



## Mendocino County Health & Human Services Agency

*Healthy People, Healthy Communities*



**Tammy Moss Chandler, Director**

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Public Health Nursing Branch

August 8, 2016

Chris Stanton  
Woman, Infants, and Children  
California Department of Public Health  
P.O. Box 997375  
Sacramento, CA 95899

Dear Mr. Stanton,

On behalf of the County of Mendocino, I am pleased to submit our 2017 California Department of Public Health/Women, Infants, and Children Mini-grant application for consideration.

Our project—Mendocino County Co-Enrollment Project (McCEP)—will increase WIC program reach in Mendocino County through the co-location, co-enrollment, and streamlining processes funding objective. The project will also enhance administrative coordination between county agencies and improve outreach to the WIC-eligible population. We anticipate that McCEP will be a model for rural counties throughout California and perhaps the nation.

Thank you in advance for the opportunity to apply.

Kind regards,

Ruth Lincoln, Nursing Director  
Mendocino County

MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY  
PUBLIC HEALTH SERVICES  
DIVISION OF NURSING

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APPLICATION FOR THE:

**2017 CALIFORNIA DEPARTMENT OF PUBLIC  
HEALTH/WOMEN, INFANTS, AND CHILDREN MINI-GRANT**

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**August 8, 2016**

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## I. ABSTRACT

The Mendocino County Co-Enrollment Project (McCEP) will increase WIC program reach in Mendocino County through the ‘co-location, co-enrollment, and streamlining processes’ funding objective. The project will also enhance administrative coordination between county agencies and expand outreach to the WIC-eligible population.

The work plan for McCEP consists of two parallel tracks. Track 1 seeks to increase WIC program reach among **currently enrolled** Medi-Cal recipients. The planned intervention consists of designing and producing a bilingual educational outreach/marketing packet for the WIC program that will be mailed—with cooperation from the Mendocino County Medi-Cal Division—to all currently enrolled Medi-Cal recipients who are eligible for, but not currently receiving, WIC services. A mini-grant funded, full-time WIC Health Program Eligibility Worker will follow up with and enroll all who respond to the packet, estimated to be 353 families, by the end of project year 1. This new staff position will provide WIC services to new enrollees in project years 2 and 3.

Track 2, which will implement co-enrollment beginning in project year 2, seeks to increase WIC reach among **new** Medi-Cal enrollees, including those who apply in person, online, or through the mail, estimated to be 68 families per month. For in-person applicants, funds are requested to cross-train two new county-funded Medi-Cal eligibility workers who will co-enroll WIC-eligible Medi-Cal enrollees in WIC. Co-enrollment will be piloted at the Medi-Cal office Ukiah for six months, evaluated, and then implemented at the Medi-Cal office in Fort Bragg. WIC-eligible enrollees who apply for Medi-Cal online or through the mail will be sent the WIC bilingual educational outreach/marketing packet.

The goal of these interventions is to increase WIC program reach in Mendocino County.

The McCEP Project Evaluator (Senior Public Health Analyst) will carry out the project evaluation with assistance from WIC and Medi-Cal Division staff. The key research questions include: Is the bilingual educational outreach/marketing packet effective in generating new WIC enrollees? What are the barriers to enrollment in Mendocino County? Does co-enrollment with Medi-Cal increase WIC reach? The project evaluation will use a client survey, tracking WIC enrollment, focus groups, staff interviews, and a process evaluation. Focus group and staff interview findings will be used for continuous program improvement and to improve customer satisfaction.

Key McCEP personnel include the Project Manager, Project Evaluator, Health Program Eligibility Worker, and two Co-Enrollment Specialists.

## II. NEED STATEMENT

Mendocino County is a large rural county (pop. 87,869, according to the US Census 2010 Demographic Profile) along California's north coast, two hours north of the Golden Gate. (It is the 13th largest out of 58 California counties at 3,878 square miles.) The Coastal Mountain Range, a formidable geographic barrier, divides the county. Two-thirds of the County's residents live in the inland region—which includes Ukiah (pop. 32,808), the county seat of government. The remaining one-third are settled along 90 miles of isolated coastline, with a significant population cluster in the commercial center of Fort Bragg (pop. 14,799). Fort Bragg is a 1.5-hour drive from Ukiah along narrow, winding, mountain roads. Willits (pop. 13,264) is the population center for north inland region of Mendocino County and Willits is a 30-minute drive north from Ukiah along U.S. Highway 101.

The ethnic composition of Mendocino County is in transition, as demonstrated by the 2014 kindergarten class, which was 45% Hispanic, compared with 24% of the general population. Other significant ethnic groups include White/non-Hispanic (67%) and Native American Indian (6%). Asians represent 2.1% of the population and African Americans 1%.

Much of the county is economically impoverished, with a median household income of \$43,469 (compared with \$61,094 statewide). Solid middle-class jobs in the timber and fishing industries have disappeared over the past 25 years, leaving 30.2% of children 0-5 years of age living below poverty level (\$20,090 for a family of three), and an average countywide of 57.3% of students eligible for free or reduced price meals. The range of eligibility for free or reduced price meals among the six Ukiah area elementary schools is 77.4% - 94.5%.

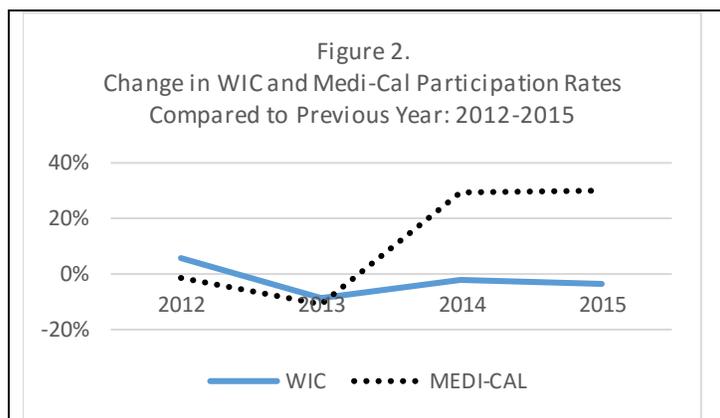
As stated in the report *State, County and Regional-Level Estimates of WIC Eligibles and Program Reach, California 2011* (Center for Family Health Women, Infants and Children Program, March 2016), WIC participation rates are declining statewide. In fact, according to the report, the Lake and Mendocino County region ranked 14<sup>th</sup> out of 40 counties/regions in WIC program coverage. Focusing in on Mendocino County, this decline in WIC coverage persists despite an expanding eligible population, as measured by the trend toward increasingly high rates of student eligibility for free and reduced price meals, as shown below.

