



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

Award Contract Grant

Requested Board Meeting Date: June 20, 2017

or Procurement Director Award

** = Mandatory, information must be provided*

***Contractor/Vendor Name (DBA):**

Public Health Accreditation Board / Public Health National Center for Innovations

***Project Title/Description:**

Mothers in Arizona Moving Ahead (MAMA)

***Purpose:**

Mothers in Arizona Moving Ahead (MAMA) is a pilot project focused on individual and systems-level changes that improve health outcomes and financial stability for mothers and children in poverty. In MAMA, low-income mothers become partners, not just patients, to identify system and policy changes needed to achieve greater equity and to provide more responsive care for people living in poverty.

***Procurement Method:**

Grant award - competitive process.

***Program Goals/Predicted Outcomes:**

The pilot project aims to:

1. Improve the health outcomes for 85 low-income mothers and their children.
2. Increase the capacity of 50 health care professionals and 85 community volunteers to serve low-income mothers and their families.
3. Increase the capacity of the volunteer network to connect low-income mothers and their families to vital community resources and to on-going support.
4. Create a feedback process from mothers in poverty that informs and guides healthcare system changes and improved service delivery.
5. Create a replicable model that can be expanded in Pima County and disseminated in other communities.

***Public Benefit:**

For children in Tucson raised by single mothers, the poverty rate is 41.6%. MAMA is built on the understanding that women are often the primary breadwinners, most important teachers, and principal health care advocates for their families. For mothers in poverty, health care remains chronic and crisis driven by a scarcity of money, time, insurance, transportation, and a lack of knowledge of how to navigate through or a lack of trust in the health care system. The MAMA project seeks to support participating mothers to increase their resources and their ability to move to stability and improve their health.

***Metrics Available to Measure Performance:**

- Number of graduates from the program
- Number of Circles of Care actively involved in supporting the mothers.
- Number of health care system changes identified that could improve health outcomes for mothers in poverty.
- Several evaluation tools will be used, including a national instrument aimed at measuring key areas of psycho-social well-being for the participants.

***Retroactive:**

Yes. The grant term begins June 1, 2017. The final grant agreement was received on June 9, 2017.

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e.,15-123): _____

Effective Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____

Expense Amount: \$* _____ Revenue Amount: \$ _____

*Funding Source(s) required: _____

Funding from General Fund? Yes No If Yes \$ _____ % _____

Contract is fully or partially funded with Federal Funds? Yes No

*Is the Contract to a vendor or subrecipient? _____

Were insurance or indemnity clauses modified? Yes No

If Yes, attach Risk's approval

Vendor is using a Social Security Number? Yes No

If Yes, attach the required form per Administrative Procedure 22-73.

Amendment / Revised Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e.,15-123): _____

Amendment No.: _____ AMS Version No.: _____

Effective Date: _____ New Termination Date: _____

Prior Contract No. (Synergen/CMS): _____

Expense or Revenue Increase Decrease Amount This Amendment: \$ _____

Is there revenue included? Yes No If Yes \$ _____

*Funding Source(s) required: _____

Funding from General Fund? Yes No If Yes \$ _____ % _____

Grant Information (for grants acceptance and awards)

Document Type: GTAW Department Code: HD Contract Number (i.e.,15-123): 17-85

Effective Date: 6/1/2017 Termination Date: 10/31/2018 Prior Contract Number (Synergen/CMS): N/A

Match Amount: \$ _____ Revenue Amount: \$ 198,865

*Funding Source(s) required: Public Health Accreditation Board / Robert Wood Johnson Foundation

*Match funding from General Fund? Yes No If Yes \$ _____ % _____

*Match funding from other sources? Yes No If Yes \$ _____

*Funding Source: _____

*If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)? _____

Contact: Sharon Grant

Department: Health Telephone: 724-7842

Department Director Signature/Date: *Marygrace...* 4.13.2017 17 19 June 17

Deputy County Administrator Signature/Date: *[Signature]* 6-14-2017

County Administrator Signature/Date: *[Signature]* 6/14/17
(Required for Board Agenda/Addendum Items)



REGRANTING AGREEMENT

This Regranting agreement (this "Agreement") is entered into by and between the **Public Health Accreditation Board** ("PHAB"), a Washington, DC not-for-profit corporation, and Pima County on behalf of the Pima County Health Department (the "Grantee"), a body politic and corporate of the State of Arizona, each individually a "Party" and collectively the "Parties":

Pima County Health Department 86-6000543
Grantee Name (Federal Tax ID No.)

3950 S. Country Club Rd., Suite 100
(Address)

Tucson, AZ 85714 520-724-7842
(City, State and Zip) (Phone)

WHEREAS, PHAB is a 501(c)(3) tax-exempt not-for-profit corporation inspired by the principles to Advance Public Health Performance through Accreditation and Innovation. PHAB's purposes are to establish and conduct programs that will foster sustainable and repeatable innovation to improve Public Health delivery and infrastructure. This Agreement is entered to further these tax-exempt purposes of Advancing Public Health Performance.

WHEREAS the Grantee seeks to enter this Agreement with PHAB whereby, as set forth herein, PHAB will receive contributions for the Grantee and provide related support to the Grantee.

WHEREAS, PHAB has determined that the Grantee's Program is consistent with PHAB's purposes and that acting as a fiscal sponsor to the Grantee will further PHAB's goals.

NOW THEREFORE, the Parties agree to the following terms and conditions:

1. **PURPOSE OF AGREEMENT.** To provide Grantee funding to achieve the stated goals per the approved proposal as outlined in "Attachment I – Grantee's Proposal" and "Attachment II – Statement of Work."
2. **TERM OF AGREEMENT.** The term of the Agreement shall be from 06/01/2017 to 10/31/2018. Expiration of this term or termination of this agreement shall not extinguish any rights or obligations of the parties which have accrued prior thereto. After closing date, this agreement can be extended and/or supplemented at PHAB's discretion.
3. **AMOUNT OF GRANT AWARD.** PHAB agrees to pay Grantee \$198,865 for the Grantee's Program as defined by the Grantee's Proposal, Attachment I.
4. **LEGAL STATUS.** Pima County is a political subdivision of the State of Arizona and the Pima County Health Department is part of that body politic.

5. **FISCAL SPONSORSHIP.** PHAB shall receive grants on behalf of the Grantee to be used for the Program (“Program Funds”). PHAB will maintain separate accounting for the Grantee’s Program Funds and shall make such funds available for Program purposes on the terms set forth herein.
6. **PERMITTED USE OF PROGRAM FUNDS.** Grantee recognizes and acknowledges that the funds issued under this Agreement are pursuant to a grant received by PHAB from the Robert Wood Johnson Foundation, as such this Agreement incorporates by reference the Letter of Agreement with the Robert Wood Johnson Foundation, and the terms and conditions contained therein, signed by PHAB on December 7, 2016. The Grantee shall use the Program Funds from PHAB solely for the purposes and activities of the Program, as approved by PHAB and set forth in “Attachment I – Grantee’s Proposal” and “Attachment II – Statement of Work”. Any changes in the purposes or activities of the Program as agreed to between the Parties must be aligned with the mission of PHAB and notification of such changes must be submitted to PHAB (in writing or by email) before implementation.

Program Funds will be used for project expenses, including staff salaries, consultant fees, data collection and analysis, meetings, supplies, project-related travel, and other direct project expenses.

Grantee agrees that any polls or surveys funded as part of this Agreement, if any, shall comply fully with the Robert Wood Johnson Foundation Guidelines for Funding and Releasing Polls and surveys, available at <http://www.rwjf.org/en/library/research/2012/07/robert-wood-johnson-foundation-survey-guidelines.html>.

If any portion of disbursed funds are not used for the purposes agreed to with PHAB or are used for any of the Prohibited Activities set forth in Section 14 of this Agreement, the Grantee shall reimburse that amount (the “Reimbursable Amount”) to PHAB in accordance with the provisions of that Section; provided, however, that PHAB, in its sole discretion, may agree instead to deduct the Reimbursable Amount from its next disbursement of funds to the Grantee, if any such disbursement is anticipated.

7. **OWNERSHIP OF FUNDS.** The Grantee understands that, in compliance with Internal Revenue Service (“IRS”) regulations, PHAB retains full legal ownership of and control over Program Funds contributed on behalf of the Grantee’s programs until such funds are released to the Grantee in accordance with this Agreement. PHAB retains the right, if the Grantee materially breaches this Agreement or if the Grantee’s conduct jeopardizes PHAB’s legal or tax status as a nonprofit, tax-exempt corporation, to withhold, withdraw, or demand immediate return of Program Funds and to spend such Program Funds so as to accomplish the purposes of the Program as nearly as possible within PHAB’s sole judgment, subject to the terms of applicable grant agreements and charitable trust law.

The Grantee is not an agent of PHAB and is not authorized to make any binding commitments, either express or implied, to funding sources on behalf of PHAB.

