AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: West Central Public Health Partnership Cross-Juris

Action Requested: County Manager Signature

Parties to the Agreement: Robert Wood Johnson Foundation Center for Shared Services and Gunnison County

Term Begins: **Term Ends:** **Grant Contract #:**

Summary:

$10,000 6 month grant for improving the efficiency of the West Central Public Health Partnership.

Fiscal Impact: $10,000

Submitted by: Margaret Wacker **Submitter's Email Address:** mwacker@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:
If grant is awarded, we'll need to request an amendment to the 2017 budget. No match required, no concerns. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 2/23/2017

County Attorney Review: (●) Required ( ) Not Required

Comments:
ok - gs

Reveiwed by: GUNCOUNTY1\gstuhr Discharge Date: 2/24/2017 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 2/24/2017

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted: 0

Agenda Date: 3/7/2017

Revised April 2015

APPENDIX A: Application Form

Cross-Jurisdictional Sharing Small-Grant Program — Application Form

Proposal Narrative
Proposal narratives must be no more than **five** pages (*with minimum 12-point font and one-inch margins*). Letters of support, project timeline, budget, and supporting documents do NOT count toward the page limit.

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(BEGIN FIVE PAGE NARRATIVE LIMIT)

1**. If the application is focused on the implementation** of a specific CJS arrangement among multiple jurisdictions:

a. Describe the CJS arrangement being considered or implemented, including the service(s) to be shared, the mechanism(s) to formalize the agreement, and governance over the shared service(s).

The West Central Public Health Partnership (WCPHP) consists of the six local public health agencies in health statistic region (HSR) 10 including Delta County, Gunnison County, Hinsdale County, Montrose County, Ouray County and San Miguel County. These frontier and rural counties recognized the potential benefit of cross-jurisdictional (CJS) sharing to improve the overall health of the region. In 2006, the partnership formalized the arrangement through an Inter-governmental Agreement (IGA) (*see attached IGA)* that outlines the role of each agency, the governance structure, and the goals of the partnership. The core planning team, comprised of the six public health directors and four environmental health specialists, guides the partnership through consensus-based decision making (*see attached operating agreement)*. One of the initial goals of the WCPHP was to conduct a regional health assessment (RHA) and create a regional public health improvement plan (PHIP). Ten years after the formation of the WCPHP, the group continues to successfully conduct the RHA and PHIP and execute six regional grants to accomplish the work outlined in the PHIP.

b. Describe where the CJS arrangement being implemented falls within the *Cross-Jurisdictional Sharing Spectrum* (http://phsharing.org/what-we-do/).

As a CJS arrangement, the West Central Public Health Partnership (WCPHP) has elements that align with both the "Service-Related Arrangements" and the "Shared Functions with Joint Oversight" category on the *Cross-Jurisdictional Sharing Spectrum.* Within the "Service-Related Arrangements", the WCPHP supports the staff time of a regional coordinator and a health planner position. The shared capacity of the coordinator and health planner enables the WCPHP to conduct a regional health assessment and create a regional public health improvement plan, enhancing the ability of the six small, rural public health agencies to carry out public health core services.

Within the "Shared Functions with Joint Oversight", the WCPHP is currently implementing numerous grant-funded projects across the six county region. These regional projects include implementation of a Centers for Disease Control and Prevention (CDC) funded well water quality grant, a Cancer, Cardiovascular and Chronic Pulmonary Disease *(*CCPD) and State Tobacco Education and Prevention Program (STEPP) grant focused on implementing county government worksite wellness programs, a State Innovation Model (SIM) grant, a waste tire disposal program, and a grant to provide radon testing and education for classrooms across the region. As a CJS arrangement, the WCPHP provides the oversight necessary to carry out these projects at the regional level.

c. Illustrate how the CJS collaboration embodies the Center's *Identified Success Factors* (http://phsharing.org/technical-assistance/success-factors/), outlining the *Prerequisites, Facilitating Factors*, and *Project Characteristics* in place for this initiative.