Figure 1. Mendocino County map



ELIGIBILITY FOR FREE & REDUCED PRICE MEALS: MENDOCINO COUNTY 2010-2015				
2010-11	2011-12	2012-13	2013-14	2014-15
67.6%	63.6%	67.6%	71.4%	73.1%

Another indicator of a growing WIC-eligible population is the rapidly expanding Medi-Cal population in Mendocino County. The following graph compares the percentage increases/decreases in WIC and Medi-Cal participation between 2012 and 2015, pointing to a promising avenue for increasing WIC enrollment.



WIC staff hypothesize that several factors account for reduced program reach in Mendocino County, all of which will be tested in the evaluation of the project.

**Limited transportation.** Due to

Mendocino County’s rural, geographically dispersed population<sup>1</sup> many vulnerable families live outside of the population centers of Ukiah, Fort Bragg, and Willits. Travel to these locations can take up to two hours each way and many have neither the time nor funds to travel the distance to enroll in benefit programs. The Mendocino Transit Authority runs buses throughout the County, but public transportation is extremely limited. (WIC offers half-day clinics in some of the outlying areas of the County—once every other month in Point Arena and once per month in Covelo, Laytonville, Gualala, and Boonville—but the services are extremely limited.) Although WIC has offices in Ukiah, Fort Bragg, and Willits, the offices are not co-located with other public benefit programs. The WIC office in Ukiah is approximately one mile from the Department of Social Services, where Medi-Cal enrollment takes place. When families do make the often all-day trip to Ukiah, it is inconvenient at best, and impossible at worst, to enroll in multiple programs at multiple locations.

**Lack of knowledge about WIC.** While public benefit programs such as Medi-Cal and CalFresh are very familiar to people, the WIC program is not well known and clearly potential beneficiaries are not receiving information about it.

**Desire to minimize involvement with government agencies.** Mendocino County has a large population that is drawn to rural living precisely because of its remoteness, sometimes because they desire to live self-sufficiently off the land and off the grid and sometimes because they are engaging in illegal activity such as growing marijuana. In either case, there is sometimes a distrust of government. There is also Mendocino County’s large and growing Latino population, members of which may desire to minimize their involvement with government programs.

<sup>1</sup> Mendocino County’s Medicaid population is designated by the Office of Statewide Health Planning and Development as a Medically Underserved Population [MUP] based upon poverty, population over 65 years of age, infant mortality, and primary care physicians per 1,000 population. In addition, four areas of the county are defined as “frontier communities,” which have a population density of six or fewer people per square mile.

### III. WORK PLAN NARRATIVE

The goal of the Mendocino County Co-Enrollment Project (McCEP) is to increase WIC program reach in Mendocino County. McCEP will take a two-pronged approach to increase WIC program reach to accomplish this goal. Track 1 will focus on increasing WIC participation among the **current** estimated 1,070 WIC-eligible Medi-Cal recipients and Track 2 will focus on co-enrollment among **new** Medi-Cal enrollees.

#### *TRACK 1—ENROLLING CURRENT MEDI-CAL RECIPIENTS IN WIC*

**Baseline/Target population:** The Medi-Cal Division of Mendocino County has determined that there are currently 3,192 Medi-Cal recipients who are pregnant and/or have children up to five years of age. Of those, McCEP project planners estimate that 1,070 of them are not currently enrolled in WIC. These 1,070 families comprise the baseline/target population for Track 1.

**Activities:** To recruit new WIC enrollees from the baseline/target population, staff from the Medi-Cal Division will mail to each of them a professionally developed and designed bilingual educational outreach/marketing packet regarding WIC, with information about how to enroll. (Staff in the Medi-Cal Division will stagger the mailing of the packets into thirds by geographic region of the County, beginning in the second quarter of the project, so as not to overwhelm the availability of the WIC Health Program Eligibility Worker to respond to new enrollees.) The bilingual educational outreach/marketing packet will be created jointly by WIC staff and a marketing and graphic design consultant. The packet will have information about WIC, including how to enroll either in person at a WIC office in Ukiah, Willits, or Fort Bragg, a WIC clinic in one of the outlying areas, or through a home visit by the WIC Health Program Eligibility Worker.

McCEP project planners estimate that one-third of the baseline/target population of 1,070 families—353 families—will respond to the packet and take action to enroll in WIC by the end of project year 1. The role of the Health Program Eligibility Worker in project year 1 will be to follow up with all requests for WIC enrollment. The Health Program Eligibility Worker will administer a questionnaire survey to the new WIC enrollees to ascertain the reasons they were not previously enrolled in WIC and seek feedback on the packet itself so that it can be improved. Findings from the questionnaire survey will be analyzed by McCEP Project Evaluator.

