



ADVANCING A HEALTHIER WISCONSIN ENDOWMENT

HEALTHIER WISCONSIN PARTNERSHIP PROGRAM

COMMUNITY-BASED BEHAVIORAL HEALTH

PHASE II IMPLEMENTATION PLAN

Community Coalitions will develop and implement bold, unique, and culturally appropriate strategies to improve the behavioral health of local communities. Project partners will bring together the necessary organizations and individuals to create meaningful, sustainable, and impactful change. The MCW Partner Team will enhance this important work by serving as a key partner and supporting the projects by providing administrative support, evaluation capacity, and content expertise.

Draft Workplan Due: February 17, 2017

Draft Full Implementation Plan Due: March 23, 2017

Pitch Presentations to MCW Consortium: April 6-7, 2017

Final Full Implementation Plan Due: May 16, 2017

Phase II Start Date: July 1, 2017

Phase III Start Date: July 1, 2022

Advancing a Healthier Wisconsin Endowment

Healthier Wisconsin Partnership Program

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ADVANCING A HEALTHIER WISCONSIN ENDOWMENT OVERVIEW

The Advancing a Healthier Wisconsin (AHW) Endowment works to catalyze health improvement in Wisconsin and was created by funds generated from Blue Cross & Blue Shield United of Wisconsin's conversion to a for-profit corporation.

Since 2004, AHW has invested nearly \$200 million in more than 360 research, education and community health initiatives.

AHW resides at the Medical College of Wisconsin (MCW), and receives oversight from the MCW Consortium on Public and Community Health for its investments in partnership programs in public/community health. In addition, the MCW Research and Education Advisory Committee (REAC) provides oversight of AHW investments in biomedical and population health research, and educational programming.

By completing this application, you are applying for public/community health programming funds that will be reviewed and approved by the MCW Consortium.

COMMUNITY-BASED BEHAVIORAL HEALTH INITIATIVE OVERVIEW

RECOGNIZING THE NEED

Behavioral health is the scientific study of the emotions, behaviors, and biology relating to a person's mental well-being, their ability to function in everyday life, and their concept of self. In Wisconsin, behavioral health conditions are negatively associated with chronic disease risks, functioning, and quality of life. Individuals with behavioral health challenges are more likely to die earlier and have more co-occurring health conditions compared to the general population:

- 1 in 4 adults (approximately 60 million Americans) experiences a mental health disorder in a given year.
- 68% of adults with a mental illness have one or more chronic physical conditions.
- Individuals with a mental illness have higher incidences of high blood pressure, smoking, heart disease, diabetes, obesity, and asthma compared to the general population.
- More than 1 in 5 adults with mental illness have a co-occurring substance use disorder.
- 13-20% of children living in the US (up to 1 in 5) experience a mental health related disorder in any given year with \$246 billion spent annually.

For the purposes of this initiative the term "behavioral health" encompasses the biological component traditionally associated with "mental health" and includes all contributions to mental wellness including substances and their abuse, behavior, habits, and other external forces.

The initiative seeks to improve the health of Wisconsin communities through acceleration of change on population level behavioral health outcomes. AHW has established a goal of moving from 24th to 10th in its state health ranking by 2023. It is anticipated that Wisconsin's ranking in health will improve in part due to the contributory impact in the 10 counties' selected behavioral health efforts. As results-based indicators are identified by the counties involved, they will be mapped against county health rankings across all Wisconsin counties. Our contribution to shifting results in behavioral health will be measured in part by how communities involved in this initiative compare to movement on measures in non-funded communities.

CORE COMPONENTS

The HWPP Strategic initiative is grounded by three core components: community-academic partnerships, behavioral health improvement priorities, and the evaluation model. Together, these components outline the rationale for and the value of project activities and the outcomes that these activities are intended to achieve. Alignment with these core components ensures that funded projects are consistent with the overall vision and intended outcomes of the initiative on

community-based behavioral health. All proposals will be assessed on the strength of their fit with each of the three components.

