



**Health & Human Services
Agency
COUNTY OF TULARE
AGENDA ITEM**

BOARD OF SUPERVISORS

- KUYLER CROCKER
District One
- PETE VANDER POEL
District Two
- AMY SHUKLIAN
District Three
- J. STEVEN WORTHLEY
District Four
- MIKE ENNIS
District Five

AGENDA DATE: September 26, 2017

Public Hearing Required	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Published Notice Required	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Advertised Published Notice	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Meet & Confer Required	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Electronic file(s) has been sent	Yes <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Personnel Resolution attached	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>

CONTACT PERSON: Karen Elliott PHONE: 559-624-8000

SUBJECT: Approve an agreement with Family HealthCare Network

REQUEST(S):

That the Board of Supervisors:

1. Approve an agreement with Family HealthCare Network for the Nutrition Education and Obesity Prevention program, effective from October 1, 2017 through September 30, 2019 to promote increased fruit and vegetable consumption and physical activity among Supplemental Nutrition Assistance Program eligible population in an amount not to exceed \$137,815; and
2. Authorize the Chairman of the Board to sign three (3) copies of the agreement

SUMMARY:

The mission of the Nutrition Education and Obesity Prevention program is to empower low-income residents of Tulare County to increase fruit and vegetable consumption, physical activity and food security with the goal of preventing obesity and other diet-related chronic diseases.

In October 2013, the California Department of Public Health, Nutrition Education and Obesity Prevention Branch awarded funding to Tulare County for a three year period, October 1, 2013 to September 30, 2016, to implement comprehensive local nutrition education and obesity prevention programs.

In April 2016, the California Department of Public Health informed Tulare County Nutrition Education and Obesity Prevention program of the grant renewal. On July 26, 2016, the Tulare County Board of Supervisors accepted funding for the three (3) year grant period, October 1, 2016 to September 30, 2019, Agreement No. 27782. A one

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(1) year agreement was granted to Family HealthCare Network, from October 1, 2016 through September 30, 2017. Tulare County Public Health Branch is requesting a two (2) year contract renewal, from October 1, 2017 through September 30, 2019.

Family HealthCare Network will continue to provide services to Tulare County residents, including Supplemental Nutrition Assistant Program-Education eligible residents. Family HealthCare Network, will complete various activities to support the efforts of providing nutrition education to community residents. Family HealthCare Network will coordinate nutrition education classes and sessions and provide taste samples from approved curricula, and will plan, coordinate, and host the Rethink Your Drink event. Along with the other partners, Family HealthCare Network will participate on the County Nutrition Action Plan subcommittee, and work collaboratively with funded and non-funded partners to support community engagement and involvement projects. In addition, Family HealthCare Network will spearhead the community garden policy, systems, and environmental changes in the community of Woodlake. Family HealthCare Network will collaborate with gardeners, and integrate nutrition education to increase demand for healthy foods in schools. Family HealthCare Network will provide services to approximately 5,000 residents annually.

The Tulare County Public Health Branch released a Request for Proposal in 2013 to select its local partners for the Nutrition Education and Obesity Prevention Program. Family HealthCare Network was one of the recipients of a multiple year agreement, for the period of October 1, 2013 through September 30, 2016.

The detailed budget for 2017/2018 has been approved and incorporated into this agreement.

A detailed budget for Federal Fiscal Year 2018/2019 will be submitted to the California Department of Public Health in April 2018. At that time, an amendment will be submitted for this agreement.

This agreement has been approved as to form by County Counsel. The following term deviates substantively from standard County boilerplate: This is a multiple year agreement.

FISCAL IMPACT/FINANCING:

The maximum amount of this agreement is \$137,815. An amount of \$74,500 was budgeted in the proposed Fiscal Year 2017/2018 Budget. The additional \$63,315 will be budgeted Fiscal Year 2018/2019. The funding is from the United States Department of Agriculture, passing through the California Department of Public Health through an interagency agreement with the California Department of Social Services. There is no net County cost to the General Fund.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

The County's five-year plan includes the Quality of Life initiative to promote and encourage the provision of quality supportive services for individuals in Tulare County. This program will empower and enable Tulare County residents to select healthy

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foods/beverages and increase physical activity, leading to enhanced quality of life.

ADMINISTRATIVE SIGN-OFF:



Karen Elliott
Director of Public Health

cc: Auditor-Controller
County Counsel
County Administrative Office (2)

Attachment(s) Agreement

**BEFORE THE BOARD OF SUPERVISORS
COUNTY OF TULARE, STATE OF CALIFORNIA**

IN THE MATTER OF APPROVE AN)
AGREEMENT WITH FAMILY) Resolution No. _____
HEALTHCARE NETWORK)
) Agreement No. _____
)

UPON MOTION OF SUPERVISOR _____, SECONDED BY
SUPERVISOR _____, THE FOLLOWING WAS ADOPTED BY THE
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD _____
_____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST: MICHAEL C. SPATA
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

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2. Authorized the Chairman of the Board to sign three (3) copies of the agreement