HEALTHY NEIGHBORHOODS MODEL

DECEMBER 20, 2017
STATEWIDE FISCAL AGENT

HMA will serve as Interim Fiscal Agent until Local Fiscal Agent is selected

Fiscal agent will disburse funds directly to entities implementing Neighborhood Initiatives.

3-STEP MINI-GRANT DISBURSEMENT TO LOCAL COUNCILS

Funding based on equitable distribution model

1) Complete Readiness Assessment
2) Present to Statewide Consortium (sounding board) to obtain support and ensure sustainability
3) Obtain Local Council approval on Plan

STATEWIDE CONSORTIUM

Sounding Board to Support Task Force Readiness. Shared learning, community-level data, sustainability, policy.

GOVERNANCE

HCC will play a governance role, with HMA making recommendations where appropriate for HCC’s approval.
GOAL: FUNDS FLOW TO HEALTHY NEIGHBORHOOD TASK FORCE INITIATIVES QUICKLY WITH ACCOUNTABILITY

CMMI: SIM Grant

Delaware Health Care Commission

Statewide Fiscal Agent Interim: HMA
Goal: Local Statewide Fiscal Agent for sustainability

Sub-Recipient of SIM Grant

Legal Agreement

Entity Implementing Task Force Initiative

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Entity Implementing Task Force Initiative
As quickly as possible, to ensure sustainability of the model, a local Statewide Fiscal Agent will be selected.

Until that selection process is complete, HMA will serve as the interim Fiscal Agent to distribute the mini-grant funding, continuing to provide technical assistance and support to Local Councils and Task Forces through the end of the SIM Grant.

**Role of the Fiscal Agent:**

- Distribute funding to entities implementing Task Force Initiatives (once “readiness process” has been completed)
- Collect data/outcomes from each Task Force related to funded initiatives and utilize this practice of continuous analysis as a tool for ongoing learning
- Focus on sustainability of the SIM Grant funding (e.g., establishing and managing a community trust)
- Serve as a “Backbone Organization” across all Local Councils
The Healthy Neighborhoods Model will accommodate other Local Councils forming to address other geographic areas of Delaware.
Constituents
- Local Council Co-Chairs
- Statewide Leaders focused on user-friendly community-level data
- Statewide Leaders focused on Sustainability of Healthy Neighborhoods
- Statewide Leaders focused on Policy
- Advocacy Organizations from Neighborhoods
- The Statewide Fiscal Agent

Role
- **Shared Learning** related to Best Practices
- Obtaining and updating Community-Level Data
- Supporting and advising **Policy Change**
- **Sustainability**, such as establishing Health Promotion Trust
- **Sounding Board** for Task Forces

Meetings will be both in-person, but also virtual to accommodate attendance from entire state. There will be a charter that describes the Consortium’s role, which is to advise and support rather than make decisions.
**Constituents**
- At least one Representative from each Task Force
- Local Leaders with expertise in priority areas
- Cross-sector entities and organizations recruited via the Social Network Analysis to ensure representation of all critical entities
- Delivery systems as well as CBOs
- Community Advocates from Neighborhoods
- Community Stakeholders

**Role**
- Serve as a “Board” of the Healthy Neighborhood (e.g., decision making about resource allocation)
- Support local Neighborhood Task Forces to create data driven, evidence-based initiatives
- Approve Task Forces’ requests for resources
- Obtain and review community-level data regularly
- Understand hot spots that need to be addressed
- Communicate with Statewide Consortium regularly (Co-chairs participate on the Statewide Consortium)
NEIGHBORHOODS TASK FORCES

Constituents
• Local community stakeholders and leaders that are focused on a priority area (BH, MCH, HL, CDMP)
• Two Co-Chairs

Role
• Create and propose data driven, evidence-based initiatives
• Request funds from Statewide Fiscal Agent once Local Council has approved request
• Responsible for measuring and providing outcomes to Local Council and the Fiscal Agent
• Continuously engage in quality improvement related to initiatives based on data
SOCIAL NETWORK ANALYSIS