The WCPHP has thrived during its decade long partnership by applying these *Identified Success Factors:*

Prerequisites:

- Clarity of objectives: The strategic plan outlines the four main goals of the WCPHP and establishes criteria for WCPHP projects.
- Balanced Approach: The WCPHP recently approved an increase in spending to ensure the quality of the assessment and planning process, including the time and travel necessary to reach all six counties for stakeholder input. Once this process is complete, the partnership will resume its focus on efficient implementation of the strategies outlined.
- Trust: Ten years of relationship building allows the partnership to tackle difficult questions and hold leadership team members accountable.

Facilitating Factors:

- Success in Prior Collaborations: The six counties of the partnership collaborated on projects prior to the creation of the WCPHP including the Nurse Family Partnership in 2000. Since its inception in 2006, the partnership has successfully collaborated on nine regional grants.
- Sense of Regional Identity: The WCPHP encompasses a unique region on the western slope of Colorado. The partnership recognized the challenges of operating a small county public health department in rural, geographically isolated areas.
- Positive Interpersonal Relationships: The WCPHP was built based on positive relationships. The founder of the WCPHP logged numerous hours investing in the positive personal connections necessary to solidify the partnership. The partnership continues its commitment to interpersonal relationships through in person meetings, frequent phone conversations, and participation in regional and state trainings.

Project Characteristics:

- Senior- Level Support: The WCPHP is made up of the public health directors and environmental health specialist from each of the six counties. The IGA was approved by each county's Board of Commissioners, achieving a high level of support from each county. Annually, each county contributes funding from their public health budget towards the coordination of the WCPHP.
- Strong Project Management: The WCPHP had the foresight to create a paid coordinator position to help guide the work of the partnership. This position provides organization and coordination for the complex work of the six-county partnership.

d. Detail the goal(s) and objectives of the project, including which CJS Roadmap phase(s) the proposal will address — Explore; Prepare and Plan; or Implement and Improve — and the area(s) within the phase(s) the proposal will address (http://phsharing.org/roadmap/).

The goal of this project is to improve the effectiveness and efficiency of the WCPHP to implement regional grants and projects. As part of the current PHIP, the partnership is working on six regional grants with varying models for how the work is done. New to this process is the need for more leadership from the Public Health Agencies, although they have varying levels of capacity. The WCPHP core planning team members recognize the need to improve the processes of coordinating the grants to successfully achieve the outcomes of the grants across the region. The partnership recently started a process to review the effectiveness and efficiency of these regional projects. Through the initial phase of this process, communication and capacity were identified as areas ripe for improvement. Guided by the CJS Roadmap, the WCPHP will achieve this goal through two main objectives:

- Improve communication by updating the existing communication plan by November 31st, 2017. This objective will include examination of the current communications plan, including how it is being implemented and how it may be improved. As described in Phase 3 of the Roadmap: Implement and Improve, the WCPHP will focus on the areas of communications and change management to determine if the current plan is effective and identify the changes necessary to facilitate successful regional work.
- Assess the capacity of the WCPHP to implement current and new regional initiatives by November 31st, 2017. As the leadership and resources of the partnership evolve, the group must review the capacity to implement regional initiatives, including strategies in the PHIP. In Phase 3: Implement and Improve, through implementation and management, the group must evaluate if the activities outlined in existing work are being implement as planned, if there is internal leadership and resources in place to support this work, and if community partnership exist to support the larger regional work of the partnership.

e. Explain why the arrangement was selected and any aspects of the arrangement that support local and state public health goals.

The West Central Public Health Partnership was built on existing collaboration between six counties in health statistic region 10. Prior to the formal agreement, the six counties often collaborated on projects and in 2000 designed and funded the "Nurse Family Partnership" program with branches in all six counties. The partnership has had the benefit of support from the Colorado Department of Public Health and Environment (CDPHE) since its inception in 2006 and continues to collaborate with the state public health department Office of Planning, Partnerships, and Improvement (OPPI) on a regular basis. By utilizing the Colorado Health Assessment Planning System (CHAPS) tool to conduct the RHA and PHIP, the WCPHP regional assessment and plan are informed by the state public health goals and in turn provide local data and strategies to the state public health department to create a cohesive state plan based on the work of local public health agencies.

f. Explain whether and, if so, how the project may generate information to be added to the body of knowledge for the Center priority areas described in this document.

