# City of Carson City Agenda Report

Date Submitted: June 26, 2012 Agenda Date Requested: July 5, 2012
Time Requested: Consent

To: Carson City Board of Supervisors

From: Health & Human Services Department (Marena Works)

**Subject Title:** For Possible Action: Action to approve CCHHS applying for a grant through the Robert Wood Johnson Foundation for exploring, implementing and /or improving Cross-Jurisdictional Sharing (CJS) arrangements between two or more public health agencies.

**Staff Summary:** CCHHS has played a major role in exploring and implementing arrangements to collaborate on public health services in other jurisdictions. Should we be successful in acquiring this grant, we would be able to apply the funds toward a staff member who can spearhead the documentation of a detailed model and plan that attends to the issues of budget, personnel, facilities, governance and oversight as we look toward expanding our neighboring relationships in the areas such as environmental health.

( ) Resolution	(check one) ( ) Ordinance
(_X_) Formal Action/Motion	Other (Specify) Information Only
Does This Action Require A Business Im	pact Statement: () Yes (_X) No
Recommended Roard Action: I move to	annrove CCHHS anniving for a grant through the

**Recommended Board Action:** I move to approve CCHHS applying for a grant through the Robert Wood Johnson Foundation for exploring, implementing and /or improving Cross-Jurisdictional Sharing (CJS) arrangements between two or more public health agencies.

**Explanation for Recommended Board Action:** Sharing of services is one strategy that public health officials and policy-makers are exploring as a way of organizing public health to better increase the length and quality of life for its citizens. This grant will allow CCHHS to be involved in a Shared Services Learning Community that will foster a peer learning environment among teams that are taking a systematic approach to CJS arrangements to achieve the dual goals of greater efficiency and enhanced public health capacity.

Applicable Statute, Code, Policy, Rule or Regulation: N/A

Fiscal Impact: N/A

Explanation of Impact: N/A

Funding Source: Robert Wood Johnson Foundation

Alternatives: Deny CCHHS permission to apply for the grant.

Reviewed By:  Department Head)  City Manager  District Attorney  (Finance Director)	Date	6/26/12 6/26/12 6/26/12
Board Action Taken:		
Motion:	1)	Aye/Nay
(Vote Recorded By)		

Supporting Material: 2012 Robert Wood Johnson Call for Proposals

Prepared By: Marena Works, MSN, MPH, APN

Proposal Deadline: August 29, 2012

#### APPENDIX A: CROSS-JURISDICTIONAL SHARING PHASES

This chart is intended to provide a conceptual framework from initial exploration through improvement of existing arrangements. Applicant efforts will not necessarily fall within one discrete phase at any single point in time, and the list of activities is intended to be illustrative, not exhaustive.

Phase	Activities Likely Already Completed	I to be illustrative, not exhaustive.  Likely Activities
Exploring	Agreement to begin exploration; Identification of specific goals.	<ul> <li>Explore facets of CJS:</li> <li>Explore different types of CJS models that exist</li> <li>Preliminary assessment to identify needs and assets of the of the health agencies and communities considering shared arrangements</li> <li>Identify the implications of shared capacity from public health, public administration and governance perspectives (benefits, concerns, implications)</li> </ul>
	Agreement to undertake a feasibility study or comprehensive analysis	Undertake analysis to study implications on:  Budgets Human resources Facilities Leadership Governance Laws and policies Political will Conduct a systematic assessment of existing capacities in all involved jurisdictions and those that need to be enhanced
Implementation	Feasibility study or related analysis	Define proposed CJS model (may already be in the feasibility study); potential components include staffing plans, facilities plans and budgets
	CJS model	Prepare for implementation:  Execute legal agreements to support the model  Develop transition strategy/plan
	Transition strategy/plan	Begin implementation (some activities may be underway):  Phase in the CJS arrangement  Engage in a regional community health assessment and/or community health improvement plan  Based on regional planning that has already occurred, develop and implement agreements to achieve community health improvement goals  Develop/revise/implement performance monitoring plan for CJS implementation  Develop/revise/implement quality planning method to guide CJS implementation
Improvement	CJS arrangement has been implemented	Engage in monitoring and/or evaluation:     Develop/revise/implement evaluation or performance monitoring plan for CJS implementation     Develop/revise/implement quality planning method to guide CJS implementation     Make improvements based on the results of evaluation findings

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#### KEY DATES AND DEADLINES

June 26, 2012 (1:00 p.m. ET) Optional applicant webinar.

