The CJS Implementation and Impact Measurement Program

Summary

Up to seven teams engaged in public health cross-jurisdictional sharing (CJS) implementation efforts will be funded to participate in a CJS Implementation and Impact Measurement Program. Successfully funded teams implementing CJS arrangements will each receive up to $75,000 to measure (with baseline and follow-up data collection points) the impact of their arrangements. Funded teams will also receive technical assistance related to both project implementation and impact measurement. Eligible CJS arrangements must include a minimum of three contiguous jurisdictions of any size, or two contiguous jurisdictions if the combined population is 50,000 or greater. Grants will support impact measurement projects between 16 and 20 months in duration, and will cover the time period from February 16, 2016, to October 15, 2017.

The Center for Sharing Public Health Services will provide project management for the CJS Implementation and Impact Measurement Program, and will coordinate the provision of technical assistance. 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. NNPHI supports national public health system initiatives and strengthens public health institutes to promote multi-sector activities resulting in measurable improvements of public health structures, systems, and outcomes. For more information about NNPHI visit www.nnphi.org.

Support for this call for proposals (CFP) comes from the Robert Wood Johnson Foundation.

Background

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

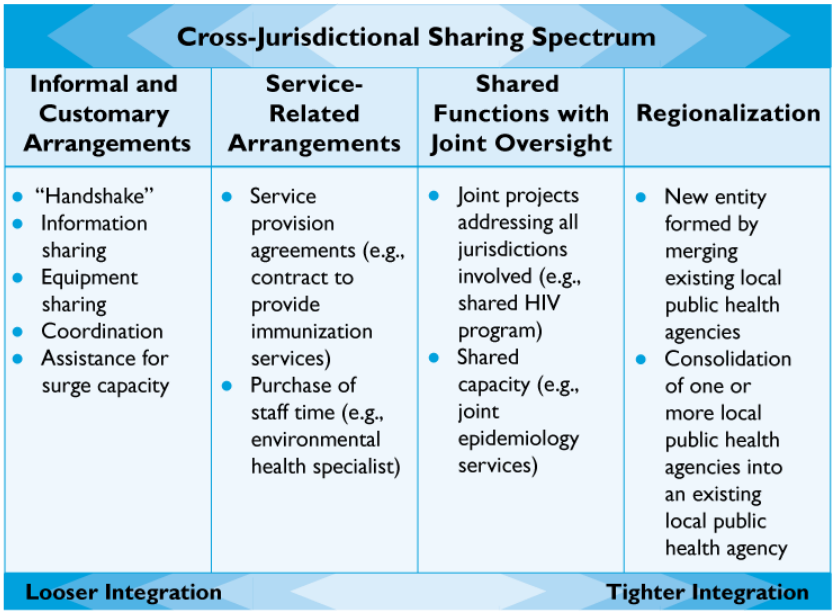
Cross-jurisdictional sharing has been the focus of interest for some years from policymakers and public health officials wishing to increase effectiveness and efficiency in the delivery of public health services. A question that still needs to be answered is to what extent CJS approaches, if implemented using best evidence and promising practices, can provide more value for investments in public health by generating economies of scale and expansion of public health services in ways that otherwise might not be economically feasible.

The Center for Sharing Public Health Services ("the Center") was established in May 2012 by the Kansas Health Institute with a grant from the Robert Wood Johnson Foundation 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. Led jointly by Patrick Libbey and Gianfranco Pezzino, the Center strives to develop a collective knowledge of what CJS models work and under what circumstances in addition to collecting evidence about how CJS can improve the efficiency and effectiveness of delivering public health services. For more information about the Center visit www.phsharing.org.

The Center has described a ***Cross-Jurisdictional Sharing Spectrum*** that identifies four main categories of sharing arrangements, as depicted in Figure 1: Informal and customary, service-related, shared functions with joint oversight, and regionalization.

Figure 1.