8. **ACKNOWLEDGMENT AND REPORTING.** PHAB shall: maintain an accounting of Program Funds provided to Grantee; furnish evidence of its tax-exempt status to funders upon request; acknowledge receipt of Program Funds as required by law; and complete and submit any financial reports required or requested by funders detailing Program activities about PHAB’s activities or status as the Grantee’s fiscal sponsor.

To enable PHAB to meet these obligations, Grantee shall maintain complete and accurate records (including any relevant receipts) of all income received and expenses incurred, as well as all other documents related to any Program Funds for which PHAB is the fiscal sponsor, and shall submit these records to PHAB, upon request, for examination and review. Grantee shall maintain a

systematic accounting record of the receipt and disbursement of funds and expenditures incurred under this Agreement and shall retain substantiating documents, such as bills, invoices, cancelled checks, and receipts in its files for at least four (4) years after expiration of this Agreement.

9. MANAGEMENT OF PROGRAM FUNDS BY AGENT. PHAB shall promptly administer all Program Funds received by and for the Grantee. PHAB will hold Program Funds received on the Grantee's behalf as a fund solely for the Grantee's purposes, segregated from all other funds held by PHAB on PHAB's books. PHAB shall conduct an annual audit of all PHAB accounts, at no additional cost to the Grantee.
10. DISBURSEMENT OF PROGRAM FUNDS. The Grantee shall receive 50% of the grant award issued upon execution of this Agreement, 40% upon receipt and acceptance of grant year-end report, and 10% after the final financial and Program reports have been provided by Grantee. PHAB shall disburse these amounts within fourteen (14) days of each period described above.
11. REPORTING. Grantee shall furnish financial reports at the end of each budget period, or upon any expiration or termination (pursuant to Section 22) of this Agreement, or repayment obligations under this Agreement. These financial reports shall show actual expenditures reported as of the date of the report against the approved line item budget. Grantee shall furnish annual narrative reports and the final narrative report to PHAB, which shall include a report on the progress that Grantee made toward achieving the Program's purposes and any problems or obstacles encountered in the effort to achieve the Program's purposes. All financial reports shall be furnished to PHAB within twenty (20) days after the close of the period for which the reports were made. Grantee shall retain all financial reports for at least four (4) years after expiration of this Agreement.
12. AGENT REPORTING OBLIGATIONS. PHAB shall report to the IRS all disbursements to the Grantee as the law may require. PHAB shall be responsible for its own tax reporting, tax compliance, or tax liabilities arising out of or in connection with any payments made by PHAB to the Grantee or to third parties on the Grantee's behalf under this Agreement. The Grantee, as a separate legal entity, shall be exclusively responsible for reporting and payment of all income tax payments, unemployment insurance, worker's compensation insurance, social security obligations, and similar taxes and levies.
13. EMPLOYEES. The Grantee shall provide relevant employee personnel information, W-4 and I-9 forms for all employees of the Grantee who are hired to work on projects included in PHAB's fiscal sponsorship of the Grantee. Further, the Grantee will be solely responsible for all expenses associated with employees including payroll costs, workers' compensation, and unemployment fees.
14. PROHIBITED ACTIVITIES. The Grantee shall not use any portion of Program Funds to participate or intervene in any political campaign or ballot measure on behalf of or in opposition to any candidate for public office, not induce or encourage violations of law or public policy, nor cause any private inurement or improper private benefit to occur, nor take any other action inconsistent with Internal Revenue Code ("IRC") Section 501(c)(3).

The Grantee shall not use any portion of Program Funds to carry on propaganda or otherwise attempt to influence legislation within the meaning of IRC Section 4945(d)(1) or to attempt to influence the outcome of any specific public election or to carry on, directly or indirectly, any voter registration drive within the meaning of IRC Section 4945(d)(2).

The Grantee shall not use any portion of Program Funds to provide a grant to an individual for travel, study, or similar purpose within the meaning of IRC Section 4945(d)(3) without prior written approval of PHAB. Payment of salaries, other compensation, or expense reimbursement

to Grantee's employees within the scope of their employment do not constitute grants for these purposes and are not subject to these restrictions.

The Grantee shall not use any portion of Program Funds to subsidize individuals for the costs of their health care or to support clinical trials of unapproved drugs.

The Grantee shall not use any portion of Program Funds for purposes other than religious, charitable, scientific, literary, or educational purposes or the prevention of cruelty to children or animals within the meaning of IRC Section 170(c)(2)(B). If any Program Funds are used for purposes other than those described in IRC Section 170(c)(2)(B), Grantee shall repay to PHAB that portion of the grant and any additional amount in excess of such portion necessary to effect a correction under IRC Section 4945.

The Grantee shall promptly repay any portion of the Program Funds that, for any reason, is not used exclusively for the purposes of the Program or is used for any of the Prohibited Activities contained in this Section 14. The Grantee shall repay such portion by the expiration of the Program period or within any approved extension within twenty (20) days. If PHAB terminates this Agreement in accordance with Section 22 hereof, Grantee shall repay within twenty (20) days all Program Funds unexpended as of the effective date of termination and all Program Funds expended for purposes or items allocable to the period of time after the effective date of termination.

15. RESEARCH INVOLVING HUMAN SUBJECTS. If Program Funds are to be used in whole or in part for research involving human subjects, Grantee hereby certifies that it will conduct the research in compliance with the ethical standards and the criteria for approval and conduct of research set forth in United States Department of Health and Human Services policy for the protection of human research subjects (45 C.F.R. Part 46 and related guidance, as amended from time to time) and all other federal and state laws applicable to the research project. Such requirements may include, but are not limited to, obtaining and maintaining institutional review board ("IRB") approval and obtaining informed consent of participating research subjects.
16. PRIVACY AND SECURITY OF HEALTH INFORMATION. Grantee represents that any individually identifiable health information used or disclosed in connection with the Program will be used and disclosed in compliance with applicable federal and state statutes and regulations regarding the privacy and security of such information, including, but not limited to, the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. Section 201 et seq., as amended, and its applicable implementing regulations, 45 C.F.R. Part 164 ("HIPAA"). Any health information reported to PHAB will be de-identified within the meaning of the HIPAA privacy rule or will be consistent with the research subject's signed HIPAA authorization or will be otherwise permissible under law.
17. GRANTEE DOCUMENTATION; Changes to Key Representatives. The Grantee shall provide PHAB with its governing documents, and/or such other documentation as reasonably requested by PHAB concerning the Grantee's legal or tax status. The Grantee shall notify PHAB promptly: (a) of any change in the Grantee's legal or tax status; (b) if the Grantee undergoes a merger, division or other corporate reorganization; (c) if the Grantee becomes subject to a proceeding under the Bankruptcy Code or other law relating to insolvency or make an assignment for the benefit of creditors; (d) if the Grantee becomes subject to an investigation or proceeding brought by the Attorney General or any other regulatory agency; (e) if the Grantee receives notice of any litigation or other legal acting relating to the grant or are served with a subpoena or other legal process seeking to compel production of or obtain access to any related to the Grant; or (f) the Grantee's executive staff or key staff responsible for achieving the purposes of this Agreement.

18. INSURANCE. Pima County, in accordance with A.R.S. §11-981 and Pima County Code §3.04 is self-insured, with insurance coverage above the layer of self-insurance. This combination of insurance shall satisfy the insurance requirements of this Agreement. Pima County agrees to name PHAB as an “additional insured” under said policy.
19. RELATIONSHIP OF PARTIES. This Agreement does not create any agency, partnership, or joint venture between the Grantee and PHAB. The Grantee is not authorized to make any binding commitments, express or implied, on behalf of PHAB.
20. PUBLICITY. Prior to finalizing the text of communications or outreach material that refers to the other Party, the Program, or PHAB’s funders, each Party shall seek the approval of the other Party as to the form and manner of the proposed reference. Each Party shall respond to any request for approval as soon as is practical, and, in any event, no later than one week from the date the request for approval is received. Notwithstanding the foregoing, the Grantee grants PHAB a limited license to use its name and logo for the purposes of denoting PHAB’s fiscal sponsorship of the Grantee. Any written description of the Grantee or the Program by PHAB (beyond use of solely the name and logo of the Grantee) shall clearly indicate that the Grantee is an independent not-for-profit legal entity. The Grantee shall provide to PHAB copies of all papers, manuscripts, and other materials that Grantee produces that are related to the Program.

In all public statements concerning this Agreement or the Program hereunder, Grantee shall refer to the funder by its full name: Robert Wood Johnson Foundation; and the grantor, Public Health Accreditation Board.

21. INDEMNIFICATION. The Grantee hereby irrevocably and unconditionally agrees, to the fullest extent permitted by law, to defend, indemnify, and hold harmless PHAB, its officers, directors, employees, representatives, agents, and Grantees from and against any and all claims, liabilities, losses, and expenses (including reasonable attorney’s fees) directly, indirectly, wholly, or partially arising from or in connection with any act or omission of the Grantee, its employees, or its agents, but not limited to, any accident or injury to persons or property, in soliciting, accepting, expending, or applying Program Funds or in carrying out its operations or the Program.
22. TERMINATION. It is expressly agreed that any use by Grantee of Program Funds for any purposes other than those specified in IRC Section 170(c)(2)(B) will terminate PHAB’s obligation to make further payments under this Agreement. At its sole option, PHAB may terminate the grant at any time if (i) Grantee ceases to be exempt from federal income taxation as an organization described in IRC Section 501(c)(3); (ii) Grantee’s status as a public health agency is materially altered; or (iii) in PHAB’s sole judgment, Grantee becomes unable to carry out the purposes of this Agreement, ceases to be an appropriate means of accomplishing the purposes of this Agreement, or fails to comply with any of the conditions hereof.