COMMUNITY COALITIONS

HWPP has a long history of funding health transformation through the work of Community Coalitions. Coalitions are essential to creating sustained improvement and are built on the premise that they will capitalize on the strengths and unique skills of each partner/organization in order to address a public health priority in Wisconsin. Community Coalitions require time and commitment, but have the power to transform the individuals, institutions, and communities they serve.

The HWPP initiative on Community-based Behavioral Health seeks to improve the behavioral health of entire communities across Wisconsin. In order to be effective, the needs of individual communities must be collectively defined, solutions and opportunities collaboratively designed, and the commitment to success must be a value shared by a broad group of community-based individuals and organizations. An important question to ask as you design your Community Coalition and project is, “why is **this** project best addressed through **this** Community Coalition?”

Successful Community Coalitions will feature a **multi-sector network of partners**, including those not traditionally involved in health improvement efforts, with the necessary expertise, resources, and dedication to address complex problems in their respective communities. While the applicant organization and the coalition need not have an explicit focus on health, the group of partners must include participation from organizations with expertise in community health improvement and the key determinant(s) of health being addressed. It is expected that the partnership may grow during the course of the project to include representation from additional sectors necessary to achieve success.

Preference will be given to plans that clearly feature a true coalition of community organizations working to advance the health of a defined community. All projects must have one primary community partner applicant organization that is a Wisconsin-based, non-profit, IRS tax exempt 501(c)3 or governmental organization and is responsible for the fiduciary and reporting requirements on behalf of the larger partnership. Collaboration among partners is expected, but responsibility for the fiduciary and reporting requirements of the project and for transferring all communications, notifications, and instructions from HWPP to all members of the partnership lies with the primary partner.

Eligible primary community partners are Wisconsin-based, non-profit, IRS tax exempt 501(c)3 or government organizations, including but not limited to:

- Health, social service and other community-based organizations
- Faith-based organizations
- State and local governments
- Scientific or professional associations, universities and schools
- Voluntary associations, foundations, civic and citizen groups
- Federally-recognized Indian tribal governments, tribes and tribal organizations

Eligible primary community partners are required to furnish an annual audit to MCW, the cost of which must be borne by the community organization. A federal A-133 audit or an audit performed in accordance with Government Auditing Standards will fulfill the audit requirement. If such audits are not performed, a community organization-wide audit may be provided which includes program-level testing. For-profit companies and non-profit organizations that do not have IRS tax exempt status may participate in the project, but funds from HWPP will not be paid directly to these partners. A subcontractor or fiscal agent relationship with an eligible partner must be established so that funds are paid directly.

Role of primary community partner

The primary community partner is responsible for:

1. Securing a Program Director (1.0 FTE) – the Program Director will provide leadership, oversee administrative responsibility, and ensure adequate progress is made toward meeting project objectives
2. Securing a Community Evaluator (minimum 0.5 FTE) – the Community Evaluator will lead the evaluation of project activities, work the MCW-Partner Team to ensure fidelity to the broader evaluation model of the initiative, and support the Community Coalition's efforts to achieve success
3. Serving as the primary liaison with HWPP staff and the MCW-Partner Team

Eligibility Criteria:

1. Identify one primary community partner organization with one primary contact person
2. Commitment of the multi-sector partnership to the long-term nature of the project, including the (up to) seven year funding period
3. Commitment to sustaining the project beyond the seven year funding period via the expansion and replication of project efforts
4. Commitment to developing and carrying out a sustainability plan that includes leveraging additional funds
5. Commitment to attending all learning and convening events hosted by AHW, in particular cohort meetings that will occur as often as quarterly throughout the duration of funding
6. Ability to measure change in the behavioral health of the targeted community
7. Demonstration of appropriate scope and scale of the targeted community
8. Demonstrated expertise and experience in addressing behavioral health challenges

MCW-Partner Team

Recognizing the premise that broad, multi-sector partnerships are needed to maximize impact as well as HWPP's historical promotion of the Community-Academic Partnership Model, each funded project will be augmented by the participation of the MCW-Partner Team.