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

Phase One of the Center's work (2012–2014) included demonstration sites in 14 states engaged in exploring, planning and preparing, and implementing and improving a variety of CJS approaches. The information generated through these experiences contributed to the creation and refinement of the Center's ***Roadmap to Develop Cross-Jurisdictional Sharing Initiatives.***

The Center also learned through its Phase One 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*** categorizes these *Success Factors* as prerequisites, facilitating factors and project characteristics.

Part of the screening process for applicants to this CFP will include an assessment of the strength of the CJS arrangement that is the basis of the impact measurement project. This

assessment will rely heavily on the *Spectrum*, *Roadmap* and *Success Factors*, including a self-assessment questionnaire for applicants (see Appendix B). Therefore it is recommended that applicants familiarize themselves with these concepts and tools by visiting the Center's Web site (www.phsharing.org).

The next phase of the Center's work, of which this CFP is a component, is focused on undertaking a more systematic assessment of the impact of CJS arrangements on the effectiveness and efficiency of public health programs, services and functions. The Center's experience is that the most successful CJS initiatives strive to strike a balance between improving both the efficiency and the effectiveness of public health services. Two key questions interest both policymakers and public health officials: 1) How can we have the largest impact with the resources that we have available? and 2) What impact would additional resources generate, if they were available?

For the purpose of this CFP, the following definitions will be used.

- *Cross-Jurisdictional Sharing arrangements*: formal agreements involving multiple public health agencies serving different jurisdictions, including arrangements between and among local, state and tribal health agencies.[1]
- *Efficiency*: getting the most out of the amount of resources needed to produce a given output or outcome.
- *Effectiveness*: the ability of a public health program, service or function to achieve its desired results (i.e., its goals and objectives). The concept of effectiveness can be applied to long-term outcomes (e.g., better health status in a population), short-term outcomes (e.g., adoption of healthier behaviors, or diffusion of knowledge about health prevention and promotion), or improvements in capacity and processes needed to achieve the desired outcomes.
- *Impact*: the change in efficiency and effectiveness generated by a CJS agreement.
- *Public Health Programs*: broad areas addressed by public health (e.g., environmental health, maternal and child health, communicable disease control, chronic disease and injury prevention, etc.).
- *Public Health Functions*: common foundational capabilities and capacities that support multiple public health activities and programs. Examples include (but are not limited to) surveillance and epidemiology capacity, laboratory capacity, emergency preparedness, communications, policy development, linkage of people to needed personal health services, organizational competencies (such as financial management and human resources), etc.

[1] 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. In addition, arrangements including only a delegation of authority from a state agency to one local agency or vice versa will not be considered for funding (the state agency can have a role in the CJS arrangement, but the arrangement must include more than one local jurisdiction).

- *Public Health Services*: specific activities performed to implement public health programs or functions and meet specific needs of the community served. Examples include (but are not limited to) laboratory services, epidemiologic services, food establishment inspections, enforcement of environmental health codes, etc.
- *CJS Implementation*: activities that follow the approval by governance bodies of a sharing agreement and that are aimed at implementing the content of the agreement to share a public health program, service or function.

Public health officials and policymakers may have differing reasons for pursuing CJS arrangements. Some may be focused on the cost of delivering services and how to maximize the value of the dollars spent (i.e., efficiency), while others may be more interested in improving the quality and spectrum of services that are provided (i.e., effectiveness). When a return on investment and cost saving can be demonstrated for public health interventions using CJS arrangements, this can make a compelling argument that the CJS arrangement has improved efficiency in the shared activities (assuming that the level and quality of services are unchanged). However, tracking monetary return as the sole criterion to determine the efficiency of a public health program can be shortsighted and at times not even possible.

Through a CJS arrangement, a health department may pay less for the same level of service it had been providing due to economies of scale; but efficiencies also may be gained when CJS arrangements are budget-neutral or even when they involve new costs, such as in the following examples.

- A health department may pay the same amount via a CJS arrangement but deliver additional or better-quality services.
- The cost for a single health department to deliver a service may be increasing, but a CJS arrangement allows the health department to keep the same level of service at the same cost as before.
- A health department may recognize that there is less need for a particular service, and keeping the service available at a low volume while maintaining adequate quality standards could become expensive because of the fixed costs of running the service. A CJS arrangement can allow the health department to maintain the same service volume and cost as before (by covering multiple jurisdictions).