If this Agreement is terminated prior to the scheduled completion date, upon PHAB’s request, Grantee shall provide PHAB a full accounting of the receipt and disbursement of funds and expenditures incurred under the Agreement as of the effective date of termination.

23. REVISIONS AND AMENDMENTS. Any revisions or amendments to this Agreement must be made in writing and signed by both Parties.
24. ASSIGNMENT. Without prior written consent of PHAB, Grantee may not assign this Agreement nor delegate any duties herein.
25. INTERFERING CONDITIONS. Grantee shall promptly and fully notify PHAB of any condition which interferes with, or threatens to interfere with, the successful carrying out of Grantee’s duties

and responsibilities under this Agreement, or the accomplishment of the purposes thereof. Such notice shall not relieve Grantee of said duties and responsibilities under this Agreement.

26. RESOLUTION OF DISPUTES. Should disputes arise between the parties during the course of this Agreement, the parties shall make a good faith attempt to resolve disputes through dialogue and negotiation. If such efforts fail to resolve the differences, the disputes will be submitted to arbitration in Virginia before a single arbitrator in accordance with the rules then obtaining of the American Arbitration Association. The arbitration award shall be final and binding upon the parties. If a dispute should arise about an arbitration award, judgment may be entered therein in any court of competent jurisdiction.
27. SEVERABILITY. If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions shall nevertheless continue in full force and effect without being impaired or invalidated in any way and the invalid provision shall be replaced by an enforceable provision most nearly approximating the intent of the parties.
28. INTELLECTUAL PROPERTY REPRESENTATION. Grantee represents and warrants that the material produced by it under this Agreement does not infringe upon any copyright or any other right of any other person, and has not previously been published.
29. SUBJECT IDEAS, INVENTIONS AND MATERIALS.
 - a. Definition. The term "Subject Ideas, Inventions and Materials" includes any and all ideas, processes, trademarks, service marks, inventions, designs, technologies, original works of authorship, formulas, discoveries, patents, copyrights, copyrightable works, products, marketing and business ideas, reports, summaries, articles, pictures, art and any other tangible work product produced by Grantee, and all improvements, know-how, data, rights, and claims related to the foregoing that, whether or not patentable, are conceived, developed, or created which: (1) relate to PHAB's operations; (2) relate to the PHAB's actual or demonstrably anticipated research or development; (3) result from any work performed by Grantee for PHAB; (4) involve the use of the PHAB's equipment, supplies, facilities, or trade secrets; (5) result from or are suggested by any work done by PHAB or at PHAB's request, or any projects specifically assigned to Grantee; or (6) result from Grantee's access to any of PHAB's memoranda, notes, records, drawings, sketches, models, maps, customer lists, research results, data, formulae, specifications, inventions, processes, equipment, or other materials, regardless of whether such materials are in electronic, machine code, hard copy, or any other format.
 - b. Company Ownership. All right, title, and interest in and to all Subject Ideas, Inventions and Materials, including but not limited to all registrable and patent rights which may subsist therein, shall be held and owned solely by PHAB, and where applicable, all Subject Ideas, Inventions and Materials shall be considered works made for hire as defined in 17 U.S.C. § 101. Grantee shall mark all Subject Ideas, Inventions and Materials with PHAB's copyright or other proprietary notice as directed by PHAB and shall take all actions deemed necessary by the Grantee to protect PHAB's rights therein. In the event that the Subject Ideas, Inventions and Materials shall be deemed not to constitute works made for hire, or in the event that Grantee should otherwise, by operation of law, be deemed to retain any rights (whether moral rights or otherwise) to any Subject Ideas, Inventions and Materials, Grantee hereby relinquishes all right, title, and interest to any Subject Ideas and Inventions in favor of PHAB and shall execute such documents reasonably necessary to effectuate the assignment of Grantee's entire right, title, and interest in and to each and every such Subject Ideas, Inventions and Materials to PHAB, without further consideration.

- c. Determination of Subject Ideas, Inventions and Materials. Grantee further agrees that all information and records pertaining to any idea, process, trademark, service mark, invention, trade secret, technology, computer hardware or software, original work of authorship, design, formula, discovery, patent, copyright, product, and all improvements, know-how, rights, and claims related to the foregoing (“Intellectual Property”), that Grantee does not believe to be a Subject Idea, Invention or Material, but that is conceived, developed, or reduced to practice by PHAB (alone by Grantee or with others) during [his/her] employment and for one (1) year following the termination thereof, shall be disclosed promptly by Grantee to PHAB (such disclosure to be received in confidence). PHAB shall examine such information to determine if in fact the Intellectual Property is a Subject Idea, Invention or Material subject to this Agreement.
 - d. Assistance. Grantee further agrees to assist PHAB in every proper way (but at PHAB’s expense) to obtain and from time to time enforce patents, copyrights, or other rights or registrations on said Subject Ideas, Inventions and Materials in any and all countries, and to that end will execute all documents necessary;
 - i. to apply for, obtain and vest in the name of PHAB alone (unless PHAB otherwise directs) letters patent, copyrights, or other analogous protection in any country throughout the world and when so obtained or vested to renew and restore the same; and
 - ii. to defend any opposition proceeding in respect of such applications and any opposition proceedings or petitions or applications for revocation of such letters patent, copyright, or other analogous protection; and
 - iii. to cooperate with PHAB (but at PHAB’s expense) in any enforcement or infringement proceeding on such letter patent, copyright, or other analogous protection.
 - e. Authorization to Company: In the event PHAB is unable, after reasonable effort, to secure Grantee’s signature on any patent, copyright, or other analogous protection relating to a Subject Idea, Invention or Material, whether because of Grantee’s physical or mental incapacity or for any other reason whatsoever, Grantee hereby irrevocably designates and appoints PHAB and its duly authorized officers and agents as [his/her] agent and attorney-in-fact, to act for and on Grantee’s behalf and stead to execute and file any such application, applications, or other documents and to do all other lawfully permitted acts to further the prosecution, issuance, and enforcement of letters patent, copyright, or other analogous rights or protections thereon with the same legal force and effect as if executed by Grantee. Grantee’s obligation to assist PHAB in obtaining and enforcing patents and copyrights for Subject Ideas, Inventions and Materials in any and all countries shall continue beyond the termination of Grantee’s relationship with PHAB, but PHAB shall compensate Grantee at a reasonable rate after such termination for time actually spent by Grantee at PHAB’s request on such assistance.
30. ENTIRE AGREEMENT. This Agreement contains all agreements, representations, and understandings of the parties and supersedes and replaces any and all previous understandings, commitments, or agreements, oral or written.
31. PARTIAL INVALIDITY. If any part, term, or provision of this Agreement shall be held void, illegal, unenforceable, or in conflict with any law, the validity of the remaining portions or provisions shall not be affected.
32. GOVERNING LAW. This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Virginia.
33. ADDITIONAL FUNDING. Unless prior written authorization is received from PHAB, no

additional funds will be allocated to this project for work performed beyond the scope specified or timeframe cited in this Agreement.

34. **REMEDIES FOR MISTAKES.** If work that is prepared by the Grantee contains misinformation, the Grantee will correct error(s) within five business days. The Grantee will not charge PHAB for the time it takes to rectify the situation.
35. **AUDITING.** Grantee agrees to permit PHAB, PHAB's funders, and/or independent auditors to have access to Grantee's records and financial statements for the purpose of monitoring compliance with this Agreement. If Grantee is not required to undergo an audit pursuant to OMB's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), because Grantee receives less than \$750,000 in federal direct or indirect cooperative agreement or grant funds, Grantee will certify to PHAB that it is not so required. If Grantee is required to undergo an audit pursuant to OMB's Uniform Guidance, Grantee will undergo the required audit and agrees to send a copy of its most recent OMB Uniform Guidance audit report and any management letters to PHAB.
36. **CONFIDENTIAL INFORMATION.** In the course of this engagement, Grantee may have access to PHAB's confidential information. Grantee understands and agrees that for the purposes of this Agreement, "Confidential Information" means: all information and data in whatever form that is valuable to PHAB and is not generally known outside of PHAB; all PHAB proprietary information; all PHAB trade secrets; and all information and data in whatever form that is disclosed by others in confidence to PHAB. Grantee understands that Confidential Information may not be explicitly marked as confidential. If Grantee has doubts about whether particular information is Confidential Information, Grantee will promptly consult PHAB's Chief Administrative Officer for guidance in advance. Grantee understands and agrees that Confidential Information includes, but is not limited to, the information described below:
 - a. Technical information of PHAB, its affiliates, its customers, or other third parties that is in use, planned, or under development, such as but not limited to: manufacturing and/or research processes or strategies; computer product, process, and/or devices; software product; and any database methods, know-how, formulae, compositions, technological data, technological prototypes, processes, discoveries, machines, inventions, and similar items;
 - b. Business information of PHAB, its affiliates, its members, or other third parties, such as but not limited to: information relating to PHAB employees (including information related to performance, skillsets, and compensation); actual and anticipated relationships between PHAB and other companies; financial information; information relating to customer or vendor relationships; product pricing, customer lists, customer preferences, financial information, credit information; and similar items; and
 - c. Information relating to future plans of PHAB, its affiliates, its customers, or other third parties, such as but not limited to: marketing strategies; new product research; pending projects and proposals; proprietary production processes, research, and development strategies and similar items; and
 - d. All "Trade Secrets" within the meaning of the Virginia Uniform Trade Secrets Act.
 - e. To protect PHAB's Confidential Information and goodwill, Grantee agrees that [he/she] will not use, publish, misappropriate, or disclose any Confidential Information, during or after Grantee's engagement, except as required in the performance of Grantee's duties for PHAB or as specifically authorized in writing by PHAB's Chief Executive Officer.

