

## The Cross Jurisdictional Sharing Mini-Grant Program

### Summary

The Center for Sharing Public Health Services (“Center”) has up to five mini-grants available for public health agencies or their designated agents that wish to explore, plan, implement or improve some aspects of a cross-jurisdictional sharing (CJS) arrangement. Eligible CJS arrangements must include a minimum of three jurisdictions of any size, or two jurisdictions if the combined population is 50,000 or greater.

Applications will be considered on a rolling basis starting on February 15 until June 10, 2016, or until all five grants are awarded, whichever comes first. The amount of each award will be up to \$10,000 for a project period of up to six months. Selected teams are expected to work with Center staff, who will provide technical assistance during the implementation of the projects, and to be available to share the results and lessons learned from their projects with appropriate audiences. Priority for funding will be given to proposals that address specific areas of learning described later in this document.

Funding for this initiative is provided by the Robert Wood Johnson Foundation. The Center will provide technical assistance to the funded projects’ teams. The National Network of Public Health Institutes (NNPHI) will be the Center’s administrative partner for this effort, and will award and administer the grants.

### Background

The Center for Sharing Public Health Services (“Center”) was established in May 2012 by the Kansas Health Institute with a grant from the Robert Wood Johnson Foundation. The Center promotes the use of CJS approaches as one strategy for improving the effectiveness and efficiency of public health service delivery. For more information about the Center visit [www.phsharing.org](http://www.phsharing.org).

The Center has developed three documents that are relevant to this funding opportunity: the *CJS Spectrum*, the *CJS Roadmap*, and the *Success Factors*. Potential applicants for this funding opportunity are strongly encouraged to familiarize themselves with all three documents.

### CJS Spectrum

The Center has described a *Cross-Jurisdictional Sharing Spectrum* (<http://phsharing.org/what-we-do/>) that identifies four main categories of sharing arrangements, as depicted in *Figure 1* (page 2). The categories are: Informal and customary arrangements, service-related arrangements, shared functions with joint oversight, and regionalization. More information on the characteristics of these categories is available on the Center’s website (<http://phsharing.org/what-we-do/>).

Figure 1.

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

### CJS Roadmap

The information generated through the experience of the Center and its grantees contributed to the creation and refinement of the Center’s *Roadmap to Develop Cross-Jurisdictional Sharing Initiatives* (<http://phsharing.org/roadmap/>). The *Roadmap* helps guide jurisdictions through the process of considering or establishing CJS arrangements. There are three distinct phases on the *Roadmap*:

- Phase One: Explore
- Phase Two: Prepare and Plan
- Phase Three: Implement and Improve

Each phase contains a set of guiding questions that facilitate a deep exploration of each area.

### Success Factors

The Center also learned through its work that several factors can increase the likelihood of a successful CJS initiative at any point along the spectrum. *Success Factors in Cross-Jurisdictional Sharing Arrangements* (<http://phsharing.org/technical-assistance/success-factors/>) categorizes these *Success Factors* into three categories — prerequisites, facilitating factors and project characteristics.

The *Spectrum*, *Roadmap* and *Success Factors* represent important concepts for all initiatives funded or supported by the Center. Potential applicants for this funding opportunity are strongly encouraged to familiarize themselves with all three documents.

## The Mini-Grant Program to Support CJS Initiatives

This funding opportunity will support systematic efforts to explore, plan, implement, and/or improve a CJS arrangement. For the purposes of this project, CJS arrangements are defined as those involving multiple public health agencies in multiple geo-political jurisdictions, including arrangements between and among local, state and tribal public health agencies. Efforts solely within a single jurisdiction to enhance efficiencies and capacity (e.g., collaboration between a health department and other entities such as hospitals, federally qualified health centers or other governmental sectors within the same jurisdiction) are not eligible for this funding.

The program will only fund proposals related to the exploration, planning, implementation or improvement of sharing agreements falling into the categories of service-related arrangements, shared functions with joint oversight, or regionalization (see *Figure 1*). For those in the exploration phase, preliminary conversations among CJS partners must already have occurred and the partners must have agreed in principle to explore one or more sharing arrangements, as demonstrated by letters of support.