August 29, 2012 (3:00 p.m. ET)

Deadline for receipt of full proposals.\*

Early November 2012
Funding decision notification.

January 15, 2013 Grants initiated.

#### ADDITIONAL RESOURCES

- Cross-Jurisdictional Relationships in Public Health
- Regionalization of Government Services: Lessons Learned & Application for Public Health Service Delivery
- PHAB Multi-Jurisdictional Applications

### ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, we work with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change.

For 40 years we've brought experience, commitment and a rigorous, balanced approach to the problems that affect the health and health care of those we serve. When it comes to helping Americans lead healthier lives and get the care they need, we expect to make a difference in your lifetime.

For more information visit www.rwjf.org.

Sign up to receive email alerts on upcoming calls for proposals at www.rwjf.org/services.

Route 1 and College Road East PO Box 2316 Princeton, NJ 08543-2316

<sup>\*</sup> Proposals for this solicitation must be submitted via the RWJF online system. Visit www.rwjf.org/ and use the Apply Online link for this solicitation. Program staff may not be able to assist all applicants in the final 24 hours before the submission deadline. In fairness to all applicants, the program will not accept late or incomplete proposals.

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#### PROGRAM DIRECTION:

Responsible staff members at the Robert Wood Johnson Foundation are:

Abbey Cofsky, program officer
Kathryn Wehr, program associate
Paul Keuhnert, team director
Tom Andruszewski, grants administrator

Direction and technical assistance for the Shared Services Learning Community are provided by the Center for Sharing Public Health Services at the Kansas Health Institute located at:

Kansas Health Institute 212 SW Eighth Avenue, Suite 300 Topeka, Kansas 66603

Phone: (855) 476-3671 Fax: (785) 233-1168

Email: PHSharing@khi.org Website: www.PHSharing.org

The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas. Established in 1995 with a multiyear grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans. KHI activities in the past 10 years have been important in the development of a practice-based body of knowledge on cross-jurisdictional sharing among public health agencies that is being studied and implemented in Kansas and elsewhere.

Responsible staff members at the Center for Sharing Public Health Services are:

- Patrick Libbey, program co-director
- Gianfranco Pezzino, program co-director
- Matthew Shepherd, program deputy director
- Barbara Starrett, program coordinator

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It is recommended that applicants register at MyRWJF.org to become familiar with the online formatting and submission requirements before beginning to prepare any documents or materials or drafting a proposal. Instructions on the content required in the proposal narrative are available online, along with other guidelines related to the development of the proposal.

Please direct inquiries to <u>PHSharing@khi.org</u>. All inquiries will receive a response within 24 hours.

Questions about the proposal will be answered during a Web conference call, to be held June 26, 2012 at 1 p.m. ET. The call will include a review of the objectives of this solicitation and a description of what is required in the proposal. Registration is required to participate. Registration details for the Web conference are posted on the RWJF website at <a href="https://www.rwjf.org/cfp/cjs">www.rwjf.org/cfp/cjs</a>. Participation in the Web conference call is strongly encouraged, but not required.

For more information about the program or about registration for the applicant conference call, visit www.rwjf.org/cfp.cjs.

RWJF will make all final grant decisions and does not provide individual critiques of proposals submitted.

