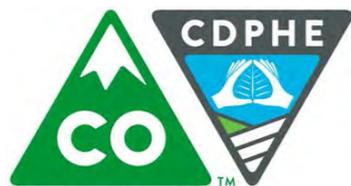




Cancer, Cardiovascular and Pulmonary Disease Grants Program

Review Committee Meeting
November 13, 2015



COLORADO
Department of Public
Health & Environment



Program Updates

CCPD Kick Off Event

Reponses to Questions from September CCPD
Review Committee Meeting

Budget Update



COLORADO
Department of Public
Health & Environment

Addressing Questions: Overview

1. Address questions raised at September review committee meeting
 - How are grants monitored to prevent unspent funds and incomplete deliverables?
 - Reasons for unspent funds
 - Reasons for grantees' incomplete deliverables
 - Reasons for "unknown" demographic and reach data
2. Summarize response for current grantees (FY15-18)

How are grants monitored to prevent unspent funds and incomplete deliverables?

- Monthly progress review calls with each CCPD grant program to support successful completion
 - ❖ monitoring of grantee spending
 - ❖ provision of technical assistance (TA) to address under-spending of budgeted funds
 - ❖ TA from CDPHE Subject Matter Experts (SMEs)

Examples: Resources provided to Grantees

- Access to Emory University's Diabetes Training and Technical Assistance Center
- Diabetes Lifestyle Coach Training held at CDPHE
- Sharing new recommendations, journal articles or webinars related to grantees' projects
- Information on learning events and resources are included in the CCPD monthly e-newsletter that is distributed to grantees and other stakeholders.
- Access to CDPHE Subject Matter Experts and Contract Monitors who provide content expertise, linkages to additional resources, linkages to grantees doing similar work, and solutions-focused support and guidance.

Examples: Reasons for unspent funds

- Delays in approval and availability of CCPD funds for FY12 impacting project start dates and implementation of activities.
- Delays in (grantee) staff hiring due to organizational protocols and processes. Difficulty filling grantee staff vacancies.
- Introduction of the Affordable Care Act impacted 3 grantees
 - ❖ The number of projected eligible participants decreased due to enrollments in Medicaid and other health insurance plans.
 - ❖ Grantees could not achieve projected targets for diabetes, hypertension and colorectal cancer screening.
 - ❖ RESPONSE: Through consultation with CCPD staff, grantees re-focused efforts on alternative populations in their communities, shifting funds from screenings to classes as with the Diabetes Prevention Program, and other evidence-based interventions.

Examples: Reasons for incomplete deliverables

- Technical issues with a electronic health record system (EHR) resulting in delays in the clinic linking to the grantee-developed electronic cardiovascular disease registry
 - *Technical assistance was provided and with the goal of the clinic joining the data sharing system during FY15-16
- Work with Denver's homeless population was impeded by inability to locate and/or communicate with patients once they had been served.
 - *Technical assistance was provided to aide the development of effective systems for interventions in the clinic setting as patient tools for use after the patient left the clinic
- Difficulty filling grantee staff vacancies and delays in staff hiring due to organizational protocols and processes
- External factors including weather and timing, i.e. a garden project was delayed due to weather delays and inability to hire staff due to end of grant timing

Examples: Reasons for incomplete deliverables

Specific challenges for policy initiatives:

- Health Eating Active Living (HEAL) policy initiatives involving multiple municipalities had understandable challenges engaging partners were in various stages of adoption at the end of the grant period.
- The political climate impeded the ability to recruit some target municipalities and staff and turnover in multiple municipalities stalled progress
- During the grant cycle, 69 new policies were adopted by multiple municipalities throughout the state.
- Grantees confident that CCPD funds had created momentum and the policy initiatives would be adopted after the grant funding ended.

Collection of Demographic and Reach Data

- 97% of CCPD grant programs reported demographic and reach data on a quarterly basis using an web-based online survey.
- Grant programs targeting policy initiatives were not required to report reach and demographic data
- Many policy projects focused on work with municipalities and counties in metro Denver and throughout the state, resulting in difficulty collecting accurate reach data for this work
- The CCPD program is working with our new evaluation contractor to develop systems for collecting more robust data for policy initiatives in the current cohort of grantees.