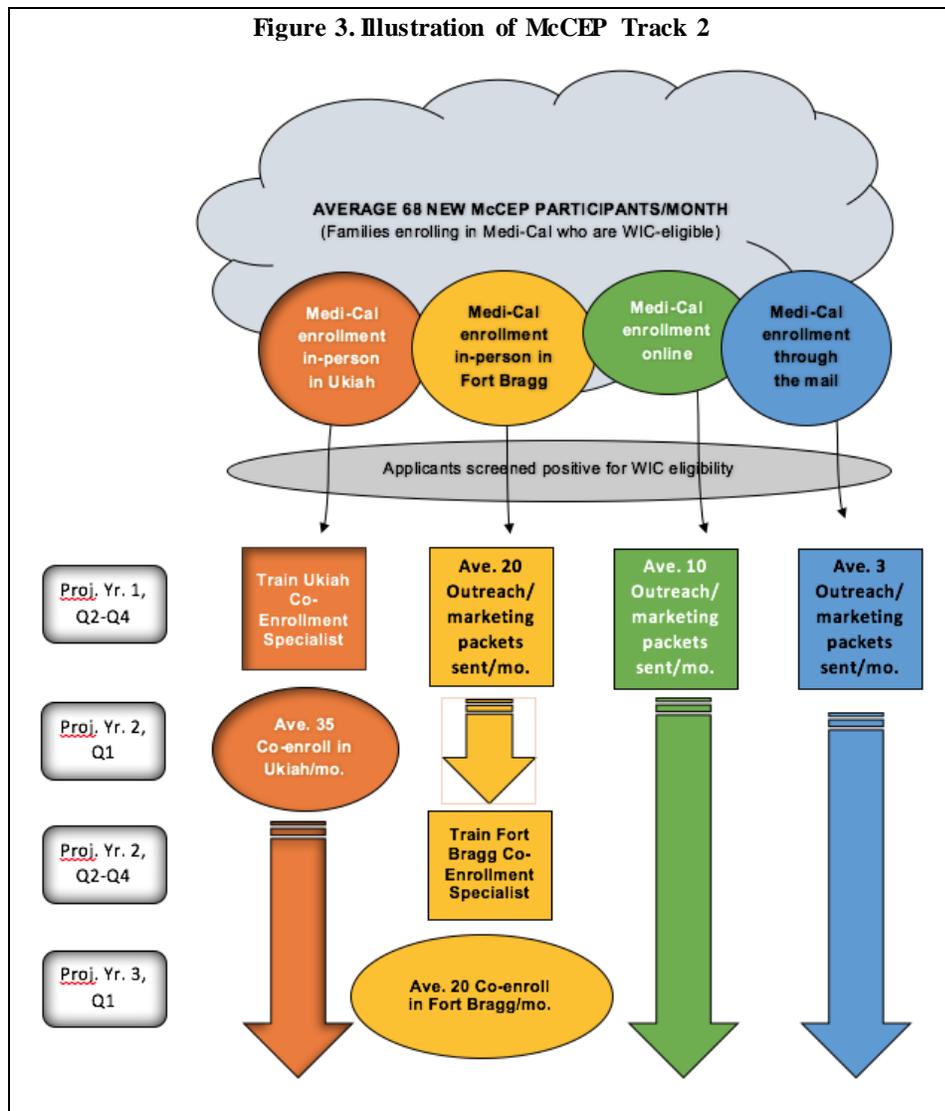
#### *TRACK 2—CO-ENROLLING ELIGIBLE MEDI-CAL APPLICANTS IN WIC*

**Baseline/target population:** The Medi-Cal Division of Mendocino County states that there is an average of 573 new Medi-Cal applicants per month. They also estimate that 12% of Medi-Cal applicants also qualify for WIC—approximately 68 families per month. McCEP will aim to co-enroll all 68 of these eligible applicants in the program.

**Activities for In-Person Co-Enrollment:** As stated, the potential exists to enroll approximately 68 new WIC participants per month who are in the process of applying for Medi-Cal. These families may apply for Medi-Cal through any of four avenues: (1) in person in Ukiah (est. 35 families per month); (2) in person in Fort Bragg (estimated 20 families per month); (3) online (estimated 10 families per month); or (4) through the mail (estimated 3 families per month).

McCEP will pilot co-enrollment in Ukiah and then expand co-enrollment to the Fort Bragg Medi-Cal office in project year 3 (although training of the second Co-Enrollment Specialist will begin in project year 2). WIC-eligible Medi-Cal applicants who enroll through the other avenues will be informed about WIC through the bilingual educational outreach/marketing packet.

Each quarter, the Medi-Cal Division trains a cohort of newly hired Medi-Cal eligibility workers. With funding from McCEP, WIC staff to train one of these new hires—who will be bilingual Spanish speaking—to become a certified WIC eligibility worker prior to his/her training with the Medi-Cal Division.



The WIC training will be full-time for three months and include a trip to Sacramento to complete the WIC certification. The trainee will then undertake three months of full time training to become a Medi-Cal eligibility worker. At the conclusion of both trainings, the trainee will then begin full-time work with the Medi-Cal Division in Ukiah as a **Co-Enrollment Specialist**.

As illustrated in Figure 3, individuals who arrive at the Medi-Cal office in Ukiah to enroll in person currently are greeted by a receptionist for

screening. Although the screening tool was not designed to assess WIC eligibility, the screening tool does include questions asking if the applicant is pregnant or has a child under five years of age. With McCEP, those who answer ‘yes’ to either of these questions will be directed to the Co-Enrollment Specialist to learn about WIC and apply for both WIC and Medi-Cal at the same time. This same training and screening process will be repeated when co-enrollment expands to

Fort Bragg. The co-enrollment training for the Fort Bragg-based Co-Enrollment Specialist will be informed by the experiences of the Ukiah-based Co-Enrollment Specialist who will have been co-enrolling clients in Ukiah for six months when training for the Fort Bragg Co-Enrollment Specialist begins.

Medi-Cal applicants who enroll in person in Fort Bragg, online, or through the mail **and** screen positive for WIC eligibility will be sent a WIC bilingual educational outreach/marketing packet.

**IV. THREE YEAR WORKPLAN**

Local Agency Name: County of Mendocino

<b>Goal I: Increase WIC program reach in Mendocino County.</b>		
<b>Objective 1.1:</b> WIC program reach among <b>currently enrolled</b> Medi-Cal recipients will increase by 353 persons by 09/30/17.		
<b>Rationale for Objective 1.1:</b> As in California as a whole ( <i>State, County and Regional-Level Estimates of WIC Eligibles and Program Reach, California 2011</i> ; Center for Family Health Women, Infants and Children Program, March 2016), the number of WIC participants in Mendocino County has been decreasing even as the WIC-eligible population has been rising. This trend is most pronounced in the WIC program subgroup of children ages 1-4. The reasons for decreasing WIC enrollment may have to do with lack of knowledge about the program, bureaucratic barriers, and geographic barriers making access difficult. WIC program staff will explore these and other potential barriers through a questionnaire survey when applicants enroll in WIC, either through home visits or at the WIC office in Ukiah.		
<b>Measures of Accomplishment for Objective 1.1</b>		
<ul style="list-style-type: none"> <li>a. Number of WIC participants among current Medi-Cal enrollees.</li> <li>b. Questionnaire survey responses.</li> <li>c. Number of home visits by WIC staff by zip code.</li> </ul>		
<b>Activities in support of Objective 1.1:</b>	<b>Person/agency responsible for Accomplishing Activities.</b>	<b>Activity Timeline</b>
<ul style="list-style-type: none"> <li>a. Recruit and hire a 1.0 FTE WIC Health Program Eligibility Worker. (This person will work to enroll <b>current</b> Medi-Cal recipients during project year 1, moving to providing WIC services to <b>new</b>, co-enrolled, Medi-Cal/WIC recipients in project years 2 and 3.)</li> <li>b. Develop WIC bilingual education and outreach/marketing materials.</li> <li>c. Medi-Cal Division generates a target list of all <b>current</b> Medi-Cal recipients who are WIC-eligible and informs WIC how many households are on this list.</li> <li>d. Produce WIC bilingual education and outreach/marketing packets.</li> <li>e. Mail WIC bilingual education and outreach/marketing packets to households on the target list, staggering the mailings over Q2,</li> </ul>	<ul style="list-style-type: none"> <li>a. County of Mendocino Human Resources</li> <li>b. WIC staff and marketing/graphic design consultant.</li> <li>c. Medi-Cal Division analyst</li> <li>d. WIC staff</li> <li>e. Medi-Cal Division staff</li> </ul>	<ul style="list-style-type: none"> <li>a. 10/1/16 – 12/31/16</li> <li>b. 10/1/16 – 12/31/16</li> <li>c. 11/1/16 – 1/31/17</li> <li>d. 1/1/17 and continuous</li> <li>e. 1/1/17, 4/1/17, 7/1/17</li> </ul>

