may include:

➢ Participating in collaborative meetings
➢ Accepting CMSP insurance as a health care provider
➢ Facilitation of potential enrollee linkage to Human Services to screen for CMSP eligibility
➢ Educating medical staff on the CMSP program and the new Primary Care Benefit
➢ Public outreach

We look forward to working together to make improvements in the health and wellness of our community.

Sincerely,

[Signature]

Alan G. MacPhee,
Chief Executive Officer

209-966-3631
5189 Hospital Road ~ P.O. Box 216, Mariposa, CA 95338-0216
Ginnie Nash, MPH, CHES
Public Health Educator
Mariposa County Health Department

RE: County Medical Services Program Wellness and Prevention Pilot Project

Dear Ms. Nash,

The Affordable Housing Coalition of Mariposa County supports the County's application for funding for the above-referenced Pilot Project. The Coalition is also interested in coordinating outreach efforts with the Health Department as we have similar "target populations."

The County's housing crisis is one of the major "social determinates" that undermines the health and wellness of our community. Consider how the housing crisis affects health and wellness:

- The rapid recent growth of vacation rentals associated with Yosemite National Park tourism has caused an extreme shortage of rental and owner housing. The Pilot Project target population is far more affected by this shortage than more affluent residents.
- Mariposa County has a high percentage of manufactured housing and the recently-adopted Housing Element estimates that 77% of these units are in need of replacement or substantial rehabilitation.
- Rural residents rely on private wells and septic systems many of which are old and not maintained. This situation creates a health risk especially in older, deteriorating housing units. Consider the fact that over 100 private wells have "dried up" and are being supplied potable water by the Health Department.
- The shortage of affordable housing has resulted in many seasonal employees having to live in recreational vehicles or in their cars. The lack of water and sewage disposal in these situations is a health risk.

When an individual or family struggles with an unhealthy housing situation, preventive care and health insurance are unlikely to be a major concern. The Coalition is aware of many households that are living in unhealthy housing situations. The Coalition is also aware of many homeless youth, employees, and other individuals and families.

The Coalition hopes to address the housing crisis with a multi-faceted approach. Improved public health is one of our concerns. The CMSP Wellness and Prevention Pilot Project would be important in accomplishing this objective.

Please feel free to contact me at 209.742.7821 or owenevan@sti.net.

Sincerely,

Jim Evans
EXHIBIT D

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD
GRANTEE DATA SHEET

<table>
<thead>
<tr>
<th>Grantee's Full Name:</th>
<th>Mariposa County Health Department</th>
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<tbody>
<tr>
<td>Grantee's Address:</td>
<td>PO Box 5</td>
</tr>
<tr>
<td></td>
<td>Mariposa, CA 95338</td>
</tr>
<tr>
<td>Grantee's Executive Director/CEO:</td>
<td>Eric Sergienko, County Health Officer</td>
</tr>
<tr>
<td>(Name and Title)</td>
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<tr>
<td>Grantee's Phone Number:</td>
<td>(209) 966-3689</td>
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<tr>
<td>Grantee's Fax Number:</td>
<td>(209) 966-4929</td>
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<tr>
<td>Grantee's Email Address:</td>
<td><a href="mailto:esergienko@mariposacounty.org">esergienko@mariposacounty.org</a></td>
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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:  
Title: Health Officer
Date: 5/16/2017

APPROVED AS TO FORM:

STEVEN W. DAHLEM
COUNTY COUNSEL