Sustainability of FY12-15 CCPD Grant funded projects

- CCPD funds are acting as “seed” or foundational funding for grantees to kick-start a project
- 96% of projects are continuing through a variety of methods:
 - ❖ 25% receiving another round of CCPD funding
 - ❖ Alternate funding sources (state and federal)
 - ❖ Costs absorbed by the organization

CCPD Grant Program responses for FY16-18 grantees

- Greater coordination between CCPD program oversight and evaluation contractor Kaiser Institute for Health Research
- Greater focus on evaluation of policy initiatives; collection of reach and demographic data
- Identification of priorities for evaluation and data collection per CCPD Review Committee requirements
- Extensive communication with CCPD staff and grantees to develop evaluation plans to comply with CCPD priorities and grantee community needs to support future sustainability of initiatives
- Increased monitoring of grantee spending for evaluation of appropriate funding levels for CCPD grant program activities
- Ongoing TA to grant programs for successful completion of objectives

Grant Program Administration

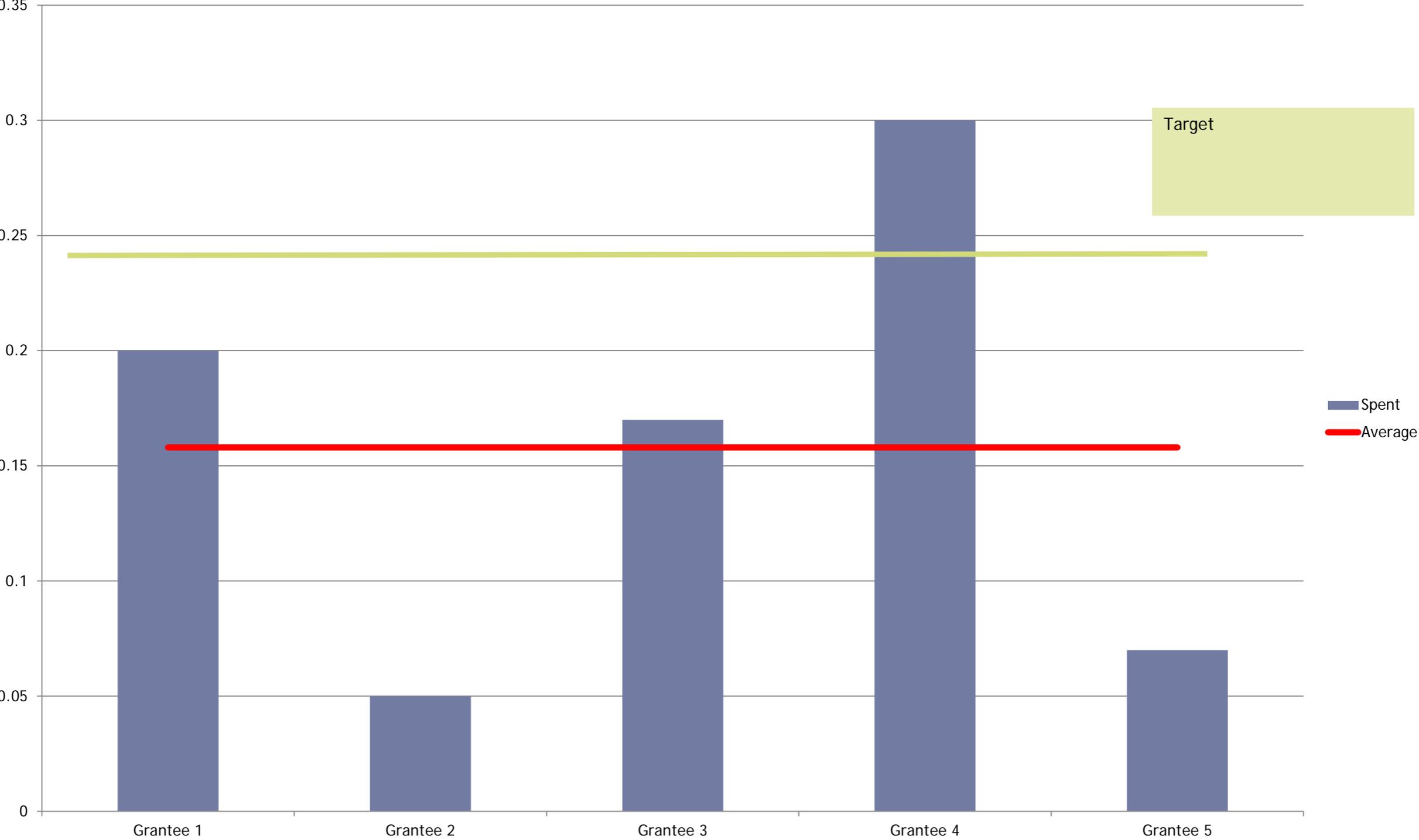
- ▶ Monthly (now quarterly grant check in calls)
- ▶ Monthly Invoicing
- ▶ Quarterly Spend Down check-ins
 - ▶ Fiscal staff
 - ▶ Grant monitors
 - ▶ Branch leadership



