

**Napa County Health and Human Services Agency
Tobacco Master Settlement Agreement Grant**

Application Guidance
Fiscal Year 2014-2015

This document is designed to assist MSA applicants. It provides background and guidance on Full Application Criteria 1-4, 8, and 9. However, Section A, addressing Full Application Criterion #1, may also be helpful in the preparation of responses to Pre-Application Narrative Criterion #5, as both Criteria deal with the evidence base of the proposed project.

- A. Criterion 1 - Establish the evidence base of the proposed project. The MSA grant application process is designed to promote the implementation of practices that have high levels of research support, ensuring that the projects and services funded by this grant program provide the greatest value possible to County residents. Grant applications must include a description of the “level of evidence” for the projects proposed. In the interest of supporting flexibility in project design the application process does not rely upon detailed and specific criteria for levels of evidence; however the following general three-level classification system for the review of projects will be used:
- a. Effective/Efficacious Practices – These practices have very strong research support with studies that use experimental design such as randomized controlled trials.
 - b. Promising Practices – These practices have research support that includes research designs that do not have the strongest levels of controls.
 - c. Emerging Practices – These practices are fully developed (for ex., manualized) and have evaluation level data and/or face validity (i.e., experts, other research findings, etc. support the premise) but have not been tested in research studies.

Applicants are advised to use the following strategies to address this criterion:

- a. Clearly state the “level of evidence” for the proposal. Utilize (quote and cite) publicly available resources to establish the level of research for the proposal. These can include websites that categorize practices, research summaries, meta-analyses or other information from recognized authorities in the field, that describe a level of evidence supporting the practice and/or the relationship of the practice, relative to its research support, to others in the field.
- b. When proposing a program that is best classified as a *promising* or *emerging practice*, provide the rationale for choosing a practice that does not have stronger research support.
- c. When proposing a program that is best classified as a *promising* or *emerging practice*, provide information and resources (for ex., web address citations, articles as attachments, etc.), that summarize the state of the research in the field of practices serving the same populations and having the same outcomes. This should include identifying practices that have stronger evidence as background to support the rationale for the use of the proposed practice.

- B. Criterion 2 - Capacity to implement the program/practice effectively. The effective selection of evidence-based practices must be followed by the full implementation of the practice in a way that ensures model adherence (high fidelity). Strong implementation of a practice increases the likelihood of positive outcomes. It is unlikely that a weak or incomplete implementation of a practice will produce the results found by the research. Effective implementation requires a plan that includes the following:
- a. Training – A recognized expert (i.e. the practice developer or someone recognized by the practice developer) provides introductory and follow up training. There is a plan to train replacement staff to address attrition.
 - b. Coaching – An expert in the practice provides coaching to support the development of staff expertise (i.e. – direct observation, review of data, phone consultation, etc.)
 - c. Monitoring – A process to track whether or not the practice is being delivered with high fidelity. (See Criterion 3)
 - d. Evaluation – A process to measure outcomes to assure that the program is producing the desired results. (See Criterion 3)

Note: Licensing/certification – Some practices are supported by entities or individuals authorized to recognize successful implementation or implementation efforts through certifications, licenses or other processes. A proposal committing to such a process, when available, offers strong support for an agency's commitment to model adherent implementation.

- C. Criterion 3 – Outcomes and Evaluation. Successful applications will have an evaluation plan designed to measure program/project implementation and outcomes. Applicants are encouraged to use logic models in their evaluation design.

Logic Models are “road maps” illustrating what a program/service will achieve and how it will achieve these outcomes. It is a visual representation of the relationships hypothesized to exist between the program activities and the intended program effects. The logic model supports program evaluation and ongoing program improvement.

Program evaluations should have the following components and characteristics:

- a. Evaluation plans, including logic models, must be consistent with the populations served and outcomes achieved by the practice selected and/or project proposed.
- b. Evaluation should be an aspect of the program implementation, as well as project reports to Napa County HHSA. Evaluation information should be used in quality improvement efforts, program monitoring and program reporting. Data reporting, review and analysis activities should occur regularly during the life of the project.
- c. Evaluations should monitor program implementation (to track program fidelity).
- d. Evaluations should measure outcomes directly associated with the project.

Note: Including scientifically validated tools is one strategy for strengthening evaluation plans.

- D. Criterion 4 – Project will increase the agency's capacity to deliver evidence-based practices and programs. It is important that the MSA funding have maximum impact.

MSA funding is temporary and time limited; therefore, it can have a more lasting impact when it supports efforts that can continue beyond the funding cycle. Credit will be given to proposals demonstrating that they will have a lasting effect on the agency and its services beyond the life of the grant. Examples of such activities include, but are not limited to training, coaching, mentoring, and practice implementation services.

- E. Criterion 8 – Project provides tobacco cessation services. An agency will be eligible for points in this category if it provides in-house tobacco cessation services or offers clients access to another organization's tobacco cessation services through an MOU.

- F. Criterion 9 - The central purpose of the proposed project addresses basic social safety net needs in one of the following categories: Food, Shelter or Economic Self Sufficiency. The central purpose of a project should address these basic social safety net needs as directly as possible. Proposals may also be eligible for partial points in this category if they establish an indirect but compelling link showing how the project's services will result in meeting clients' basic social safety net needs.