+ Social Network Analysis:
  + Tools to visualize and summarize the structure of the overall network and the location of individuals in the network
  + Individuals’ location in social networks
    + Group membership
      + Local, density connect sub-groups
      + Social influence
    + Central members and “opinion leaders”
      + Members with the most connections
      + Important agents for change

Spider Web Form

SOCIAL NETWORK ANALYSIS SURVEY

+ HMA will use the survey results to analyze existing networks and to identify and recruit additional organizations that may contribute to the collective impact of Healthy Neighborhoods.

+ The survey should only take you about **5 minutes** to complete, and consists of **6 questions**:
  + What is the name of your organization?
  + What is your title within the organization?
  + Are you/your organization a part of Healthy Neighborhoods?
  + Please select the option that appropriately reflects your organization’s relationship with your peer organization.
  + What other organizations should we be aware of for this social network analysis?
  + Who in those organizations would be good contacts to complete this survey?

+ Please Complete the Survey.

+ Contact Jeremy Martinez (jmartinez@healthmanagement.com) or Joshua Cole (jcole@healthmanagement.com) if you have questions or have not received the survey link by December 22nd.
Even though, Local Councils approve requests from Neighborhood Task Forces, the statewide Fiscal Agent will distribute money directly to the lead agency implementing the initiative.

Monies will be distributed **equitably** to each designated Local Council using a resource allocation model that takes into account population, length of life, quality of life, diabetes monitoring, teen births, drug overdose deaths, and smoking.
EQUITABLE FUNDING DISTRIBUTION MODEL

Based on the Punjab Equitable Resource allocation model supported by UNICEF

Distributes funds to each Local Council based on the health and social needs of each locale (a “Needs Index”) 

Six attributes are included within the Needs Index, and each are weighted by their impact on healthy communities:

- Population (20%)
- Quality of life (20%)
- Length of life (20%)
- Diabetes monitoring (10%)
- Teen births (10%)
- Drug overdose deaths (10%)
- Smokesing (10%)
<table>
<thead>
<tr>
<th>Needs Index Attributes</th>
<th>Indicator</th>
<th>Source</th>
<th>Needs Index Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>Number of persons</td>
<td>Census Population Estimates</td>
<td>20%</td>
</tr>
<tr>
<td>Length of Life</td>
<td>Years of potential life lost before age 75 per 100,000 population (age-adjusted)</td>
<td>National Center for Health Statistics - Mortality files</td>
<td>20%</td>
</tr>
<tr>
<td>Quality of Life</td>
<td>Percentage of adults reporting fair or poor health (age-adjusted)</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>20%</td>
</tr>
<tr>
<td>Chronic Disease Prevention and Management</td>
<td>Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring</td>
<td>Dartmouth Atlas of Health Care</td>
<td>10%</td>
</tr>
<tr>
<td>Maternal and Child Health</td>
<td>Teen birth rate per 1,000 female population, ages 15-19</td>
<td>National Center for Health Statistics - Natality files</td>
<td>10%</td>
</tr>
<tr>
<td>Addiction and Substance Abuse</td>
<td>Drug Overdose Mortality Rate</td>
<td>CDC WONDER mortality data</td>
<td>10%</td>
</tr>
<tr>
<td>Healthy Lifestyles</td>
<td>Percentage of adults who are current smokers</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>10%</td>
</tr>
</tbody>
</table>
THREE STEP PROCESS FOR FUNDS DISBURSEMENT

1. Readiness Assessment
2. Statewide Consortium: Sounding Board
3. Local Council Approval

Fiscal Agent Distributes Grant Funding Directly to Agency Implementing Initiative
Neighborhood Task Force convenes to address specific priority area, ensuring right people are at the table.