Sample Grant Tracking Sheet

Item	Award	July	August	Sept	Balance
Personnel	246,000				
•Program Manager	75,000	-6,250	-6,250	-6,250	\$56,250
•Coordinator	65,000		-5,416	-5,416	\$54,516
•Specialist	55,000				\$55,000
•Fringe	51,000	-1,200	-2,400	-2,400	\$45,000
Operating	7,000	-3,000	-500	-1,000	\$2,500
Contracts	215,000				
•Media	200,000			-10,000	\$190,000
•Meeting facilitation	15,000				\$15,000
Travel	10,000				\$10,000
Indirects	57,000	-2,090			
TOTALS	\$ 534,540	-12,540	-17,479	-28,119	\$477,210

Visual Aids for Grant Tracking: Sample Quarter 1





COLORADO

Overview of Amendment 35 Funding, Requirements and Cash Flows

A Report on and Request for Approval of 2015
Funding Plans



COLORADO
Department of Public
Health & Environment

Overview

- ▶ Recap Details of A 35 Program funds
- ▶ Summary of Flow of Funds process
- ▶ Detail grant program administration
- ▶ Recap how traditions and context of the public health system shaped early years of CCPD
- ▶ Connect principles of the ACA to CCPD strategic planning
- ▶ Recap the strategic planning process
- ▶ Recap the key principles for the RFA



The A35 Grants Program

Goals Are:

- ▶ Improve the health of all Coloradans
- ▶ Provide tobacco education and prevention,
- ▶ Provide prevention and health care services for tobacco and other related sequelae,



