



The use of mini-grants as a quality improvement, technical assistance, and community coalition-building tool

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Objectives

- Describe Immunize Kansas Kids coalition mini-grants; case study
- Understand how innovative approaches to grant-making represent an opportunity for technical assistance
- Contrast traditional grant application, award, completion process with TA approach
- Describe lessons learned, limitations of grant-making TA assistance

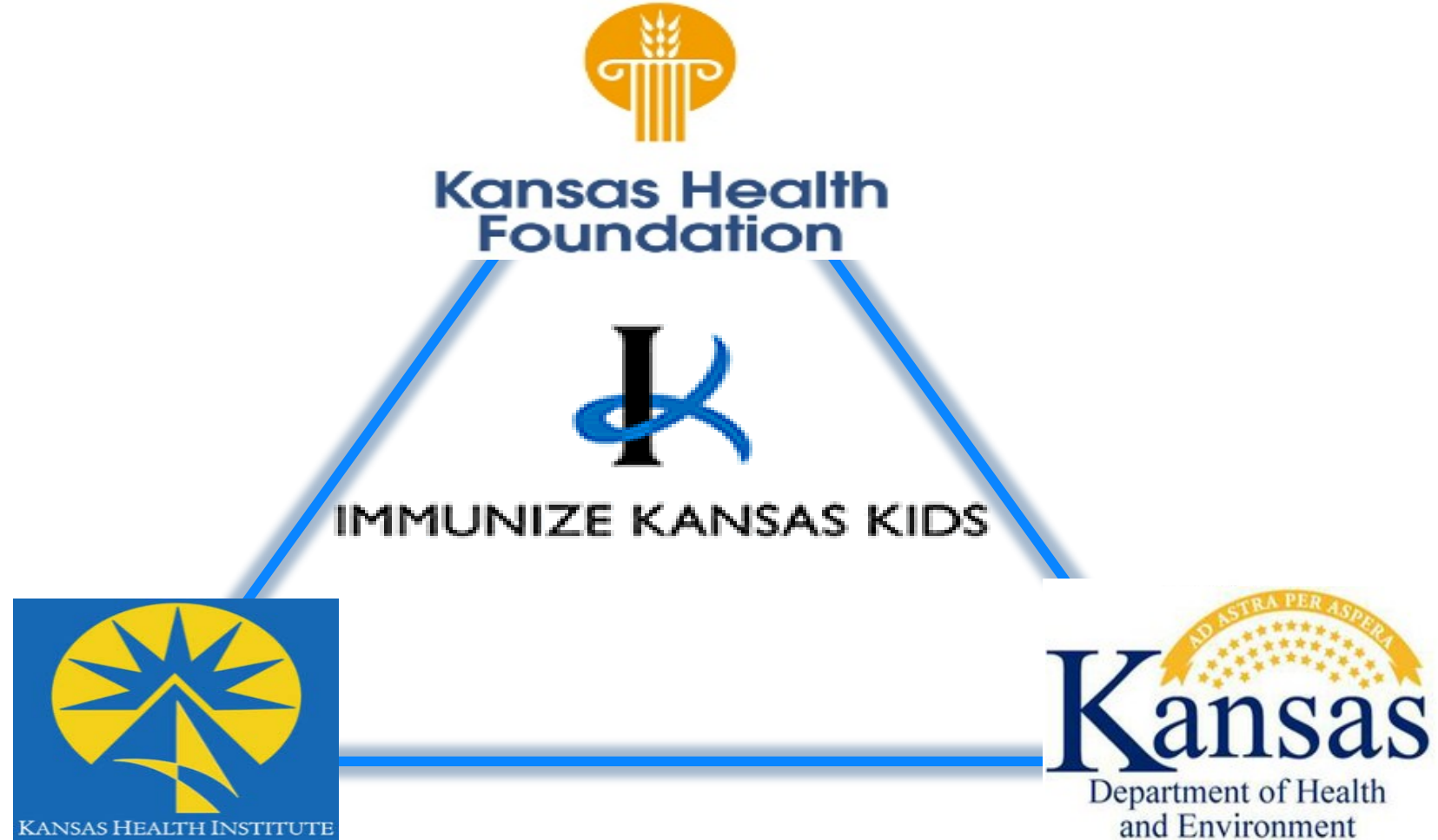


The History

- 2004: Kansas ranked 43rd in the nation for the standard vaccination series according to NIS
- Immunize Kansas Kids coalition formed to identify barriers and implement plan for improvement
 - Root cause analysis
(e.g. KS specific reports)
 - Support implementation of evidence-based practices
(e.g. immunization registry, community coalitions, QI)