Examples like these show that effectiveness and efficiency intersect each other in multiple ways and dimensions. Projects funded under this CFP will help to clarify those relationships—and will help to demonstrate whether CJS strategies can improve both the efficiency and effectiveness of a public health program, service, or function.

The CJS Implementation and Impact Measurement Program

In order to better understand the impact of CJS among public health agencies, this CFP will fund up to seven CJS implementation projects to participate in a CJS Implementation and Impact Measurement Program.

Teams funded through this program will implement a CJS agreement that involves service-related arrangements, shared functions with joint oversight, or regionalization (see Figure 1). Teams will also engage in activities to assess the efficiency and effectiveness of CJS efforts. Funded projects will require analyses using specific measures collected at multiple points, as described in Appendix A. Measures address both efficiency and effectiveness, and applicants are strongly encouraged to select at least one efficiency and one effectiveness measure. See Appendix A for more details about the proposed measures and measuring requirements.[2]

CJS arrangements funded through this CFP must have the following characteristics:

- Include a minimum of three contiguous jurisdictions of any size, or two contiguous jurisdictions if the combined population is 50,000 or greater.
- Fall into the categories of service-related arrangements, shared functions with joint oversight, or regionalization (see Figure 1).
- Have a start date for implementation of the CJS arrangement (i.e., the date of approval from the governance bodies of the sharing agreement) between January 1, 2015, and December 31, 2015.
- Have an explicitly stated, shared goal of improving effectiveness and efficiency of at least one specific public health program, service, or function area included in the list provided in Appendix A.

As a CJS Implementation and Impact Measurement Program member, grantees will be expected to:

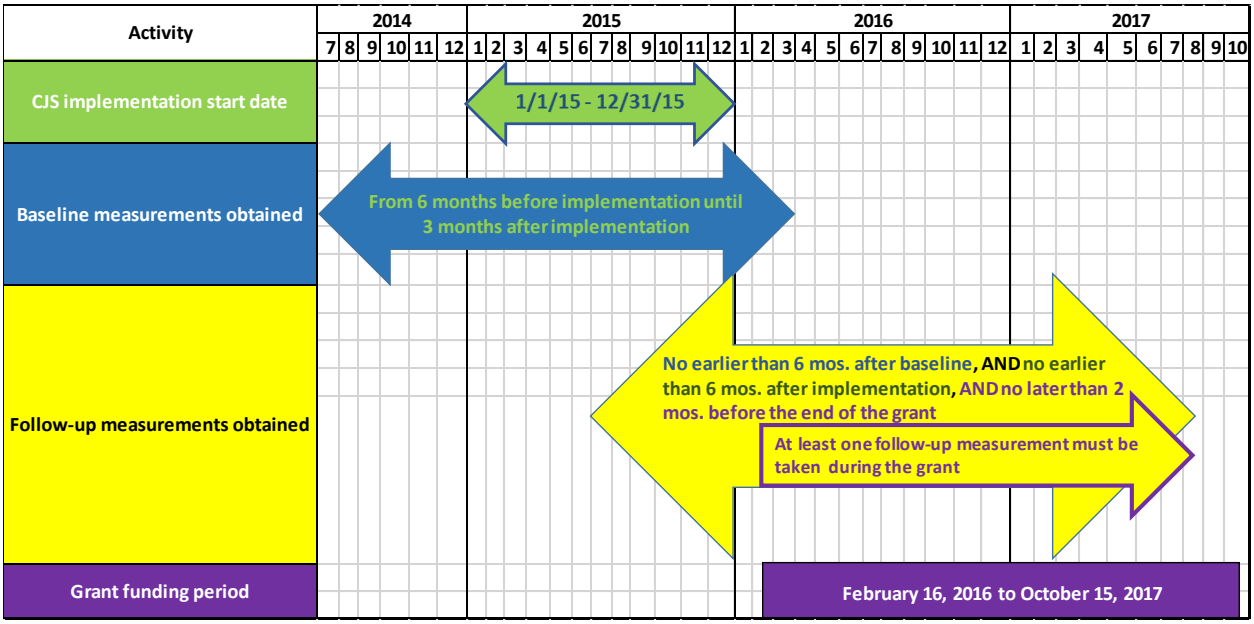
- Propose at least two (and no more than four) impact measures from the list found in Appendix A and provide a plan for data collection and analysis. Applicants wishing to utilize different measures may propose alternatives, as long as they provide a rationale for their proposal. The Center strongly recommends proposing at least one efficiency and one effectiveness measure. While each applicant is required to propose at least two impact measures to track, the Center will work with the finalist applicants to assure that the measures ultimately selected for each funded project are appropriate and relevant, and may recommend variations from the original proposal.
- Perform one baseline and at least one follow-up measurement, following the definitions and guidance in Appendix A.
- Host a site visit for the Center (three people for two days). Travel costs for the site visitors will be covered by the Center. Grant recipients will be responsible for inviting appropriate local guests and arranging meeting space.