**Goal 1: Increase WIC program reach in Mendocino County.**

<p>Q3, and Q4 of project year 1.</p> <p>f. Follow up via telephone and/or home visits with all households who respond to the outreach/marketing mailer as appropriate.</p> <p>g. Develop questionnaire to assess barriers to WIC enrollment.</p> <p>h. Administer questionnaire to random sample from the 353 anticipated new WIC applicants from the population of current Medi-Cal enrollees.</p> <p>i. Analyze questionnaire survey responses for continuous improvement.</p>	<p>f. WIC Health Program Eligibility Worker</p> <p>g. WIC Proj. Evaluator</p> <p>h. WIC staff</p> <p>i. WIC Proj. Evaluator</p>	<p>f. 1/15/17 and continuous</p> <p>g. 1/15/17</p> <p>h. 2/1/16 and continuous</p> <p>i. 3/15/17 and continuous</p>
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**Objective 1.2:** An average of 35 new WIC-eligible Medi-Cal applicants per month will co-enroll in WIC from the Ukiah Medi-Cal office between 7/1/17 and 9/30/19.

**Rationale for Objective 1.2:** We are taking this approach to address the primary barriers to WIC enrollment—vast geography, dispersed population, limited transportation, lack of knowledge about WIC, and avoidance of government agencies—by facilitating the WIC application process through co-enrollment with Medi-Cal. We believe that WIC program reach will increase if we can offer WIC enrollment to women *at the time they are applying for Medi-Cal* because co-enrollment offers eligible clients the opportunity to learn about WIC, facilitates the application process, and keeps bureaucratic involvement to a minimum. The co-enrollment process will be piloted in Ukiah and expanded to Fort Bragg in project year 3 based upon lessons learned in Ukiah. Applicants who enroll in Medi-Cal online or by mail and who are eligible for WIC will be sent the WIC educational outreach/marketing packet in the mail.

**Measures of Accomplishment for Objective 1.2:**

- a. Number of WIC-eligible women who enroll in WIC when enrolling in Medi-Cal in person **in Ukiah.**

<b>Activities in support of Objective 1.2:</b>	<b>Person/agency responsible for Accomplishing Activities.</b>	<b>Activity Timeline</b>
<p>a. Recruit and hire a “Co-Enrollment Specialist” for Mendocino County’s Medi-Cal Division <b>Ukiah office</b> who will co-enroll eligible families in Medi-Cal and WIC simultaneously.</p> <p>b. Plan and implement WIC enrollment training for the “Co-Enrollment Specialist.”</p> <p>c. Plan and implement Medi-Cal enrollment training for the “Co-Enrollment Specialist.”</p> <p>d. Begin to co-enroll eligible women in Medi-Cal and WIC.</p>	<p>a. Mendocino County Human Resources</p> <p>b. WIC staff</p> <p>c. Medi-Cal Division staff</p> <p>d. Co-Enrollment Specialist</p>	<p>a. 10/1/16 – 12/31/16</p> <p>b. 1/1/17 – 3/31/17</p> <p>c. 4/1/17 – 6/30/17</p> <p>d. 7/1/17 and continuous</p>

**Goal 1: Increase WIC program reach in Mendocino County.**

**Objective 1.3:** An average of 20 new WIC-eligible Medi-Cal applicants per month will co-enroll in WIC from the Fort Bragg Medi-Cal office between 10/1/18 and 9/30/19.

**Rationale for Objective 1.3:** The Mendocino coast is home to approximately one-third of Mendocino County’s population. There are, therefore, a significant number of potential new WIC enrollees residing there. To expand WIC reach countywide—the goal of McCEP—co-enrollment needs to be available in one of the County’s larger cities Fort Bragg, the center of commerce for the Mendocino Coast, or Willits, the center of commerce for the North County area.

We are fully expecting the Medi-Cal/WIC co-enrollment process to be successful in Ukiah. However, to increase the chances for success we plan to start small by piloting the project in Ukiah, Mendocino County’s largest population center. The process will be reviewed and streamlined before expanding the co-enrollment training and implementation to Fort Bragg, the center of commerce for the Mendocino Coast. Training of the new Fort Bragg-based Co-Enrollment Specialist will begin half way through project year 2, after the Ukiah-based Co-Enrollment Specialist has been serving clients in Ukiah for six months.

**Measures of Accomplishment for Objective 1.3:**

- a. Number of WIC-eligible women who enroll in WIC when enrolling in Medi-Cal in person in **Fort Bragg**.

**Activities in support of Objective 1.3:**

- a. Recruit and hire a “Co-Enrollment Specialist” for Mendocino County’s Medi-Cal Division **Fort Bragg office** who will co-enroll eligible families in Medi-Cal and WIC simultaneously.
- b. Plan and implement WIC enrollment training for the “Co-Enrollment Specialist.”
- c. Plan and implement Medi-Cal enrollment training for the “Co-Enrollment Specialist.”
- d. Begin to co-enroll eligible women in Medi-Cal and WIC.

**Person/agency responsible for Accomplishing Activities.**

- a. Mendocino County Human Resources
- b. WIC staff
- c. Medi-Cal Division staff
- d. Co-Enrollment Specialist

**Activity Timeline**

- a. 12/1/17 – 2/25/17
- b. 3/1/18 – 6/31/18
- c. 7/1/18 – 9/30/18
- d. 7/1/18 and continuous

**Objective 1.4:** An average of 4 new WIC-eligible Medi-Cal applicants per month will enroll in WIC after receiving bilingual educational outreach/marketing packet in the mail between 1/1/17 and 9/30/19.

**Rationale for Objective 1.4:** There will continue Medi-Cal applicants who apply for benefits either online using the [www.c4yourself.com](http://www.c4yourself.com) website or through the mail. McCEP project planners estimate 13 will apply through these two avenues per month. In order not to lose potential WIC applicants from among these groups, we propose to send all applicants who are WIC-eligible a copy of the WIC bilingual outreach/marketing packet. We expect that one-third will respond positively to the packet and pursue WIC enrollment.