As a long standing CJS arrangement, the WCPHP provides a unique learning opportunity about arrangements with frontier counties and state health department involvement. One of the main challenges for the partnership has been how to operate across a large, sparsely-populated geographic region. Three of the six counties in the WCPHP are designated as frontier counties. Residents in these counties often have trouble accessing health and human services due to distance, isolation, or lack of service in the area. By improving the effectiveness and efficiency of the partnership's regional work, this project will provide an example of how a CJS arrangement can impact the health of residents in frontier communities.

The state health department has played a critical role in the development and success of the WCPHP. CDPHE often attends partnership meetings, offering guidance and support. OPPI works closely with the partnership during the RHA and PHIP planning process, sharing ideas on what has worked well for other CJS arrangements. This proposal will provide added knowledge of how a state health department can support CJS activities at the local level.

In addition, in September of 2012, the Colorado Trust completed a case study of the WCPHP as a regional collaboration between multiple jurisdictional public health departments. The case study highlights challenges and strengths involved with the CJS arrangement. This grant provides an excellent opportunity for the WCPHP to evaluate the challenges and strengths that exist four years later and examine the opportunities to strengthen the long-standing CJS arrangement.

2. **If the application is NOT focused on the implementation** of a specific CJS arrangement among multiple jurisdictions: **NA**

3. **For all proposals:**

a. Explain whether and, if so, how the proposal connects to overall public health system improvement work within your state.

The CDPHE is very interested in learning from regional collaborations implementing public health grants and services. The WCPHP works closely with the CDPHE and knowledge is shared between the WCPHP and CDPHE staff, specifically on best practices for conducting a regional PHIP. This proposal will improve the state's knowledge of how improved communications and assessment of capacity can affect a regional PHIP planning process. The process of updating a communication plan in the PHIP can be used by the state as guide for other local public health agencies and CJS arrangements. Close collaboration with OPPI allows CDPHE to share tools, resources, and lessons learned across the state. Ultimately, improved assessments and improvement plans create a stronger overall state plan.

b. Detail the activities that will be undertaken in your project to achieve the goal(s) and objectives. For applications focused on the implementation of a specific CJS arrangement among multiple jurisdictions, specify how these activities will be relevant to the Roadmap phases and areas targeted by this initiative.

In order to improve the effectiveness and efficiency of the WCPHP to implement regional grants and projects, the partnership will focus on two main objectives; improve the existing communication plan, and assess capacity of the partnership to implement regional projects. For each objective, the partnership will complete the following activities:

Objective: Assess and Update the Communications Plan by August 31, 2017.
Communication Plan Objective Activities:
Phase 3: Implement and Improve, Communications and Change Management

- Assess current communication plan and how well plan is being implemented
- Identify challenges and barriers of implementing current plan
- Assess need for communication on regional grant work
- Update communication plan based on findings
- Implement new plan at WCPHP meeting

Objective: Assess Capacity of WCPHP to Implement Regional Grants and Health Priorities by October 31, 2017
Capacity Assessment Activities:
Phase 3: Implement and Improve, Implementation and Management

- Conduct internal WCPHP capacity assessment using existing capacity tool
- Conduct partner assessment with Partners Tool
- Appraise level of capacity in relation to existing and new regional work

- Share outcome via communication plan

c. Describe how you will measure success for this project.

Successful completion of this project will result in the review and revision of our current communication plan and capacity assessment. We will compare our existing baseline measure of how we work together on regional initiatives taken at the December WCPHP meeting to the same measure at the end of the project. Long-term success of the partnership will depend on the quality of these governing documents and the ability of the partnership to revise our plans as we tackle more in-depth initiatives to improve the health of our region.

d. Describe potential challenges that may be faced during the grant period and strategies to address and overcome them.

