AGREEMENT FOR

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD

COUNTY WELLNESS & PREVENTION PILOT PROJECT

between

COUNTY MEDICAL SERVICES PROGRAM
GOVERNING BOARD
("Board")

and

NEVADA COUNTY PUBLIC HEALTH DEPARTMENT
("Grantee")

Effective as of:
January 1, 2017

AGREEMENT

COUNTY MEDICAL SERVICES PROGRAM
COUNTY WELLNESS & PREVENTION PILOT PROJECT

FUNDING GRANT

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

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

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

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

The Board and Grantee agree as follows:

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

2. Grant Funds.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Dated effective January 1, 2017.

BOARD:	GRANTEE:
COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD	
By: ______________________	By: ______________________
Kari Brownstein, Administrative Officer	Title: Dan Miller, Chair, Board of Supervisors
Date: ______________________	Date: ______________________

EXHIBIT A

GRANTEE: Nevada County Public Health Department

GRANTEE'S PARTNERS UNDER CONTRACT[1]

____
____
____

<u>GRANT FUNDS</u>:

Total Amount To Be Paid under Agreement: $225,000
Amount to Be Paid Upon Execution Of This Agreement: $75,000
Amount To Be Paid On January 1, 2018: $75,000
Amount To Be Paid On January 1, 2019: $56,250
Amount To Be Paid On Board's Determination and Acceptance of Grantee's Completion of its Obligations under the Terms of this Agreement: $18,750
If Funds will be Used to Purchase Personal Property, List Personal Property to be Purchased:

____
____
____

<u>NOTICES</u>:

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:
Nevada County Public Health Department
Attn: Jill Blake, Director
500 Crown Point Circle
Grass Valley, CA 95945
(530) 265-1732
(530) 271-0894 (facsimile)

1 Attach copy of any contract.

EXHIBIT B

REQUEST FOR PROPOSAL

BOARD'S REQUEST FOR PROPOSAL

REQUEST FOR PROPOSALS
County Wellness & Prevention Pilot Project

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD

I. ABOUT THE COUNTY MEDICAL SERVICES PROGRAM

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

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

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

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

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

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

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

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

II. ABOUT THE CMSP COUNTY WELLNESS & PREVENTION PILOT PROJECT

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

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

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

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

III. PILOT PROJECT APPLICANTS

Lead Agency Applicant Requirements

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

IV. PILOT PROJECT TIMELINE

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

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

V. FUNDING AWARDS – ALLOCATION METHODOLOGY

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

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

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

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

VI. FUNDING AWARDS – METHODOLOGY FOR REVIEW AND SCORING

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

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

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

VII. APPLICATION ASSISTANCE

A. RFP Assistance Teleconference

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

B. Frequently Asked Questions (FAQ)

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

C. Letter of Intent (LOI)

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

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

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

D. Pilot Project Contact Information

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

VIII. PILOT PROJECT PROPOSAL FORMAT AND REQUIREMENTS

A. Application Cover Sheet

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

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

B. Project Summary (no longer than 2 pages)

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

C. Project Narrative (no longer than 10 pages)

1. Clear Statement of Problem or Need Within Community

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

2. Local Health Care Delivery System Landscape

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

3. Description of Proposed Project

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

4. Organization and Staffing

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

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

5. *Implementation Work Plan*

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

D. Logic Model

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

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

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

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

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

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

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

G. Letters of Commitment and/or Support

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

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

IX. APPLICATION INSTRUCTIONS

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

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

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

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

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

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

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

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

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

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

APPENDIX: Table 1
CMSP County Wellness and Prevention Pilot Project
Maximum County Allocations

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

Attachment A

APPLICATION COVER SHEET
CMSP Wellness & Prevention Pilot Project

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

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

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

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

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

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

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

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

Official Authorized to Sign for Applicant:

Signature: Date:

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

Attachment B1

County Wellness & Prevention Pilot Project Budget Guidelines

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

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

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

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

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

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

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

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

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

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

Applicant:

Summary Budget – CY 2017 through CY 2019:

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

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

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

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

Applicant:

Detail Budget – CY 2017 through CY 2019:

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

Guidelines for Logic Model

I. Purpose

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

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

II. Overview

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

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

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

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

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

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

III. Components of a Logic Model

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

- ***Target Population***

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

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

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

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

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

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

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

- ***Activities***

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

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

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

- ***Outcomes***

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

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

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

- ***Impacts***

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

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

IV. Completing a Logic Model

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

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

References

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

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

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

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

Source

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

ATTACHMENT C

Chart 1: Logic Model Template

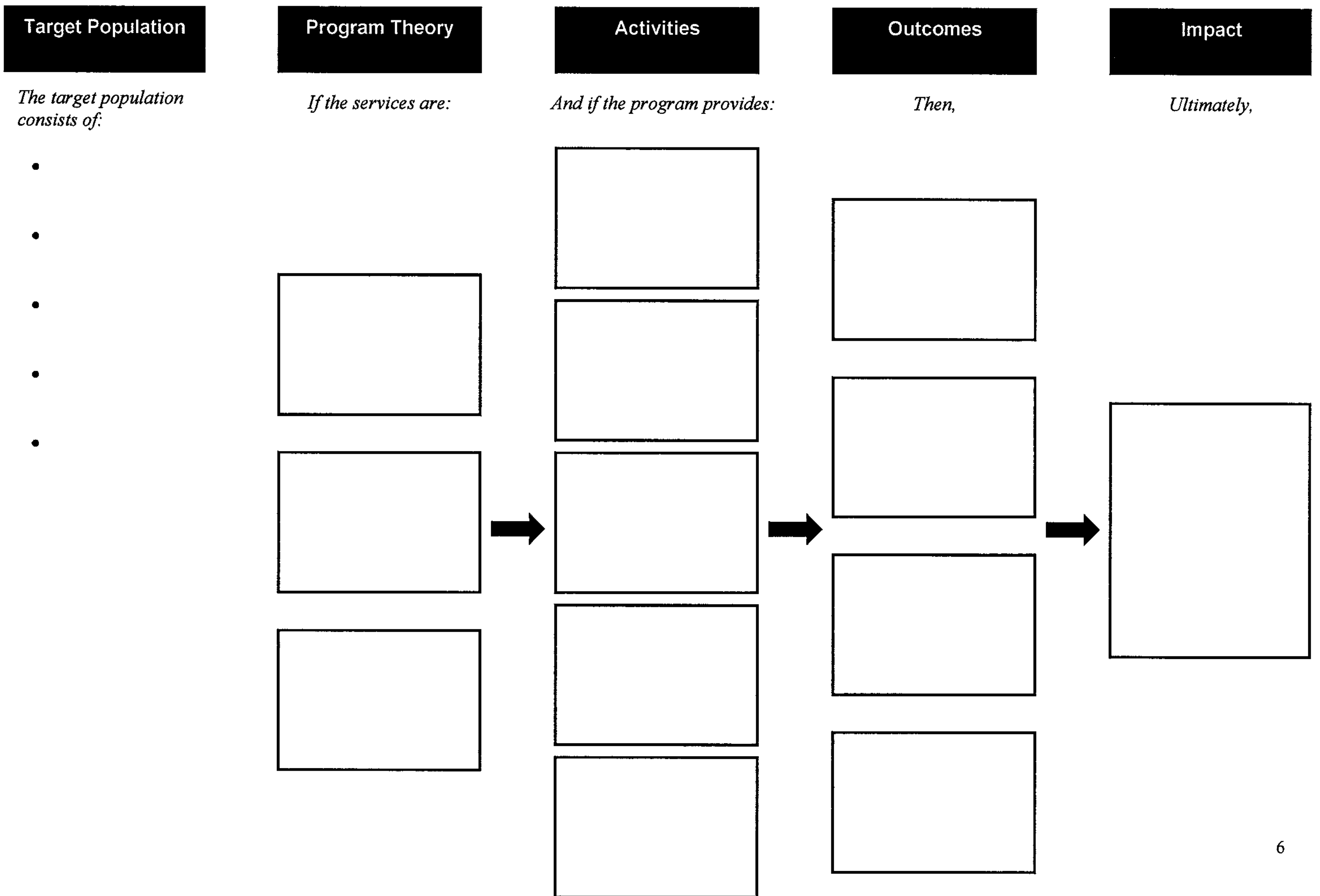


EXHIBIT C

APPLICATION

GRANTEE'S APPLICATION

Attachment A

APPLICATION COVER SHEET
CMSP Wellness & Prevention Pilot Project

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

2. **Funding:**
   CMSP Pilot Project Requested Amount: $225,000.00
   In-Kind and/or Other Matching Amount Provided by Applicant (if any): $__________

3. **Applicant:**
   Organization: Nevada County Public Health Department
   Applicant's Director or Chief Executive: Jill Blake
   Title: Director
   Applicant's Type of Entity (specific county department): Public Health
   Address: 500 Crown Point Circle
   City: Grass Valley State: CA Zip Code: 95945 County: Nevada
   Telephone: (530) 265-1732 Fax: (530) 271-0837
   E-mail Address: jill.blake@co.nevada.ca.us

4. **Primary Contact Person** (*Serves as lead contact person during the application process.)*
   Name: Jill Blake
   Title: Director
   Organization: Nevada County Public Health Department
   Address: 500 Crown Point Circle
   City: Grass Valley State: CA Zip Code: 95945 County: Nevada
   Telephone: (530) 265-1732 Fax: (530) 271-0837
   E-mail Address: jill.blake@co.nevada.ca.us

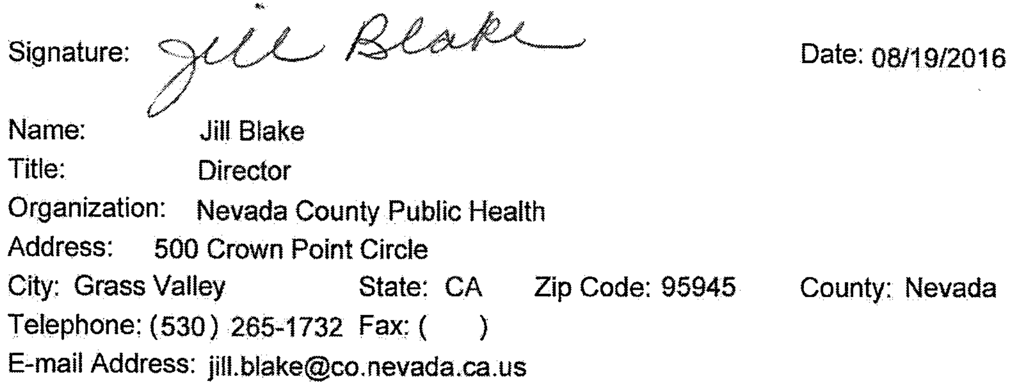
5. **Secondary Contact Person** (*Services as alternate contact during the application process.)*
   Name: Liz Matson
   Title: Program Manager
   Organization: Nevada County Public Health Department
   Address: 500 Crown Point Circle
   City: Grass Valley State: CA Zip Code: 95945 County: Nevada
   Telephone: (530) 265-1717 Fax: (530) 271-0837
   E-mail Address: liz.matson@co.nevada.ca.us

6. **Financial Officer** *(Serves as chief Fiscal representative for project.)*
   Name: Suzanne Doyle
   Title: Administrative Services Officer
   Organization: Health and Human Services Agency
   Address: 950 Maidu Ave.
   City: Nevada City State: CA Zip Code: 95959 County: Nevada
   Telephone: (530) 265-1401 Fax: ( )
   E-mail Address: suzanne.doyle@co.nevada.ca.us

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

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

Official Authorized to Sign for Applicant:



Signature: Jill Blake Date: 08/19/2016

Name: Jill Blake
Title: Director
Organization: Nevada County Public Health
Address: 500 Crown Point Circle
City: Grass Valley State: CA Zip Code: 95945 County: Nevada
Telephone: (530) 265-1732 Fax: ( )
E-mail Address: jill.blake@co.nevada.ca.us

Nevada County CMSP County Wellness & Prevention Pilot Project Proposal

B. Project Summary

Nevada County's County Wellness and Prevention Pilot Project, the *Nevada County Prediabetes Prevention Project,* is an innovative and collaborative project with the goal of reducing the incidence of chronic disease in our community, specifically prediabetes and diabetes, and the coordination of a county-wide effort to prevent chronic disease, including prediabetes and diabetes. Nevada County Public Health is the lead agency. The *Nevada County Prediabetes Prevention Project* (NCPPP) will provide local level prevention and wellness services under the CMSP project area of Community Wellness.

The project's target population for the NCPPP is individuals who are potentially eligible for CMSP or enrolled in CMSP, as well as individuals who are potentially eligible for or enrollees in other public programs. Specifically, individuals ages 21-64, at or below 300% FPL, who are not enrolled in medical or otherwise eligible for CMSP. With that in mind, NCPPP will focus on reaching our target population by providing services and supports to food-insecure individuals who are utilizing food pantries in Nevada County, as well as building a coordinated vision of chronic disease prevention for our community's uninsured and low-SES populations among key stakeholders, including our community leaders, community members, community-based organizations and local government programs.

Specifically, the NCPPP will accomplish this work by partnering with local food pantries, other county departments, local hospitals, and other community-based organizations 1) to coordinate available services and referrals to CMSP, other public programs, and chronic disease prevention programs; 2) to provide relevant prediabetes and diabetes services at locations convenient to the target population; 3) to develop new relevant services, including prediabetes education programs, nutrition education, and other supports; and 4) to support food pantries in routinely offering healthy foods and low-glycemic options to clients, supported by healthy food policies. In addition to service coordination and direct service, the NCPPP will 5) spearhead a coordinated county-wide effort to prevent chronic disease in our community via a Chronic Disease Prevention Community Summit, and out of that summit, 6) a Chronic Disease Prevention Task Force that will focus on the prevention of chronic disease in our target population.

Key partnerships for this project include both of the local hospitals (Tahoe Forest Hospital in Truckee, and Sierra Nevada Memorial Hospital in Grass Valley), food pantries that serve both Eastern and Western Nevada County (Project Mana in Truckee and Interfaith Food Ministry in Grass Valley), the Nevada County Health and Human Services Agency and the relevant

departments housed therein (including Behavioral Health Department and Department of Social Services), and other key community partners, including the Family Resource Center of Truckee, 211 Nevada County, and Nevada County Public Health's Nutrition Education and Obesity Prevention program. In addition, as a key tenant of this project is the development and support of community collaboration and vision around chronic disease prevention in our target population, we anticipate that additional community partnerships with other key stakeholders will be developed as the project progresses.