However, Pima County is subject to public records laws. In the event a public-records request is submitted to County for Confidential records, County will notify Contractor of the request as soon as reasonably possible. County will release the records 10 business days after the date of that notice, unless Contractor has, within that period, secured an appropriate order from a court of competent jurisdiction, enjoining the release of the records. County will not, under any circumstances, be responsible for securing such an order, nor will County be in any way financially responsible for any costs associated with securing such an order.

37. NOTICE: Grantee should submit all reports and correspondence to:

Mark Paepcke
Chief Administrative Officer
Public Health Accreditation Board
1600 Duke Street, Suite 200
Alexandria, VA 22314

Email: mpaepcke@phaboard.org
Phone (703) 778-4549, ext. 104
Fax (703) 778-4556

PHAB should submit all payments and correspondence to the Grantee at the following address:

Marcy Flanagan, Director
Pima County Health Department
3950 S. Country Club Rd, Suite 100
Tucson, AZ 85714
Email: Marcy.Flanagan@pima.gov
Phone: (520) 724-7931

38. Cancellation for Conflict of Interest. This Contract is subject to cancellation for conflict of interest pursuant to ARS § 38-511, the pertinent provisions of which are incorporated into this Contract by reference.
39. Compliance with Employment Regulations. The Parties will comply with all applicable state and federal immigration and employment laws and will require subcontractors, if any, to do the same, including, but limited to, A.R.S. § 23-214 (A), Arizona Executive Order 2009-09, Public Law 101-336, 42 §§ U.S.C. 12101-12213 and all applicable federal regulations under the Americans with Disabilities Act, including 28 CFR Parts 35 and 36.

ATTEST: For the mutual consideration described in the provisions of this Agreement, the parties hereto agree to those provisions through the signature, below, of the parties and/or persons who have the authority to bind the parties to this Agreement:

PHAB:

Authorized Signature:

Kaye Bender Date
PHAB President/CEO

GRANTEE:


Authorized Signature:

Chair, Board of Supervisors Date

ATTEST:

Clerk, Board of Supervisors Date

APPROVED AS TO FORM:

 6.13.17
Deputy County Attorney Date

APPROVED AS TO CONTENT:

 6.13.17
Health Department Rep. Date

Attachment I: Grant Proposal

Solicitation name: **Public Health National Center for Innovations 21st Century Public Health Innovations Implementation Program**

Full Proposal ID: **57445 Full Proposal**

Applicant: **Pima Count Health Department**

Status: **Submitted**

Submitted on: **Apr 19, 2017 02:43 PM ET**

Submitted by: **Bonnie Bazata**

Public Health National Center for Innovations 21st Century Public Health Innovations Implementation Program

Applicant Organization and Tax Verification *

* Indicates required

Information has been pre-populated from your Brief Proposal. You should confirm all information, update, and add to it as necessary.

| | |
|--------------------------------|---|
| Organization * | Pima County Health Department |
| Address * | 3950 S. Country Club, Suite #100 |
| Address (line 2) | |
| City * | Tucson |
| State / Territory * | Arizona |
| Zip Code + 4-digit extension * | 85714 |
| Phone Number * | 520-724-3704 |
| Fax Number | 520-724-2799 |
| Website | http://webcms.pima.gov/government/health_department |

Tax Verification

1. Applicant Organization Tax ID (Employer ID Number)
2. Is the applicant organization tax-exempt under section 501(c)(3) of the Internal Revenue Code, or a state university, or a governmental entity? *
 Yes No
3. Is the applicant organization a private foundation, or a Type III supporting organization? *
 Yes No

Public Health National Center for Innovations 21st Century Public Health Innovations Implementation Program

Key Contacts *

* Indicates required

Information has been pre-populated from your Brief Proposal. You should confirm all information, update, and add to it as necessary.

Project Lead *

This is the person with the responsibility for carrying out the project. This person will be the primary recipient of all key correspondence: copy of award notice, post-award financial and monitoring and grant closure.

| | | |
|-----------------------|---|---------------------------------|
| Email * | bonnie.bazata@pima.gov | |
| Confirm Email * | bonnie.bazata@pima.gov | |
| Prefix * | Ms. | |
| First Name * | Bonnie | |
| Middle Name | | |
| Last Name * | Bazata | |
| Suffix | | |
| Degree(s) | MA | |
| Organization * | Pima County Community Services, Employment and Training | |
| Position * | Ending Poverty Now Program Manager | |
| Address * | 2797 E. Ajo Way | |
| Address (line 2) | | |
| City * | Tucson | |
| State / Territory * | Arizona | |
| Zip or Postal Code * | 85713 | |
| Office Phone Number * | 520-724-3704 | Phone Extn <input type="text"/> |
| Cell Phone Number | 520-247-6011 | |
| Fax Number | 520-724-2799 | |

Project Finance Contact *

| | | |
|-----------------|----------------------|--|
| Email * | Candy.Moore@pima.gov | |
| Confirm Email * | Candy.Moore@pima.gov | |

| | | |
|-----------------------|----------------------------|---------------------------------|
| Prefix * | Ms. | |
| First Name * | Candy | |
| Middle Name | | |
| Last Name * | Moore | |
| Suffix | | |
| Degree(s) | | |
| Organization * | Pima County Finance Office | |
| Position * | Finance Analyst Supervisor | |
| Address * | 130 W. Congress | |
| Address (line 2) | | |
| City * | Tucson | |
| State / Territory * | Arizona | |
| Zip or Postal Code * | 85701 | |
| Office Phone Number * | 520-724-7783 | Phone Extn <input type="text"/> |
| Cell Phone Number | | |
| Fax Number | 520-724-2799 | |

Public Health National Center for Innovations 21st Century Public Health Innovations Implementation Program

Full Proposal Narrative *

* Indicates required

Provide the following information specific to the proposed project. The full proposal must be no more than 14 pages, double-spaced, with 12-point font and one-inch margins.

- Detailed description of the innovation, the characteristics of innovation it embodies, and how the work would transform public health practice and/or health outcomes.
- Detailed narrative on work to date on the innovation, its current stage (i.e., development, testing and/or adapting and adopting), and the activities supported by project funds.
- Detailed timeline that reflects the completion of deliverables, as well as major milestones, in a format that best supports your proposed project (i.e., table, chart, narrative, etc.).
- Detailed budget and budget narrative that proposes how the project funds would be used to accomplish the project goals, including support for travel to learning community meetings and hosting a site visit. (Refer to CFP page 7 for information on appropriate use of funds.)
- Description of resources needed by the applicants or others seeking to adapt and adopt the innovation (e.g., tools, guidance, expertise, funding, etc.) beyond the work included in this proposal.
- Description of barriers and challenges that may be encountered during the project period, as well as strategies to address them.
- Commitment letters from the health department director and from at least one partner that is included in the proposal outlining the health department director's/partner's:
 - Interest in public health innovation;
 - Role in supporting the applicant's project; and
 - Resources provided to the applicant's project (i.e., expertise, equipment, space, staff, etc.).

Full proposals will be reviewed against the criteria listed in the submission and review process instructions.

Download the template below and follow the instructions. Upload the completed template by selecting the "Upload document" button in the Uploaded Documents column. **Convert your document(s) to PDF format prior to uploading.**

| Description | Templates | Uploaded Documents |
|---|-------------------------|--|
| Full Proposal Narrative * Complete Full Proposal instructions are included in the template. | Full Proposal Narrative | Pima County MAMA appli... Date added: 04/19/2017 By: Bonnie Bazata |

Public Health National Center for Innovations 21st Century Public Health Innovations Implementation Program

Supporting Documents *

* Indicates required

To prepare, upload and submit these documents:

- Be sure to download each template or set of instructions found in the "Templates" column below, and carefully follow the instructions for each.
- Complete the "Identifying Information" section, if requested.
- **You must convert your document(s) to a PDF file prior to uploading.** Converting to a PDF will maintain the original formatting. For additional information, refer to the "Troubleshooting Tips" link to the left.
- Upload the completed documents by selecting the "Upload document" button in the "Uploaded Documents" column. For additional upload instructions, refer to the "Upload Documents" section of the "Applicant Guide" (link on left side of screen).