**Goal 1: Increase WIC program reach in Mendocino County.**

**Measures of Accomplishment for Objective 1.4:**

- a. Number of WIC-eligible Medi-Cal applicants who applied for Medi-Cal online or by mail, received bilingual educational outreach/marketing packet, and subsequently enrolled in WIC.

<b>Activities in support of Objective 1.4:</b>	<b>Person/agency responsible for Accomplishing Activities.</b>	<b>Activity Timeline</b>
<ul style="list-style-type: none"> <li>a. Screen all online and mail-in Medi-Cal applicants for WIC eligibility.</li> <li>b. Mail educational outreach/marketing packet to all WIC-eligible Medi-Cal applicants.</li> <li>c. Enroll WIC-eligible Medi-Cal applicants as appropriate.</li> <li>d. Provide WIC services to new WIC applicants.</li> </ul>	<ul style="list-style-type: none"> <li>a. Medi-Cal Division staff</li> <li>b. Medi-Cal Division staff</li> <li>c. WIC staff</li> <li>d. WIC staff</li> </ul>	<ul style="list-style-type: none"> <li>a. 1/1/17 and continuous</li> <li>b. 1/1/17 and continuous</li> <li>c. 2/1/17 and continuous</li> <li>d. 2/1/17 and continuous</li> </ul>

## V. THREE YEAR PROGRAM EVALUATION PLAN

<b>GOAL 1: INCREASE WIC PROGRAM REACH IN MENDOCINO COUNTY.</b>		
<i>Objective 1.1: WIC program reach among currently enrolled Medi-Cal recipients will increase by 353 persons by 09/30/17.</i>		
<b>Research Questions</b>	<b>Measure(s)</b>	<b>Data Source(s)</b>
Does the number of WIC participants among <b>current</b> Medi-Cal recipients increase after receipt of bilingual educational outreach/marketing packet?	Number of WIC participants among current Medi-Cal enrollees.	WIC MIS
What are the reasons WIC eligible Medi-Cal enrollees do participate in WIC?	Percent of respondents giving each reason/barrier.	Responses to in person survey administered by WIC Health Program Eligibility Worker.
What are the reasons former WIC enrollees do not recertify their infants or children?	Percent of respondents for each age giving each reason.	Responses to in person survey administered by WIC Health Program Eligibility Worker.
How do the reasons for lack of WIC participation vary by region within the County? What factor does geography play in WIC participation?	Percent of respondents from each region giving each reason.	Responses to in person survey administered by WIC Health Program Eligibility Worker.
Do home visits increase WIC participation and retention?	Number of home visits over time.	WIC MIS
<b>Monitoring and Evaluation Question(s)</b>	<b>Measure(s)</b>	<b>Data Source(s)</b>
How many staff and consultant hours did it take to develop the bilingual educational outreach/marketing packet?	Sum of staff and consultant hours spent developing the packet.	Time sheet invoices
How many bilingual educational outreach/marketing packets were mailed out to Medi-Cal enrollees each quarter of project year 1?	Number of packets mailed.	Medi-Cal Division MIS
What percent of bilingual educational outreach/marketing packet recipients responded by enrolling in WIC?	Number of responses to the packet each month.	WIC MIS
Did new WIC Health Program Eligibility Worker get hired on time?	Date of new hire.	Human Resources MIS
What percent of responses occurred through an in-person office visit?	New WIC applicants enrolling through in person visit by location (Ukiah, Willits, Fort Bragg).	WIC MIS

What percent of responses occurred through a home visit.	New WIC applicants from the baseline/target population enrolling through home visit (by zip code).	WIC MIS
<b>Objective 1.2:</b> An average of 35 new WIC-eligible Medi-Cal applicants per month will co-enroll in WIC from the Ukiah Medi-Cal office between 7/1/17 and 9/30/19.		
<b>Research Questions</b>	<b>Measure(s)</b>	<b>Data Source(s)</b>
Does WIC participation increase when in-person co-enrollment with Medi-Cal is implemented?	Number of WIC-eligible women who enroll in WIC when enrolling in Medi-Cal in person in Ukiah in project years 2 and 3 of the project.	WIC MIS
What works and doesn't work about the in-person co-enrollment process? How can it be improved?	Percent of focus group respondents identifying various issues with co-enrollment process.	Responses from focus group interviews.
<b>Monitoring and Evaluation Question(s)</b>	<b>Measure(s)</b>	<b>Data Source(s)</b>
Did new Co-Enrollment Specialist begin WIC enrollment training on schedule?	Date Co-Enrollment Specialist began training with WIC.	WIC log
Did new Co-Enrollment Specialist begin Medi-Cal enrollment training on schedule?	Date Co-Enrollment Specialist began training with Medi-Cal.	Medi-Cal log
Are WIC-eligible Medi-Cal enrollees seeing the Co-Enrollment Specialist?	Number of Medi-Cal applicants screened positive for WIC Eligibility who enroll with the Co-Enrollment Specialist.	Medi-Cal screening sheets
Are program changes being made as a result of feedback from focus group interviews? (Continuous improvement)	Identification of changes to in-person co-enrollment processes.	WIC log
Are program changes being made as a result of feedback from co-enrollment staff? (Continuous improvement)	Identification of changes to in-person co-enrollment processes	WIC log
<b>Objective 1.3:</b> An average of 20 new WIC-eligible Medi-Cal applicants per month will co-enroll in WIC from the Fort Bragg Medi-Cal office between 10/1/18 and 9/30/19.		
<b>Research Questions</b>	<b>Measure(s)</b>	<b>Data Source(s)</b>
<i>SAME RESEARCH QUESTIONS AS OBJECTIVE 1.2</i>	<i>SAME MEASURES AS OBJECTIVE 1.2</i>	<i>SAME DATA SOURCES AS OBJECTIVE 1.2</i>