Immunize Kansas Kids



Goal: Protect every Kansas child from vaccine-preventable diseases



Mini-grant Rationale

- Many evidence-based immunization interventions require local participation and implementation
- Improvements often require input and effort from multiple angles and multiple community stakeholders
- Many communities lack capacity and resources to develop and maintain a successful immunization coalition
- Several evidence-based interventions to increase immunization rates require basic knowledge of quality improvement processes



Mini-grant Goals

- Two types of grants:
 - Community coalition-building
 - Quality improvement projects
- Decrease barriers to building immunization coalition
- Increase capacity to understand local immunization landscape and implement evidence-based strategies to improve rates



Project Details

- Mini-grants range from \$5,000-10,000
 - Funded by Kansas Health Foundation
- Project completed in 12 months
- Grantee must provide vaccines or be tied to the vaccination system



Immunizations + Quality Improvement





QI Project Goals

- Goals:
 - Improve immunization practices
 - Disseminate Plan-Do-Study-Act cycle and quality improvement culture
- Public and private immunization clinics targeted



Community Improvement Grant Goals

- Goals:
 - Improve immunization rates using evidence-based practices
 - Support development of a community immunization coalition tasked with creating an implementation plan for evidence-based practices
- Small or struggling LHDs targeted



Expected Technical Assistance

- How to perform QI and PDSA
- How to determine root cause
- How to find evidence-based materials
- How to build a coalition
- How to make an implementation plan



KHI Also Provided this TA

- How to write a grant proposal
- How to match your objectives to the grant's objectives
- How to create deliverables
- How to report on time
- How to spend grant funds
- How to report grant results