When you have completed this page, select the "Save, section finished" button at the bottom of the page. Once all sections of your application are complete, you may "Submit" from the Home Page. All uploaded documents may be updated and replaced until you submit your application.

| Description | Templates | Uploaded Documents |
|--|---------------------------------------|--|
| <p>Commitment Letter(s) *</p> <p>Upload a letter of commitment from the health department director and from at least one partner that is included in the proposal. Please submit no more than 4 commitment letters. Form letters will not be accepted.</p> | <p>Commitment Letters Instruction</p> | <p>MAMA Support Letter Dr... Date added: 04/19/2017 By: Bonnie Bazata PCAP letter of support... Date added: 04/18/2017 By: Bonnie Bazata</p> |
| <p>Optional Appendix</p> <p>Upload only one optional appendix that provides additional information and understanding of the innovation being proposed that is not otherwise captured in the full proposal. The appendix should not be more than 1 page.</p> | <p>Optional Appendix Instructions</p> | <p>Mothers in Arizona Mov... Date added: 04/19/2017 By: Bonnie Bazata</p> |

Description of the innovation, the characteristics of innovation it embodies, and how the work would transform public health practice and/or health outcomes.

Mothers in Arizona Moving Ahead (MAMA) is a pilot project focused on individual and systems-level changes that improve health outcomes and financial stability for mothers and children in poverty. In MAMA, low-income mothers become partners, not just patients, to identify system changes needed in practice and policy to achieve greater equity and to provide more responsive care for people living in poverty. Embedded in the design are curricular, training, evaluation, and community engagement components that sees these mothers are critical stakeholders and offers increased knowledge, motivation, self-efficacy, and leadership roles. MAMA addresses and links four critical leverage points in the healthcare system: 1) individual behaviors; 2) professional capacity; 3) resource delivery systems; and 4) engagement with extended community networks. In a time of uncertain funding, this model is designed to be lean and replicable. This model requires strong community collaboration and the development of a volunteer base. It builds social capital across economic class as it engages and educates new sectors of the community for a deeper understanding of poverty, increasing political will to undertake lasting community change.

Recognizing mothers in poverty as key stakeholders, MAMA embodies the following characteristics of a disciplined innovation process: up-front engagement and built-in ideation activities of stakeholders; development of stakeholders as investigators with real-time feedback loops; underlying architecture of data collection; and the establishment of scalable project. Components of this project have proven effective independently, but are being piloted in combination for the first time. The initial phase was funded by a 2016 Vitalyst Foundation (Phoenix, AZ) Innovation grant. Vitalyst promotes innovation and collaborations

among community organizations to achieve improved healthcare. Created as a part of the County's new Ending Poverty Now (EPN) economic development initiative, MAMA is the first collaboration between the Pima County Health Department and the Community Services, Employment and Training (CSET) department. If funded this project will move from the pilot to adaptation/ adoption phase.

Crisis-driven health care is a by-product of scarcity – of money, time, insurance, transportation, and a lack of knowledge of how to navigate through the complex health care system or simply a lack of trust. These conditions hinder the development of the critical tools and behaviors of positive, preventative, and proactive health care. Healthcare systems can exacerbate health inequalities if they do not take into account the needs and socioeconomic living conditions of underserved populations. The Kellogg Foundation's *Poverty Interrupted* report states "the burden of change rests primarily with the individuals and organizations who have the power to design programs and systems in ways that take universal human tendencies into account." When solving complex social and health issues in partnership with those most affected, the health care system can have significant positive influence on both individuals and communities: that is the goal of the MAMA project.

The MAMA project has three primary components. 1) A 50-hour class called *Getting Ahead in a Just Getting by World* that guides participants to assess their resources as well as hurdles they face in moving out of poverty and to create plans for building resources and stability. 2) Once graduated, moms move into monthly Circles of Care where community volunteers, called allies, support them in advancing their plans while collecting data on barriers that will be aggregated and analyzed. 3) A participatory evaluation process identifies systems

barriers and tests solutions guided by the insights of the MAMA participants along with health care professionals and allies who receive training that mirrors the Getting Ahead curriculum.

The five expected outcomes are: 1) Improve the health outcomes for 80 low-income mothers and their children with increased self-efficacy, knowledge of positive health practices and health care systems, and advocacy skills. 2) Increase the knowledge, capacity, and communication skills of 35 health care professionals and 50 community volunteers to serve low-income mothers and their families. 3) Increase the capacity of the volunteer network to connect low-income mothers and their families to community resources and on-going support. 4) Develop and act on input from stakeholders that informs healthcare system changes and improved service delivery through multiple forms of data collection and evaluation. 5) MAMA ultimately will create a template that can be expanded within Pima County and replicated in other communities.

While the Getting Ahead curriculum is not yet an evidence-based practice, it has taken important steps toward that end. A 2015 national study by Dr. Elizabeth Wahler, "A Group-Based Intervention for Persons Living in Poverty: Psychosocial Improvements Noted among Participants of 'Getting Ahead in a Just-Gettin'-by World'," involved 19 sites across the U.S. with 45 classes and 215 participants. Wahler found statistically significant change across five areas of psychosocial wellbeing: perceived stress, mental health and well-being, social support, self-efficacy, and hope. The study also found that Getting Ahead facilitated "positive changes in poverty-related knowledge... and goal directed behavior and planning." Participants reported 2.5 days of improved physical and mental health per month.

Pima County Profile: Pima County has a population of over of one million people in a geographic area larger than the state of New Jersey and includes two Native American tribes including the Tohono O’odham nation whose tribal land is the second largest in the U.S., sharing a significant border with Mexico. Among metro areas of at least 1 million, Tucson/Pima County now has the highest poverty rate in the nation (18.9%), according to the 2015 American Community Survey (ACS), and a child poverty rate of 28.3%. The ACS median annual earnings level for workers is only \$26,182 – more than 14% lower than the US median. Within the City of Tucson one in four residents live in poverty. Meanwhile, 16% of the people in Pima County and 18.6% of the people in Tucson do not have health insurance, much higher than the state average of 12.8% and national average of 10.5% of people without health insurance. The combination of concentrated poverty and lack of health insurance makes Tucson, Arizona, a strategic place to develop and test systems changes focused on poverty.

Detailed narrative on work to date on the innovation, its current stage (i.e., development, testing and/or adapting and adopting), and the activities supported by project funds.

Work to Date/ Current Stage: MAMA launched in July 2016 and moved from its planning to pilot stage in January 2017 with the goal of moving to the adaptation stage by December 2018. Pima County wants to test MAMA in different intervention settings (residential, clinic-based, community based, etc.) and partners are selected based on their aligned mission to reduce poverty, their ability to recruit mothers from diverse backgrounds, cultures and geographies, and their interest in sustained participation. To date three organizations – Community Food Bank of Southern Arizona, Amity Foundation’s Dragonfly Village, and Tucson Urban League – are partners with 21 enrolled participants. Partners support the Getting Ahead curriculum, recruiting participants from their clients, and Circles of Care monthly meetings, recruiting allies from their

Board, volunteers, and staff. They provide the space, and if possible, childcare, organize the food (snacks or a meal), engage in planning, and serve on the steering committee. They have the option to train their own staff or volunteers as Getting Ahead facilitators or have Pima County provide the facilitation. They receive training, program support and advice, and financial support, including stipends for facilitators, kits and workbooks, and funding for food and other class supports. Participating moms receive a stipend, provided by Pima County, for attending classes to both recognize their contributions and reduce barriers to participation. Pima County provides all the assessment and evaluation components.

Getting Ahead emphasizes the social and economic barriers that contribute to poverty, and the role of investigators as agents of change in their own lives and communities. Over the course of seventeen sessions, participants (known as “investigators”) develop a series of mental models to understand their current life, envision the life they would like to have, and describe the qualities their community would possess if it were a prosperous community for all. They analyze the hurdles facing individuals moving out of poverty; assess their own resources; set goals that bring stability to their living situations; and identify strategies to build resources, social capital and opportunities. Two facilitators guide the conversation, one who ideally is a graduate of the program, and Pima County provides training and support to develop their expertise and confidence. A complementary investigative process using photography called PhotoVoice is incorporated into the classes and later in the participatory evaluation process. Josh Schachter is a Photovoice expert with 17 years’ experience nationally and internationally.

Information on a variety of health related topics, from anxiety and depression to nutrition, family planning, and parenting is incorporated throughout the class. MAMA

participants meet health care professionals through class visits, mobile clinics and visits to community clinics. Reflection opportunities are built throughout to lead participants to clarify future goals and identify the steps and resources needed to achieve those goals.

Improved health is linked to improved financial status and economic stability, and therefore MAMA participants are introduced to Pima County's CSET department. Mothers can access additional support through the One Stop system with everything from employability skills workshops to training and case management. Participants gain access on an on-going basis to local opportunities for community engagement through newsletters and meetings as part of Pima County's Ending Poverty Now effort.

