

CJS Implementation and Impact Measurement Program Grant Applicant Webinar



Center for Sharing Public Health Services

Rethinking Boundaries for Better Health

September 8, 2015



Robert Wood Johnson Foundation

Presenters



Andrea Ducas



Erica Johnson



Grace Gorenflo



Pat Libbey



Gianfranco Pezzino

Webinar Objectives

- ◆ Facilitate potential applicants' assessment of “fit” with this grant opportunity
- ◆ Position applicants to provide relevant information in their proposals
- ◆ Provide information requested by potential applicants
 - ◆ Q&A Session information
 - ◆ Updated FAQs



Center for Sharing Public Health Services

Rethinking Boundaries for Better Health

OVERVIEW

Key Players

- ◆ Center for Sharing Public Health Services
 - ◆ Managed by the Kansas Health Institute
 - ◆ Program administrator
- ◆ Robert Wood Johnson Foundation
 - ◆ Funding partner
- ◆ National Network of Public Health Institutes (NNPHI)
 - ◆ Grants administrator

Purpose of the Grants

- ◆ Fund health departments that are implementing a CJS agreement to ***measure the impact of the CJS arrangement***
- ◆ Funds may not be used for implementation of CJS arrangements

Applicant Eligibility Requirements

- ◆ CJS arrangement must be formal and ongoing
- ◆ Teams must have begun implementation during the 2015 calendar year
 - ◆ i.e., agreements must have been signed between January 1 – December 31, 2015
- ◆ Teams must comprise either:
 - ◆ 3 or more contiguous jurisdictions of any size OR
 - ◆ 2 contiguous jurisdictions with a combined population of $\geq 50,000$

Available Funding

- ◆ 7 teams will be awarded up to \$75,000
- ◆ ALL grants start on February 16, 2016
- ◆ Grant duration is between 16 – 20 months
- ◆ Proposal deadline is October 20, 2015 at 3:00 p.m. Eastern Time

Selection Criteria

- ◆ Successful and relevant CJS initiative
- ◆ Sound impact measurement plan
- ◆ Skillful project management and oversight



**Center for Sharing
Public Health Services**
Rethinking Boundaries for Better Health

WHAT YOU NEED TO KNOW ABOUT CJS



Definitions

- *Cross-jurisdictional sharing* is the **deliberate exercise** of public authority to **enable collaboration across jurisdictional boundaries** to deliver essential public health services.
- *Collaboration* means working across boundaries and in multi-organizational arrangements to solve problems that cannot be solved – or easily solved – by single organizations or jurisdictions.*

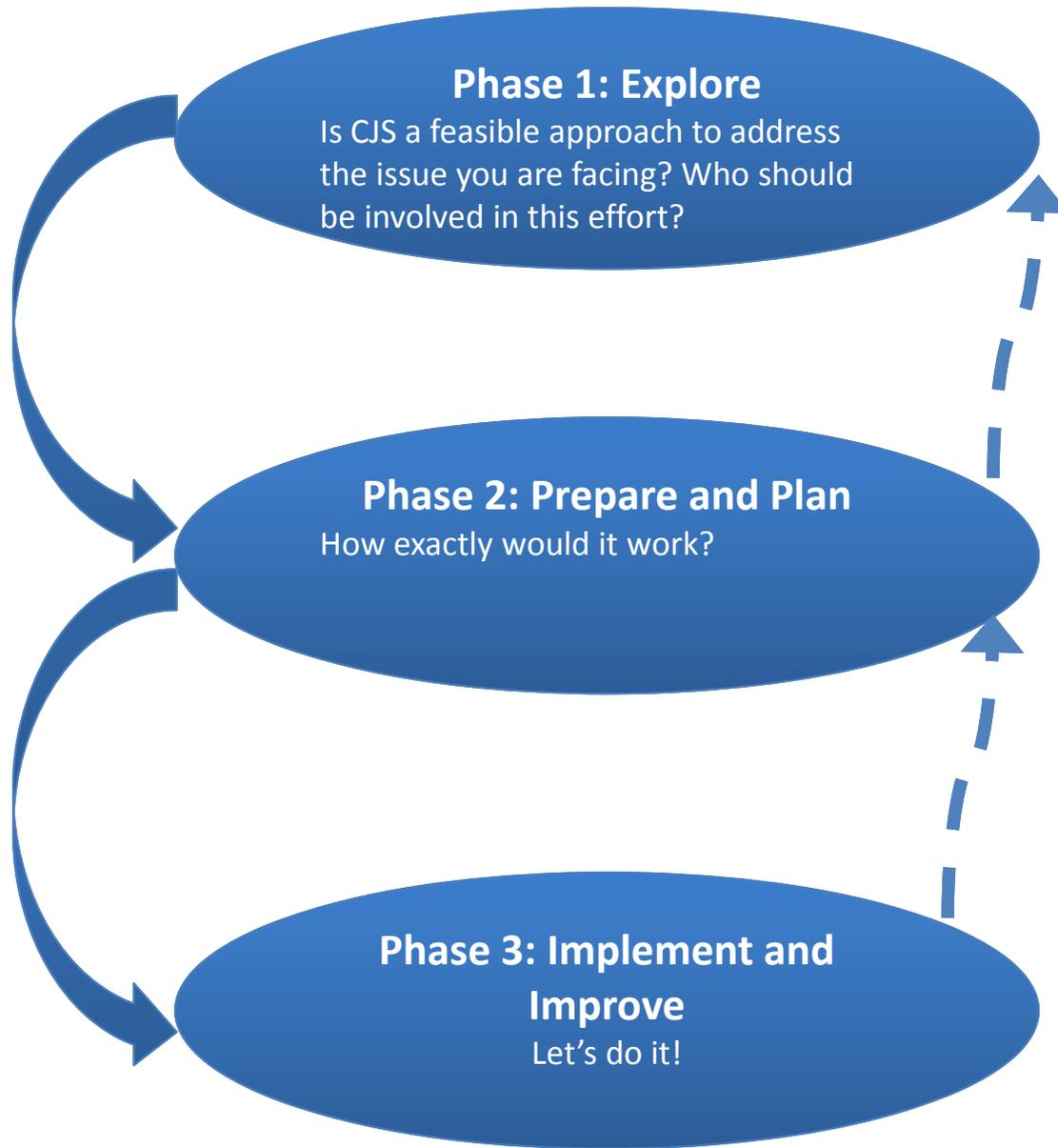
*Source: Rosemary O'Leary, School of Public Affairs and Administration, University of Kansas