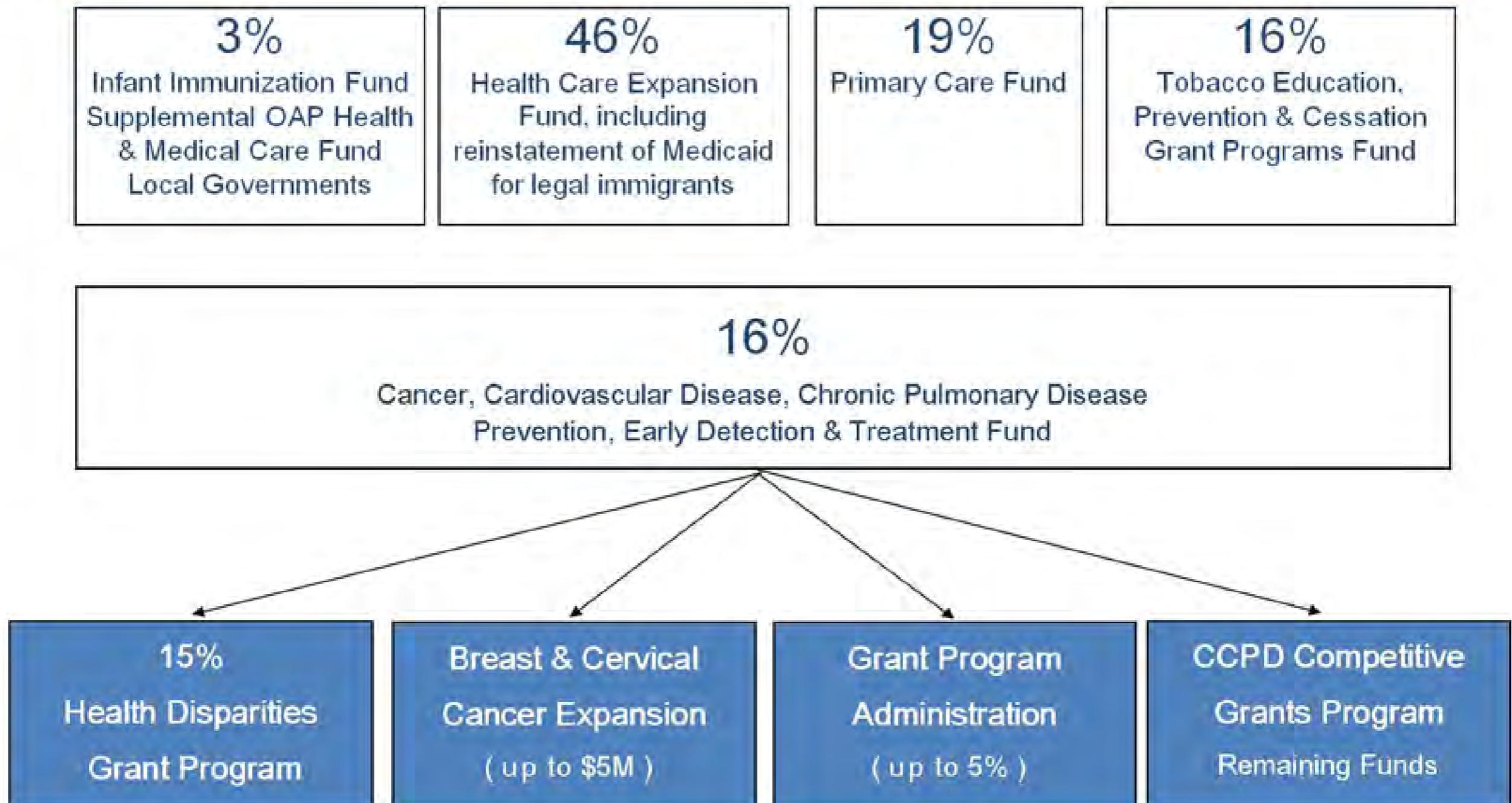
Two funding pots for Public Health

- ▶ Prevention, Early Detection and Treatment Fund
 - a. CCPD Competitive Grants Program
 - b. Health Disparities Grant Program
 - c. Women's Wellness Connection
- ▶ Tobacco Education, Prevention & Cessation Grant Program
- ▶ Tobacco and CCPD Review Committees established in 2005
- ▶ Charged with oversight of the strategic planning and funding recommendations



Tobacco Taxes for Health-Related Purposes

Statutory Distribution of .64 cent tax (A35) Revenue



An example of the A35 fund distribution

Agency	Program and/or Fund	FY 2014-15 Appropriations	Pct
	Projected Revenues	\$ 141,200,000	100.0%
HCPF	Health Care Expansion Fund	\$ -64,952,000	46.0%
HCPF	Primary Care Fund	\$ -26,828,000	19.0%
CDHS	Old Age Pension Fund	\$ -2,118,000	1.5%
CDOR	Local Governments	\$ -1,279,000	0.9%
CDPHE	Immunizations for LPHAs	\$ -423,600	0.3%
HCPF	Children's Health Plan	\$ -423,000	0.3%
CDPHE	Tobacco Education Programs	\$ -22,592,000	16.0%
CDPHE	Prevention, Early Detection and Treatment Fund	\$ -22,592,000	16.0%



Sample Distribution of the Prevention Early Detection and Treatment Fund

Projected Revenues	\$22,000,000	Percent
Breast and Cervical Cancer Screening (Up to \$5 m)	\$ 4,518,000	20.5%
Office of Health Equity Grants Program	\$ 3,388,000	15.0%
Funding for CHED	\$ 116,000	0.5%
Department Indirects	\$ 550,000	2.5%
Grants Program Administration	\$ 700,000	3.2%
Remainder available for Grants Program	\$ 12,816,000	~ 58%



Timeline: CCPD Funding and Implementation under Amendment 35

November 2004	voters approve increase in state tobacco tax
May 2005	General Assembly passed enabling legislation, HB 05-1266, establishing the three A35 grants program.
2006-2009	First wave of A35 funding
2009-2012	Second wave of A35 funding, disrupted by sharp cutbacks from the state fiscal emergencies
March 2010	Affordable Care Act passes and is signed into law by President Obama.
2012-2015	Third wave of A35 funding, restoration of full funding.
September 2013	CCPD Review Committee begins to plan for next RFA
October 2013	Health exchanges open, allowing people to purchase subsidized insurance plans without limitations for pre-existing conditions
January 2014	Colorado Medicaid expands to cover all under 133% of poverty
August 2014	RFA for Fourth wave of CCPD funding released.
July 2015	Fourth wave of CCPD funding executed and initiated