The MCW-Partner Team will consist of several MCW faculty members and staff with expertise in the field of behavioral and/or community health. The MCW-Partner Team is not responsible for providing the overall leadership and direction of the initiative, but rather will augment the efforts of the Community Coalitions by providing administrative support, subject matter expertise, and leading the implementation of the comprehensive evaluation model.

BEHAVIORAL HEALTH IMPROVEMENT PRIORITIES

The primary aim of the initiative is to **improve the behavioral health of Wisconsin communities**. This will be accomplished through the development of indicators that are measured by population-level data. Additionally, each indicator will feature associated strategies, activities, and performance measures to demonstrate progress and highlight success.

Two secondary priorities have been identified that will enhance the impact of this initiative:

1. Improved physical health of people with behavioral health disorders
2. Improved behavioral health prevention and healthcare resources

These priorities may take the form of strategy-level or activity-level efforts. While individual projects will not be explicitly assessed by progress toward these secondary priorities, projects are encouraged to engage in meaningful discussion and planning within the context of the Community Coalition to consider how these priorities may be supported at the local level.

Socio-Ecological Model

The vision of HWPP and the MCW Consortium is to develop impactful, sustainable, and transformational strategies to address the behavioral health needs of Wisconsin communities. While intervening at the individual level is essential to positive behavioral health, transformation cannot occur unless a broader, systematic approach is adopted.

Transforming the behavioral health landscape will require that the promotion of positive health occur at the levels of the individual, relationships, community and organizations, and society. Funded communities will work to achieve indicators at each of these levels. Furthermore, the MCW Partner Team will conduct a thematic analysis and review to identify best and promising practices that have the ability to lead to statewide impact.



EVALUATION MODEL

The evaluation model lays the foundation for the evaluation of the initiative as a whole. The evaluation model provides a framework for each Community Coalition to connect their project-level efforts to the overall activities and outcomes of the larger program. As Community Coalitions identify how their proposed indicators and strategies fit with the model, HWPP will be able to describe how the funded projects, taken together, advance the intended outcomes of the overall HWPP funding initiative.

Components of the program evaluation model for individual projects include:

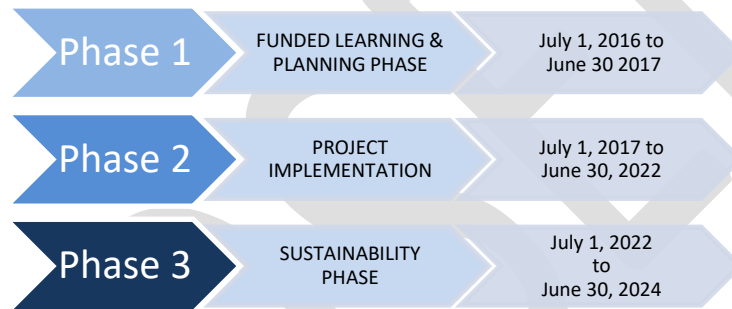
- 1-3 community-level priorities stated as **indicators**
- **Indicators** - population-level proxies that demonstrate how behavioral health has improved
- **Strategies** - efforts that move factors that achieve results at the population level
 - **Factors** – the forces that influence the indicator
 - **Outcome/Output Statements** – identify the intended outcome(s) that will achieve the strategy
 - **Method/Measure** - indicate how progress will be regularly measured
 - **Current Benchmark** – identifies the current level or state in the conditions that influence the targeted strategies
 - **Target Benchmark** – identifies the desired level or state in the conditions that influence the targeted strategies
 - **Timeframe** – indicates when the target benchmark will be achieved

➤ **Level of Impact** - indicates at which dimension(s) of the socio-ecological model impact will occur

To be eligible for Phase 2 funding, projects must clearly demonstrate how proposed indicators will lead to population-level improvement in the behavioral health of local communities. All strategies and activities must impact the indicator and connect with the initiative’s evaluation model. HWPP funded projects, over the course of their funding, must report on the extent to which they have met their objectives with respect to the outcomes, strategies, and indicators in the evaluation model. The elements identified in the Evaluation Model will provide the basis for ongoing reporting to HWPP.