The outcomes for the NCPPP include increased collaboration across CBO's focused on chronic disease prevention, decreased hospital readmissions for food-insecure individuals with diabetes or prediabetes, increased consumption of low-glycemic foods by food insecure individuals and families, increased availability of and participation in existing prediabetes and diabetes community supports, increased number of CBO staff and volunteers trained on diabetes and prediabetes, as well as client-centered approaches, increased number of food pantries with healthy food policies adopted and implemented, and increased supports and educational opportunities for relevant CBO's for prediabetes prevention.

As a result of this project, we aim to decrease the rate of prediabetes in food-insecure individuals in our county, to improve health outcomes for food-insecure families in Nevada County, that CBO's will have embedded coordinated chronic disease prevention components in their regular service delivery model for our target population, and to build improved relationships among CBO's around chronic disease prevention in the project's target population.

The NCPPP will comply with all reporting requirements and required deliverables, as defined by the CMSP Governing Board and outlined in the funding contract, and will do so in a timely manner. At minimum, we anticipate annual program reports, budget reports, quarterly invoices, and evaluation reports.

C. Project Narrative

1. Need Statement

Nevada County is located in the foothills of the Sierra Nevada mountain range. The county's population is just under 100,000, and approximately one-third of the residents live in three incorporated areas: Nevada City, Grass Valley and Truckee. Nevada City, the county seat, and Grass Valley sit side by side approximately 60 miles northeast of Sacramento. The Town of Truckee is located approximately 65 miles away from the county seat on the eastern side of Donner Pass – the crest of the Sierra Mountains.

Racially and ethnically, Nevada County is less diverse than California. The largest ethnic group is Hispanic / Latino, making up 9% of the county population. Truckee has a larger proportional population of Hispanic / Latino than Western Nevada County.

The Public Health Department has just completed the 2016 Nevada County Public Health Community Health Assessment. The Community Health Assessment (CHA) has identified access to care as one of the top four important factors in our community, and notes that in 2012, Nevada County had higher portion of the population utilizing public insurance, at 34.7%, than the statewide average of 29.5%. In addition, the CHA identifies healthy behaviors and lifestyles as one of the top four important factors in our community.[1] In addition, in Nevada County the rate of prediabetes is even higher than the national and state average. A recent study by the UCLA Center for Health Policy research estimates that a full 54% of Nevada County adults have prediabetes.[2] This number is likely to be higher in food-insecure populations.

Diabetes disproportionately affects low-income individuals, who experience higher disease prevalence and complication rates. A growing body of research tells us that food insecurity experienced during one's lifespan has an adverse impact on an individual's long-term and short-term health and health outcomes. In addition, individuals who are food insecure are more likely to be diagnosed with diabetes and prediabetes that the population as a whole.[3]

An important risk factor for diabetes is prediabetes. An individual is considered to have prediabetes when their blood glucose levels are higher than normal but not high enough for a

---

[1] Nevada County Public Health Department. 2016. *Nevada County Community Health Assessment*, pages 6, 50, 51.
[2] Babey, S., et al. UCLA Center for Health Policy Research. March, 2016. Prediabetes in California: Nearly Half of California Adults on Path to Diabetes.
[3] Seligman, H. 2016. Food Insecurity, Health and Health Care. Feed America.

diabetes diagnosis. Up to 30% of people with prediabetes will develop Type 2 diabetes within five years, and as many as 70% will develop the disease in their lifetime.[4]

With this research in mind, the project's target population for the NCPPP is individuals who are potentially eligible for CMSP or enrolled in CMSP, as well as individuals who are potentially eligible for or enrollees in other public programs and who are utilizing food pantries. Specifically, individuals ages 21-64, at or below 300% FPL, who are not enrolled in medical or otherwise eligible for CMSP. The NCPPP will focus reaching our target population by providing services and supports to food-insecure individuals who are utilizing food pantries in Nevada County, as well as building a coordinated vision of chronic disease prevention for our community's uninsured and low-SES populations among key stakeholders, including our community's leaders, community-based organizations and local government programs.

Research also demonstrates that the proposed model of co-located education and improved food options at food pantries results in improved diabetes-related health outcomes.[5] With that in mind, NCPPP's primary service delivery locations will be local food pantries and family resource centers. The clientele of those key partners are eligible for CMSP or other public programs, thereby ensuring that our project's resources will be directed to individuals and families in our target population.

NCPPP will reach approximately 3,300 families per year, in the following three ways. First, the project will work with local food pantries to offer low-glycemic options, either through a labeling system if clients "shop" for food during food distributions or through a low-glycemic box option if clients receive pre-packed food. This option will be available to all clients at the food pantries, estimated at 60 families in Truckee and 3,200 families in Grass Valley. Second, the project will facilitate and support the adoption (if required) and implementation of healthy food policies at the food pantries, which will also impact all food pantry clients. Third, NCPPP will facilitate the delivery and development of prediabetes education, diabetes management and diabetes-focused nutrition education classes at the food pantries and family resource center. Each year, we anticipate serving approximately a maximum of 300 people in these co-located classes. These 300 individuals are included in the overall count of 3,260 families served by the food pantries as a whole, resulting in a total of approximately 3,300 served per year.

---

[4] Babey, S., et al. UCLA Center for Health Policy Research. March, 2016. Prediabetes in California: Nearly Half of California Adults on Path to Diabetes.
[5] Ippolito, M., et al. 2015. Public Health Nutrition. Food Insecurity and Diabetes Self-Management Among Food Pantry Clients. (p. 1-7).

2. Local Health Care Delivery System Landscape

Nevada County is served by two hospitals, Sierra Nevada Memorial Hospital in Western Nevada County and Tahoe Forest Hospital in Eastern Nevada County. Western Nevada County has one FQHC and one Indian Health center, both of which serve individuals and families on public insurance programs, as well as uninsured individuals via a sliding scale. Truckee does not currently have a clinic that serves that area, however the Truckee-area clinic will re-open to Nevada County clients in early 2017. The two hospitals and the two clinics are the main sources of care for the NCPPP's target population. Both hospitals are key community partners in this grant, and both clinics offer diabetes management classes and supports to their clients via Registered Dieticians (RD) who are Certified Diabetes Educators (CDE). The hospitals also have RDs who are CDEs on staff, as well as lay-leader staff and/or partners trained in the Stanford Diabetes Self-Management Program. The NCPPP plans to build on these strengths in our healthcare delivery partners.

In addition, this project has identified important gaps in chronic disease prevention service provision for our target population. While the hospitals offer classes to the community on diabetes management, those classes are typically located on the hospital's campus. In addition, those classes typically do not address prediabetes education. In addition, the food pantries do not provide education or information to their clients on prediabetes, nor do they currently partner with the hospitals to offer classes to the food pantry clients on-site. This project will address all of these issues by leveraging the Public Health Department's existing partnerships with both health care providers and community partners such as food pantries to bring educational resources to the clients themselves, in addition to providing additional education to staff and volunteers. Further, this project will work with the hospitals to begin to offer pre-diabetes education and to encourage strategic thinking toward chronic disease prevention community-wide via the Summit and Task Force.

3. Description of Proposed Project

To avoid the progression from prediabetes to diabetes amongst low income individuals in Nevada County, the Nevada County Public Health Department proposes to develop a Prediabetes Prevention Program targeting the food insecure population in Nevada County.

The Nevada County Public Health Department's Prediabetes Prevention Project will target CMSP-eligible individuals in Nevada County. The project will be a partnership between existing services within the County, including the Nutrition Education and Obesity Prevention Program (NEOP), two local food pantries, a family resource center, 211 Nevada County, as well as both hospitals in the county.

