

ATTACHMENT A STATEMENT OF WORK

I. GRANTEE RESPONSIBILITIES

Grantee will:

- A. Provide System Agency with evidence of activity implementation related to the Community and Clinical Health Bridge (CCHB) project. The CCHB project aims to reduce the impact of obesity and related chronic diseases in the State of Texas by focusing on locally driven clinical and community systems-level enhancements.

Grantee is responsible for coordinating with clinical and community partners within their service area to implement a minimum of three total strategies for the CCHB project.

Grantee is responsible for implementing at least two priority strategies.

Grantee selected:

- a. Priority Strategy 2: Develop community-clinical referral mechanisms for improved obesity and related chronic disease systems of care; and
- b. Priority Strategy 3: Facilitate evidence-based education and training for providers, patients and the community to ensure consistent messaging of reliable health information and collaboration.

Grantee is responsible for implementing at least one optional strategy.

Grantee selected:

- a. Optional Strategy 1: Reduce barriers to accessing healthcare for prevention of disease, increased early detection, and reduction of complications.
- b. Optional Strategy 3: Engage community and clinical partners to strengthen partnerships and increase sustainability.
- c. Optional Strategy 4: Encourage healthy lifestyles for individuals, families, and communities through health promotion, outreach, and marketing.

- B. Conduct activities based on the FY18 Work Plan that was previously approved by DSHS. Approved activities include:

- a. Engage and partner with eight (8) health systems/agencies and other clinical/community stakeholders on overweight and obesity management (Priority Strategy #2).
- b. Develop and implement a standardized referral system with Salud y Vida for diabetes education and case management services (Priority Strategy #2).
- c. Conduct Eating Smart-Being Active program (Priority Strategy #3).
- d. Inform clinical and community providers about the Eating Smart-Being Active program as a local resource (Priority Strategy #3).

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- e. Promote healthy messages and local resources through Hidalgo County Health website, social media, and community events (Optional Strategy #4).
- f. Promote the use of parks and recreation sites, including the milestone markers and bicycle racks (Optional Strategy #4).

The FY19 Work Plan must be reviewed and approved by DSHS prior to conducting activities. System Agency will provide written approval and confirmation that FY19 activities may be completed.

- C. Conduct evaluation activities based on the FY18 Evaluation Plan that was previously approved by DSHS. Approved activities must assess progress in the following focus areas:
 - a. Partnerships: The quality, contributions and impacts of the partnerships created or enhanced through this funding opportunity.
 - b. Process: The extent to which the work plan was implemented as planned.
 - c. Program Outcomes: The extent to which activities outlined in the work plan yielded the intended results.

The FY19 Evaluation Plan must be reviewed and approved by DSHS prior to conducting activities. System Agency will provide written approval and confirmation that FY19 activities may be completed.

- D. Develop and submit an annual Success Story with two (2) photographs and two (2) photograph release forms to DSHS. A Success Story Draft must be reviewed and approved by DSHS prior to the final version submission date. Success story draft and final due dates are as follows:

Success Story	Period Covered	Due Date
FY18 Draft, with 2 photographs and 2 photo release forms	10/01/17 – 09/30/18	08/01/18
FY18 Final	10/01/17 – 09/30/18	10/01/18
FY19 Draft, with 2 photographs and 2 photo release forms	10/01/18 – 09/30/19	08/01/19
FY19 Final	10/01/18 – 09/30/19	09/30/19

- E. Develop and submit an annual Project Work Plan in preparation for fiscal years 2019 and 2020 to DSHS. The Work Plan must contain activities that support the priority and optional strategies selected as well as staff/organizational responsibility and timeframe. A Project Work Plan Draft must be reviewed and approved by DSHS prior to the final version submission date. Work Plan draft and final due dates are as follows:

Work Plan	Period Covered by the Work Plan	Due Date
FY19 Draft	10/01/18 – 09/30/19	07/31/18
FY19 Final	10/01/18 – 09/30/19	09/28/18
FY20 Draft	10/01/19 – 09/30/20	07/31/19

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FY20 Final	10/01/19 – 09/30/20	09/30/19
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- F. Develop and submit an annual Evaluation Plan in preparation for fiscal years 2019 and 2020 to DSHS. The Evaluation Plan must contain activities that evaluate progress toward the priority and optional strategies and activities submitted in the Work Plan. An Evaluation Plan Draft must be reviewed and approved by DSHS prior to the final version submission date. Evaluation Plan draft and final due dates are as follows:

Evaluation Plan	Period Covered by the Evaluation Plan	Due Date
FY19 Draft	10/01/18 – 09/30/19	07/31/18
FY19 Final	10/01/18 – 09/30/19	09/28/18
FY20 Draft	10/01/19 – 09/30/20	07/31/19
FY20 Final	10/01/19 – 09/30/20	09/30/19

- G. Participate in monthly feedback calls (i.e., monthly project status reports) with DSHS Program to be conducted on or before the 15th of each month of the contract term, unless otherwise agreed to in writing by DSHS. On the calls, Grantee will discuss the following 1) Implementation status, 2) barriers and methods to address those barriers, 3) opportunities to enhance the activities, 4) lessons learned, and 5) next steps. Other calls may be added, as appropriate, with Grantee and DSHS Program.
- H. Submit quarterly Progress Reports to DSHS via the electronic Performance Management and Tracking System (PMATS). The information and documentation required in the Progress Reports will be based on the CCHB priority and optional strategies selected. Progress report due dates are as follows:

Progress Report #	Period Covered	Due Date
FY18 Quarter 1	10/01/17 – 12/31/17	01/15/18
FY18 Quarter 2	01/01/18 – 03/31/18	04/16/18
FY18 Quarter 3	04/01/18 – 06/30/18	07/16/18
FY18 Quarter 4	07/01/18 – 09/30/18	10/15/18
FY19 Quarter 1	10/01/18 – 12/31/18	01/15/19
FY19 Quarter 2	01/01/19 – 03/31/19	04/15/19
FY19 Quarter 3	04/01/19 – 06/30/19	07/15/19
FY19 Quarter 4	07/01/19 – 09/30/19	09/30/19

II. PERFORMANCE MEASURES

The System Agency will monitor the Grantee’s performance of the requirements in Attachment A and compliance with the Contract’s terms and conditions.

III. INVOICE AND PAYMENT

- A. Grantee will request payments using the State of Texas Purchase Voucher (Form B-13) at <http://www.dshs.state.tx.us/grants/forms/b13form.doc>.

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Voucher and any supporting documentation will be mailed or submitted by fax or electronic mail to the address/number below.

Department of State Health Services
Claims Processing Unit, MC 1940
1100 West 49th Street
P.O. Box 149347
Austin, TX 78714-9347
FAX: (512) 458-7442
EMAIL: invoices@dshs.state.tx.us

- B. Grantee will be paid in accordance with the Budget in Attachment B of this Contract.
- C. All invoices must reference Contract #537-17-0287-00001 and PO# once issued.

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