Upon completing Getting Ahead, investigators have individualized action plans. They can then move into "Circles of Care," which are monthly meetings with community volunteers known as "allies." The allies' role is threefold: 1) to support and "coach" the MAMA participants as they strive to enact their goals; 2) to listen and gather data on the barriers the mothers encounter as they are working on their goals; and 3) to learn about what poverty is like from the perspective of the moms, to learn about community resources as well as service gaps, and to consider ways to be advocates in their own social and professional networks. Allies receive 1.5 days of training; the first day provides the conceptual framework on understanding poverty that mirrors ideas in Getting Ahead, and the second half-day covers supportive skills like motivational interviewing, coaching, healthy boundaries, and listening skills. They are also invited to join the participatory evaluation component.

Circles of Care build critical social capital across economic classes and educate new sectors of the community for a deeper understanding of poverty, increasing the political will to

undertake community change. Caring allies and increased social capital for these mothers becomes one of the resources for better physical and mental health. A recent report from a 2012 conference, *Disrupting the Poverty Cycle: Emerging Practices to Achieve Social Mobility*, stated that social capital “appears to be a powerful success factor in programs that help to move families beyond poverty... [and] builds on the strength and resilience of families, especially the aspirations parents have for their children.” The Poverty Interrupted report cited above stresses this: “The absence of material wealth... is closely linked to the absence of other forms of capital: human capital (one’s level of education, skills, and experiences), social capital (one’s network of interpersonal connections and relationships), and health capital (one’s physical and mental well-being). To permanently escape poverty, families must build capital in all of these various forms.” Mama addresses all three forms of capital-building.

In addition to creating social capital and an on-going caring support system, Circles of Care also become places to capture longitudinal change and identified barriers, provide on-going education on positive and proactive health practices, and disseminate information on community resources.

A Steering Committee of staff and partners guides the project. The leadership brings content and systems expertise to ensure quality and performance.

Activities supported by project funds: In phase two from June 2017 to December 2018, MAMA consists of seven activities incorporating several adaptations (noted below):

1) Seven **Getting Ahead** classes will be offered over the 18 months by community partners (some new and some repeating), bringing the total to 10 classes engaging 85 moms in

poverty. New partners being explored include a health clinic, a Head Start and/or public school site, a regional diaper bank, and a church.

2) **One-on-one sessions** are being added in this next phase with a Health Care Navigator (who serves as the Project Assistant) from the Pima Community Access Program (PCAP) who will ensure that every mother has health insurance, a medical home, defined health goals, and support for improved health. For 17 years, PCAP has linked low-income, uninsured residents with affordable, comprehensive, and coordinated network of health care providers.

3) **Circles of Care** operate monthly with the support of student interns and volunteer “allies.” On-going health and community resources are shared. Ally recruitment and training is in place, engaging both organizational volunteers as well as faith based and civic groups. A data collection tool will record barriers that mothers encounter as they enact their plans, and the data will be aggregated and analyzed. This tool will be moved to a tablet or phone application by the end of the project and can then be easily disseminated and used by other sites.

4) **Identifying health care systems change** that could improve health outcomes for mothers in poverty is a key component and will be enacted in this phase. Getting Ahead is intended to lay the foundation with concepts, analytical tools, vocabulary, and motivation to be a partner in solving community problems. Trust and relationships between mothers, healthcare professionals and allies will already be built, and a participatory research design will bring them together to evidence different worldviews, contrast perspectives, validate experience, and equalize knowledge and power. The goal is to first identify the system problems and together create solutions, many of which will be “tweaks and nudges.” While the longer-term goal is larger systems and policy change, “force multipliers” will be a high priority, described in

behavioral science research as leverage points where the impact is great and often results in a “double-win” of both an improved service and greater efficiency or cost-savings.

4) A **pilot process** will be tested in this phase, which creates a team of mothers and health professionals to collaboratively design and test approaches that address critical health issues. An example is that more than 50% of pregnant women in Pima County wait until their third trimester to get their first prenatal care visit, a significant portion who are low-income and likely Hispanic, African American, or Native American. This delay creates extra risk, costs, and potentially negative health impacts for the mothers, their children, and the healthcare system. Babies of mothers who do not receive prenatal care or early prenatal care are 3 times more likely to have a low birth weight and five times more likely to die. The average cost for an infant born with problems of prematurity is about \$79,000 compared to \$1,000 for a healthy birth.

6) Several **evaluation tools** have been built into the design for MAMA. The primary evaluation is the adaptation of Dr. Wahler’s national instrument, already in use, that includes an assessment of content knowledge, five standardized measures (stress, mental health, well-being, social support, self-efficacy, and hope), two open-ended questions on goal-directed behavior, and fifteen demographic and risk-assessment questions provide baseline data. Given three times – a pre and post survey for the class and then **again** after participants have been in Circles of Care for several months – it measures critical intrinsic and external conditions needed to begin and stay the course of moving out of poverty. Baseline health indicators on mothers gathered at the beginning and end of the project will evidence any individual health changes. Other evaluation tools include speaker, class, training, and Circles of Care evaluations, all currently in place. These will be packaged into an instructional guide for dissemination.

7) A final exhibit will be presented to stakeholders and the wider public integrating the above elements along with video stories from a cohort of participants, created through a digital storytelling process led by Jen Nowicki with 15 years' experience and extensive work with the University of Arizona's College of Public Health and the Arizona Department of Education.

Project 18 Month Timeline

| Activities | 18 MONTHS | | | | | | | | | | | | | | | | | |
|---|------------------|----|----|----|----|----|----|----|----|-----|-----|-----|----------------------------------|-----|-----|-----|-----|-----|
| | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | 10. | 11. | 12. | 13. | 14. | 15. | 16. | 17. | 18. |
| | J | J | A | S | O | N | D | J | F | M | A | M | J | J | A | S | O | N |
| 1. Project Phases | Phase One: Pilot | | | | | | | | | | | | Phase Two: Adapting and adopting | | | | | |
| 2. Circles of Care continue/ launch by cohorts | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 |
| 3. Finalize fall partners | X | X | X | | | | | | | | | | | | | | | |
| 4. Steering Committee meetings | X | | | X | | | X | | | X | | | X | | | X | | |
| 5. Workshops for health care professionals and allies | X | | | X | | | X | | | X | | | X | | | X | | |
| 6. Begin fall Getting Ahead classes | | | X | X | X | X | | | | | | | | | | | | |
| 7. Finalize fall partners | | | | | X | X | X | | | | | | | | | | | |
| 8. Begin spring Getting Ahead classes | | | | | | | | X | X | X | X | | | | | | | |
| 9. Launch Participatory Evaluation process | | | | | X | | | X | | | X | | | X | | | X | |
| 10. Launch Problem-Solving Cohort | | | | | | | | | | | | | X | X | X | X | X | X |
| 11. Digital Storytelling workshop | | | | | | | | | | | | | | X | X | | | |
| 12. Analyze data/ Final report | | | | | | | | | | | | | | | | X | X | |
| 13. Finalize dissemination materials | | | | | | | | | | | | | | | | | X | X |
| 14. Exhibit and celebration | | | | | | | | | | | | | | | | | | X |

April 12, 2017

Public Health Nation Center for Innovations

To Whom It May Concern:

Mothers in Arizona Moving Ahead (MAMA) is a pilot project designed to map a new route to better health outcomes for young mothers in poverty and their children. It is based on the understanding that healthcare systems can exacerbate health inequalities if they do not take into account the needs and socioeconomic living conditions of underserved populations. To address systems change, we need effective interventions at both the individual level and at the systems level. Unless these two levels are addressed throughout the design process, any changes will be fractured and ineffectual.

MAMA engages three stakeholders: mothers in poverty, healthcare professionals, and volunteers representing the wider community. The project incorporates unique features of curriculum, training, evaluation, and volunteer support networks to investigate the health problems and creating possible solutions. . Components of this project have proven effective independently but will be tried in combination for the first time in this project.

Drawing on new research on the impact of stress and scarcity on body, brain, and behavior, the Kellogg Foundation's recent work on poverty highlights the important but often overlooked role that context can have on shaping behavior. MAMA integrates powerful ideas about the causes of poverty and how poverty shapes behavior, that are delivered through a class for mothers in poverty and through trainings to health care providers and volunteers. These shared concepts and vocabulary build a platform to analyze the health care system and identify what is working and what is not, through a participatory evaluation process and quantifiable data. .

Research also shows the transformative impact of positive social relationships and social capital for people in poverty. To create sustaining support for young mothers in this project, Circles of Care supported by area volunteers will be developed through partnerships with nonprofits and the faith community. These partners are already trained to use the curriculum selected for MAMA, and will benefit from the enhanced coordination, shared data collection, and additional staff and volunteer development. Meeting monthly, these Circles increase young mothers' resiliency and capacity to carry out their own self-designed plan for building health, income, and other resources. They will also be a nexus for data collection on significant barriers and gaps in resources, as well as what is working well. Interns from the University of Arizona and Arizona State University will support these Circles with logistics, data collection, and resource identification. This project has four goals:

1. To improve the health outcomes for low-income mothers and their children;
2. To increase the capacity of health care professionals and community volunteers to serve low income mothers and their families;
3. To increase the capacity of the volunteer network to connect low income mothers and their families to vital community resources and to on-going support; and
4. To develop critical input from young mothers that informs and guides healthcare system changes and improved service delivery.