NCPPP will have two main types of activities. First, the project will build and facilitate a coordinated vision and approach to chronic disease prevention via a Chronic Disease Prevention Community Summit and a Chronic Disease Prevention Task Force. Second, the project will focus on chronic disease prevention in food-insecure individuals, specifically the reduction of prediabetes and the improved management of diabetes.

Coordinated Vision and Approach to Chronic Disease Prevention
This project will create a coordinated County-wide effort that will focus on prevent chronic disease, including diabetes. This will be achieved by convening and facilitating a Community Summit on Chronic Disease, including diabetes, in Nevada County. Few resources in the County exist that are geared toward chronic disease prevention, and there is currently little coordination and planning of services across agencies. The Community Summit planned for Year 2 (see Implementation Timeline) will bring together key stakeholders in the community to identify gaps in prevention services, collaboratively plan services, and prevent duplication of services. In addition to strengthening of collaborative approaches and shared visioning, the Community Summit will result in a Nevada County Chronic Disease Prevention Task Force. The Task Force will meet regularly to coordinate prevention services, to ensure that chronic disease prevention in our target population is embedded in relevant health care and community policies, and to build on the work of the Summit. The Summit will be planned and implemented by Community Liaisons, with leadership from key community partners and Public Health staff. The Task Force will be staffed and supported by the Community Liaisons for the length of this grant. The key community partners have committed to participation in the Task Force and the Summit. Letters of Support for all key partners are included as attachments.

Chronic Disease Prevention for Food-Insecure Individuals
The NCPPP will focus on seven main components to decrease the rates of prediabetes and increase quality of self-care for the management of those who have diabetes in the target population. Additional detail on these components follows below, and is further detailed in the Logic Model (Section D).

1. Creation, implementation, and support of pre-diabetes prevention programs with food pantries, including but not limited to low-glycemic boxes/labeling, healthy food policies, nutrition education and other relevant supports;
2. Enhance CBO staff and volunteer practice of client-centered approaches;
3. Coordination and facilitation of prediabetes and diabetes support programs among CBO's;
4. Referrals and screening for food pantry clients who have diabetes or are potentially pre-diabetic via self-screening, and referrals to Behavioral Health, as needed;
5. Support to food pantries to offer low-glycemic food, as needed;
6. Research for new and innovative food acquisition program for the food pantries;
7. Provision of appropriate incentives for food insecure individuals' participation in education opportunities;
8. Research new and innovative food acquisition strategies for food pantries.

The NCPPP will work with local food pantries to create healthy food policies. These policies will be based on Feed America guidelines and may use the online course developed by the UC Berkeley Center for Weight and Health. The food policies will provide guidance for foods distributed to food pantry clients, as well as provide guidance to food pantry donors about the types of foods the food pantries prefer as donations. In addition, the Pilot Project will work with pantries on effective labeling and distribution strategies of low-glycemic choices. The NCPPP will also support Project Mana in the acquisition of healthy food choices, focused on whole, low-glycemic foods.

The NCPPP will oversee the administration of the American Diabetes Association's diabetes self-assessment questionnaire to food pantry participants on an on-going basis during food distributions. Individuals scoring in the risk range of the questionnaire will be referred to a primary physician and/or a diabetes self-management program offered by one of the partner healthcare systems. Ideally, the referral will be to a series of classes being offered on-site at the food pantry by the local hospital partner. In addition, referrals will include information about supports at the FQHC and Indian Health Clinic, as well as primary providers.

The Prevention Project will assist with the designation of low glycemic foods in food pantry distributions. Nutrition education and low glycemic cooking classes will be taught at food pantry locations using low glycemic foods that appear in the distributions. At Western Nevada County locations, those classes will be taught by NEOP Nutrition Educators. NEOP classes are provided in-kind. In Eastern Nevada County, NCPPP will hire a bilingual/bicultural Nutrition Educator to provide these classes. The classes will also provide general information on diabetes and prediabetes prevention, as appropriate. The classes will also collaborate with the hospital partners to incorporate, as possible, hospital-staff-led question and answer periods, and could potentially follow the prediabetes education and diabetes management classes offered by the hospitals. Appropriate incentives, incentives such as a bag of groceries, will be provided to food insecure individuals who participate in the classes.

Within the Nevada County Health and Human Services Agency, the Department of Social Services will work with NCPPP and partners to ensure that outreach for CMSP and other public programs is appropriately incorporated into other outreach materials and opportunities. In addition, Social Services staff will work with NCPPP staff and partners on appropriate messaging and outreach such that clients and family members who would benefit from referrals to Social Services will receive the appropriate information for NCPPP staff and partners. Referrals will also be made to Behavioral Health in the event a client is in need of mental health services.

In addition to working directly with clients, we have heard directly from community partners that this project would benefit from additional training being provided to the staff and volunteers at the food pantries and family resource center. The Prevention Project will provided in-service training to food pantry staff on the food policies, diabetes and prediabetes awareness, motivational interviewing and a client centered approach using Participant-Centered Education (PCE) so they are better equipped to work with their clients and to support the goals of this project. These classes will be taught by Public Health's WIC Director, and Senior Nutritionist, Deborah Wilson, RD, who is a trainer in Person-Centered Education and Motivational Interviewing.

Nevada County's NEOP will work with NCPPP to provide relevant nutrition education and physical activity education at the food pantry sites to complement the education offered by the hospitals, as well as information about 211 Nevada County that will house a list of community resources related to diabetes and prediabetes.

4. Organization and Staffing
This project will build on existing relationships and collaborations to effectively and efficiently plan for and implement this program.

Lead Agency's Organizational Capacity
The Nevada County Public Health Department is a local government agency operated through the County of Nevada. The Public Health Department was established in the 1980s and our mission is to protect lives, prevent disease and promote healthy lifestyles for everyone in Nevada County. The Public Health Department promotes the health of the entire community through varied programs ranging from control of communicable diseases and coordination of the response to health emergencies to individual case management to primary prevention of disease and wellness promotion.

The Public Health Department provides services to all residents of Nevada County with the purpose of preventing disease and promoting healthy lifestyles for everyone. However, our client services programs primarily serve low-income individuals who are not eligible for health insurance, do not have coverage for all medically necessary services, or can't afford to buy insurance.

The department's total budget for Fiscal Year 16/17 was $5.7 million. This project would fall under Public Health's Health and Wellness Division, which encompasses other primary prevention programs including NEOP, the Alcohol and Other Drug Prevention program, the Tobacco Use Prevention Program, HIV Testing and HIV Care programs, and Women, Infants and Children (WIC).

The NCPPP will build upon and leverage existing relationships, community assets, and internal strengths. In addition to a skilled staff and skilled contractors, the Public Health Department has a fully developed administrative support system, both internally and within the County of Nevada.

The role of the Public Health Department as Lead Applicant is to administer the grant, maintain required records, provide required deliverables and reports, act as program evaluator, and work with, if required, the outside evaluator to be provided by the CMSP Governing Board. In addition, the Department's staff and contractors will facilitate and build collaboration across partners, facilitate and plan for the co-location of supports and services for our target population across partner agencies, work with food pantries on healthy food policies and improved food distribution strategies related to chronic disease prevention, to plan for and implement the Summit in Year 2, coordinate referrals and trainings, to provide training to partner staff and volunteers, to purchase required supplies and other fiscal responsibilities, and to staff and support the Chronic Disease Prevention Task Force. Public Health Department Program Manager will provide leadership and oversight to the project.