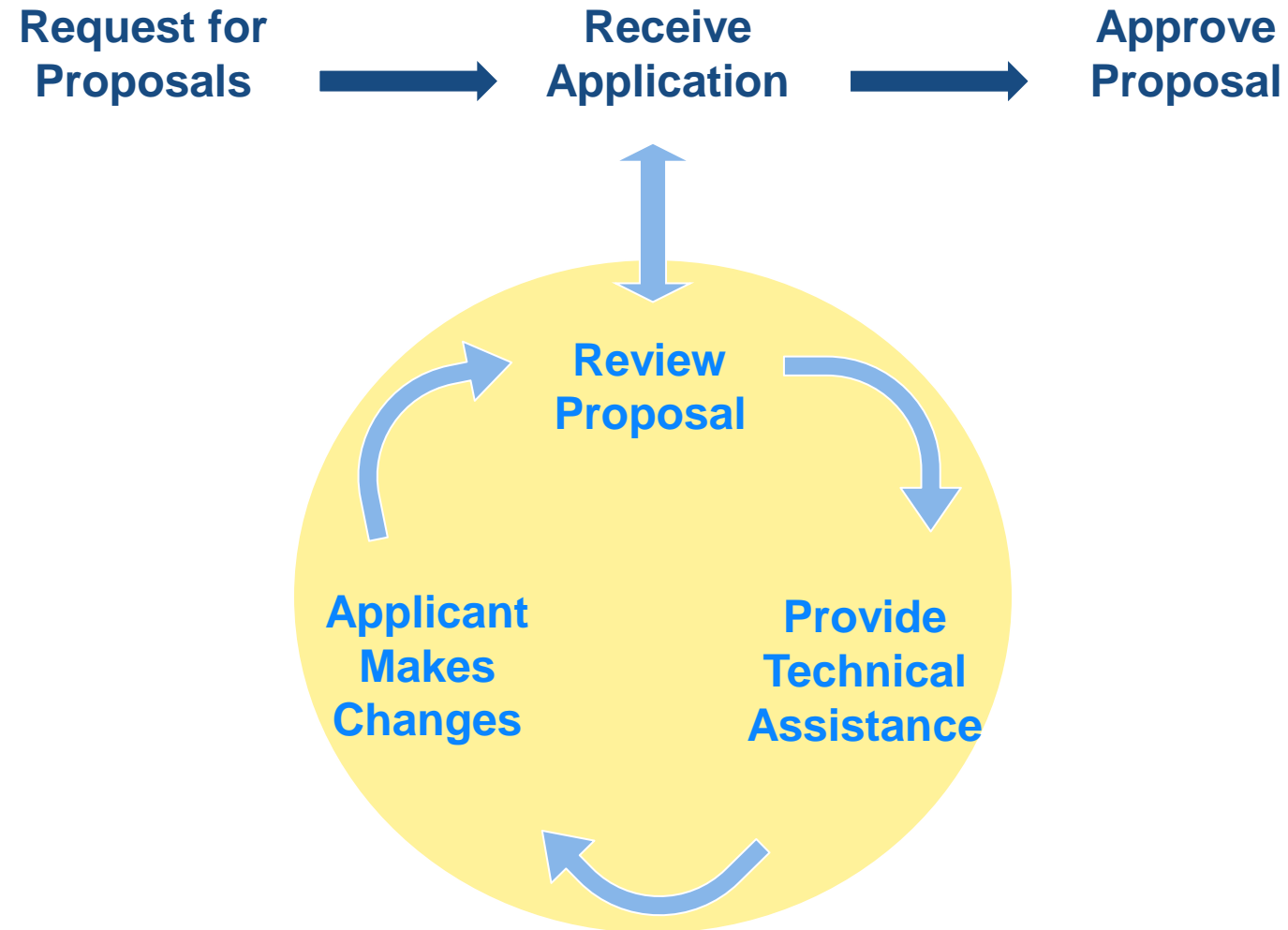


Traditional Grant-making Process



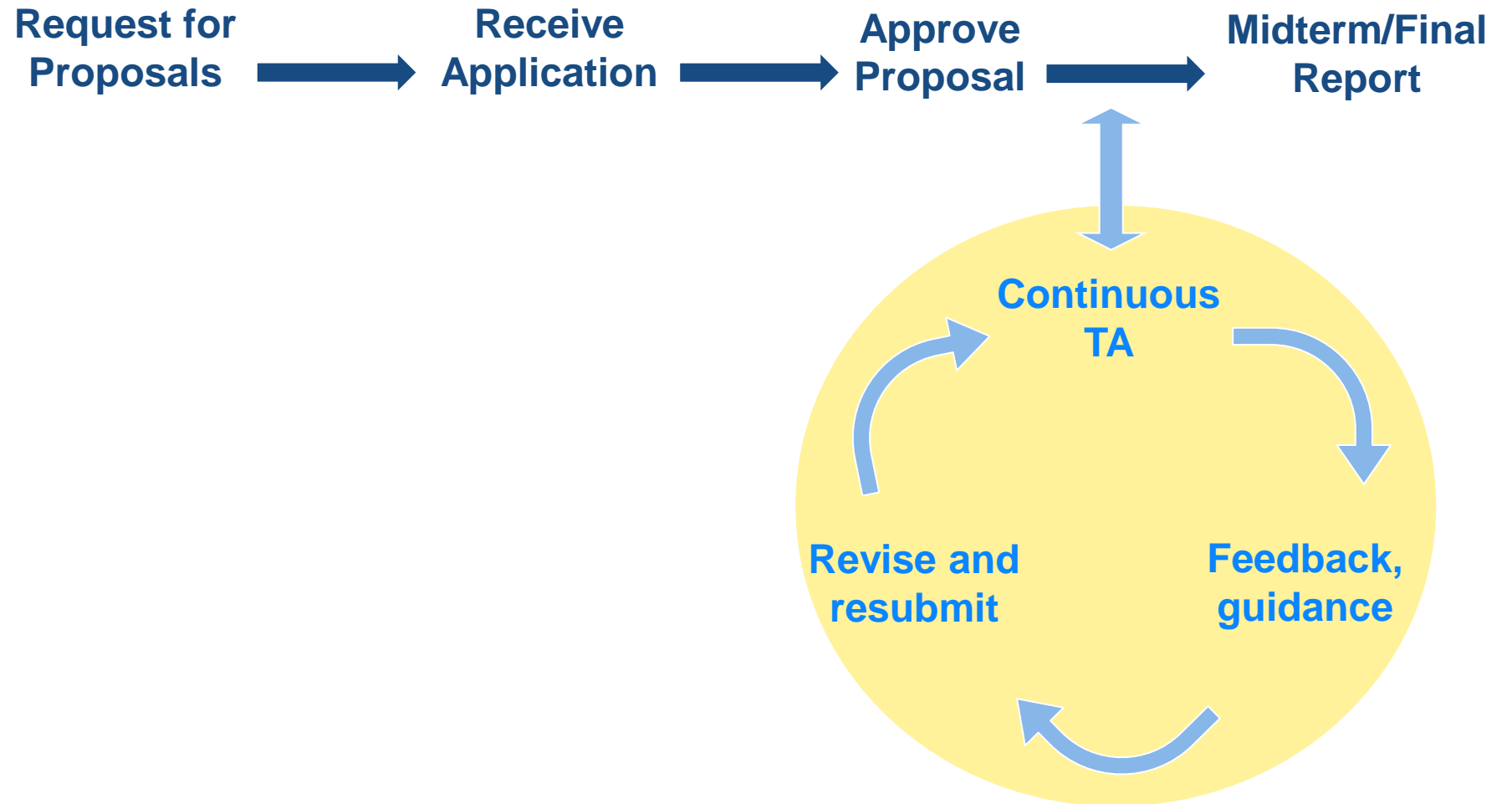


IKK Mini-grant Process





IKK Mini-grant Process



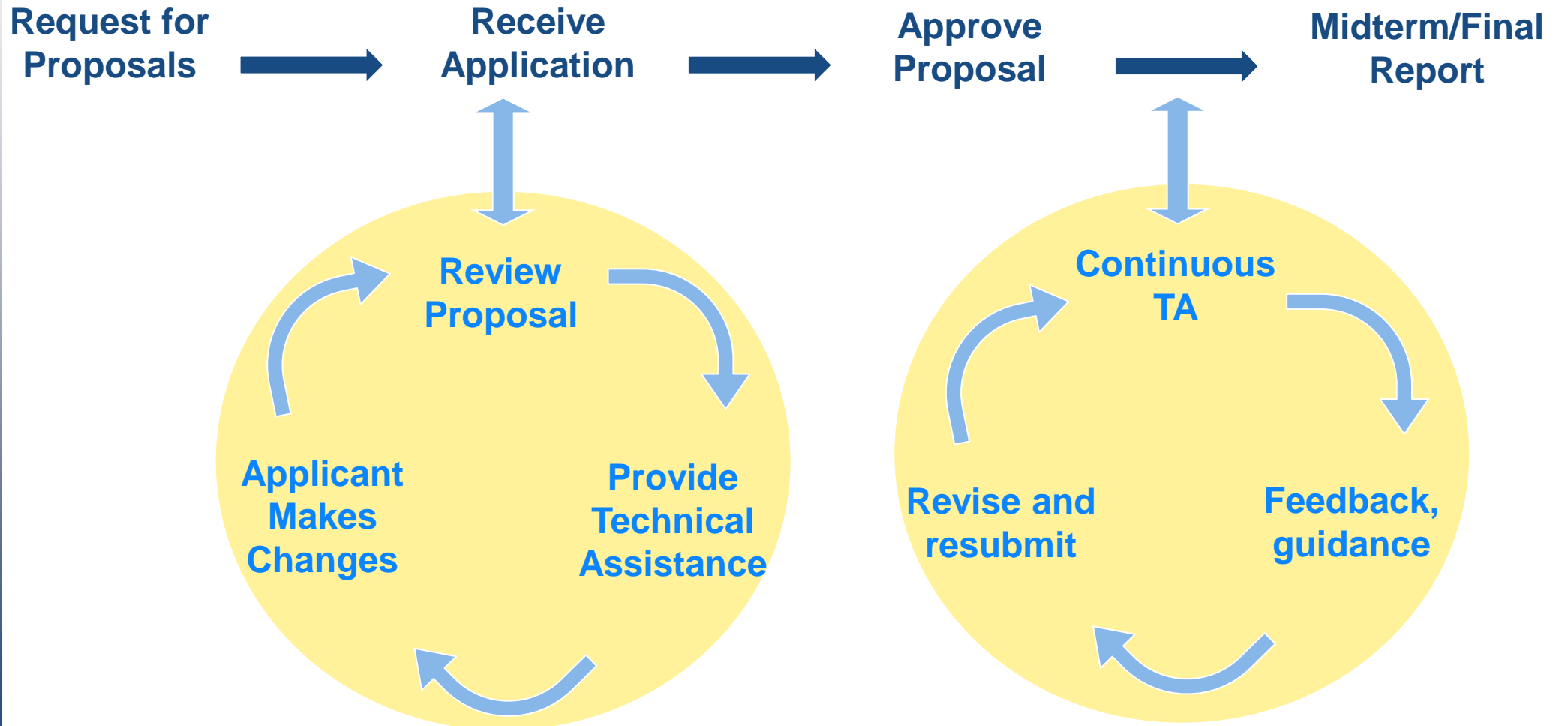


Case Study: LHD #1

- Very small staff; inexperienced in grant-making process
- Little experience in developing project timeline, meeting deliverables, implementation plans, writing/submitting invoices, spending funds according to grant guidelines, writing final report, etc...
- Hadn't used QI before



Case Study: LHD #1





Case Study: LHD #1

- Success!
 - Applicant completed both QI and coalition grants
- Learned (a lot) about the grant process in addition to original goals of the grants
- LHD better connected with IKK coalition members and resources



Benefits of this Type of TA