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Applicants must submit a proposal narrative that is no more than 15 double-spaced pages, with minimum 12-point font and one-inch margins. The proposal narrative should include a description of:

- the jurisdictions involved in the project and any previous CJS-related activities and accomplishments;
- rationale for wanting to participate in Learning Community and expected contributions to the Learning Community;
- team members, their roles, responsibilities and relevant expertise; and the processes for managing the team and sharing information among team members;
- specific goals, objectives and measures of success for the team's CJS work during the two-year grant;
- anticipated training and technical assistance needs in order to achieve stated goals and objectives;
- potential challenges that will be faced during the two-year grant period and strategies to address and overcome those challenges;
- long-term vision for the effort including whether or not the health department(s) intend to apply
  for national public health accreditation, and how the efforts supported during the grant-period will
  be sustained after the funding period.

Applicants should provide at least one, but no more than two letters of commitment from each jurisdiction involved in the project. Letters should come from those policymakers and public health leaders with the authority to enter into whatever form of cross-jurisdictional agreement is being contemplated and demonstrate their commitment to and engagement in the team's process. Please note that form letters will not be accepted. Each letter should include the following:

- a statement of commitment to the team's exploration, implementation or improvement of a CJS arrangement;
- a description of why they are interested in participating in the jurisdiction's CJS effort and what they hope to accomplish during the project period;
- a description of what they hope to contribute to and learn from the project and Learning Community;
- an overall goal to improve the effectiveness, efficiency, capacity, and performance of the involved governmental public health agencies.

Applicants have the option of providing up to two supplemental documents that reflect their CJS efforts to date; this may include, for example, a feasibility study or legal agreements.

### Proposals must be submitted by 3:00 p.m. ET on Wednesday, August 29, 2012.

All applicants should log in to the system and familiarize themselves with online submission requirements well before the final submission deadline. Staff may not be able to assist all applicants in the final 24 hours before the submission deadline. In fairness to all applicants, the program will not accept late submissions.

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- Clearly articulated contributions of each team member that will lead to the successful completion of the project's goals.
- Demonstrated commitment among all team members to improving the effectiveness, efficiency, capacity, and performance of the involved public health agencies.
- Demonstrated commitment from public health officials and policymakers to actively
  participate in the Learning Community.
- Thoughtful analysis of the anticipated opportunities and challenges in the team's CJS work, and a plan for how those challenges will be addressed.
- Potential for the project to serve as a model for other jurisdictions seeking similar changes.
- Evidence that the project will continue to be sustained and have impact beyond the grant funding period.

#### USE OF GRANT FUNDS:

Grant funds should be used primarily to cover the costs associated with participating in the Learning Community. Additionally, funds may be used for project staff salaries, data collection and analysis, consultants, meetings, supplies, project-related travel, and other direct project expenses, including a limited amount of equipment essential to the project.

In keeping with RWJF 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.

Applicants will need to budget for at least three team members to attend three in-person, two-day Learning Community meetings. Applicants are also advised to budget for at least one team member to participate in at least two site visits over the course of the project. Applicants should use the Foundation's guidance in budgeting their travel costs. For each trip assume, airfare & baggage: \$500; lodging: \$225 per night; meals: \$100 per day; and ground transportation: \$150.

### HOW TO APPLY:

Proposals for this solicitation must be submitted via the RWJF online system. Visit www.rwjf.org/cfp/cjs and use the Apply Online link for this solicitation. If you have not already done so, you will be required to register at MyRWJF.org before you begin the proposal process. No hard-copy proposals will be accepted.

Registration will open on Thursday, June 7, 2012, giving interested applicants access to important information on the proposal submission process, including detailed instructions for content preparation. After registering at *MyRWJF.org*, applicants will be instructed on the steps required to submit their proposal. The proposal will include: narrative, line-item budget and budget narrative, and supporting documentation.

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close of each grant, the grantee organization is expected to provide a written report on the project and its findings suitable for wide dissemination.

#### ELIGIBILITY CRITERIA:

RWJF seeks proposals from teams that include, at a minimum, public health leaders and policymakers (i.e., public administrators, board members, and/or elected officials) from each jurisdiction involved in the cross-jurisdictional sharing effort. Other team members might include academic institutions; hospitals, health centers, or other healthcare entities; public health institutes; state associations of public health agencies, elected officials, or governing entities; local funders; and consumer or advocacy groups.