| Cross-Jurisdictional Sharing Spectrum | | | |
|--|--|--|---|
| Informal and Customary Arrangements | Service-Related Arrangements | Shared Functions with Joint Oversight | Regionalization |
| <ul style="list-style-type: none"> • “Handshake” • Information sharing • Equipment sharing • Coordination • Assistance for surge capacity | <ul style="list-style-type: none"> • Service provision agreements (e.g., contract to provide immunization services) • Purchase of staff time (e.g., environmental health specialist) | <ul style="list-style-type: none"> • Joint projects addressing all jurisdictions involved (e.g., shared HIV program) • Shared capacity (e.g., joint epidemiology services) | <ul style="list-style-type: none"> • New entity formed by merging existing local public health agencies • Consolidation of one or more local public health agencies into an existing local public health agency |
| Looser Integration | | Tighter Integration | |

Source: Center for Sharing Public Health Services. Adapted from: Kaufman, N. (2010) which in turn was adapted from Ruggini, J. (2006); Holdsworth, A. (2006).

Strong CJS Arrangements

- ◆ Progress along the **Roadmap to Develop Cross-Jurisdictional Sharing Initiatives**
(<http://phsharing.org/roadmap/>)
- ◆ Presence of **Success Factors in CJS Arrangements**
(<http://phsharing.org/technical-assistance/success-factors/>)



Factors for Success

| Prerequisites | Facilitating factors | Project characteristics |
|---|--------------------------------------|----------------------------------|
| Clarity of objectives | Success in prior collaborations | Senior-level support |
| A balanced approach (mutual advantages) | A sense of “regional” identity | Strong project management skills |
| TRUST! | Positive interpersonal relationships | Strong change management plans |
| | | Effective communication |



**Center for Sharing
Public Health Services**
Rethinking Boundaries for Better Health

WHAT YOU NEED TO KNOW ABOUT MEASUREMENT ACTIVITIES

Why Measuring Impact?

- ◆ Anecdotal evidence that CJS can improve efficiency and effectiveness
 - ◆ Little systematic evidence of the magnitude of effect
- ◆ Policymakers and health officials want to know:
 - ◆ “How much will this cost? Will it save money?”
 - ◆ “What results can we expect”?

Definitions

- ◆ **Effectiveness:** the ability of a public health program, service or function to achieve its desired results
- ◆ **Efficiency:** getting the most out of the amount of resources needed to produce a given output or outcome.
- ◆ **Impact:** the change in efficiency and effectiveness generated by a CJS agreement.