TIMEFRAME

Funding will be divided into three phases. The first phase featured a twelve month period focused on developing plans for improving the behavioral health of the specified community. These project plans will be submitted to the MCW Consortium on Public and Community Health for review and consideration of a five-year implementation phase. The final phase will be a two-year period focused on sustaining the behavioral health changes in existing systems, replicating the change in other Wisconsin communities, and broadly disseminating each community’s learnings.

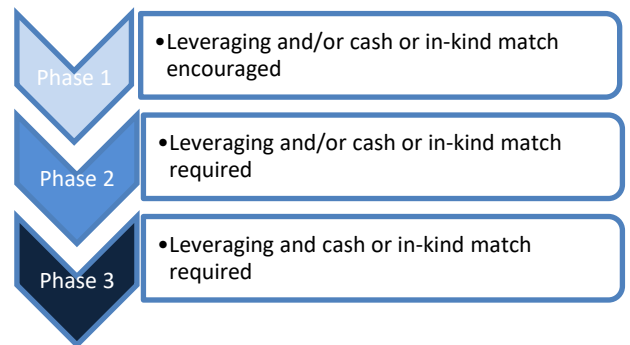


FUNDING

A budget for Phase 2 will be developed by the Community Coalition and negotiated with HWPP staff to ensure that sufficient resources are available to achieve the project’s aims. Each phase of the project will be considered a distinct funding period therefore no carry-forward of funds will be accommodated between phases.

Up to \$1,000,000 will be available to each Community Coalition over the 5-year period (approximately \$200,000 per year)

Community Coalitions will be required to leverage additional funding support throughout the duration of AHW Endowment funding. Leveraging can include a cash match from one or more other funders, business partners, coalition member organizations or city, county, state and federal funds as well as in-kind support. The purpose of leveraging is to expand the funding support for the proposed change strategy, demonstrate community commitment to the project, increase the sustainability of the effort beyond the award period and provide resources for activities the Endowment cannot fund (e.g. indirect expenses) that may be essential for the project’s success.



As the diagram indicates, Community Coalitions will have increased leveraging requirements over time. The purpose of building toward a cash match and in-kind leveraging requirement in Phase 3 is to develop a sustainability plan that allows for the continuation of project efforts beyond the funding end-date of the award.

The Sustainability and Dissemination Phase is not a period to begin thinking about the fiscal, programmatic, and practical continuation of the project. Sustainability planning will occur during the Implementation Phase of the award, and the Sustainability Phase will allow time for projects to implement sustainability plans.

This final phase will also include efforts to disseminate findings, replicate successes in additional Wisconsin communities and integrate intervention efforts into larger systems.

PHASE 2 EXPECTATIONS FOR COMMUNITY COALITIONS

Phase 2 of the initiative will catalyze the sharing of knowledge, the creation of partnerships, and the development of initiatives that promote education, enhance prevention, and increase the prevalence of positive behavioral health. AHW will fund up to ten Community Coalitions and one MCW Partner Team to support and implement initiatives that will improve the overall behavioral health of their designated community. Successful Community Coalitions will demonstrate how a range of partners from multiple sectors in a community can work together to identify the major challenges to positive behavioral health and develop and implement effective strategies that will lead to meaningful, impactful, and sustainable change.

Partners will be asked to work collaboratively and commit to implementing projects of a significant scope and scale that achieve the initiative's overall result: **improved behavioral health**.

Improved behavioral health will be demonstrated by focusing on 1-3 indicators. Each indicator will feature multiple strategies, each with its own set of outcomes, measures, and targets.