Teams must choose an organization to serve as the lead organization and grant recipient, and to be eligible the applicant organization must be located in the United States or its territories and be a:

- · State or local government agency; or
- Tribal group recognized by the U.S. federal government; or
- Nonprofit organization that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code. Preference will be given to Section 501(c)(3) organizations that are not classified as a private foundation or Type III supporting organization.

Teams will be expected to provide a rationale for why the organization was chosen as the lead and what role they will play in the CJS efforts.

#### SELECTION CRITERIA:

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

- Clearly identified CJS team that includes public health officials and policymakers from all involved jurisdictions; demonstrated commitment to collaboration between public health officials and policymakers.
- Clearly identified CJS team lead, communications coordinator and sound rationale for why
  the applicant organization was chosen to represent the team.
- Capacity of the applicant organization to manage the grant; appropriateness of staff plan, timeline and budget for successful completion of project activities.
- A clear description of the team's CJS efforts to date, rationale for wanting to participate in the Learning Community, and goals for the two-year grant period.
- Well-defined objectives and activities to meet the team's goals, including strategies to engage
  and inform both current team members and new stakeholders throughout the duration of the
  two-year project.

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provide new services or capacities that did not previously exist in any of the involved jurisdictions. Improvements may also be driven by a decision to pursue accreditation status.

The Center for Sharing Public Health Services will manage and facilitate the Shared Services Learning Community. Drawing from a pool of national and regional experts on topics such as financial analysis, legal analysis, operations and management, facilitation, stakeholder engagement, health improvement planning, quality improvement, communications and evaluation, the Center will provide a customized package of technical assistance to each grantee, and foster peer-to-peer learning among all Learning Community grantees.

#### EXPECTATIONS FOR LEARNING COMMUNITY SITES:

Grantecs will actively participate in Learning Community activities intended to facilitate peer exchange and share expertise from leaders in the field. Teams will be asked to designate a team lead who serves as the primary point of contact for the project and provides continuity by participating in all Learning Community activities. The team lead also will ensure that at least two additional team members participate in each learning community activity, based on individuals' expertise and interests. Teams also will be expected to designate a communications coordinator to serve as the primary point of contact for the Center's communications staff.

Activities over the course of the two-year project include the following:

- Three in-person Learning Community meetings;
- · Eight quarterly Learning Community calls;
- Hosting up to two site visits for program staff and peers in the national learning community;
   and
- Eight quarterly check-in calls with the Center's program staff to discuss progress and challenges.

Additionally, all grantees will have the opportunity to attend site visits hosted by other Learning Community sites, and to participate in virtual meetings of "interest groups" to discuss specific aspects of CJS work (e.g., regional community health assessment and improvement planning).

#### **EVALUATION:**

The Center for Sharing Public Health Services will conduct ongoing evaluation of the awardees' experiences to help develop tools, resources and guidance for the field broadly. As a condition of accepting RWJF funds, grantees are required to participate in the evaluation activities.

Grantees are expected to meet RWJF requirements for the submission of narrative and financial reports, as well as periodic information needed for overall monitoring and management of performance. We may ask project directors to participate in periodic meetings and give progress reports on their grants. At the

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As illustrated in Figure 1 above, CJS encompasses a wide range of arrangements, from transactional service provision (i.e., purchasing the provision of a discrete service or set of services from another) to merging or consolidating existing agencies into a single entity. The Shared Services Learning Community is intended to support those teams that are exploring, implementing and/or improving robust sharing arrangements, merger, or consolidation. Jurisdictions interested in more limited sharing arrangements may apply if they feel their experience presents a unique opportunity with transferrable learning for other jurisdictions. Regardless of a team's stage or CJS approach, all sites must explicitly state a shared goal of improving effectiveness, efficiency, capacity, and performance of the involved governmental public health agencies.