[2] The measures utilized by the Center for this program are aligned with other national efforts. Many of the measures are modeled after those developed by projects funded by the National Coordinating Center for Public Health Services and Systems Research (http://phastdata.org/mprove) and the Centers for Disease Control and Prevention (Am J Public Health. 2015;105:S167–S173. doi:10. 2105/AJPH.2014.302533). The measures also are consistent with models developed through the Public Health Leadership Forum's Foundational Public Health Services (http://www.resolv.org/site-foundational-ph-services/) and include areas from most of the public health domains defined by the Public Health Accreditation Board (http://www.phaboard.org).

- Attend two national meetings hosted by the Center. The Center will directly cover travel costs for two nights for two representatives from each funded project. If the project team wishes to send more than two representatives (subject to approval from the Center) it will have to cover the cost for additional travelers using its own budget.
- Participate in quarterly conference calls with Center staff to provide updates on the progress of their project.
- Participate in three webinars organized by the Center covering topics relevant to the impact measurement activities.
- Discuss challenges and strategies regarding both CJS implementation and impact measurement activities with other grantees as requested.
- Share their experiences with a national audience (webinar, conference, etc.) if the Center makes a request and the time is a mutually agreeable time.
- Participate in an interview with Center staff for the purpose of developing a story about the exploration, planning and preparation, and implementation of the CJS arrangement being implemented.

The timing of measurement activities will be tied to the implementation date of the CJS arrangement (defined for the purpose of this program as the date of approval from the governance bodies of the sharing agreement). See Figure 2 for a timeline of activities.

Figure 2.



The Center (through its staff and consultants) will provide to each grantee guidance and technical assistance for the collection and analysis of the project measures, as well as for the implementation of the CJS agreement, if needed.

Total Awards

- Up to seven applicants will be funded.
- Grants of up to a total of $75,000 each will be awarded.
- Grants will begin on February 16, 2016, and end on or before October 15, 2017.
- Grants will support the activities necessary to measure the impact of the CJS arrangement.

The Center will manage the CJS Implementation and Impact Measurement Program and coordinate the provision of technical assistance. NNPHI will make and administer the grants. Support for all of these activities comes from RWJF.

Applicant Eligibility Criteria

To be eligible for this award, the applicant must meet the following criteria:

- The applicant organization must either represent an existing multi-jurisdictional collaboration or be a stand-alone entity operating for, or on behalf of, multiple jurisdictions (such as a multi-jurisdictional or regional health department) and must deliver public health programs, services or functions.
- The applicant organization must be located in the United States or its territories.
- The applicant organization must 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.