We are in the first year and pilot phase of the MAMA project. We have developed the key assessment tools and program components, launched clases with three very distinct partners, provided the first phase of trainings for health professionals and allies, and are developing the participatory evaluation component. This project is connecting closely with our Nurse Family Partnership, WIC, and other programs. We are excited to bring in a trusted community partner, PCAP (Pima Community Access Program), to deepen our focus on coverage during this second year.

I'm also excited in this second year to develop a process so that the MAMA participants can give critical feedback into ways to structure and message Health Department priority areas, like increasing prenatal visits sooner than the third trimester.

The project is a partnership between my department, which has identified poverty as a critical issue in our Community Health Assessment, and Pima County's Community Services, Employment and Training (CSET) department, which operates the local public workforce system. Pima County recently launched an "Ending Poverty Now" initiative as a part of a three year economic development plan. Both departments have been recognized for innovative approaches to assisting underserved populations. MAMA is guided by a fifteen member Coordinating Team with specialized expertise in key areas and broad representation from both the County and its significant partners.

We are excited to launch this project in order to create a template that can be expanded and shared regionally and nationally. Please let me know if you have questions.

Sincerely,



Francisco García, MD, MPH
Assistant County Administrator



April 12, 2017

Public Health Nation Center for Innovations

To Whom It May Concern:

The Pima County Access Program, also known as "PCAP", is a not-for-profit organization that provides access to professional health care at discounted prices that the uninsured can afford. PCAP links low-income, uninsured residents of Pima County with an affordable, comprehensive and coordinated network of health care providers. PCAP has also been the County's primary organization enrolling consumers in the Affordable Care Act. PCAP is guided by a 16 member Board of health care, business and community leaders dedicated to ensuring the highest quality healthcare for every member of our community. As Executive Director, I have 37 years' experience in advocating for healthcare that works for low-income families and leading programs that make that possible.

Our staff is comprised of passionate health care professionals, including navigators and community health workers, who have served over 70,000 residents of Pima County with enrolling in health care over the past 16 years. Our staff understand how to make complicated benefit selection and policies understandable so each eligible person can receive assistance. Not only do we have expertise in the area of insurance plans and processes, we get to know our diverse neighbors and neighborhoods intimately because this program will not work without the trust and confidence of each consumer.

PCAP has a strong record of accomplishment in innovation, and our current work has dynamic overlaps in providing health literacy and connecting consumers to primary care homes making us a good fit as a lead partner with the MAMA project. PCAP is the Southeastern Arizona lead for Cover AZ a group of over 900 organizations statewide enrolling and connecting southern Arizona residents to care. We work with the Vitalyst Foundation and Children's Action Alliance to ensure Arizona families find coverage for all members of their households.

PCAP partners the El Rio Health Centers, a network of clinics that serve 95,000 people in the Tucson area, making it one of the largest, non-profit community health centers in the United States. Like PCAP, El Rio is an innovative healthcare provider that specializes in successfully serving our culturally and economically diverse clients. PCAP offices are housed in leased space at El Rio.

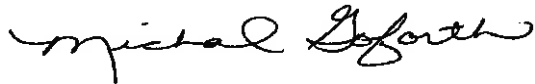
PCAP also has a strong track record of working closely with Pima County and has placed health navigators at the Health Department as well as at the One Stop employment and training centers. We are excited to provide the project assistant who will provide key support in these four areas:

- 1) ensure each MAMA participant has insurance and a medical home for herself and her children, and has identified at least three long-term health related and stability-building goals;
- 2) provide coordination for the Circles of Care, including data collection on barriers;
- 3) provide support for the participatory evaluation component to identify at least one area for systems change; and
- 4) facilitate at least one Getting Ahead class.

I will also be working closely with the project, as well as other members of my team, to ensure success. The MAMA project is a strong fit with the mission, expertise, and approach of PCAP. We are excited to be in on the ground floor of an effort that we hope will be expanded regionally and even nationally. We are excited to be a part of this innovated program.

Please contact me at 520-309-2922 if you have any questions.

Best regards,

A handwritten signature in black ink that reads "Michal Goforth". The signature is written in a cursive, flowing style.

Michal Goforth
Executive Director

Mothers in Arizona Moving Ahead Leadership Profiles

Pima County Health Department is recognized for its community responsiveness, innovation, and leadership. Last year it received national accreditation through the Public Health Accreditation Board (PHAB), one of 134 health departments nationally and one of three counties in Arizona to reach this achievement. Dr. Francisco García, M.D., M.P.H., was recently promoted to Assistant County Administrator and honored as Tucson's 2015 Outstanding Health Care Executive. He is the distinguished outreach professor of public health, obstetrics and gynecology, clinical pharmacy, and nursing at the University of Arizona.

The Pima County CSET department has developed innovative employment programs, many addressing underserved populations, including two youth programs (one GED and one High School) and a combined housing and employment program for the homeless. Charles Casey has 29 years of experience in Pima County and manages a broad array of programs and facilities including the One Stop network, the Business Services Team, the county Community Action Agency and the local Workforce Investment Board.

Bonnie Bazata, M.A., is Pima County's Ending Poverty Now program manager and she brings twelve years of experience in intensive work on poverty, leading both the poverty trainings and application of the Getting Ahead curriculum at a local, regional and national level

Michal Goforth has 37 years' of health care experience in public, private and non-profit sectors and 13 years as the Pima Community Access Program (PCAP) Executive Director. She also served as the Tribal Health Director for the Pascua Yaqui Tribe of Arizona and Fort Mojave Indian Tribe.

Pima County MAMA Budget and Budget Narrative

Revised June 12, 2017

Please provide detailed narratives and amounts for the items in the following chart:

| Category | Narrative | Amount |
|---|---|-----------|
| Personnel (total salaries and fringe benefits) | | |
| Project Director/Principal Investigator | The project director is 15 hours a week and is in-kind support (15 hrs per wk x \$29 + 38% benefits = \$31,216). The Health Department Director (\$5499) and Deputy Director (\$4500), and the CSET Director (\$4500) are also contributing two to three percent of their time as in-kind for a total of \$45715. | 0 |
| Project Staff | The Project Coordinator position will manage much of the day-to-day operation of the project. Funding from a prior grant is providing the first six months of salary. 40 hrs per wk x \$23 + 38% benefits = \$66,000. | \$ 66,000 |
| Administrative Staff | There is 10 to 15 hours a week of administrative support provided in-kind (10 hrs per wk x \$18 + 38% benefits = \$19,375). | 0 |
| Other Staff | Two hours per week of accountant time (2 hrs per wk x \$22 + 38% benefits = \$4736) | 0 |
| Other Direct Costs | | |
| Communications/Marketing | Printing (\$1500) and in-kind support from the Pima County Communications Department | 1,500 |
| Equipment | One computer and one scanner | 800 |
| Leadership | This is being provided in-kind by Pima County and PCAP | 0 |
| Meeting Expenses | Facilitators @ \$8640 (4 classes x \$18 x 120 hours); Co-facilitators @ \$6500 (5 classes x \$12 x 100 hours = \$6000 + \$500 additional stipends for meetings); Stipends for participants: Getting Ahead classes @ \$8000 (5 classes x \$160 x 10 participants); Circles meetings @ \$3750 (\$15 x 50 x 5); participatory evaluation component @ \$750 (25 x 2 x \$15). Food: for GA classes \$2500; Circles of Care \$1500; Total \$31,640. The remaining \$9794 will come from other funding sources. | 21,846 |
| Office Operations | Program supplies (\$1584); workbooks and materials (\$2000); | 3,584 |
| Project Space | Space and operational costs (phone, computer, etc.) are provided in-kind by Pima County and PCAP, valued at \$6,000 for two staff positions. | 0 |
| Site Visit | Include costs for a meeting room and lunch to accommodate your team as well as a team of 5 site visitors. | 500 |

| Category | Narrative | Amount |
|--|---|---------------|
| Surveys | Our evaluation component is integrated into the grant and an additional \$2000 has been received to contract with a researcher to review and write a report on the outcomes of our primary assessment tool | 0 |
| Travel <i>Budget \$975/person/day for a 1-day trip, plus \$300/person/day for each additional day. At a minimum, include travel support for at least 2 staff to attend two 2-day Learning Community meetings.</i> | RWJF travel: \$6300 (\$1950 (2 people x \$975) + \$1200 (2 people x 2 days x \$300) x2); Mileage: \$.445 x 25 mi x 50 wks x 2 people = \$556 ; Other travel @ \$1200. | 8,056 |
| Other | Materials and supplies for a final exhibit in 2018 (\$2500); | 2,500 |
| Purchased Services | | |
| Consultants/Contractors* | Pima Community Access Program | 76,000 |
| Indirect Costs (10%) | | 18,079 |
| In-kind Support | In addition to the personnel (\$69826) and operational costs (\$6000) noted above, additional Health Department personnel will be involved at trainings, or providing classes, presentations, screenings, and other forms of client support at an estimated value of \$11,250 (175 hours client contact time and 50 people @ 4 hours training or 375 hours @ \$30) for a total of \$87,076. | 87,076 |

*If contracts are a part of your proposed budget, complete one Contract Budget and Fact Chart for each contract. Copy and paste the chart below if there are multiple contracts. Enter "TBD" when information is not yet known. If there are no contracts, delete these instructions and chart shown below before uploading to the online system.