LEARNING COMMUNITY

The Learning Community developed in the planning year will continue in Phase 2 of the initiative. Community Coalitions and the MCW Partner Team are expected to commit to ongoing participation and contribution to the Learning Community. The cohort will convene approximately 2-4 times per year. The purpose of these in-person sessions will be to promote networking, the sharing of knowledge and resources, exchanging lessons-learned, and the dissemination of project ideas and successes.

In addition to in-person meetings, the Learning Community will continue through other means which may include conference calls, chat/message boards, and an email listserv. Funded partners are expected to participate in, design, and help lead these various communication resources.

REVIEW PROCESS

TIMELINE

The approval process for the initiative will include a multi-step, dynamic, and engaged review process including:

- **Draft Evaluation Model (due February 17, 2017)**
This deadline will accommodate an opportunity to outline ideas and solicit non-binding, yet informative and important, feedback.
- **Draft of full Implementation Plan (narrative questions, evaluation model, budget, etc.) due – March 23, 2017**
The draft Implementation Plan will allow AHW Staff a final opportunity to provide input in advance of the Consortium Pitch Presentations.
- **Pitch Presentations (April 6-7, 2017)**

Each Community Coalition will provide a Pitch Presentation to the MCW Consortium in early April, 2017. This brief presentation will highlight the work of the planning year, outline the proposed work for Phase 2 of the initiative, and describe the evaluation model and process to be deployed.

- **Final Implementation Plan (due May 16, 2017)**

The final Implementation Plan will include all of the components of the plan for Phase 2 of this initiative.

REVIEW CRITERIA

This initiative is framed around a results-based model that emphasizes contribution towards a desired change in conditions for populations as opposed to outcomes experienced at an individual level. Results frames are particularly helpful in guiding initiatives designed to address complex problems where more than one organization or system is contributing to the change. Since contribution cannot easily be measured directly under any model to evaluate strategies that address complex problems, the results-based model uses a proxy indicator (a consistent and reliable measure to help quantify the achievement) to hold initiatives accountable to their result and let them know they are making progress towards the change.

The HWPP Strategic initiative seeks as its result to improve the health of Wisconsin communities through acceleration of positive change on population level in behavioral health. As a proxy indicator AHW has chosen to reduce the average number of poor mental health days as reported in the yearly Wisconsin State health ranking. AHW's contribution to shifting results in behavioral health will be measured in part by how communities involved in this initiative compare to movement on this measure as opposed to those in non-funded communities. Although the funded communities may choose more appropriate proxies for the specific initiatives, the ripple effect of that impact should be evidenced with this measure at a state level.

Two levels of review will occur during the funding decision process: **AHW staff-level** and **MCW Consortium-level** reviews.

AHW staff will thoroughly review the proposed Phase 2 plan to ensure alignment with the vision of the initiative. HWPP staff will engage in regular communication with each Community Coalition as they develop a plan that fits the scope and scale of the initiative and has the best potential to improve behavioral health.

Community Coalitions will submit the implementation plan according to the timeline listed above. AHW staff will assess the plan according to the following criteria:

1. **Appropriate Budget** – the plan offers a reasonable and realistic budget.
 - a. The budget matches the scope of the work
 - b. Demonstration that sufficient resources are allocated to support each strategy
 - c. Identification of leveraged resources that will sustain the effort
2. **Community Coalition** – the right partners are at the table
 - a. Evidence of a multi-sector and inclusive network of partners
 - b. Evidence of coalition development during Phase 1
 - c. Demonstration of partner commitment to the success of the project
3. **Implementation Plan** – a convincing and compelling plan to improve behavioral health
 - a. Convincing rationale that the population-level indicator(s) addresses a community-prioritized need

- b. Clear identification of the strategies and activities that are sufficient to achieve the desired change in the population-level indicator
- c. Convincing measurement plan that identifies quantitative and qualitative measures that can be used to measure performance and make real-time adjustments to improve performance (continuous quality improvement)
- d. Plan for building efforts that will be sustained beyond the award period

The MCW Consortium will also conduct a thorough review of the proposed implementation plan to ensure alignment with the overall vision of the initiative. AHW staff will provide the Consortium members with a summary of the staff-level assessment (as described above). Consortium members will have the opportunity to view the full implementation plan and receive each Community Coalition's pitch presentation.