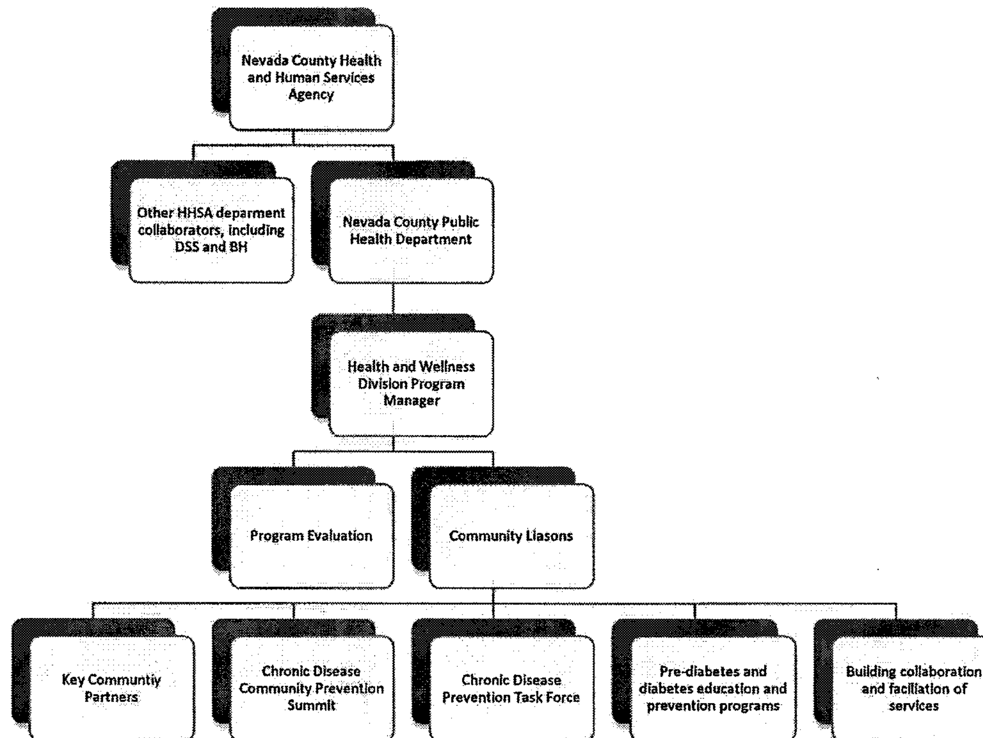
Both hospitals will provide classes to food pantry and family resource center clients and develop, as needed, courses for prediabetes education. Both food pantries will work with county staff and contractors on health food policy development (as needed) and implementation, with a focus on low-glycemic options; providing healthy and fresh choices to clients; and client, volunteer and staff education. The food pantries, as well as the family resource center, will also collaborate with other partners on co-located educational opportunities for clients on prediabetes and diabetes management. 211 Nevada County will build a diabetes and prediabetes resource list for community members and will collaborate on ways to reach the target population, as well as collaboration on chronic disease prevention in the target population. The key community partners have all laid out their roles and responsibilities in their Letters of Support.

Organizational Chart, Lines of Supervision and Management Oversight

An organizational chart for NCPPP is provided as Figure 1 below. The Public Health Department is part of the Health and Human Services Agency, and provides administrative oversight and supervision to the Health and Wellness Division. The Program Manager for Health and Wellness will supervise the project as a whole, and provide direct oversight to the contracts for Community Liaisons. The Program Manager will also serve as evaluator and day-to-day program manager. The Director of Public Health is the direct supervisor for the Program Manager. The Program Manager will be responsible for reporting and report preparation, leadership, monitoring NCPPP's on-going progress, communicating with partners as needed.

The Community Liaisons will oversee and support the direct implementation of the NCPPP Activities, will provide staff support to the Task Force and Summit, assist in data collection and report preparation, and will facilitate and serve as catalysts for the collaboration across community partners.

Figure 1: Organizational Chart



Roles, Qualifications, Expertise and Auspices of Key Personnel

Nevada County Public Health Program Manager

Elizabeth Matson, MS, is the Program Manager for the Health and Wellness Division of Nevada County Public Health. Ms. Matson will provide leadership and oversight for this project, as well as serve as evaluator. Ms. Matson has an in-depth understanding of public health and community systems. She has managerial and supervisory responsibility for Health and Wellness programs and reports to the Public Health Department Head. Prior to her work with Nevada County Public Health, Ms. Matson spent seven years the lead researcher at her own program evaluation and research firm, Matson Research. She holds a Masters from Georgetown University in Applied Linguistics and completed doctoral work in Education Policy, Organization, Management and Evaluation at UC Berkeley's Graduate School of Education.

Community Liaisons

Under the direction of the Program Manager, Community Liaisons will serve as the main staff for this project. They will bring together community organizations, facilitate the activities listed in the Logic Model, plan and support the Year 2 Summit, provide data collection, data set cleaning, and report writing, as appropriate. The Community Liaisons will provide support to the Program Manager, the community partner's collaborative efforts and staff the Task Force.

Shaun Havard and Lynne Lacroix will serve as Community Liaisons. Both are currently part-time contractors with Nevada County Public Health. Shaun Havard holds an MPH from UC Berkeley and has worked for the Public Health Department as a contractor for nearly six years. Her experience includes working as a Community Liaison for the NEOP program, working with community organizations on food policy and systems changes, as well as other work in primary prevention. She has extensive experience in data collection, program planning and evaluation, program management, and grant and report writing. Ms. Havard will serve as the lead Liaison for this project, with support from Ms. Lacroix.

Lynne Lacroix has served as NEOP Coordinator for five years, and has extensive experience working with food pantries around nutrition education, health food policy planning and food policy implementation. In addition, she is skilled at program oversight, reporting, data collection, and program fidelity. She has expertise in planning and developing new community programs and designing a multi-organization annual work plan that dictates program implementation.

5. Implementation Work Plan

The implementation of the NCPPP will be led by the Nevada County Public Health Department staff and contractors, with assistance and advice at all steps by the key community partners. The first quarter will be a planning quarter, with staff, contractors and partners laying the groundwork for implementation of program activities. Oversight of program planning and implementation will rest with the Program Manager. The Community Liaisons will work closely with the community partners both during planning and implementation phases.

Implementation Timeline

Light blue=planning phase. Dark blue=implementation phase.

Activity	Year 1				Year 2				Year 3			
	Qu 1	Qu 2	Qu 3	Qu 4	Qu 1	Qu 2	Qu 3	Qu 4	Qu 1	Qu 2	Qu 3	Qu 4
Chronic Disease Community Summit												
Chronic Disease Task Force												
Pre-Diabetes Prevention Programs with Food Pantries												
CBO staff and volunteer training												
Coordination and facilitation of prediabetes and diabetes support programs												
Referrals and screenings for food pantry clients												
Support to food pantry to offer low-glycemic foods												
Provision of incentives												
Evaluation and reporting												