<b>Monitoring and Evaluation Question(s)</b>	<b>Measure(s)</b>	<b>Data Source(s)</b>
<i>SAME MONITORING AND EVALUATION QUESTIONS AS OBJECTIVE 1.2</i>	<i>SAME MEASURES AS OBJECTIVE 1.2</i>	<i>SAME DATA SOURCES AS OBJECTIVE 1.2</i>
<b>Objective 1.4:</b> An average of 4 new WIC-eligible Medi-Cal applicants per month will enroll in WIC after receiving bilingual educational outreach/marketing packet in the mail between 1/1/17 and 9/30/19.		
<b>Research Questions</b>	<b>Measure(s)</b>	<b>Data Source(s)</b>
Does the bilingual educational outreach/marketing packet result in increased WIC enrollment among those who apply for Medi-Cal online or through the mail?	Number of WIC participants among current Medi-Cal enrollees.	WIC MIS
<b>Monitoring and Evaluation Question(s)</b>	<b>Measure(s)</b>	<b>Data Source(s)</b>
Did Medi-Cal Division staff track WIC-eligible Medi-Cal applicants who applied online or through the mail?	Comparison of Medi-Cal screener's list of WIC-eligible Medi-Cal applicants who enrolled for Medi-Cal online or through the mail with the actual number of WIC-eligible Medi-Cal applicants who enrolled for Medi-Cal online or through the mail.	Medi-Cal MIS
Did Medi-Cal Division staff mail packets to all WIC-eligible Medi-Cal applicants who applied online or through the mail?	Comparison of list of WIC-eligible Medi-Cal applicants who enrolled for Medi-Cal online or through the mail with the list of packets mailed out.	Medi-Cal log

## VI. PROGRAM EVALUATION METHODS

### 1. BASELINE PARTICIPATION

There are two baseline participation populations corresponding to each of McCEP's two tracks. The baseline population for Track 1 is the approximately 1,070 WIC-eligible households who are **currently** enrolled in Medi-Cal. The baseline population for Track 2 is the estimated 68 families per month (12% of monthly Medi-Cal enrollment) who apply for Medi-Cal who are also eligible for WIC.

### 2. INTERVENTION AND SAMPLING PLAN

The **Track 1** intervention consists of mailing a bilingual educational outreach/marketing packet to all current Medi-Cal enrollees who are eligible to receive WIC and subsequent follow-up by WIC Health Program Eligibility Worker to those who subsequently enroll in WIC. The list of WIC-eligible Medi-Cal recipients will be produced (and retained) by analyst staff at the Department of Social Services.

The sample to receive the intervention is limited to those who voluntarily respond to the bilingual educational outreach/marketing packet. McCEP planners estimate that one-third of the 1,070 households who receive the packet will follow up to apply for WIC. Because of the need to protect client confidentiality, WIC staff may not take possession of the list of Medi-Cal recipients who are WIC-eligible. Thus, Medi-Cal Division staff must mail the bilingual educational and outreach/marketing packets developed and produced by WIC staff. The packets will be developed in the first quarter of project year 1 but the mailings will be staggered—one-third mailed in the second quarter, one-third mailed in the third quarter, and one-third mailed in the fourth quarter to distribute the workload of the new WIC Health Program Eligibility Worker throughout the first year.

The **Track 2** intervention is the piloting of co-enrollment in Ukiah, co-enrollment in Fort Bragg beginning in project year 3, and the mailing of packets to WIC-eligible Medi-Cal applicants who apply online or through the mail in all project years. Activities during Track 2 will begin in project year 1 with the hiring and training of a Co-Enrollment Specialist (who will work out of the Medi-Cal Division in Ukiah), continue with the hiring and training of a Co-Enrollment Specialist for Fort Bragg in project year 2, and continuous outreach via the educational outreach/marketing packet to WIC-eligible Medi-Cal applicants who enroll online or through the mail.

The sample to receive the initial Track 2 intervention will be limited to **new** WIC-eligible Medi-Cal applicants who enroll in Ukiah (estimated to be 35 per month). After the co-enrollment process in Ukiah has been evaluated and necessary improvements made, a new Co-Enrollment Specialist will be hired and trained to serve clients in Fort Bragg (estimated to be 20 per month). Approximately 13 families per month who apply for Medi-Cal online or through the mail will receive the WIC bilingual educational outreach/marketing packet. This sample totals 68, the estimated number of WIC-eligible Medi-Cal applicants each month countywide.

### *3. DATA COLLECTION METHODS*

The Track 1 evaluation will consist of an exploratory survey designed by the McCEP Project Evaluator to identify whether co-enrollment with Medi-Cal will increase WIC enrollment. WIC staff will implement the anonymous five-minute electronic survey during the enrollment process, seeking information relating to barriers to enrolling in WIC (transportation, perceived lack of need or not quality, and stigma), knowledge of WIC services, and how enrollment might increase through a co-enrollment process. Demographic information will also be collected to determine the influence of geographic barriers as well as social determinants of health. The survey will be administered to all WIC enrollees who respond to the bilingual educational outreach/marketing packet. The McCEP Project Evaluator will analyze the survey results at the end of project year 1.

The Track 2 evaluation methodology includes:

- a. An interview of the Ukiah-based Co-Enrollment Specialist in January 2018 (after six months of experience with the new process). The interview will investigate what works and doesn't work in the co-enrollment process in preparation for the start of training for the new Fort Bragg-based Co-Enrollment Specialist. The interview will be conducted jointly by the McCEP Project Manager and the McCEP Project Evaluator.
- b. Two focus groups to be held in Ukiah at the close of project years two and three to evaluate the co-enrollment process. The first, in October 2017, will consist of a half-day focus group with approximately ten participants. It will be facilitated by the McCEP Project Evaluator. Focus group attendees will consist of applicants who co-enrolled in Medi-Cal and WIC. They will be asked questions about their knowledge of the WIC program, challenges and strengths of the co-enrollment process, and overall customer service experience. Findings will be used to ensure continuous program improvement.
- c. The second focus group will be convened at the end of project year 3, also for continuous program improvement and to measure the effects of co-enrollment on customer satisfaction.
- d. A review of Medi-Cal enrollment reports from the Medi-Cal Division to measure changes in WIC reach.

As an incentive for participating in the evaluation process, all focus group participants will be compensated with a \$10 voucher to Ukiah Natural Foods upon completion of the interview.

### *4. DATA ANALYSIS METHODS/PLAN*

Multiple analyses will be conducted to evaluate Track 1. The first analysis will assess the effectiveness of the bilingual educational outreach/marketing packet through descriptive statistics such as: WIC monthly participant count starting February 2017 and the survey completion rate.

The second analysis will provide descriptive results from the survey: 1) barriers to enrolling in WIC; and 2) barriers to enrolling based on geographic location. Both categories will have separate assessments to identify barriers to WIC enrollment and whether co-enrollment will increase WIC reach.

JMP Pro 10 statistical software will be implemented into the secondary analysis to perform univariable and multivariable logistic regression of the dependent variable with the independent factors. Chi-square and odd ratios with 95% confidence intervals will be used to test the association between parameter and dependent variables. Report of findings will be compiled and distributed to key project personnel and stakeholders after project year two to help provide program improvement as well as validate the second set of interventions.