At the time of application, teams may be at any point in their approach to CJS; as depicted in Appendix A, this includes efforts to:

### Explore CJS Arrangements

Teams exploring CJS arrangements must document a stated agreement among key team members and stakeholders to begin the exploration or consideration of a CJS arrangement that involves, at a minimum, shared capacity and joint oversight for some public health functions. Initial exploration may include the examination of existing CJS models or focus groups among key stakeholders about the benefits, drawbacks, and implications of shared services.

As part of exploration activities, teams may undertake a feasibility study or comprehensive analysis that could address items such as the implications of financial and legal issues; human resources; facilities; leadership; governance and political will. A systematic assessment of existing capacities and those that need to be enhanced might also be in order.

### Implement CJS Arrangements

Teams implementing CJS arrangements must have completed an assessment to study the opportunities and implications of a CJS arrangement, engaged key stakeholders, and secured agreement from decision-makers to move forward. Teams must be able to document a detailed CJS model and plan that attends to, at a minimum, issues of budget, personnel, facilities, governance and oversight, and legal agreements and/or considerations.

Developing a comprehensive transition strategy is a critical aspect of implementation. A performance management system or quality planning methods may be employed to guide implementation efforts. This phase culminates in the full implementation of a new arrangement.

#### Improve CJS Arrangements

Teams improving CJS models may be developing or implementing evaluation activities or performance monitoring plans. Further, improvements to the CJS arrangements may be made to reflect the results of the monitoring and evaluation activities. For example, the team may decide to modify operations in order to meet performance benchmarks, expand the scope of shared capacity, or

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This growing body of work around shared approaches to public health service delivery suggests that such models hold great potential for improving the quality and impact of the public health system.

#### CENTER FOR SHARING PUBLIC HEALTH SERVICES:

In May 2012, RWJF awarded a grant to the Kansas Health Institute to serve as the Center for Sharing Public Health Services. Led jointly by Patrick Libbey and Gianfranco Pezzino, the Center for Sharing Public Health Services will support efforts to explore, inform, track and disseminate learning about shared approaches to delivering public health services with the goal of increasing the ability of public health agencies to improve the health of the communities they serve.

The Center for Sharing Public Health Services will provide direct assistance to public health agencies and policymakers, as well as their partners, who are considering and/or implementing shared approaches to public health services. The Center will also manage and convene the Shared Services Learning Community. The Center intends to build the evidence and understanding of CJS by synthesizing the efforts of the Learning Community sites and sharing tools, methods, and models to inform how public health agencies and policymakers consider and adopt CJS approaches.

The Center for Sharing Public Health Services and the Shared Services Learning Community will collaborate with and build on the work of other RWJF investments to improve the quality and impact of the public health system, including the work of *The Network for Public Health Law* which provides technical assistance on the legal considerations of CJS; and the *Public Health Law Research*, the *National Coordinating Center for Public Health Systems and Services Research* and the *Public Health Practice Based Research Networks*, which are collectively building the evidence base for how best to organize, structure and fund public health. This effort also aligns with the *County Health Rankings & Roadmaps* program, which provides local data and solutions for community-wide and cross sector health improvement, and with ongoing efforts like the *Community of Practice for Public Health Improvement* to advance public health quality improvement and to prepare health agencies to go through the PHAB accreditation process.

### THE SHARED SERVICES LEARNING COMMUNITY:

The Shared Services Learning Community will support systematic efforts to explore, implement, and/or improve a CJS arrangement. For the purposes of this project, CJS arrangements are defined as those involving multiple health agencies, including arrangements between and among local, state and tribal health agencies. Efforts solely within a single jurisdiction to enhance efficiencies and capacity (e.g., the creation of an umbrella governmental agency or collaboration between a health department and non-governmental entities such as hospital districts, rural hospitals and federally-qualified health centers) are not eligible to apply for funding.