The Consortium will advance each Community Coalition's implementation plan for continued funding according to the following criteria:

1. The plan is in alignment with the vision of the initiative
2. Evidence that the Community Coalition has the capacity to achieve success
3. Evidence that the plan has the ability to improve the behavioral health of the local community

APPLICATION - IMPLEMENTATION PLAN

The multi-stage application includes completing this Implementation Plan. This form and any required attachments are due by 4:00pm on May 16, 2017.

OVERVIEW

Project Title (maximum 100 characters, including spaces):

Indicator (maximum 255 characters, including spaces):

Description of Community: A community may include, but is not limited to, a municipality or city, one or more counties, or a specific population, such as a racial or ethnic group (maximum 500 characters, including spaces):

Geographic Area Impacted – choose the area that best reflects the project’s primary geographic activity area:

- Statewide
- Rural – list the **primary** counties: .
- Urban – list the **primary** counties: .

Primary Community Partner – Projects must designate **one (1) eligible primary community partner organization** to serve as the fiscal agent for the project. Identify **one (1) contact person** at the primary community partner organization who will be responsible for transferring all communications, notifications and instructions from HWPP to all members of the partnership and will be responsible for the fiduciary and reporting requirements on behalf of the larger partnership. See page 4-5 for eligibility requirements.

Contact Name: Title:

Phone Number: Email:

Organization:

Organization Website:

- Non-profit organization (check the applicable type below).
 - health, social service or other community-based organization
 - faith-based organization
 - private university or school
 - other (specify):
- Government organization (check the applicable type below).
 - state or local government
 - tribal organization
 - public university or school
 - other (specify):

NARRATIVE QUESTIONS

COMMUNITY COALITION

The questions below are designed to allow the Community Coalition to describe its ability to satisfy the criteria outlined within this document and contribute to the overall success of the initiative (5,000 character count limit – including spaces – for each question).

1. Describe the coalition and how it was formed
2. Describe how the Community Coalition evolved during Phase 1
3. Explain how the coalition demonstrates inclusion and equity in bringing the right individuals and organizations to the table
4. Indicate to what extent the coalition includes all of the necessary players to address the targeted factors and contribute to population-level change. Identify who else will need to be involved in order influence each factor and how you will engage them
5. Describe how members of the community and the target population will be engaged in the process
6. Detail the coalition's capacity to execute the plan
7. Describe the major roles and responsibilities individual partners will have on this project
8. Describe the coalition structure and processes for governance, decision-making, and shared resources among partners

BEHAVIORAL HEALTH IMPROVEMENT PRIORITIES

The primary aim of the initiative is to improve the behavioral health of Wisconsin communities. Please respond to the following:

Describe how this project's strategies are aligned and will contribute to the improvement of the behavioral health of the target community(ies) by addressing the following (5,000 character count limit – including spaces – for each question):

1. Why is this indicator a good proxy for the behavioral health of your community? Why is this indicator a priority that should be addressed by this Community Coalition?
2. Describe the rationale for your chosen strategies. What factors and data (cite sources) informed your selection of strategies?
3. How are the outcomes/outputs aligned with the strategies and sufficient to positively impact the indicator?
4. How will the Community Coalition *measure* (i.e. using target benchmarks and other measurement plans) and *monitor* (i.e. the frequency and nature of review) progress regularly throughout the life of the award?
5. How will the strategies, outcomes, and associated activities of the coalition better position itself for sustainability of impact?
6. What impacts may be expected across the socio-ecological continuum?

EVALUATION MODEL

Clearly demonstrate how proposed indicators will lead to population-level improvement in the behavioral health of local communities. All strategies and activities must impact the indicator and connect with the initiative's evaluation model.