##### *5. PLAN STRENGTHS AND WEAKNESSES*

The plan's strengths include:

- Its two-pronged approach to increasing WIC participation among Medi-Cal recipients—that is, attempting to enroll as many current Medi-Cal recipients as possible in project year 1 while planning for and implementing a permanent co-enrollment process for all new WIC-eligible Medi-Cal applicants.
- Track 2, which focuses on new WIC-eligible Medi-Cal enrollees, will be piloted first in Ukiah. This will allow the process to be streamlined to best serve clients.
- McCEP project planners will seek input on the co-enrollment process directly from clients through focus groups.
- McCEP project planners will seek input on the co-enrollment process from the Co-Enrollment Specialist and Medi-Cal office screening staff.
- Track 1 respects client confidentiality.

The plan's weaknesses include:

- Due to confidentiality restrictions, WIC staff are not able to directly contact current WIC-eligible Medi-Cal recipients to invite participation in WIC and must instead rely on voluntary response to the bilingual educational outreach/marketing packets that Medi-Cal staff send out.

## **VII. TRANSFERABILITY**

If McCEP staff succeed in enrolling at least one-third of the current WIC-eligible Medi-Cal recipients who receive the bilingual educational outreach/marketing packet, it can be assumed that the packet is a feasible WIC recruitment tool. The packet may then be used to recruit new WIC enrollees in a variety of venues—e.g., family resource centers (of which Mendocino County has nine, scattered across the far reaches of the County), schools, and health clinics.

This project will hopefully also show that co-enrollment with Medi-Cal—both in person and online—is an effective method for increasing WIC participation rates and, more specifically, overcoming barriers to WIC enrollment for residents of rural, geographically dispersed, and sparsely populated counties.

The Project Evaluator (Senior Public Health Analyst) will summarize the project results in the form of a final report. The final report will be compiled along with the materials developed for the project, including the bilingual educational outreach/marketing packet and the WIC training materials. WIC staff will present the findings from the McCEP project at the two California WIC Association conferences. Findings will be formulated into an abstract and submitted for presentation to the National Association of County and City Health Officials' Annual Conference, the National WIC Association, and the California Welfare Directors Association conferences.

### VIII. ORGANIZATIONAL CAPACITY AND PROJECT MANAGEMENT

Mendocino County WIC offers nutrition education, food and farmer’s market vouchers, and breastfeeding support and information to income-eligible women, infants, and children. WIC participants may be eligible to borrow hospital grade electric breast pumps. WIC services are provided at nine sites throughout Mendocino County. There are fixed-base offices in Ukiah, Willits, and Ft. Bragg and staff travel to outlying clinics in Pt. Arena, Boonville, Covelo, Laytonville, and Gualala one time per month. In addition, there is an office at Consolidated Tribal Health Project in Ukiah.

The table below summarizes the McCEP key personnel, their roles and duties in the project, and their background and prior experience.

POSITION TITLE ON PROJECT	ROLE AND DUTIES ON PROJECT	BACKGROUND AND PRIOR EXPERIENCE
<p>McCEP Project Manager (Senior Program Manager)</p>	<p>The Program Manager will: oversee McCEP project expenditures and fulfillment of the Mini-grant goal and objectives; coordinate staffing and training activities with the Manager of the Eligibility Family Assistance Services (EFAS); oversee continuous program improvement; ensure all WIC program applicants are duly qualified; participate in the hiring and orientation process; apply for a new site location at the EFAS office; develop policies and procedures specifically related to this McCEP; conduct bimonthly reviews, to satisfy new employee probationary requirements; coordinate WIC certification and educational activities between EFAS and WIC programs; and oversee coordination of WIC staff; and attend the two annual two-day meetings in Sacramento.</p>	<p>BS Nutritional Science; Senior Program Manager and Director of the County of Mendocino WIC Program. Previously served as: director of the Native American Health Center WIC program; Chairperson of the Alameda County Coalition for the Regional Breastfeeding Liaison program; and Director of Nutrition Services for Yavapai County Health Department.</p>

POSITION TITLE ON PROJECT	ROLE AND DUTIES ON PROJECT	BACKGROUND AND PRIOR EXPERIENCE
<p>McCEP Project Evaluator (Senior Public Health Analyst)</p>	<p>The Program Evaluator will: design and execute systems to monitor and review the success of the McCEP project interventions programs; assist with the development of the outreach flyer, client questionnaire, and focus group questions; assist with the coordination and analysis of questionnaire and focus groups; educate and train eligibility workers on implementing questionnaire; conduct advanced statistical analysis; track and communicate monthly enrollment counts as it becomes available to McCEP Project Director; complete annual assessment tool to support intervention goals; provides recommendations for continuous program improvement.</p>	<p>MPH; experience with planning, developing, and implementing systems for disease surveillance using epidemiological and health status monitoring statistical principals for Mendocino County Health and Human Services. Has prior knowledge of program management and coordination of multi-department initiatives that involved planning and policy development with the County of Los Angeles.</p>
<p>WIC Health Program Eligibility Worker</p>	<p>The WIC Health Program Eligibility worker will: serve as a WIC Nutrition Assistant; educate clients about the WIC program; maintain confidentiality of records and conversations; conduct home visits to new WIC enrollees as necessary; focus primarily on streamlining enrollment in WIC; issue food coupons and Farmers Market coupons; track activities using the MIS program of participant needs, concerns, or issues; assist in the development of flyers and surveys; and maintain confidentiality of records and conversations.</p>	<p><b>To Be Hired:</b> Candidate must speak and write in both Spanish and English; have minimum of a high school degree; possess a driver's license; knowledge of child birth and breastfeeding; excellent communication skills; knowledge of social media; skills in record keeping, writing reports, and assessing the development of the project.</p>
<p>Co-Enrollment Specialist (Program Specialist I)</p>	<p>This position, which will be under the supervision of the Medi-Cal Division at the Social Services facility, will: co-enroll families in WIC and Medi-Cal; educate clients about the WIC program; issue food coupons and Farmers Market coupons; maintain confidentiality of records and conversations.</p>	<p><b>To Be Hired:</b> This candidate will meet the minimum qualifications as an eligibility worker for both the Medi-Cal Division and WIC and speak and write in both Spanish and English.</p>

**IX. BUDGET NARRATIVE**

Funding is requested in the amount of \$137,183.22 for project year 1, \$144,348.55 for project year 2, and \$149,882.18 for project year 3. Project year 3 funding request is larger than Year 2 due to increased time for the evaluator to complete final evaluation and reporting. Project Year 2’s funding request is larger than project Year 1 primarily due to the addition of the second Co-Enrollment Specialist who will serve Mendocino County’s coastal residents from the Fort Bragg Medi-Cal office.