- Increased capacity of grantees in many areas in addition to QI and coalition-building
- Many grantees increased immunization rates via QI projects
- Strengthened relationship between KHI and LHDs



Drawbacks of this Approach

- Resource intensive
- Additional TA diverted away from original goals of the project
- Other outside grants will not follow this paradigm (setting unrealistic expectations?)



Why PHIs are well-suited for this work

- Already know TA, QI, grant process and coalition building techniques
- Connected to community
- Neutral party



Why PHIs Potentially Not Well Suited

- Cost of staff time
 - Need to be available anytime
 - Bursts of intense activity
- Conflict of interest (competing for grants)
- Requires financial investment



How to Replicate in Your Community

- Start small
- Dedicate a person who has previous grant experience (and QI) to provide the TA
- Create a contract/agreement that can be easily amended
- Build QI into internal process
- Be willing to change your approach

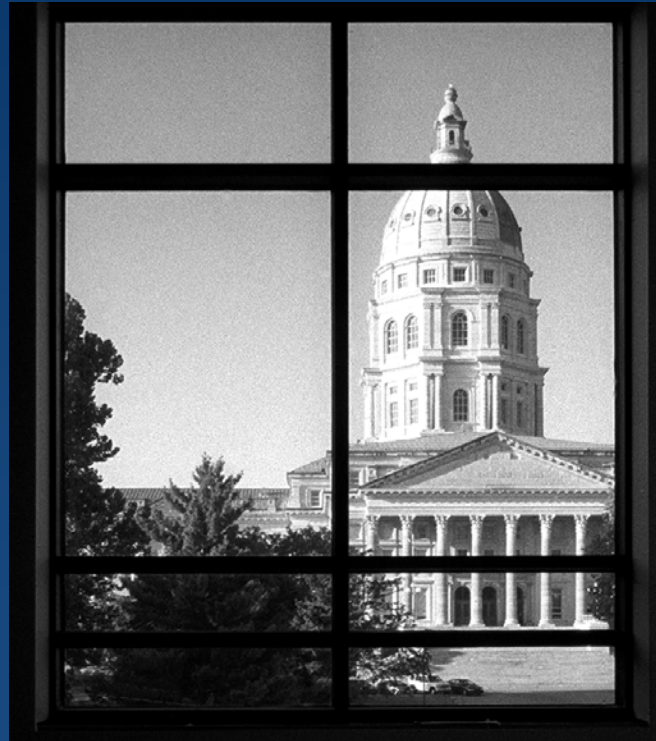


How KHI is Expanding this Model

- “Accreditation Readiness” Project – TA for LHDs in completing the pre-requisites: CHA, CHIP, SP
- Similar grant application and acceptance process
- Grant reviewers often vote to “revise and resubmit”
- KHI project lead works with health department staff to improve application, better define project, and resubmit



Kansas Health Institute



Information for policy makers. Health for Kansans.

Outsourcing for Outcomes

Re-Granting for Local Health Departments - Opportunities for Public Health Institutes

May 21, 2014

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Guess who?