Definitions

- ◆ **Public Health Programs:** broad areas addressed by public health (e.g., environmental health, maternal and child health, communicable disease control)
- ◆ **Public Health Functions:** common foundational capabilities and capacities that support multiple public health activities and programs (e.g., surveillance, policy development, communications, human resources)
- ◆ **Public Health Services:** specific activities performed to implement public health programs or functions and meet specific needs of the community served. (e.g., laboratory services, food establishment inspections, enforcement of environmental health codes)

Measurement Requirements

- ◆ Select 1 program, function or service area

Programs, Functions and Services

9 Domains

- ◆ Administration and management
- ◆ Chronic disease prevention
- ◆ Communicable disease control
- ◆ Community health assessment and improvement
- ◆ Emergency preparedness
- ◆ Environmental health protection
- ◆ Epidemiologic services
- ◆ Policies and planning
- ◆ Workforce development

Measurement Requirements

- ◆ Select 1 program, function or service area
- ◆ Select at least 2 and no more than 4 impact measures – preferably 1 efficiency measure and 1 effectiveness measure

Efficiency Measures

1. Saved Time
2. Reduced Number of Steps
3. Increased Revenues
4. Cost

Effectiveness Measures

1. Increased Customer Satisfaction
2. Increased Reach to Target Population
3. Dissemination of Information
4. Quality Enhancement
5. Increased Preventive Behaviors

Table 1. Program-Service-Function Areas and Recommended Impact Measures

| | | Recommended Efficiency Measures | | | | Re Ei | |
|--|--|---------------------------------|----------------------|---------------------------|-------------|--|------------------------|
| Area | Definition | <u>Saved Time</u> | <u>Reduced Steps</u> | <u>Increased Revenues</u> | <u>Cost</u> | <u>Increased Customer Satisfaction</u> | <u>Increased Reach</u> |
| ADMINISTRATION AND MANAGEMENT (continued) | | | | | | | |
| Maintain an organizational structure that supports the health department mission and workforce | Organizational chart showing leadership, upper management positions and the organization of programs. | | | | Y | | |
| Establish effective financial management systems | An effective financial management system, as demonstrated by all of the following elements: (1) Written agreements with entities providing processes, programs, services or interventions on behalf of the health department (if any exist);(2) Agency-wide and program-specific financial reports (at a minimum quarterly); (3) At least one grant application in the previous 12 months; (4) Billing system with the ability to send charges to both clients and the main insurance carriers in the jurisdictions. | Y | | Y | Y | Y | |
| CHRONIC DISEASE PREVENTION | | | | | | | |
| Smoking restriction policy compliance and enforcement | Number of reported cases of clean indoor air policy violations in the community; Number of compliance inspections/investigations conducted; and number of citations/fines issued for violations. | | Y | Y | Y | | |
| Agency involvement in tobacco prevention, control and cessation | Participation in a tobacco control initiative with all of the following components: Educational materials; Educational media; Cultural/linguistic specific materials; Cultural/linguistic specific programs; Educational/training programs; Community development (i.e., coalitions); Policy development; Tobacco cessation programs; Adult tobacco use surveillance (e.g., BRFSS); Youth tobacco use surveillance (e.g., YRBS). | | | | Y | | 25 |

Slide 25

GG5

In slide show format this looks fine (at least on my computer). You can also take a screenshot of this (or another) part of the Appendix if you'd rather (I haven't yet reinstalled that software on my computer)

Grace Gorenflo, 8/28/2015

Measurement Requirements

- ◆ Select 1 program, function or service area
- ◆ Select at least 2 and no more than 4 impact measures – preferably 1 efficiency measure and 1 effectiveness measure
- ◆ Perform 1 baseline measurement and at least 1 follow-up measurement

Timeline for Collection

◆ Baseline:

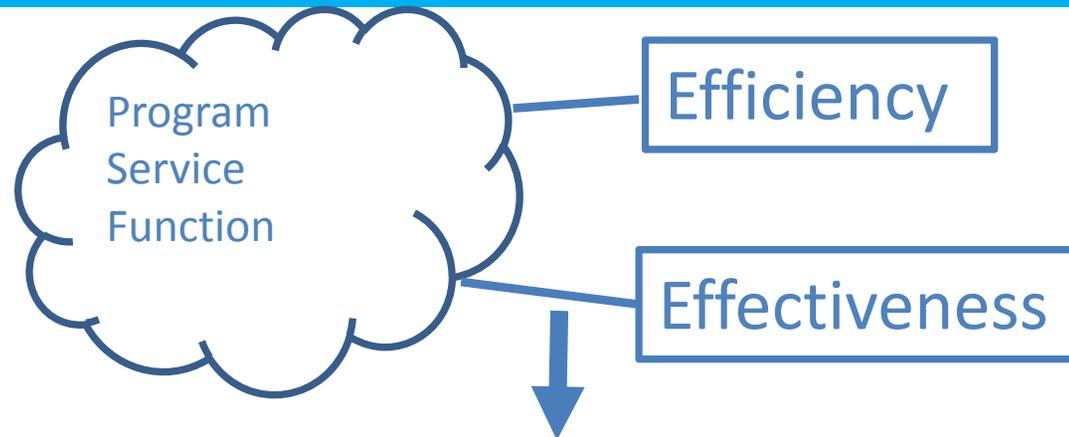
- ◆ From 6 months before to 3 months after beginning of implementation
 - ◆ Data collected up to 3 months after CJS implementation
 - ◆ Measurement can be *conducted* later if based on data collected up to 3 months after CJS implementation (e.g., administrative records)