D. Logic Model

Target Population	Program Theory	Activities	Outcomes	Impact
• Food-insecure individuals or families who have a family member who has diabetes or is prediabetes and are utilizing food pantries in Nevada County of Nevada	• A coordinated county-wide effort that will help to prevent chronic disease, including diabetes • Implementing healthy food policies at food pantries will improve the quality of food and increase consumption of low-glycemic foods by food pantry clients • Providing cooking classes, nutrition education, diabetes and prediabetes education, and low-glycemic food choices to clients will increase consumption of low-glycemic foods and decrease rates of chronic disease • Providing staff development on education and client-centered approaches will increase the quality of service provision to food-insecure families	1. Facilitation of coordinated vision of chronic disease prevention via a Chronic Disease Prevention Community Summit 2. Facilitation of coordinated vision of chronic disease prevention via a Chronic Disease Prevention Task Force developed out of the Summit and grant partners 3. Create, implement, and support pre-diabetes prevention programs with food pantries, including but low-glycemic boxes/labeling, healthy food policies, nutrition education and other relevant supports 4. Enhance CBO staff and volunteer practice of client-centered approaches 5. Coordination and facilitation of prediabetes and diabetes support programs among CBO's 6. Referrals and screening for food pantry clients who have diabetes or are potentially pre-diabetic via self-screening 7. Support to food pantries to offer low-glycemic food, as needed 8. Provision of appropriate incentives for food insecure individuals' participation in education opportunities 9. Referrals for food pantry clients who request behavioral health support 10. Research for new and innovative food acquisition models for the food pantries 12. Provide information and referrals to CMSP and other public programs 11. Evaluation	• Increased collaboration across CBO's focused on chronic disease prevention • Decreased hospital re-admission rates for food-insecure individuals with diabetes or pre-diabetes • On-site prediabetes classes offered on-site at food pantries • Increased participation in existing prediabetes and diabetes community supports • Increased number of CBO staff and volunteers trained on basic understanding of diabetes and prediabetes • Increased number of CBO staff and volunteers trained on client-centered approaches • Increased consumption of fruits and vegetables by food insecure populations • Increased number of food pantry sites with healthy food policies adopted • Increased number of food pantry sites with healthy food policies implemented • Increased supports and education opportunities at relevant CBO's for prediabetes prevention	• Decrease the rate of prediabetes in food-insecure populations in Nevada County • Improved health outcomes for food-insecure families in Nevada County • CBO's have embedded coordinated chronic disease prevention components in their regular service deliver model • Improved relationships among CBO's around chronic disease prevention

E. Proposed Evaluation Methodology

Nevada County's pilot project will utilize an outcome evaluation. The goal of the evaluation is two-fold: First, to allow the project to maintain on-going improvement and a cycle of learning, and second, to understand whether the program's model is effective to impact our intended outcomes. The outcome evaluation approach will focus on measuring the effect in the target population by assessing the progress in the outcomes or outcome objectives that NCPP is working to achieve.

The evaluation will include both qualitative and quantitative data. Data will be collected by Community Liaisons, by the food pantries, by the hospitals, by 211 Nevada County, and by other relevant partners. The data will be primarily programmatic, with limited clinical data provided by the hospitals. Analysis of qualitative data will be performed using Dedoose and all evaluation practices will be within the recommended guidelines laid out in *The Program Evaluation Standards*, (3rd Edition) by Yarbrough, et al.

Data collection tools and evaluation approaches will be designed during the first quarter, utilizing the program-level expertise of the project's key community partners and the evaluation expertise of the Program Manager. Whenever possible, evaluation tools that are already validated will be utilized for data collection. If unavailable, tools will be drafted, reviewed by partners, piloted with individuals in the target population, and then deployed as part of the project's overall evaluation. Data collection tools will include surveys for partners and clients and key informant interview protocols with clients. This approach will allow for appropriate and reliable data collection tools, resulting in a higher caliber evaluation.

The project's data collection plan is as follows, by outcome:

Outcomes	Data Collection Tool					
	Client Survey (after all educational opportunities)	Partner Survey (annual)	Key Informant Interview (annual)	Document Review (annual)	Fiscal Review (annual)	Other / Partner-collected Data (annual)
Increased collaboration across CBO's focused on chronic disease prevention		X		X		
Decreased hospital re-admission rates for food-insecure individuals with diabetes or pre-diabetes						X
On-site prediabetes classes offered on-site at food pantries				X		
Increased participation in existing prediabetes and diabetes community supports		X				X
Increased number of CBO staff and volunteers trained on basic understanding of diabetes and prediabetes		X		X		
Increased number of CBO staff and volunteers trained on client-centered approaches		X		X		
Increased consumption of fruits and vegetables by food insecure populations	X		X			

Increased number of food pantry sites with healthy food policies adopted		X		X		
Increased supports and education opportunities at relevant CBO's for prediabetes prevention	X	X	X	X		

Data will be collected annually, with an evaluation report submitted within the first quarter of the following year, unless more frequent reporting is required. The NCPPP will comply with all reporting requirements.

Barriers to quality data collection and evaluation include the transitory nature of many food pantry clients, resulting in difficulties in effectively long-term evaluating program impact. In addition, food pantry clients may have a limited amount of time to devote to point-of-contact surveys or other data collection strategies, resulting in a lower sample rate. Finally, some food pantry clients may be undocumented, thereby resulting in a hesitancy to participate in an evaluation. The project will work to overcome these issues by working with client-trusted partners as much as possible during data collection, by providing all surveys in English and in Spanish, and by working to build trust with the clients ourselves. These strategies are unlikely to eliminate these barriers, but will likely result in a positive increase in response rates.

The NCPPP will comply with all federal and state laws regarding confidentiality of protected health information. All county employees are trained annually in HIPAA regulations and the Health and Human Services Agency has a HIPAA Privacy and Security Officer on staff. The Program Manager will work with the Officer to ensure that all data collection tools and approaches are within the HIPAA requirements. In addition, the hospital staff is trained in HIPAA requirements.

F. Budget and Budget Narrative

Budget Narrative

No grant funding will be used for administrative and/or overhead costs not directly attributed to the project. All efforts to minimize administrative costs will be implemented.

Personnel

- Program Manager: Costs of salary and benefits, including fringe benefits, at 0.06 FTE for each of three years. This includes evaluation costs.
- Senior Nutritionist: 20 hours per year, costs of salary and benefits, for each of three years, to provide Person-Centered Education trainings.

Contractual Services

- Community Liaisons: 750 hours in Year 1 and Year 3, with an additional 100 hours in Year 2. Rate of $50/hr, inclusive of all costs. The additional 100 hours in Year 2 represent the time required to plan and implement the Summit.
- Health Educator: One health educator, hired as an independent contractor at a rate of $40/hr, to provide classes in English and Spanish in the Truckee area. 56 hours are budgeted per year, at 8 3-series/year. Health educators in Western Nevada County are provided by NEOP as in-kind, estimated at $2,240/year.
- Summit Speakers: $7,000 budgeted to pay for travel, lodging and speakers fees.

Office Expenses

- Office Supplies: Including postage, general office supplies, postage, and internal photocopies.
- External Copies: Including any copies produced by an external vendor.
- Indirect: 25% rate for salaries/benefits of Program Manager. Actual indirect is 37.78%, the difference is provided by Public Health as in-kind. This rate captures the direct costs such as utilities, phone charges, payroll charges, space, etc. that are occurring but cannot be broken down individually.

Travel

- Staff Travel to Truckee: Budgeted at $0.54/mi, includes four staff trips to Truckee, a distance of 55 miles each way.

Other

- Support to food pantry: $9,000/yr for Project Mana to buy low-glycemic foods.
- Pre-diabetes educational materials: $3,000 per year to purchase educational materials to support classes at the partner sites.

- Staff training: $2,000 per year to train partner staff on diabetes education, such as the Stanford Diabetes Self-Management program, client-centered approaches such as Motivational Interviewing, and other gaps, to be identified during project implementation.
- Translation and interpretation: To pay for translation of educational materials and evaluation data collection tools, as well as in-person interpretation of Summit.
- Participant incentives: Incentives to encourage one-time and on-going attendance at educational classes. These may include groceries, food vouchers, and other relevant incentives.
- Task force meeting supports: Food and beverages for Task Force meetings.
- Room rentals for education: Funds to secure adjoining classroom space for food distributions that lack classroom areas.
- Summit costs: Food, beverages, supplies, space rental and other costs associated with the Year 2 Summit.