- ❑ Leaves millions of dollars in federal disaster aid left unspent
- ❑ Executes contracts long after the contract year has begun (and, infrequently, after it's ended)
- ❑ Often reimburses vendors more than **90** days late

Agenda

Challenges

Nonprofit Partners: A Solution

- Appeal
- Structure
- Cost

Comparison of Contracting (PHI) model and Government

Achievements

Challenges

Government Challenges

Procurement

Payment

**Portfolio-wide Spending
Management**

The Challenges: Procurement

Government procurement requirements designed to prevent waste and fraud (and to protect chief executive) –
not to maximize efficiency

- ❑ Multiple levels of review prolong contracting process
- ❑ Request for Proposals process frequently takes two years
- ❑ Contract execution for awardees can result in “retroactivity” – execution dates after term has begun
- ❑ 54% of NYC contracts executed retroactively in 2013 - a 35% increase from 2012. Retroactivity ranged from 8 to 90 days.¹

¹Agency Procurement Indicators, FY2013. Mayors Office of Contract Services, City of New York, , p. 31

The Challenges: Prompt Payment



- ❑ Payment requires multiple levels of approvals, sometimes spanning multiple data systems
- ❑ Can be insensitive to vendors' special needs
- ❑ Must wait for full contract execution
- ❑ S.....L.....O.....W
 - 26% of nonprofit contractors' payments more than 90 days late (greatest incidence of tardiness is from state governments)¹
 - Contractors manage aging accounts receivable by borrowing, delaying vendor payments, missing payroll

¹Urban Institute and National Council of Nonprofits, 2013

The Challenges: Unspent Funds

- ❑ Contract modifications subject to same review delays as new contracts
- ❑ Virtually impossible to shift funds from underspending or poor-performing contractors to others because of time-consuming procurement rules → resources are not maximized to support services
- ❑ May result in penalties from federal funders
- ❑ Fodder for hungry press



- <http://mphi.org/members/map-members-directory>



PHI Appeal

Flexibility and
Agility

Speed

Lower Cost

Audit-
Compliant
Policies &
Procedures

Relationships with
Government &
Community
Providers

“Neutral” party
– political
distance

Content
Expertise

Ability to
advocate with
lawmakers

Can encumber
funds through
PHI by fiscal
year end

Structural Option #1: PHI as Grantee

Federal or State Government



PHI as Grantee (bona fide agent of government partner)



Subcontracts to Vendors,
including Local Government

Structural Option #2: PHI as Master Contractor

Federal Government



Local Government



Outsourced Master Contractor (PHI)



Subcontractors

COST

- ❑ Negotiated fee
- ❑ Typically lower fringe benefits rates
- ❑ Large, diverse staff can often absorb new projects
 - similar skills, established infrastructure, economies of scale
- ❑ Not constrained by civil service titles and rules
- ❑ Can propose and adapt to innovative reimbursement methodologies (PHIs and subcontractors)

Outsourcing need not sacrifice government accountability **(contracting ≠ privatization)**

- ☐ Local government retains authority to make programmatic and spending decisions
- ☐ Frequent reports (weekly, monthly, quarterly)
- ☐ Daily communication
- ☐ Gov't staff maintains ongoing contact with vendors

Retaining the best of government procurement policy while adding efficiency:

Fairness, transparency, accountability, speed & flexibility

VENDOR SELECTION

Comprehensive, competitive solicitation of master contractor

SUBCONTRACTOR SELECTION

Government agency establishes selection criteria and issues final word on subcontractor selection.

MONITORING

Government agency approves subcontractor monitoring plan and monitors master contract

Public Health Solutions' funding portfolios – approx. \$200M

Project	Federal Funder
Ryan White Part A and HIV Prevention	DHHS/HRSA
Public Health Emergency Program/Hospital Emergency Program	DHHS/CDC
NYC Office of Emergency Management	DHS/FEMA
Title X Family Planning Services	DHHS/OPA
Office of the Chief Medical Examiner	DOJ/Nat'l Inst of Justice
STD/HIV Prevention Training Center	DHHS/CDC

Menu of PHI Services

Vendor procurement

RFPs, contract development & execution

Adherence to relevant laws & regulations

Fiscal activities

Payment

Portfolio-level grants management (tracking, modifications)

Compliance

Subcontractor monitoring (programmatic & fiscal)