Once an application is submitted, it will be reviewed by Center staff and, if deemed suitable for funding, feedback will be provided to assure that the objectives, action plans, and deliverables are of high quality and that success is likely, thereby making the application process itself an opportunity for technical assistance and improvement. During the implementation of the funded activities, Center staff also will be available to provide guidance and assistance to maximize the likelihood of success.

## Priority Areas

One of the goals that the Center has for this initiative is improving its understanding and knowledge on some select issues related to CJS. The issues targeted as *priority areas* through this funding opportunity are the following:

- a. The appropriate role of state health departments in supporting CJS activities at the local level.
- b. The appropriate role of state health departments in improving overall public health system performance.
- c. Models for CJS involving tribes.
- d. The applicability of the *Roadmap* to sharing arrangements among two or more public health jurisdictions also involving entities beyond public health agencies, such as other government entities, hospitals and private nonprofit organizations within an inter-jurisdictional context.
- e. The role of a third party (an organization other than the participating jurisdictions) providing a service on behalf of the participating jurisdictions. This could include a state association of local health officials or other organizations.

- f. The role of a CJS approach in addressing the special challenges faced by frontier counties.
- g. The role of CJS as a tool to promote the implementation of foundational public health capabilities and services (described at <http://www.resolv.org/site-foundational-ph-services/>).

## Eligibility and Prerequisites

To be eligible for this award, the applicant organization must:

- Either represent an existing CJS effort or be a stand-alone entity operating for, or on behalf of, multiple jurisdictions (such as a multi-jurisdictional or regional health department).
- Be located in the United States or its territories.
- Be a state or local government agency, a tribal group recognized by the U.S. federal government, or a nonprofit organization that is tax-exempt under Section 501(c)(3) of the Internal Revenue Service Code. Preference will be given to Section 501(c)(3) organizations that are not classified as a private foundation or Type III supporting organization.
- Include a project team that, at a minimum, involves three jurisdictions of any size, or two jurisdictions if the combined population is 50,000 or greater.

## Selection Criteria

All proposals will be screened for eligibility and then reviewed by a committee comprised of staff from the Center and other expert reviewers. Proposals will be scored for the following characteristics:

- The CJS effort to date, and the plans for moving forward, embody the Center's *Success Factors* (<http://phsharing.org/technical-assistance/success-factors/>).
- The CJS efforts are consistent with public health strategies and goals established at the local and state level.
- The proposal identifies possible challenges and realistic, effective strategies to overcome them.
- The proposed strategies and activities are appropriate for achieving the project goals.
- Measures of success, including the *Roadmap* steps to be completed, are clear, relevant to the project's stated goals, and can be realistically achieved within the timeframe.
- Letters of support demonstrate a commitment to improving the effectiveness and efficiency of the involved public health agencies.
- The composition of the CJS team and how they will be engaged are appropriate and will assist with the successful completion of project activities.
- The applicant organization has the capacity to manage the grant and to complete the project in a timely manner.
- The proposed budget and timeline are appropriate for the completion of the project activities.

Preference will be given to proposals that help advance the Center's learning priorities described in this document.

## Grantee Expectations

Grantees are expected to meet NNPHI requirements for the submission of periodic information needed for overall monitoring and management of performance. At the close of each grant, the grantee organization is expected to provide a financial report and a brief written report on the project and its findings.

Grantees must be willing to share project lessons learned with peers in their own states and nationally via reports, webinars, and/or presentations, as well as to work with Center staff on developing a brief story about their project.

Each grantee is expected to participate in a monthly conference call with Center staff.

Grantees also are expected to join at least one of two national CJS meetings tentatively scheduled to take place September 8-9, 2016 (meeting number one) and summer or early fall of 2017 (meeting number two), with the cost of their participation covered by the Center.

## Use of Grant Funds

Funds can be used for project activities leading to the establishment or implementation of a CJS arrangement, including project staff salaries, meetings, supplies, project-related travel, and other direct project expenses. Equipment purchases and indirect costs will not be allowable for this funding opportunity. Funds cannot be used to pay for the cost of delivering the services that are being shared among the jurisdictions.

In keeping with the funder's policy, grant funds may not be used to subsidize individuals for the costs of their health care, to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, for lobbying, or as a substitute for funds currently being used to support similar activities. No capital renovations or facility expansion will be supported through this project.