Selection Criteria

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

- The CJS initiative falls into the categories of service-related arrangements, shared functions with joint oversight, or regionalization (see Figure 1), and includes a minimum of three contiguous jurisdictions of any size, or two contiguous jurisdictions if the combined population is 50,000 or greater.
- The sharing agreement has been approved by the governance bodies between January 1, 2015, and December 31, 2015.
- The applicant team embodies a strong collaborative vision and has a demonstrated commitment to improving the effectiveness, efficiency, capacity, and performance of the involved public health agencies.

- The exploration and planning phases (phase one and phase two of the *Roadmap*) of the applicant's CJS initiative were completed in a systematic and comprehensive manner and reflect the *Success Factors*. Applicants will be required to convene their CJS partners and complete a self-assessment tool developed by the Center to assist in the evaluation of this criterion (See Appendix B).
- The applicant's CJS initiative is likely to be relevant and generalizable to other jurisdictions within their state and elsewhere, implemented successfully, and have a measurable impact on efficiency and effectiveness. Preference will be given to proposals including at least one efficiency and one effectiveness measure.
- The applicant's proposed measures are relevant for the program, service, or function area that is being shared.
- Data for baseline measurements (collected no earlier than six months before and no later than three months after the date of implementation of the CJS agreement) are available.
- Data for follow-up measurements will be available. This data should be collected: (1) during the project period, (2) no earlier than six months after the date of implementation of the CJS agreement, (3) no earlier than six months after the date of the baseline measurements, and (4) no later than two months before the end of the grant.
- The applicant organization has the capacity to manage the grant and to complete a high-quality project in a timely manner.
- The applicant's proposed project includes a project oversight body (in the form of a project management team, advisory group or steering committee) made up of key individuals from each jurisdiction and a representative from the state public health agency who will be engaged in a meaningful way.

Use of Grant Funds

Funds can be used for impact measurement activities, including project staff salaries, meetings, supplies, project-related travel, and other direct project expenses, including a limited amount of equipment essential to the project. Funds cannot be used to cover the costs of implementing the CJS agreement, except for activities that are necessary to assure proper collection and analysis of data to measure the impact of the sharing project.

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.

Evaluation and Monitoring

Grantees are expected to meet NNPHI requirements for the submission of narrative and financial reports, as well as periodic information needed for overall monitoring and management of performance. Reports will be required on a semi-annual basis. At the close of each grant, the grantee organization is expected to provide a written report on the project and its findings suitable for wide dissemination.

How to Apply

Proposals for this solicitation must be submitted via the RWJF online system. Visit www.rwjf.org/cfp/cjs2 and use the Apply Online link for this solicitation. If you have not already done so, you will be required to register at http://my.rwjf.org before you begin the proposal process. No hard-copy proposals will be accepted.

Registration will give interested applicants access to important information on the proposal submission process, including detailed instructions for content preparation. After registering at My.RWJF.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.

Applicants must submit a proposal narrative that is no more than 10 single-spaced pages, with minimum 12-point font and one-inch margins. The proposal narrative should include the following:

- A description of the background of the CJS arrangement being implemented, why it was chosen, and its relation to local and state public health goals.
- A brief description of the relationships among participating jurisdictions, and among the key individuals (e.g., health officials, elected officials, and public administrators) who contributed to establishing the CJS agreement.
- The work plan for the CJS arrangement implementation, including major activities/milestones, responsible individuals and due dates.
- The plan for impact measurement activities, including the proposed measures that will be used and the rationale for their selection.
- A description of the oversight body for the project (i.e., project management team, advisory committee, steering committee, etc.) and how they will be engaged.
- A staffing plan for the project, including any consultants who will be used.
- Potential challenges that will be faced during the grant period and strategies to address and overcome those challenges.

Applicants are required to convene their CJS partners and complete a self-assessment of their progress along the Center's *Roadmap* (see Appendix B) as part of the online application process. A copy of the legal agreement that governs the CJS arrangement must also be submitted.

Applicants should provide at least two letters of commitment from each jurisdiction involved in the project. One of the two letters must come from the governing body with the authority to enter into whatever form of CJS agreement is being implemented. The second letter must come from the chief executive officer of the public health agency. Each letter should demonstrate their commitment to the implementation of the CJS arrangement and the impact measurement activities, include a description of why they are supportive of the CJS arrangement, and note their objectives for the CJS arrangement, including both efficiency and effectiveness. Please note that form letters will not be accepted.