*How the Affordable Care Act (ACA) Shapes
the CCPD Grants Program Today*

Three traditional sets of public health approaches

- ▶ Population-level health
- ▶ Clinical measures to control contagion
- ▶ Clinical services to protect the least fortunate



Clinical measures to control contagion

- ▶ E.G. sexually transmitted infection identification, treatment and counseling,
- ▶ Tuberculosis quarantine and care,
- ▶ Hepatitis care



Gap-filling clinical measures to close American health system holes

- ▶ E.G. family planning
- ▶ Cancer screenings
- ▶ Many of the grants in CCPD program from 2006-2015



Let a Thousand Flowers Bloom

- ▶ **Early years of CCPD grant fund**
 - ▶ Prevention,
 - ▶ Early Detection,
 - ▶ Treatment
- ▶ **NIH application model**
 - ▶ Evidence reviews
 - ▶ Data analysis and planning
 - ▶ Detailed evaluation plans
 - ▶ Scoring favored strong, experienced grant writers
- ▶ **Overall evaluation was challenging**



ACA and the social compact

Principles of the ACA -

- ▶ Reform of insurance requires safeguards against risk cream-skimming - **cover everyone**
- ▶ The Uninsured are comprised of three groups
 - ▶ Those without Medicaid
 - ▶ Those who need help to buy private insurance
 - ▶ Those who choose to go without insurance
- ▶ **Expand, Subsidize & Mandate**
- ▶ The 'new' American health system must shift from incentives for volume and acute care to promotion of health outcomes - **Pay for Performance**





A fundamental, seismic shift

- ▶ The ACA represents a fundamental shift
- ▶ We predicted:
 - ▶ A decrease in need for health services
 - ▶ More opportunity to demonstrate community-based and health systems-based interventions that promoted wellness and healthy outcomes.
- ▶ The CCPD Grants Program must shift accordingly.



Steps followed through this process

1. Review of the data and evidence
2. Staff review of evidence-based interventions
3. Review Committees' establishment of program priorities and criteria
4. Staff prioritization of interventions
5. Review Committee's selection of 17 interventions



Insights & Decision Factors

- ▶ Obesity is a significant factor in the conditions of interest
- ▶ Statute guides rules for giving and application structure
- ▶ Evidence and impact are critical
- ▶ Systems and environmental changes are the leading edge of public health services in prevention



Foundations of a revised grants program

- ▶ It should support the state's strategic direction with respect to health care reform.
- ▶ It should foster incentives for individuals to obtain health coverage.
- ▶ It should promote the connection to a patient centered medical home whenever feasible.
- ▶ It should advance the goals and intended outcomes of the state's chronic disease strategic plan.



Foundations of a revised grants program

- ▶ It should support the state's strategic direction with respect to health care reform.
- ▶ It should foster incentives for individuals to obtain health coverage.
- ▶ It should promote the connection to a patient centered medical home whenever feasible.
- ▶ It should advance the goals and intended outcomes of the state's chronic disease strategic plan.



Foundations of a revised grants program^{cont.}

- ▶ It should advance the positive transformation of the health system so it explores new ways of delivering care, new venues for care, new approaches to prevention, and new members of the comprehensive care team.
- ▶ It should support existing systems of care and promote integration between medical specialties and primary care
- ▶ It should encourage system-wide health promotion and disease prevention across the physical, policy, and social environments.



Foundations of a revised grants program^{cont.}

- ▶ It should build on grantees connections with their communities, meet grantees where they are, and include metrics that demonstrate how communities are transformed by the interventions.
- ▶ Evaluation findings should position programs for long term sustainability within the health system by providing evidence which can be used to develop payment systems that support the program beyond the grant period.



Goals of the Current Funding Cycle

- ▶ To assist in the implementation of the state's strategic public health plans for cancer, cardiovascular and chronic pulmonary disease
- ▶ To contribute to the transformation of the health system and the environment in which health is created so that disease is prevented and health is promoted
- ▶ To improve the health of all Coloradans



3 Principles of the Revised Program Application

- ▶ Base interventions on best evidence and the needs highlighted by the data.
- ▶ Select interventions that have the potential for greatest impact or most significant findings.
- ▶ Reduce the application burden by eliminating data analysis, evidence review, and evaluation plan requirements in the RFA.





CCPD Budget Update

Historic: What happened and why?