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

Applicant: Nevada County Public Health

Detail Budget – CY 2017 through CY 2019:
(includes only CMSP Funds)

Category Item/Service	Qnty (Year 1)	Cost (Year 1)	Qnty (Year 2)	Cost (Year 2)	Qnty (Year 3)	Cost (Year 3)	Total Cost
Personnel							
Program Manager	0.06 FTE	$9,030.00	0.06 FTE	$9,384.00	0.06 FTE	$9,853.20	$28,267.20
Senior Nutritionist	18 hours	$1,030.14	18 hours	$1,030.14	18 hours	$1,030.14	$3,090.42
Contractual Services							
Community Liaisons		$37,500.00		$42,050.00		$37,500.00	$117,050.00
Health Educator (Truckee)		$2,240.00		$2,240.00		$2,240.00	$6,720.00
Summit Speakers				$7,000.00			$7,000.00
Office Expenses							
Office Supplies		$250.00		$350.00		$250.00	$850.00
Copies		$200.00		$295.58		$200.00	$695.58
Indirect		$2,257.50		$2,346.00		$2,463.30	$7,066.80
Travel							
Staff travel to Truckee		$240.00		$240.00		$240.00	$720.00
Other							
Support to food pantry for food acquisition		$9,000.00		$9,000.00		$9,000.00	$27,000.00
Pre-diabetes educational materials		$2,500.00		$2,500.00		$2,500.00	$7,500.00
Staff Training		$1,800.00		$1,800.00		$1,800.00	$5,400.00
Translation and interpretation		$400.00		$700.00		$400.00	$1,500.00
Participant Incentives		$2,880.00		$2,880.00		$2,880.00	$8,640.00
CD Task Force meeting supports		$200.00		$200.00		$200.00	$600.00
Room rentals		$300.00		$300.00		$300.00	$900.00
Summit costs				$2,000.00			$2,000.00
Total Budgeted		$69,827.64		$82,315.72		$70,856.64	$225,000.00

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

Applicant: Nevada County

Summary Budget – CY 2017 through CY 2019:

Category	Total Cost (Year 1)	CMSP Funding (Year 1)	Other Funding (Year 1)
Personnel	$ 10,060.14	$ 10,060.14	
Contractual Services	$ 44,220.00	$ 41,980.00	$ 2,240.00
Office Expenses	$ 6,952.50	$ 6,952.50	$ 782.68
Travel	$ 240.00	$ 240.00	
Other	$ 17,080.00	$ 17,080.00	
TOTAL YEAR 1	$ 78,552.64	$ 76,312.64	$ 3,022.68

Category	Total Cost (Year 2)	CMSP Funding (Year 2)	Other Funding (Year 2)
Personnel	$ 10,414.14	$ 10,414.14	
Contractual Services	$ 53,530.00	$ 51,290.00	$ 2,240.00
Office Expenses	$ 3,801.80	$ 2,991.58	$ 810.22
Travel	$ 240.00	$ 240.00	
Other	$ 19,380.00	$ 19,380.00	
TOTAL YEAR 2	$ 87,365.94	$ 84,315.72	$ 3,050.22

Category	Total Cost (Year 3)	CMSP Funding (Year 3)	Other Funding (Year 3)
Personnel	$ 10,883.34	$ 10,883.34	
Contractual Services	$ 41,980.00	$ 39,740.00	$ 2,240.00
Office Expenses	$ 3,760.02	$ 2,913.30	$ 846.72
Travel	$ 240.00	$ 240.00	
Other	$ 17,080.00	$ 17,080.00	
TOTAL YEAR 3	$ 73,943.36	$ 70,856.64	$ 3,086.72

Michael Heggarty, MFT
Health and Human Services Agency Director

500 CROWN POINT CIRCLE, STE 110
GRASS VALLEY, CA 95945
TELEPHONE (530) 265-1450
(888) 303-1450

Nevada County Health and Human Services Agency

Public Health Department

Jill Blake, MPA
Public Health Director
Ken Cutler, MD, MPH
Public Health Officer

10075 LEVON AVE STE 202
TRUCKEE, CALIFORNIA 96161
TELEPHONE (530) 582-7814

August 26, 2016

CMSP Governing Board
1545 River Park Drive, Suite 435
Sacramento, CA 95815

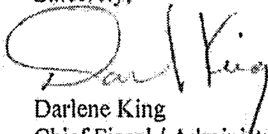
To Whom It May Concern:

It is my please to write a letter of support for Nevada County Public Health's CMSP Chronic Disease Prevention Pilot proposal being submitted to the CMSP Governing Board.

Nevada County Health and Human Services Agency (HHSA) is a well-integrated agency made up of Behavioral health and Social Services, as well as other departments, all of which work together to protect lives, promote health and wellness, and provide support and services to our community. In partnership with the Nevada County Public Health Department, the departments mentioned above, and the HHSA agency as a whole, will work on implementation and planning for this CMSP Pilot project.

Nevada County HHSA fully supports the efforts of Nevada County Public Health as it seeks funding to support a program to decrease rates of prediabetes in CMSP-eligible individuals in our community. We look forward to collaborating with within our agency and with our other community partners on this project.

Sincerely,



Darlene King
Chief Fiscal / Administrative Officer
Nevada County Health and Human Services Agency

Dignity Health.
Sierra Nevada Memorial Hospital

155 Glasson Way
Grass Valley, CA 95945
530 274.6000
530 274.6614 fax

September 1, 2016

CMSP Governing Board
1545 River Park Drive, Suite 435
Sacramento, CA 95815

To Whom It May Concern:

It is my pleasure to write a letter of support for Nevada County Public Health's CMSP Chronic Disease Prevention Pilot proposal being submitted to the CMSP Governing Board.

In partnership with Nevada County Public Health, Sierra Nevada Memorial Hospital will participate in the work toward a coordinated vision of chronic disease prevention in our community via participation in the coordination of pre-diabetes prevention and diabetes management programs for the project's target population, with the potential provision of pre-diabetes and diabetes education and management classes at a site(s) convenient which could include food pantries, and other related sites; collaboration around chronic disease management in low-income populations; and participation the Chronic Disease Prevention Community Summit.

Sierra Nevada Memorial Hospital supports the efforts of Nevada County Public Health as it seeks funding to support a program to decrease rates of prediabetes in CMSP-eligible individuals in our community. We look forward to collaborating with Public Health and our other community partners on this project.

Sincerely,

Katherine A. Medeiros
President / CEO

August 25, 2016

CMSP Governing Board
1545 River Park Drive, Suite 435
Sacramento, CA 95815

To Whom It May Concern:

It is my please to write a letter of support for Nevada County Public Health's CMSP Chronic Disease Prevention Pilot proposal being submitted to the CMSP Governing Board.

In partnership with Nevada County Public Health, Tahoe Forest Hospital will participate in the work toward a coordinated vision of chronic disease prevention in our community via the provision and coordination of pre-diabetes prevention and diabetes management programs for the project's target population, with coordinated referrals and support from the proposed program, as well as participation the Chronic Disease Prevention Community Summit.