When the proposal is submitted, applicants also will be asked to select times slots for a telephone interview. Each finalist may be required to schedule a 1.5 hour phone interview with a team comprising staff and stakeholders from the Center and RWJF during the first three weeks in December 2015. The interviews will be scheduled by November 20, 2015, and interview questions will be sent in advance of the calls.

Proposals must be submitted by 3:00 p.m. ET on Tuesday, October 20, 2015.

In the event your project does not have a signed legal agreement by October 20, 2015 (CFP submission due date), you can upload a draft, unsigned copy for review, if one is available. If you do not have a draft or a signed copy you can temporarily opt out of submitting a legal agreement.

Please Note: If you submit a draft copy or temporarily opt out of submitting a legal agreement and your application is selected for a Finalist Phone Interview, you will be required to submit a signed copy of the legal agreement approved by the governance bodies by 3:00 p.m. ET on December 31, 2015. The RWJF application system will be re-opened at a later time (which will be communicated to you) for your proposal identification number solely for submitting a legal agreement — no other changes to your application materials will be possible. If you fail to submit a signed copy of the legal agreement approved by the governance bodies by 3:00 p.m. ET on December 31, 2015 your proposal will be disqualified and you will not be eligible to receive a grant through this program.

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.

It is recommended that applicants register at My.RWJF.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 *phsharing@khi.org*. All inquiries will receive a response within 24 hours.

Questions about the proposal will be answered during a web conference call, to be held September 8, 2015, at 1:30 pm ET. The call will include a review of the objectives of this solicitation and a description of what is required in the proposal. Registration details for the web conference are posted on the RWJF website at www.rwjf.org/cfp/cjs2. Participation in the web conference call is strongly encouraged, but not required to submit an application.

For more information about the program or about registration for the applicant conference call, visit www.rwjf.org/cfp/cjs2.

The Center, NNPHI and RWJF will make all final grant decisions and will not provide individual critiques of proposals submitted.

Key Dates and Deadlines

September 8, 2015 (1:30 p.m. ET)

Optional applicant webinar.

October 20, 2015 (3:00 p.m. ET)

Deadline for receipt of full proposals.*

Early January 2016

Funding decision notification.

February 16, 2016

Grants initiated.

** Proposals for this solicitation must be submitted via the RWJF online system. Visit www.rwjf.org/cfp/cjs2 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.*

Program Direction

Center for Sharing Public Health Services

The Center for Sharing Public Health Services will direct, manage, and provide technical assistance to the teams participating in the CJS Implementation and Impact Measurement Program. 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 program consultant
Barbara Starrett, program coordinator

General contact information is as follows:

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E-mail: *PHSharing@khi.org*
Website: www.phsharing.org

National Network of Public Health Institutes

The National Network of Public Health Institutes (NNPHI) will be the administrative partner for the grants for the CJS Implementation and Impact Measurement Program. 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
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Website: www.nnphi.org

The Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation (RWJF) is providing financial support for this CFP. 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. Follow the Foundation on Twitter at www.rwjf.org/twitter or on Facebook at www.rwjf.org/facebook.

Additional Resources

Center for Sharing Public Health Services. www.phsharing.org

The MPROVE Study. Multi-network Practice and Outcome Variation Examination. Developing Service Delivery Measures for Studies of Practice Variation. http://phastdata.org/mprove

Anita W. McLees, MA, MPH, Saira Nawaz, PhD, Craig Thomas, PhD, and Andrea Young, PhD. Defining and Assessing Quality Improvement Outcomes: A Framework for Public Health. Am J Public Health. 2015;105:S167–S173. doi:10. 2105/AJPH.2014.302533.

Centers for Disease Control and Prevention. Cross-Jurisdictional Sharing of Public Health Services. http://www.cdc.gov/stltpublichealth/cjs/index.html.