*Projected: Major Assumptions moving
forward*



COLORADO
Department of Public
Health & Environment

FY 2014-15 Actuals: Revenue and Expenditures

FUND 18N Actual and Projected Fund Balances		
"Rolling Budget Report"	Actual	Actual
	FY14	FY15
Opening Fund Balance	\$ 2,265,876	\$ 968,019
Amendment 35 Revenue	\$ 22,485,883	\$ 22,755,433
Contract Reversions/Credits from prior years	\$ 212,371	\$ -
Interest Earned	\$ 64,602	\$ 75,975
Subtotal Fund Revenue:	\$ 25,028,731	\$ 23,723,452
Transfers From the fund		
Office of Health Disparities (15% of Revenue)	\$ (3,372,882)	\$ (3,413,315)
HCPF Disease Management Transfer	\$ (2,000,000)	\$ -
Fiscal Emergency Transfers	\$ -	\$ -
Subtotal Transfers:	\$ (5,372,882)	\$ (3,413,315)
Fund Expenditures		
Breast & Cervical Cancer Screening	\$ (3,838,891)	\$ (2,296,670)
Breast & Cervical Cancer Treatment	\$ (939,239)	
Women's Wellness Personnel	\$ -	\$ -
BRFSS Personnel & Operating	\$ (116,942)	\$ (128,336)
Administrative Personnel & Operating	\$ (781,699)	\$ (729,188)
Division Admin		
Indirect	\$ (554,729)	\$ (633,500)
Subtotal Expenditures:	\$ (6,231,500)	\$ (3,787,694)
Total Remaining for Grant Program		
Total Grants Expended/Committed	\$ (12,456,330)	\$ (9,239,828)
ENDING FUND BALANCE:	\$ 968,019	\$ 7,282,615

Changes from November 2014 Estimates:

Revenue:

- Exceeded projections by \$150,000 in FY 2015 and projected to be \$500,000 higher in FY 2016.

Expenditures:

- Breast and Cervical Cancer Screenings underspent the appropriation by \$2.2 million.
- Grants reverted \$2.3 million (\$1.8 million from screening contract).
- Other appropriations underspent by just under \$100,000.

Other Factors:

- Elimination of \$1 million transfer to HCPF for Breast and Cervical Cancer Treatment. (HB 14-1045)
- Elimination of \$2 million transfer to HCPF for Disease Management. (SB 14-109)

FY 2015-16 Starting Balance:

Targeted Fund Balance:	\$1 million
Contract Reversions:	\$2.3 million
Breast and Cervical Cancer Screenings:	\$2.2 million
Additional Revenue and other Reversions:	\$200,000
Unused Balance Reserved for Future Years:	\$1.5 million
FY 2015-16 Beginning Fund Balance:	\$7.2 million

FY 2015-16 Assumptions:

- FY 2016 Grant Allocations: \$12,591,413
- FY 2016 Admin Appropriation: \$558,481
- FY 2016 Breast and Cervical Screening: \$4,423,683
- Other FY 2016 Appropriations: \$850,000
- Transfer to Office of Health Equity \$3,420,744
- Total Projected Expenditures: \$21,850,000

CCPD Funds Available to Fund Additional Grants:

Beginning Fund Balance:	\$7.3 million
FY 2015-16 Revenue (Projected):	\$22.6 million
Total Projected Expenditures:	\$21.8 million
Total Currently Unallocated:	\$8.1 million

Projections:

FY 2016 through FY 2018

FUND 18N Actual and Projected Fund Balances			
"Rolling Budget Report"	Projected FY16	Projected FY17	Projected FY18
Opening Fund Balance	\$ 7,282,615	\$ 8,101,522	\$ 4,708,613
Amendment 35 Revenue	\$ 22,454,639	\$ 22,143,624	\$ 21,724,925
Contract Reversions/Credits from prior years	\$ -	\$ -	\$ -
Interest Earned	\$ 100,000	\$ 100,000	\$ 100,000
Subtotal Fund Revenue:	\$ 29,837,254	\$ 30,345,145	\$ 26,533,538
Transfers From the fund			
Office of Health Disparities (15% of Revenue)	\$ (3,420,744)	\$ (3,321,544)	\$ (3,258,739)
HCPF Disease Management Transfer	\$ -	\$ -	\$ -
Fiscal Emergency Transfers	\$ -	\$ -	\$ -
Subtotal Transfers:	\$ (3,420,744)	\$ (3,321,544)	\$ (3,258,739)
Fund Expenditures			
Breast & Cervical Cancer Screening	\$ (4,423,683)	\$ (4,423,683)	\$ (4,423,683)
Breast & Cervical Cancer Treatment	\$ -	\$ -	\$ -
Women's Wellness Personnel	\$ -	\$ -	\$ -
BRFSS Personnel & Operating	\$ (116,942)	\$ (116,942)	\$ (116,942)
Administrative Personnel & Operating	\$ (600,000)	\$ (600,000)	\$ (600,000)
Division Admin	\$ (275,000)	\$ (275,000)	\$ (275,000)
Indirect	\$ (650,000)	\$ (650,000)	\$ (650,000)
Subtotal Expenditures:	\$ (6,065,625)	\$ (6,065,625)	\$ (6,065,625)
Total Grants Expended/Committed	\$ (12,249,364)	\$ (12,249,364)	\$ (12,249,364)
CCPD 9M (MODELS)		\$ (4,000,000)	\$ (4,000,000)
ENDING FUND BALANCE:	\$ 8,101,522	\$ 4,708,613	\$ 959,811

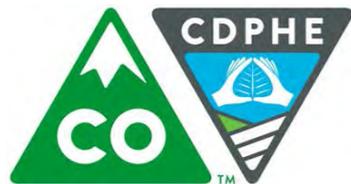
Risks to the Forecast:

- Transition to ACA environment still ongoing. It is unknown how quickly screening initiatives will transition.
- Grantee expenditures will be less than 100%. While most grantees historically expend well over 90% of their grant, total expenditures do fluctuate.
- Other?



COLORADO

*Proposed Options
and
Questions to Address*



COLORADO
Department of Public
Health & Environment

Grant Cycle 16-18 Funding Priorities: 17 strategies

Healthy Eating and Active Living

- Strategy 1: Built Environment
- Strategy 2: Breastfeeding-friendly Environments
- Strategy 3: Healthy Food Retail
- Strategy 4: Healthy Food and Beverages
- Strategy 5: Comprehensive Worksite Wellness

Cancer

- Strategy 6: Provide/Clinic-based Cancer Prevention
- Strategy 7: Individual-level Cancer Prevention
- Strategy 8: Community-based Cancer Prevention

Cardiovascular Disease

- Strategy 9: Self-measured Blood Pressure Monitoring
- Strategy 10: Team-based Care (MTMS)
- Strategy 11: Clinical Systems Quality Improvement
- Strategy 12: National Diabetes Prevention Program (DPP)
- Strategy 13: Diabetes Self-management Education (DSME)

Pulmonary Disease

- Strategy 14: School-centered Asthma Management

Patient Navigator/Community Health Worker/Cross-Cutting

- Strategy 15: Patient Navigator Programs
- Strategy 16: Community Health Worker Program
- Strategy 17: Patient Navigator & Community Health Worker Training

Please note that as we discuss options, program staff has been and will continue to reference and use the feedback received from the 2014 RFA.

Statutory requirements

Minimum of 10% of money awarded directed at:

- Rural areas of the state
- Cancer
- Cardiovascular disease
- Chronic pulmonary disease

Allowed up to 5% to administer the program – please continue to consider staffing requirements to conduct the work for each of the following options. None of the funding being discussed today is available to provide additional support to administer the program.

Proposed Options

Option	Overview
1. Fund current grantees	This option allows for current CCPD grantees to propose an expansion of their current work.
2. Release a new solicitation, e.g. RFA/RFP	This option is a way for applicants that are not current CCPD grantees to apply for funding (including those that were not funded in the FY14 RFA to try for funding again).
3. Some combination of options 1 and 2	This option allows for current CCPD grantees to propose an expansion of their current work <i>AND</i> applicants that are not current CCPD grantees to apply for funding (including those that were not funded in the FY14 RFA to try for funding again).
4. Fund applicants that applied and were not funded (<i>not an option</i>)	Considered this as a potential option but it is not allowable because the 2014 RFA is now closed and it set up a defined list of awarded applicants for a specific funding period. The only way to award new grantees would be through a new RFA. <ul style="list-style-type: none">• Additionally, it would be very complicated to go back and review all the original 69 applications.