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### BACKGROUND:

Cross-jurisdictional sharing refers to a vast spectrum of shared arrangements between public health agencies, as illustrated in Figure 1. At one end of the spectrum are informal arrangements - common forms of collaboration or coordination among multiple health agencies. At the other end of the spectrum is regionalization, a term that denotes a consolidation or merger of multiple health agencies into a single entity. In between these two ends of the spectrum is a range of sharing arrangements in which individual health agencies are maintained, and the entities share specific services or functions. Some arrangements are informal agreements, others are governed by mutual-aid agreements and contracts, and some are governed by state law.

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Figure 1.

Informal and Customary Arrangements	Service Related Arrangements	Shared Functions with Joint Oversight	Regionalization
Handshake  MOU Information sharing Equipment sharing Coordination	Service provision agreements     Mutual Ald Agreements     Purchase of staff time	Joint projects     addressing ell     jurisdictions     involved —     ongoing or     episodic     Shared capacity,     e.g.,     epidemiology     covering all     jurisdictions     Inter-local     agreements	Creation of a     new local public health entity by merging two or more existing local public health agencies     Consolidation of one or more local public health agencies into an existing local public health agency

Increasingly, CJS arrangements are being considered and implemented as a strategy to improve agency efficiency and/or effectiveness. National standards for public health agencies first emerged 15 years ago, and in 2011, public health agencies gained the ability to become recognized for achieving them by the Public Health Accreditation Board (PHAB). In assessing their agencies against these standards, some public health leaders have recognized the need to work collaboratively to meet the standards. Health reform has prompted some policymakers and public health officials to reconsider the structure, functions and financing of public health agencies, and the impact of the economic crisis on local and state budgets has driven even greater interest in strategies to maximize the impact of diminishing public funds.

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As part of its work to improve the quality and impact of the nation's public health system, the Robert Wood Johnson Foundation has supported several efforts to explore shared approaches to public health, including Kansas' functional regionalization project; Massachusetts' public health regionalization project; an environmental scan of cross-jurisdictional relationships in public health; and a study of other governmental agency regionalization efforts and their implications for public health service delivery.

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# CENTER FOR SHARING PUBLIC HEALTH SERVICES: SHARED SERVICES LEARNING COMMUNITY

#### PURPOSE:

Public health agencies play a critical role in our nation's health system. The dramatic increases in the length and quality of life for so many Americans over the past century are attributed, in large part, to the efforts of public health and the work of public health agencies to keep people healthy and safe. As communities face new challenges, like the increasing burden of chronic disease and lean fiscal environments, and new opportunities like advances in technology, many public health officials and policy-makers are exploring new ways to organize and structure the management and delivery of public health services. One such strategy is the sharing of services, resources and functions across multiple public health agencies and jurisdictions. Referred to as cross-jurisdictional sharing (CJS), these arrangements range from informal agreements around sharing discrete services or programs, to regionalization including the formal merger or consolidation of multiple public health agencies. In order to better understand the opportunity and impact of cross-jurisdictional sharing among public health agencies, the Robert Wood Johnson Foundation (RWJF) will fund up to 18 teams across the country that are exploring, implementing or improving cross-jurisdictional sharing arrangements to participate in the Shared Services Learning Community.

RWJF will provide two-year grants of up to \$125,000 to up to 18 teams of public health officials, policymakers, and other stakeholders that are exploring, implementing and/or improving CJS arrangements between two or more public health agencies. The Shared Services Learning Community will foster a peer learning environment among teams that are taking a systematic approach to CJS arrangements to achieve the dual goals of greater efficiency and enhanced public health capacity. The Learning Community will emphasize collaboration between public health leaders and policymakers, and grantees will receive customized technical assistance and access to national and regional experts on topics relevant to their local CJS efforts. These topics may include financial or legal analysis, operations and management, quality improvement, community engagement, communications and evaluation.

The Center for Sharing Public Health Services, housed at the Kansas Health Institute and supported by RWJF, will manage and convene the Shared Services Learning Community.

<sup>&</sup>lt;sup>1</sup> For the purposes of this program, "public health services" refers to the ten essential public health services as defined by the Institute of Medicine in its 2002 report "The Future of the Public's Health in the 21st Century".