## How to Apply

Proposals for this solicitation must be submitted via email to [phsharing@khi.org](mailto:phsharing@khi.org) using the application available at <http://www.phsharing.org/mini-grant-application>. One organization for each project will serve as the lead organization (and funding recipient). The applicant organization may be one of the participating jurisdictions or another entity appointed by the participating jurisdictions. The proposal narrative should be no more than five pages (with minimum 12-point font and one-inch margins) and include the following:

- A description of the CJS arrangement being considered or implemented (what will be shared, the mechanism to formalize the agreement, and how the shared

services will be governed), why it was chosen and, if applicable, its relation to local and state public health goals.

- A description of the Center's priority area(s) that the arrangement targets (if any).
- A description of how the CJS effort to date, and the plans for moving forward, embody the Center's *Success Factors*.
- The project's goal and corresponding activities as well as the *Roadmap* steps that will be completed.
- Measures of success.
- A list of CJS team members (including their names, titles, and organizational affiliation) in addition to a brief description of how they will be involved in the project.
- A staffing plan for the project, including any consultants who may be used.
- Potential challenges that will be faced during the grant period and strategies to address and overcome them.

Applicants also are requested to submit a project timeline and budget.

Finally, applicants are requested to submit letter(s) of commitment from policymakers and public health leaders from each of the involved jurisdictions with the authority to enter into the CJS arrangement (no more than two from each of the involved jurisdictions). The letters should reflect a commitment to improving the efficiency and effectiveness of public health services through an exploration or implementation of a CJS approach. Form letters will not be accepted.

Proposals can be submitted starting on February 15 and must be submitted no later than 5 p.m. Central Daylight Saving Time on June 10, 2016.

Please submit proposals and direct inquiries to [phsharing@khi.org](mailto:phsharing@khi.org).

Based on recommendations from the reviewers, our administrative partner NNPHI will make all final grant decisions and will not provide individual critiques of proposals submitted.

## Program Direction

### Center for Sharing Public Health Services

The Center for Sharing Public Health Services will support and provide technical assistance to the funded teams. The Center, housed at the Kansas Health Institute, helps communities learn how to work across jurisdictional boundaries to deliver essential public health services. The Center also serves as a national resource on cross-jurisdictional sharing (CJS), building the evidence and producing and disseminating tools, methods and models to assist public health agencies and policymakers as they consider and adopt CJS approaches. Responsible staff members at the Center are as follows:

- Patrick Libbey, program co-director
- Gianfranco Pezzino, program co-director

- Grace Gorenflo, senior project consultant
- Jason Orr, project coordinator

General contact information is as follows:

Center for Sharing Public Health Services  
Kansas Health Institute  
212 SW Eighth Avenue, Suite 300  
Topeka, Kansas 66603  
Phone: (855) 476-3671  
Fax: (785) 233-1168  
E-mail: [PHSharing@khi.org](mailto:PHSharing@khi.org)  
Website: [www.phsharing.org](http://www.phsharing.org)

National Network of Public Health Institutes

The National Network of Public Health Institutes (NNPHI) will be the administrative partner for these mini-grants. NNPHI will issue the grant awards, coordinate and monitor reporting activities for the grantees, and provide other administrative support for this initiative. The NNPHI mission is to support national public health system initiatives and strengthen public health institutes to promote multi-sector activities resulting in measurable improvements of public health structures, systems, and outcomes. NNPHI's vision is innovation-fostering public health institutes across the nation collaborating to improve population health.

Contact information is as follows:

Erica Johnson, manager, program administration & special projects  
National Network of Public Health Institutes 1515 Poydras St., Suite 1490  
New Orleans, LA 70112  
Phone: (888) 996-6744  
Fax: (504) 301-9820  
Email: [ejohnson@nnphi.org](mailto:ejohnson@nnphi.org)  
Website: [www.nnphi.org](http://www.nnphi.org)

The Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation (RWJF) is providing financial support for this initiative. For more than 40 years RWJF has worked to improve health and health care. The Foundation is striving to build a national Culture of Health that will enable all to live longer, healthier lives now and for generations to come. For more information, visit [www.rwjf.org](http://www.rwjf.org). Follow the Foundation on Twitter at [www.rwjf.org/twitter](http://www.rwjf.org/twitter) or on Facebook at [www.rwjf.org/facebook](http://www.rwjf.org/facebook).