Option	Major discussion points	Key considerations	Timeline to execute	
1. Fund current grantees	<p>This option allows for current CCPD grantees to propose an expansion of their current work.</p> <ul style="list-style-type: none"> Addresses the issue that many grantees had significant cuts to their proposed programs Does not require a formal solicitation process, although will require additional work of program staff to request and review brief proposals Can be built into current contracts and upcoming contract negotiation Can only include an expansion of existing work Will need to determine which grantees receive funding and meet the 10% statutory requirements 	<p>Ensure strategic approach is taken and funds are applied where most needed. (Determine a process to determine who, what, and how much to fund.)</p> <p>Ask for brief proposals and draft budgets from interested grantees and review the proposals.</p> <p>There are probably grantees that would not want additional funding or be able to use it.</p> <p>Determine a funding formula or other method to determine the amount(s) while being mindful of being strategic and applying funds where most needed</p> <p>This option would build on and deepen the currently funded initiatives, infrastructure and staff that are already in place for grants that are already up and running.</p> <p>Other ideas and support to move current body of work forward, e.g. event coordination (i.e. in-person grantee meetings and events)</p> <p>An expansion of evaluation will be necessary</p>	Dec.	Determine criteria and process for proposal submission, establish criteria for scoring and tools, solicit brief proposals from grantees, etc.
			Jan	Allow submission of proposals for a specified period of time (30 days?). Staff review of proposals as received. Selection of proposals for negotiation after review process completed.
			Feb	Draft SOWs and budgets
			March	Finalize SOWs and budgets RC approval
			April	Contracting staff processes and collects grantee signatures BOH approval
			May	Contracting finalizes all documents and routes
			June	Contracting finalizes all documents and routes June 30, 2016 deadline for executed contracts
			July	Grantees begin work on executed contracts

Option	Major discussion points	Key considerations	Timeline to execute	
<p>2. Release a new solicitation e.g. RFA/RFP</p>	<p>This option is a way for applicants that are not current CCPD grantees to apply for funding (including those who were not funded in the FY14 RFA to try for funding again).</p> <ul style="list-style-type: none"> Recommend that we only include a subset of the 17 strategies with an option for innovation. Will need to determine which grantees receive funding and meet the 10% statutory requirements 	<p>Ensure strategic approach is taken and funds are applied where most needed. (Determine a process to determine who, what, and how much to fund.)</p> <p>Determine eligibility to apply. (For example, specific criteria to use, e.g. geographic areas, populations, etc.)</p> <p>Determine which strategies would be included in the solicitation.</p> <p>Determine necessary parameters to set, e.g. floor and ceiling grant application amounts.</p> <p>This would allow for greater reach across the state, for new work, and for an opportunity to build capacity of those not currently funded.</p> <p>Other ideas and support to move current body of work forward, e.g. evidenced based and innovative strategies, training and technical assistance, event coordination (i.e. annual events)</p> <p>An expansion of evaluation will be necessary</p>	Dec.	Draft RFA (content, legal requirements, etc.), establish scoring criteria and select reviewers.
			Jan	Release RFA early to mid month
			Feb	Receive applications (open for 30 days)
			March	Review and select proposals March RC meeting - approve applications
			April	Draft SOWs and budgets Finalize SOWs and budgets BOH approval
			May	Contracting staff process and collect grantee signatures
			June	Contracting finalizes all documents and routes June 30, 2016 deadline for executed contracts
			July	Grantees begin work on executed contracts

Option	Major discussion points	Key considerations	Timeline to execute
3. Some combination of options 1 and 2	<p>This option allows for current CCPD grantees to propose an expansion of their current work</p> <p style="text-align: center;">AND</p> <p>applicants that are not current CCPD grantees to apply for funding (including those who were not funded in the FY14 RFA to try for funding again).</p>	<p>See key considerations above</p> <p>Determine a funding formula or other method to determine the amount(s) for each option.</p>	<p>See timelines for options 1 and 2</p>

Discussion

What we need today:

- Discuss options
- Identify any questions that need to be answered in order to make a decision in December
- Begin to come to a consensus
- Consider a plan to communicate the availability of new funds across the state

Proposed Next Steps

Program staff will:

- Follow up on identified questions to bring answers back at the December Review Committee meeting
- Develop recommendations for moving forward at the December Review Committee meeting
- Develop and implement a plan for communication in between meetings and at the Review Committee meetings

December Review Committee Meeting - will include extended time for discussion, public input and decision making

Discussion

Proposed Next Steps

Public Comment



Wrap Up
Next Meeting: 12/11/15