The WCPHP has overcome many challenges during its ten-year history. This project allows the partnership to examine some of its recent challenges while sustaining the groundwork of the long-term CJS. These potential challenges include the ability of staff and directors to carry out similar activities in a timely manner across six rural and frontier counties, attend distant regional meetings vital for collaboration and communication, and participate fully in an assessment and evaluation process. As in previous work, the partnership is able to address and overcome many challenges based on the interpersonal relationships built over the past ten years. Because the core planning team understands the unique challenges of operating a small public health agency, they are able to offer support and share innovative solutions to many of these challenges. The outcome of this project will improve the partnerships ability to solve these recurring challenges moving forward.

e. Provide a list of the members of the CJS or leadership team, to include: name, title, organizational affiliation, and brief description of role in project.

Karen Koenemann, Public Health Director, Delta County Public Health
Kenneth Nordstrom, Dir. of Environmental Health, Delta County Health Department
Carol Worrall, Public Health Director, Gunnison County Dept. of Health and Human Services
Heidi Lovett, Consumer Protection Specialist Gunnison County Dept. of Health and Human Services
Tara Hardy, Public Health Director, Hinsdale County
Jim Austin, Environmental Health Manager, Montrose County Health and Human Services
Elisabeth W. Lawaczeck, Director of Public Health, Ouray County Public Health
June Nepsky, Public Health Director, San Miguel County Dept. of Health & Environment
Chris Smith, Environmental Specialist for San Miguel County Dept. of Health & Environment
Margaret Wacker, Coordinator, West Central Public Health Partnership, Gunnison County
Katherine Melland, Health Planner, West Central Public Health Partnership, Gunnison County

f. Provide a staffing plan for the project, including any consultants who may be used.

Margaret Wacker the Coordinator of the WCPHP will spend 4 hours per week and Katherine Melland, the Public Health Planner for the WCPHP will spend 5 hours per week implementing the objectives of this project. A consultant will be used to help facilitate meetings with the WCPHP to identify processes and communication methods to improve the functioning of the partnership in order to implement regional shared grants more effectively.

(END FIVE PAGE NARRATIVE LIMIT)

Project Timeline
Provide a project timeline for completion of the goal(s), objectives and activities listed above (e.g., Gantt chart).