In conclusion, Tahoe Forest Hospital fully supports the efforts of Nevada County Public Health as it seeks funding to support a program to decrease rates of pre-diabetes in CMSP-eligible individuals in our community. We look forward to collaborating on this project.

Sincerely,

Maria Martin, MPH, RD
Director
Tahoe Forest Community Health & Wellness
Care Coordination
10956Donner Pass Rd. Suite 240
Truckee, CA 96160
Phone: 530.550.6731

MISSION STATEMENT

Project MANA aims to drastically reduce the incidence of hunger and its detrimental effects upon individuals, families, the community and the region.

Board of Trustees

Cassell von Baeyer

Thomas Conk

Coralin Glerum

Jim Martini

Barbara Kay

Craig Werner

Co-Executive Directors

Heidi Allstead

Deidre Ledford

August 27, 2016

CMSP Governing Board
1545 River Park Drive, Suite 435
Sacramento, CA 95815

To Whom It May Concern:

It is my please to write a letter of support for Nevada County Public Health's CMSP Chronic Disease Prevention Pilot proposal being submitted to the CMSP Governing Board.

In partnership with Nevada County Public Health, Project MANA will participate in the work toward a coordinated vision of chronic disease prevention in our community via participation in the coordination of pre-diabetes prevention and diabetes management programs for the project's target population, with the provision of pre-diabetes and diabetes education and management classes, and physical activity promotion, at a site convenient for Project MANA clients; collaboration around healthy food policies, low-glycemic food labeling, and healthy food procurement; and participation the Chronic Disease Prevention Community Summit.

Project MANA supports the efforts of Nevada County Public Health as it seeks funding to support a program to decrease rates of prediabetes in CMSP-eligible individuals in our community. We look forward to collaborating with Public Health and our other community partners on this project.

Sincerely,

Deidre Ledford
Co-Executive Director, Director of Operations

Fighting Hunger With Your Help
PO Box 3824• Incline Village, Nevada 89450
Main Office: 775-298-4161 • Community House: 530-214-5181
www.projectmana.org

IFM
440 Henderson Street
Grass Valley, CA 95945

Phone: 530 273-8132
E-mail: info@interfaithfoodministry.org
Web: www.interfaithfoodministry.org

September 25, 2016

CMSP Governing Board
1545 River Park Drive, Suite 435
Sacramento, CA 95815

To Whom It May Concern:

It is my pleasure to write a letter of support for Nevada County Public Health's CMSP Chronic Disease Prevention Pilot proposal being submitted to the CMSP Governing Board.

In partnership with Nevada County Public Health, Interfaith Food Ministry (IFM) will participate in the work toward a coordinated vision of chronic disease prevention in our community via participation in the coordination of pre-diabetes prevention and diabetes management programs for the project's target population, with the provision of pre-diabetes and diabetes education and management classes on-site at IFM, as well as education and coordination around chronic disease prevention with their clients, and participation the Chronic Disease Prevention Community Summit.

In conclusion, Interfaith Food Ministry fully supports the efforts of Nevada County Public Health as it seeks funding to support a program to decrease rates of pre-diabetes in CMSP eligible individuals in our community. We look forward to collaborating with Public Health and our other community partners on this project.

Sincerely,

Sue Van Son
IFM Executive Director

Feeding Families, Fueling Hope

Board of Directors
Carmen Carr, President
Georgia Smith, Treasurer
Ken Ferree, Secretary
Nicole Todd Bailey
Adam McGill
Lauren Schaake Hudson
Edurne Mia Sendra

Honorary Board
Richard Anderson
Helen Cavanaugh
Rosa Davis
Reini Jensen
John Mon Pere
Ted Owens

Executive Director
Teresa Crimmens

Major Donors
First 5 Nevada County
First 5 Placer County
Martis Fund
Nevada County
Placer County
S. H. Cowell Foundation
Tahoe Forest Health System
Tahoe Truckee Comm. Fnd.

Federal Tax ID Number
59-3842660

Website
www.truckeefrc.org

Mailing Address
PO Box 9178
Truckee, CA 96162

Physical Address
11695 Donner Pass Road
Truckee, CA 96161

Telephone
530.587.2513

Fax
530.550.5236

August 24, 2016

CMSP Governing Board
1545 River Park Drive, Suite 435
Sacramento, CA 95815

To Whom It May Concern:

It is my please to write a letter of support for Nevada County Public Health's CMSP Chronic Disease Prevention Pilot proposal being submitted to the CMSP Governing Board.

In partnership with Nevada County Public Health, the Family Resource Center of Truckee (FRCoT) will participate in the work toward a coordinated vision of chronic disease prevention in our community via participation in the coordination of pre-diabetes prevention and diabetes management programs for the project's target population, with the potential provision of pre-diabetes and diabetes education and management classes on site at the FRCoT, as well as participation the Chronic Disease Prevention Community Summit.

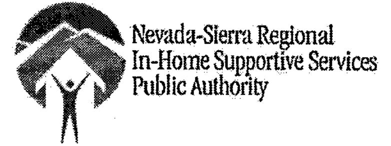
In conclusion, Family Resource Center of Truckee fully supports the efforts of Nevada County Public Health as it seeks funding to support a program to decrease rates of prediabetes in CMSP-eligible individuals in our community. We look forward to collaborating with Public Health and our other community partners on this project.

Sincerely,

Teresa Crimmens

Executive Director

Building Community, One Family at a Time
We promote social and economic success in our community
by providing education, mobilizing resources and advocating for change.



September 1, 2016

CMSP Governing Board
1545 River Park Drive, Suite 435
Sacramento, CA 95815

To Whom It May Concern:

It is my pleasure to write a letter of support for Nevada County Public Health's CMSP Chronic Disease Prevention Pilot proposal being submitted to the CMSP Governing Board.

In partnership with Nevada County Public Health, 211 Nevada County will participate in the work toward a coordinated vision of chronic disease prevention in our community via participation in the coordination of pre-diabetes prevention and diabetes management programs for the project's target population and participation in the Chronic Disease Prevention Community Summit.

211 Nevada County supports the efforts of Nevada County Public Health as it seeks funding to support a program to decrease rates of prediabetes in CMSP-eligible individuals in our community. We look forward to collaborating with Public Health and our other community partners on this project.

Sincerely,

Ann Guerra
Executive Director

Grass Valley Office
466 Brunswick Road
Grass Valley, CA 95945
Tel: (530) 274-5601
Fax: (530) 274-5602
Toll Free: 866-577-6331

Quincy Office
270 County Hospital Road
Suite 207
Quincy, CA 95971
Tel: (530) 283-6052
Fax: (530) 283-6368
Toll Free: 800-242-3338
Ext 6052

Website
www.ns-pa.org

Executive Director
Ann Guerra

The Governing Board
Nicole Bowden
Taylor Carey
Dottie Jones
Mark Nagafuchi
Steve Sober
Anita Wald-Tuttle
Bruce Williams

EXHIBIT D

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD
GRANTEE DATA SHEET

Grantee's Full Name:	Nevada County Public Health Department
Grantee's Address:	500 Crown Point Circle Grass Valley, CA 95945
Grantee's Executive Director/CEO: (Name and Title)	Jill Blake, Director
Grantee's Phone Number:	(530) 265-1732
Grantee's Fax Number:	(530) 271-0894
Grantee's Email Address:	jill.blake@co.nevada.ca.us
Grantee's Type of Entity: (List Nonprofit or Public)	Public
Grantee's Tax Id# [EIN]:	94-6000526

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: Dan Miller, Chair, Board of Supervisors
Date: ______________________________