**PERSONNEL:**

Position Title	FTE	Year 2	FTE	Year 3	FTE	Year 4
WIC Health Prog. Eligibility Wkr.	1.0	\$37,419.20	1.0	\$37,419.20	1.0	\$37,419.20
Co-Enrollment Specialist	.35	\$15,652.00	.10	\$11,741.60	.10	\$12,324.00
Co-Enrollment Specialist			.25	\$11,180.00	.10	\$11,741.60
Senior Program Mgr	.12	\$ 9,407.42	.12	\$ 9,407.42	.12	\$ 9,407.42
Senior Public Health Analyst	.05	\$ 2,511.60	.07	\$ 3,695.33	.10	\$ 5,536.96
<b>TOTAL</b>	<b>1.52</b>	<b>\$64,990.22</b>	<b>1.54</b>	<b>\$73,443.55</b>	<b>1.42</b>	<b>\$76,429.18</b>

In the first year of the project, the *WIC Health Program Eligibility Worker* (WIC Nutrition Asst.) will provide WIC services to the current Medi-Cal population that qualifies for WIC but is not currently enrolled. In the subsequent years, he/she will provides services for all new enrollees as well as the enrollees from the first year. The *Co-Enrollment Specialists* (Program Spec I) will provide enrollment services for both WIC and Medi-Cal for years two and three of the grant. Grant funding is requested to pay for two Co-Enrollment Specialists while they are in training full time for six months. The County of Mendocino will pay for 90% of the costs of the remainder of the position through the project period. The Sr. Program Manager (McCEP Project Director) will provide training to the Health Program Eligibility Worker and the Co-Enrollment Specialist in order for them to provide appropriate enrollment processes that are required for WIC enrollment. The Sr. Public Health Analyst (McCEP Project Evaluator) will provide evaluation services for the three years of the grant, with each year going up in FTE to enable more detailed evaluation services.

**FRINGE BENEFITS:**

Component	Rate	Rate Used	Wage Yr 1	Cost	Wage Yr 2	Cost	Wage Yr 3	Cost
Retirement	26.74%	19.06%		12,387.00		13,998.00		14,567.00
FICA – Soc Sec	5.22%	5.22%		3,392.00		3,834.00		3,990.00
Medi-Care	1.37%	1.37%		890.00		1,006.00		1,047.00
Retirement COL	11.06%	11.06%		7,188.00		8,123.00		8,453.00
Health Insurance	17.69%	15.69%		10,197.00		11,523.00		11,992.00
Unempl. Ins	.38%	.38%		247.00		279.00		290.00
Worker’s Comp Ins	10.06%	10.06%		6,538.00		7,388.00		7,689.00
<b>TOTAL</b>	<b>72.52%</b>	<b>62.84%</b>	<b>64,990.22</b>	<b>40,839.00</b>	<b>73,443.55</b>	<b>46,151.00</b>	<b>76,429.18</b>	<b>48,028.00</b>

County provides the above Fringe Benefits to each employee. As noted, the full amount of Fringe Benefit rate is not being charged in order to match the current WIC Primary Contract.

**OPERATING EXPENSE:**

Operating Expense	Year 2	Year 3	Year 4
Minor Equipment	\$ 1,500.00	\$ 0	\$ 0
General Office Expenses	\$ 750.00	\$ 750.00	\$ 750.00
Training	\$ 1,500.00	\$ 500.00	\$ 500.00
Travel (In and out of County)	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
Professional Certifications	\$ 0	\$ 0	\$ 0
Outreach	\$ 1,500.00	\$ 500.00	\$ 500.00
Media/Promotion	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
Program Materials	\$ 3,250.00	\$ 3,500.00	\$ 3,500.00
Vehicle Maintenance	\$ 0	\$ 0	\$ 0
Audit	\$ 0	\$ 0	\$ 0
Facility Costs	\$ 500.00	\$ 500.00	\$ 500.00
<b>Total</b>	<b>\$ 11,750.00</b>	<b>\$ 9,750.00</b>	<b>\$ 9,250.00</b>

Minor Equipment is one new desk top computer for the WIC Health Program Eligibility Worker office. General Office Expenses consist of Telephone services, printing, postage, cell phone, recruitment expenses and supply items. Training expense is for registrations for trainings in the first year, as well as registration for attendance at the State mini-grant meetings. Travel is for in and out of County, such as home visits to enroll a new participant that has transportation challenges during business hours, attendance at mini-grant meetings, attendance at trainings, hotel costs etc. Outreach costs are costs to attend various community events and materials costs for those events. Media/Promotion costs are primarily in the first year with costs associated with

the bilingual WIC educational outreach/marketing packets that will be mailed out by Dept. of Social Services to Medi-Cal recipients that may qualify for WIC. Program Materials costs will be for costs to support the program objectives, allowable outreach materials including educational materials. Facility costs is a minor expense to help offset the cost of having space in a non-Public Health building.

**MAJOR EQUIPMENT:**

None requested.

**SUBCONTRACTS:**

In the first year of the mini-grant, there is \$5,000.00 budgeted for a graphic artist to develop the majority of the WIC bilingual educational/outreach packet, branding, and brochures and media for community events in all years, with the copyright of the materials staying with the mini-grant so that changes can be made as appropriate.

**INDIRECT COST RATE:**

Mendocino County is using the Indirect Cost rate of 13.8%, same as the Primary Contract, and applies this indirect cost rate to total personnel (salary & fringe benefit total).

**SUMMARY:**

<b>Budget Category</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>
Salary	\$ 64,990.22	\$ 73,443.55	\$ 76,429.18
Fringe Benefits	\$ 40,839.00	\$ 46,151.00	\$ 48,028.00
Operating Expense	\$ 11,750.00	\$ 8,250.00	\$ 8,250.00
Major Equipment	\$ 0	\$ 0	\$ 0
Subcontracts	\$ 5,000.00	\$ 0	\$ 0
<b>Total Direct Costs</b>	<b>\$ 122,579.22</b>	<b>\$ 127,844.55</b>	<b>\$ 132,707.18</b>
Indirect Costs	\$ 14,604.00	\$ 16,504.00	\$ 17,175.00
<b>Total Project Costs</b>	<b>\$ 137,183.22</b>	<b>\$ 144,348.55</b>	<b>\$ 149,882.18</b>