1. Complete the following table:

| RESULT: Improved behavioral health | | | | | | | |
|---|--|--|--|---|---|---|--|
| INDICATOR: | | | | | | | |
| POPULATION: | | | | | | | |
| Strategy | Factors | Output/Outcome Statement | Method/Measure | Current Benchmark | Target Benchmark | Timeframe | Level of Impact |
| <i>Efforts that move factors that achieve results at the population level</i> | <i>The forces that influence the indicator</i> | <i>Identify the intended outcome(s) that will achieve the strategy. How much, how well, what difference?</i> | <i>how you will regularly measure progress</i> | <i>The current level or state in the conditions that influence the strategies</i> | <i>The desired level or state in the conditions that influence the strategies</i> | <i>Indication of when the target benchmark will be achieved within the five year period</i> | <i>Individual, Relationship, Community/Organization, and Society</i> |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

BUDGET

1. Please prepare and attach a budget reflecting the timeframe for the proposed scope of work. Project activities are funded through an expense-reimbursement process and may only be used for direct, project-specific expenses. An Excel spreadsheet will provide the preferred template.
2. Leveraging via cash and/or in-kind match is a requirement of Phase 2. Describe leveraged resources Community Coalition partners are contributing and indicate if they are confirmed or expected.

FUNDED PROJECT COMPLIANCE

After award announcements, it is anticipated that projects will commence July 1, 2017, pending an executed Funding Agreement. The following information briefly highlights the process for projects that are successfully awarded funding from HWPP.

FUNDING AGREEMENT

After awards are approved, funded partners will be required to execute a Funding Agreement with the Medical College of Wisconsin (MCW) before the project activities can officially commence. Orientations will be held to provide greater detail about the funding agreement and award administration processes. Only the primary community partner organization should be listed on the Funding Agreement. Please note that only those community partners listed on the Funding Agreement will be able to directly invoice MCW for project costs.

The Funding Agreement must be submitted to HWPP prior to project commencement along with the following documents:

- Annual audit for the primary community partner organization
- Completed AHW Partnership Assessment Tool

ALLOWABLE EXPENSES

HWPP uses a cost-reimbursement model. Funds can only be used for direct project-specific expenses. Examples of eligible expenses include:

- Salary and benefits for personnel directly involved in the project
- Direct expenses including, but not limited to, supplies, mileage, travel, training, etc.

FUNDING RESTRICTIONS

Funds may not be used for:

- Indirect costs such as ongoing operating expenses of an organization's routine functions and principal programs
- Capital expenditures costing \$3,000 or more with a useful life of more than one year
- Debt reduction
- Entertainment or alcoholic beverages
- Lobbying
- Projects conducted outside of Wisconsin
- Reimbursement solely for patient care or clinical service delivery
- Supplanting (see Supplanting Criteria below)

View a list of Direct, Indirect and Unallowable Costs on the AHW Website at:

<http://www.mcw.edu/Advancing-Healthier-WI-Endowment/Funded-Projects/Forms-and-Resources/HWPP-Funded-Project-Toolbox/HWPP-Funded-Project-Forms.htm>

SUPPLANTING CRITERIA

The March 28, 2000 Order of the Commissioner of Insurance requires that the AHW Funds (the Funds) “may not be used to supplant funds or resources that are available from other sources.” The MCW Consortium is required to report annually on “whether the Funds are supplanting resources otherwise available.” MCW must report annually the basis for the “determination that the application of the Funds does not supplant other resources that may be available to accomplish the same purposes.”

Supplant means to replace. The concern over supplanting focuses on replacing existing funding with AHW Funds for specific projects or uses.

To ensure compliance with the Order not to supplant, criteria will be used to identify existing or available funding for each proposed project or use and to determine whether such existing or available funding would be replaced with financial support by the Funds. Supplanting criteria details can be found in the Application Resources section of the AHW website.