Contract Budget and Fact Chart

| | |
|----------------------------|--|
| <i>Contractor Name</i> | Pima Community Access Program |
| <i>Contract Start Date</i> | June 15 |
| <i>Contract End Date</i> | November 2018 |
| <i>Scope of Work</i> | Provide the MAMA Project Assistant and participate in the overall guidance of the project |
| <i>Deliverables</i> | Hire and support a full time project assistant who will provide support for individual participants, provide coordination and support for the Circles of Care, provide support for participatory evaluation component, manage data collection and input, and facilitate Getting Ahead classes. Participate in the steering committee and provide guidance for program improvement |
| <i>Total Cost</i> | \$76,000 |
| <i>Cost Justification</i> | \$38,000 plus 25% benefits (\$9500) = 47,500 x 16 months = \$63,333 plus \$12,667 for administrative costs |

PHNCI Innovation Grantee Scope of Work Template

Grantee Name: Pima County Mothers in Arizona Moving Ahead (MAMA)

Attachment II: Statement of Work

Effective June 1, 2017

Goals: To link four critical leverage points in the healthcare system: 1) individual behaviors; 2) professional capacity; 3) resource delivery systems; and 4) engagement with extended community networks in order to improve health outcomes for low-income women. Our five goals are to:

1. To improve the health outcomes for 85 low-income mothers and their children.
2. To increase the capacity of 50 health care professionals and 85 community volunteers to serve low-income mothers and their families.
3. To increase the capacity of the volunteer network to connect low-income mothers and their families to vital community resources and to on-going support.
4. Create a feedback process from mothers in poverty that informs and guides healthcare system changes and improved service delivery.
5. Create a replicable model that can be expanded in Pima County and disseminated in other communities.

Objective #1: Assist the Public Health National Center for Innovations (PHNCI) in achieving its goals.

| Activity | Deliverable | Timeline |
|--|---|--|
| 1. Work closely with the PHNCI as they capture innovative practices and widely communicate the results | -Content for website and promotional items, presentations, etc. -Site visit -Brief innovation story for PHNCI's website | -Ongoing -October 2018 |
| 2. Work closely with the PHNCI to identify technical assistance and/or educational needs | -Participation in PHNCI training needs assessment activities | -Summer 2017 |
| 3. Grantee Learning Community | -Active participation in all Learning Community events (e.g. meetings, conference calls) that PHNCI convenes | -Ongoing |
| 4. Contribute to all evaluation activities with evaluators from PHNCI, NORC and the University of Kentucky | -Case study (written by NORC) -Implementation of the National Longitudinal Survey (with University of Kentucky) -Participation in surveys, interviews, etc. | -Ongoing -Summer 2017 and Fall 2018 -Ongoing |

PHNCI Innovation Grantee Scope of Work Template

Grantee Name: **Pima County Mothers in Arizona Moving Ahead (MAMA)**

Objective #2: Seven Getting Ahead classes will be delivered in partnership with area organizations

| Activity | Deliverable | Timeline |
|--|--|--------------------------|
| 1. Implement seven Getting Ahead classes with five to seven diverse partners resulting in 85 active mothers in the project | <ul style="list-style-type: none"> • Documentation of seven classes • Evaluations from partners • Evidence of participating mothers | August 2017 to June 2018 |
| 2. Implement assessment tool to show evidence of improvement in areas that include self-efficacy, social capital, number of resources being used, hope, and goal-setting | Analysis of assessment showing statistically significant change in key areas for 80% or more of participants | August 2017 to June 2018 |
| 3. Development of a cohort of facilitators and co-facilitators who can sustain the Getting Ahead classes at those agencies | <ul style="list-style-type: none"> • Evidence of trained and committed facilitators • Evidence of sustaining classes at 50% of the partner sites | August 2017 to June 2018 |

Objective #3: Implement one on one sessions with Health Care Navigator and MAMA participants

| Activity | Deliverable | Timeline |
|--|---|-----------|
| 4. Develop partnership agreement with PCAP (Pima Community Access Program) | Partnership agreement | June 2017 |
| 5. Develop protocols, evaluations tools, and measureables for Health Care Navigator (HCN) | Set of tools for replication of the position | June 2017 |
| 6. Hire and train HCN | Health Care Navigator in place | July 2017 |
| 7. MAMA participants have initial meeting and regular contact with HCN to ensure all have continued support for gaining health insurance, a medical home, and progress on defined health goals | <ul style="list-style-type: none"> • Report of activities • Report of MAMA participant goals and progress | Ongoing |

PHNCI Innovation Grantee Scope of Work Template

Grantee Name: Pima County Mothers in Arizona Moving Ahead (MAMA)

Objective #4: Implement of Circles of Care with MAMA participants and allies

| Activity | Deliverable | Timeline |
|---|--|------------------------------|
| Provide training for allies on MAMA project, Circles of Care format, coaching strategies, and evaluation tools | <ul style="list-style-type: none"> • Workshop materials and evaluations | August 2017 to August 2018 |
| Development and utilization of a tool to capture information on barriers MAMA participants encounter as they enact their plans that will be aggregated and analyzed | <ul style="list-style-type: none"> • Data analysis of barriers • Tablet or phone application that can be disseminated and used by other sites | August 2017 to November 2018 |
| Provide monthly Circles of Care for every MAMA group for support of MAMA participants | <ul style="list-style-type: none"> • Documentation of Circles of Care structure, tools, and lessons learned • Testimonials of allies • Summary of evaluations | August 2017 to November 2018 |
| Create a volunteer base and increase their knowledge of community resources and how to access them | <ul style="list-style-type: none"> • Creation of a volunteer database • Delivery of a monthly newsletter with information on local resources • Survey allies on their knowledge of community resources and confidence in navigating to those resources on behalf of the MAMA participants | June 2017 to November 2018 |

Objective #5: Identify one or more health care systems changes that would improve the health of and access to healthcare for mothers in poverty

| Activity | Deliverable | Timeline |
|---|---|------------------------------|
| Implement the participatory evaluation process involving allies, healthcare professionals, and mothers in poverty | Documentation of the participatory evaluation process and outcomes | October 2017 to October 2018 |
| Identification of systems changes, including “nudges and tweaks” that are “force multipliers” | Detailed report on identified areas, plans for implementing changes, and expected outcomes | September to October 2018 |
| Increased collaboration between Pima County’s Health Department and the Community Services Employment and Training (CSET) Department so MAMA participants have access to both healthcare and employment resources | <ul style="list-style-type: none"> • Steering Committee that meets quarterly with representation from both departments, community partners, and others | Ongoing |

PHNCI Innovation Grantee Scope of Work Template

Grantee Name: Pima County Mothers in Arizona Moving Ahead (MAMA)

| | | |
|--|--|--|
| | <ul style="list-style-type: none"> • Entering of each MAMA participant in CSET system for employment services with tracking over time • Evidence of improved employment and income for 50% or more of participants | |
|--|--|--|

Objective #6: Test a pilot process where MAMA participants and healthcare professionals collaboratively design and test approaches to address a critical health issue for mothers in poverty

| Activity | Deliverable | Timeline |
|--|---|------------------------|
| Put together a problem-solving team of MAMA participants and healthcare professionals and identify a key problem | Documentation of the group and process used to identify the problem | April to June 2018 |
| Collaboratively design a strategy to address the problem | Documentation of the strategy | June to August 2018 |
| Test all or some part of the design | Documentation of the outcomes | August to October 2018 |

Objective #7: Present a final exhibit to the stakeholders and wider community demonstrating the model's effectiveness and lessons learned.

| Activity | Deliverable | Timeline |
|--|--|----------------------|
| Organize and implement an event that captures the story of MAMA | <ul style="list-style-type: none"> • Documentation of the event for stakeholders and open to the public • Materials that can be shared with PHNCI to tell the MAMA story (see below) | June to October 2018 |
| Involve 6 to 12 MAMA participants in the Digital Storytelling process to develop short videos to tell their story. | Creation of six to 12 videos | Fall 2018 |
| Select and present photos from the Photovoice experience to be used in the exhibit | A set of photos that illustrate the process and story of MAMA and its participants | Fall 2018 |
| An interactive component that captures feedback from participants on one or more key questions related to the MAMA project | Results from the interactive process capturing public input on one or more key questions related to the project | Fall 2018 |