◆ Follow-up:

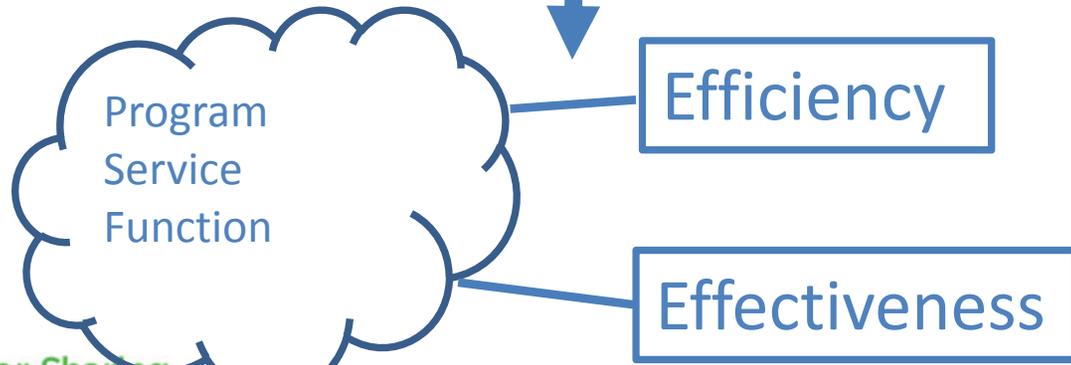
- ◆ Not earlier than 6 months after beginning of implementation, AND
- ◆ Not earlier than 6 months after baseline, AND
- ◆ No later than 2 months before end of grant



What To Measure



CJS



Baseline

Follow-up

Other Considerations

- ◆ If expanding or creating a new program, baseline measure = estimated cost of new components *had they been provided by an individual jurisdiction*
- ◆ Center will negotiate with successful applicants the list of final measures to be used
 - ◆ May depart from proposal



**Center for Sharing
Public Health Services**
Rethinking Boundaries for Better Health

ADDITIONAL GRANTEE EXPECTATIONS

Grantee Activities

- ◆ Host a site visit for the Center (three people for two days).
- ◆ Attend 2 national meetings hosted by the Center.
- ◆ Participate in quarterly conference calls with Center staff to provide project updates.

Grantee Activities (continued)

- ◆ Participate in 3 webinars organized by the Center.
- ◆ Discuss challenges and strategies with other grantees as requested.
- ◆ Share experiences with national audiences
- ◆ Participate in an interview with Center staff about your CJS story



**Center for Sharing
Public Health Services**
Rethinking Boundaries for Better Health

PROPOSAL PROCESS

Proposal Narrative

- ◆ Background information
- ◆ Project description (Impact Measurement Plan)
- ◆ Project oversight
- ◆ Opportunities and challenges
- ◆ Applicant organization

Supporting Documents

- ◆ Letters of Commitment from the governing body and public health agency executive officer in each jurisdiction
- ◆ Include:
 - ◆ commitment to implementation
 - ◆ support for CJS implementation and measurement activities
 - ◆ objectives for the CJS initiative -- both efficiency and effectiveness

Supporting Documents (continued)

- ◆ Appendix B: Self-Assessment
 - ◆ Progress along the Roadmap
 - ◆ Completed as a group
 - ◆ On-line form
- ◆ Legal Agreement
 - ◆ Signed January 1 – December 31, 2015
- ◆ CV/Resume of Project Director
- ◆ Budget and budget narrative

Budgets

- ◆ Budgets must follow RWJF's budget guidelines and templates available in the online application system.
- ◆ Two budget periods:
 - ◆ Feb 16, 2016 – Feb 15, 2017 (12 months)
 - ◆ Feb 16, 2017 to NO LATER THAN Oct 15, 2017 (not to exceed 8 months)

Budgets

◆ Indirect Costs

- ◆ 12% of personnel, other direct costs and purchased services
- ◆ If purchased services \geq 33% of all direct costs, then use 12% of personnel and other direct costs and 4% of purchased services
- ◆ Indirect costs should be included in the total grant amount (i.e., no award will be over \$75,000)

Selection Process

- ◆ Applications due online by October 20, 2015 at 3:00 p.m. Eastern Time
- ◆ Proposals reviewed by a team of national CJS and measurement experts
- ◆ Finalist interviews held (range)
- ◆ Notifications of grant awards (January 2016)
- ◆ Awards begin February 16, 2016

Applicant Q&A Session

September 15, 2015 3:00-4:00 PM ET

This connection information will be available on the Center's website.



Center for Sharing Public Health Services

Rethinking Boundaries for Better Health

PHSharing.org

(855) 476-3671