Corrective action, including termination

Menu, cont'd

Administrative Services

Purchasing, including travel support

Legal services

Facilities management

Human Resources

Recruitment

Payroll and fringe benefits

Reporting

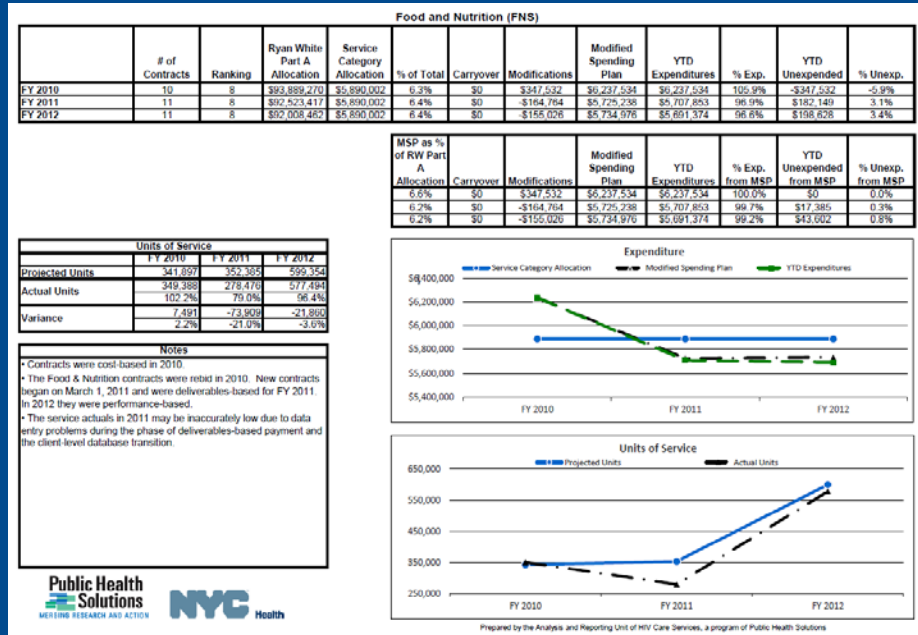
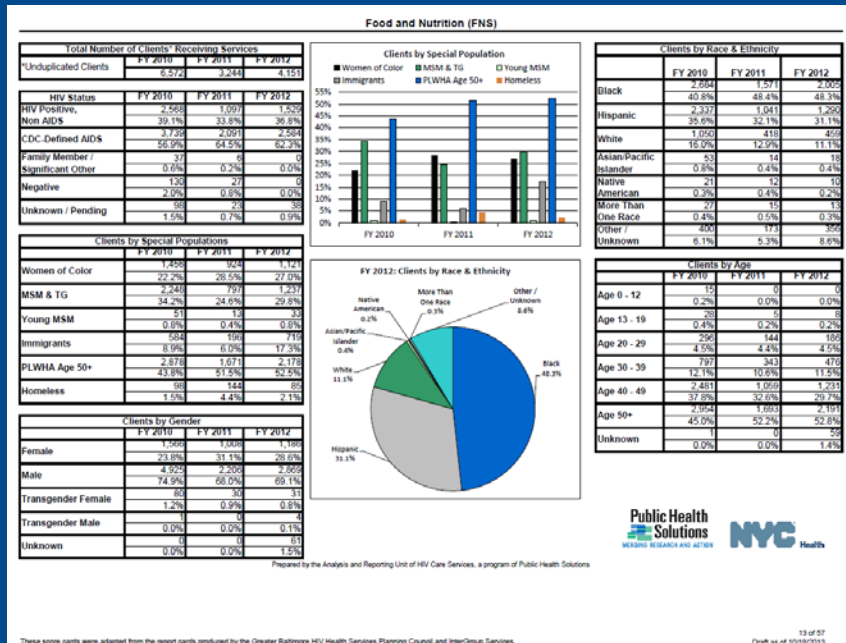
Fiscal and grants reporting

Information systems development & maintenance, data collection, design

Out-and-Out Outstanding Outsourced Outcomes

- ❑ NYC Ryan White grant – 100% committed; 100% spent (total value = \$120 million)
 - Number of contracts reduced and/or enhanced in a contract year: approx. 100/year (out of 200)
- ❑ Average time for subcontractor payment, Public Health Emergency Program = 2 weeks
- ❑ Ability to turn 3 GB of client-level data into \$8 million of rules-heavy payments each month
- ❑ Innovative and responsive reports

Ryan White Service Category Scorecard



Challenges

- Managing disagreements
- Private sector status, private sector reimbursement expectations: what happens when funding is cut?
- Relationships count! Government decision-makers change.
- Evolving government imperatives: sharing limited administrative resources when government shifts its priorities



What's Next

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