Improve Communications Plan

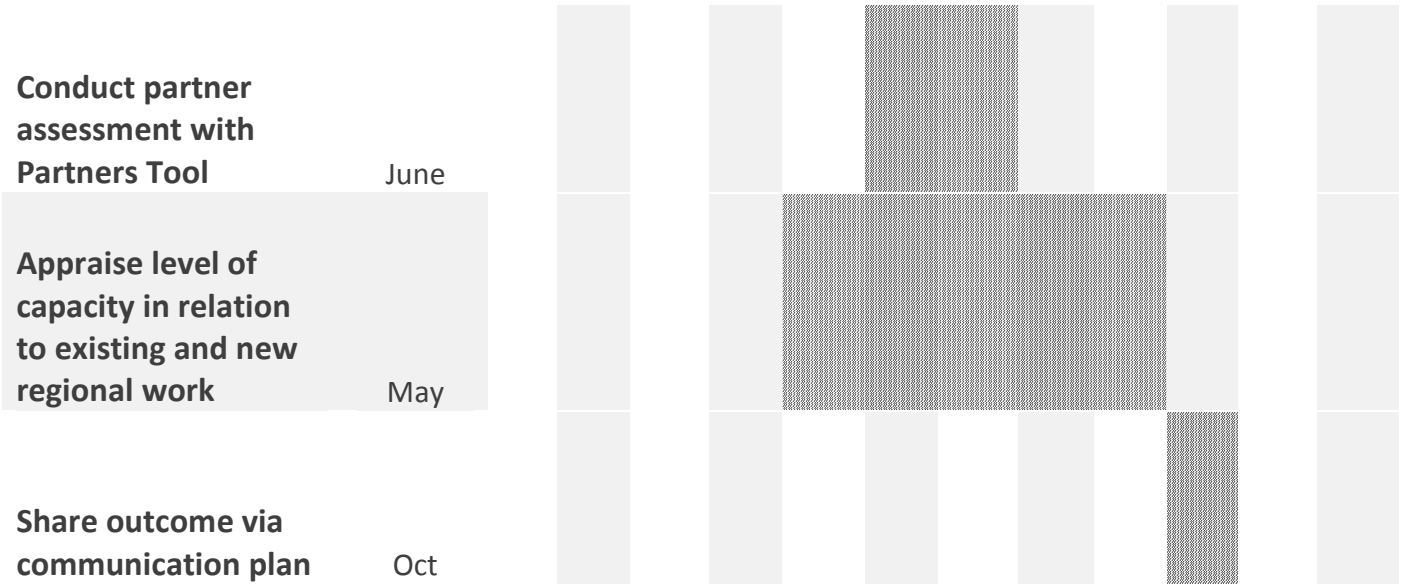
Plan Duration

ACTIVITY	PLAN START	PERIODS Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Nov	Dec
Assess Current Communications Plan and Implementation	May											
Identify challenges and barriers of implementing current plan	May											
Assess need for communication on regional grant work	June											
Update communication plan based on findings	July											
Implement new plan at WCPHP meeting	August											

Capacity Assessment

Plan Duration

ACTIVITY	PLAN START	PERIODS Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Conduct internal WCPHP capacity assessment using existing capacity tool	May												



Letters of Support
See Attached

Supporting Documents
See Attached: IGA and Operating Guidelines

Budget
Applicants must provide a budget breakdown. Funds can be used for project activities that are necessary for achieving the project's goal(s) or that lead to the consideration or implementation of a specific CJS arrangement. Project staff salaries, meeting costs, supplies, project-related travel, and other direct project expenses will be allowed. Equipment purchases, capital renovations, facility expansion 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.

Please provide a budget narrative that details the items included in each line item. Budget should be broken down into the following categories:

Budget Category	Amount Requested
Personnel	
Salary and Wages	5,480
Fringe Benefits	2,014
Other Direct Costs	
Office Operations	506
Travel	900
Meeting Expenses	500
Project Space	

Other	
Purchased Services	
Consultants	600
Contracts	
TOTAL	$10,000.00

Budget Narrative

Category	Narrative
Personnel **Note**: You ***must*** include base annual salary and full-time equivalent (FTE) information for each person/role where funds are being requested in this category.	
Project Staff	Margaret Wacker $56,742/year, FTE .10 (4 hrs/wk x 26 weeks = $2,837) Katherine Melland $42,286/year, FTE .125 (5 hrs/wk x 26 weeks = $2,643) Total: $5,480
Fringe Benefits	Margaret Wacker - $1,494 for FTE .10 Katherine Melland - $520 for FTE .125 Total = $2,014
Other Direct Costs	
Office Operations	$506 towards IT costs and office supplies
Travel	$900 Mileage to travel to additional regional meetings, 1682 miles x .$0.535 = $900.
Meeting Expenses	$500 – supplies and food for meetings, 5 meetings @ $100
Project Space	
Other	
Purchased Services	
Consultants	$600 for facilitation of 3 meetings around improved communications and systems for regional grants and projects.
Contracts *	
In-Kind Support	

***If contracts are a part of your proposed budget, you *must* complete one Contract Budget and Fact Chart for each contract**. Copy and paste the chart below if there are multiple contracts. Enter “TBD” when information is not yet known. If there are no contracts, delete these instructions and the chart shown below.

Contract Budget and Fact Chart

Contractor Name	
Contract Start Date	
Contract End Date	
Scope of Work	
Deliverables	
Total Cost	
Cost Justification	

Questions and Submission

Applications will be accepted on a rolling basis. Proposals may be submitted via email to the Center for Sharing Public Health Services at PHSharing@khi.org any time starting on January 2, 2017, and must be submitted no later than **5:00 p.m. CDT on March 31, 2017**. You may also email the Center with inquiries.