After they develop a plan for an initiative to address the priority area, the Task Force will complete a readiness assessment that will categorize the initiative’s Plan into three categories of readiness:

- **Not ready** – have some work to do – but LCs and HMA will support task force to become ready
- **Almost ready** – may be missing a few key pieces of pre-initiative work, such as creating a logic model, but again LC and HMA can assist.
- **Ready** – Move to next step.
FUNDING DATA-DRIVEN EVIDENCE BASED INITIATIVES: READINESS ASSESSMENT

Readiness Assessment will assess:

+ Did the Task Force use data about community needs to develop the initiative?
+ When developing the initiative, did the Task Force include representatives from diverse entities who weighed in on the creation of the plan (e.g., community organizations, health/behavioral health providers, government officials, community members, etc.)?
+ Similarly, do you have community buy-in on the plan?
+ Has the Task Force developed a Logic Model with anticipated outputs and outcomes from the initiative?
+ Has the Task Force identified the data that is necessary to measure these outputs/outcomes?
+ Is the initiative evidence based/evidence informed (e.g., based on research of strategies in Delaware or other similar locales across the country)?
+ Does the Task Force have a logical budget for implementation of the initiative that will inform the amount of the request?
Funding Data-Driven Evidence Based Initiatives: Present Plan to the "Sounding Board"

 Builds from the work and infrastructure that the Healthy Neighborhoods Committee has put in place and transforms its role to that of a "Sounding Board"

 Once the proposed initiative is deemed “Ready” based on the Readiness Assessment, the Task Force will present their well thought out concept to the Statewide Consortium

 As a Sounding Board, the Consortium will provide guidance and feedback to enhance the initiative and get additional support, which could include:

 - Other resources to leverage to enhance/expand the proposed project
 - Lessons learned from other related initiatives
 - Recommendations about additional data/outcomes to consider
Once the Statewide Consortium has provided input, the Task Force will present their initiative to the Local Council, who will vote to approve the initiative.

Voting procedures are established in the bylaws of the Local Council.

Once the Local Council has voted to approve the Task Force’s initiative, the Task Force will complete the Disbursement Form, which will be signed by the Local Council Co-Chairs, and submit it to the Statewide Fiscal Agent who will disburse the funds.

Disbursement Form will outline the scope of work and budget for the initiative.

Disbursements of funds will be made on a monthly basis and will have specific deadlines associated with initiative implementation.
OUR TEAM’S ROLES

HMA Team

Liddy Garcia-Bunuel
- Overall Project Manager
- Responsible for Statewide vision and strategy
- Primary point of contact for HCC

Kristan McIntosh
- Point of Contact and Primary Support for Dover/Smyrna
- Behavioral Health background, child, youth, family focus

Laquisha Grant
- Point of Contact and Primary Support for Wilmington/Claymont
- Behavioral Health background, criminal justice and re-entry focus

Joshua Cole
- Point of Contact and Primary Support for Sussex
- Data Utilization and Outcomes Focus
OUR TEAM’S ROLES

HMA Team

- Coordination and Overall Support for all Local Councils and HCC

Sarina Coates

- Sustainability Support and Technical Assistance for all Local Councils and HCC

Lori Weiselberg

- Data Utilization and Outcomes Support and Technical Assistance for all Local Councils

Jeremy Martinez
HMA’S ROLE:

+ Serve as **interim statewide fiscal agent** and backbone organization;
+ Provide **technical assistance** and support for local councils and task forces;
+ Conduct **social network analysis** to identify and re-engage stakeholders;
+ Assistance in obtaining **community-level data** to define health priority and measure outcomes; and
+ Work with Statewide Healthy Neighborhoods Consortium to **sustain** HN model and funding post SIM-grant.
CALL TO ACTION:

1. **Complete survey** for Social Network Analysis
2. If currently involved in related initiatives, you have additional questions or comments, or to be placed on the Healthy Neighborhoods distribution list, please contact Sarina Coates at scoates@healthmanagement.com