Prior to recommending funding for community-MCW partnership projects, the MCW Consortium will assess whether other financial resources exist or are available for the project, including an assessment of whether the community partner has other financial resources available for the project. Partners must certify that no financial resources will be supplanted and provide a complete listing of current funding sources for the project, or similar current or prior projects, so that an accurate assessment of supplanting versus leveraging can be made.

HUMAN RESEARCH PROTECTION

Following award announcements, MCW or CHW IRB staff must review all successful proposals that involve human subjects for any purpose. Documentation of this IRB review will be required before an executed Funding Agreement is approved. Other community organizations may also have IRB requirements that must be completed before funding will be awarded. This process can be time consuming and should be factored into considerations for project start dates.

REPORTING

AHW Endowment funded projects must continually engage in program evaluation activities to document achieved outcomes and to disseminate lessons learned. **Funded projects will undergo an annual assessment of progress** toward achieving their objectives and outcomes which may have an impact on future funding. Due to multiple layers of oversight, you may be requested to submit additional information during and after the project award period.

Progress reports, site visits, and conference calls are required throughout the duration of the project and are scheduled at the discretion of AHW in collaboration with project partners. A Final Report is required upon completion of the project. In addition to progress and financial reporting during the award period, partners receiving funding will be expected to report on continued outcomes, sustainability of the project and/or partnership, and any expansion of the project at regular intervals beyond the duration of the award.

Reporting obligations will include:

- Monthly meetings with AHW Program Officer, of those approximately 4 will be conducted in-person per year
- Annual completion of the AHW Partnership Assessment Tool
- Annual submission of a progress report (due in June of each year)
- Submission of a final report at the conclusion of Phase II

Per the Funding Agreement, community organizations receiving funds from the Endowment are required to furnish an annual financial audit to MCW, the cost of which must be borne by the community organization. A federal A-133 audit or an audit performed in accordance with Government Auditing Standards will fulfill the audit requirement. If such audits are not performed, the community organization will need to work with HWPP staff to determine how to best meet this requirement. As financial stewards, MCW is required to monitor all sub-recipients including those community organizations receiving HWPP funds. Therefore, community organizations listed on the Funding Agreement may be selected by MCW for a sub-recipient audit.

PARTICIPATION IN LEARNING COMMUNITY MEETINGS AND EVENTS

The Learning Community developed in the planning year will continue in Phase 2 of the initiative. Community Coalitions and the MCW Partner Team are expected to commit to ongoing participation and contribution to the Learning Community. The cohort will convene between 2 and 4 times per year. The purpose of these in-person sessions will be to promote networking, the sharing of knowledge and resources, exchanging lessons-learned, and the dissemination of project ideas and successes. **Associated costs of attending these events must be included in the proposed project budget.**

In addition to in-person meetings, the Learning Community will continue through other means including conference calls, chat/message boards, and an email listserv. Funded partners are expected to participate in, design, and help lead these various communication resources.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) REGULATIONS

The HIPAA privacy rules are federal regulations protecting the confidentiality of information used in clinical practice, research and operations of health care facilities. The privacy rules apply to the use or disclosure of protected health information for research purposes and require a number of actions and documentation. Funded projects must comply with all HIPAA requirements.

INVOICING

Project activities are funded through an **expense-reimbursement process**. Payment requests must be submitted using the HWPP Invoice Form available from the AHW website. Invoices must be submitted via the MCW-Partner Team who will facilitate payment through the MCW's accounts payable department via the department administrator. Requests should be made for approved, direct, allowable costs incurred by the community organization **on a monthly basis**. A final invoice must be signed, marked as "Final" and be submitted within sixty (60) days of the end of the award period. MCW reserves the right to request and review additional documentation for any payment requests submitted.

PROPOSAL PROTECTION AND INTELLECTUAL PROPERTY

Your proposal will be considered by AHW staff and the MCW Consortium as part of a multi-level review process. The MCW Consortium operates in accordance with standards consistent with Wisconsin's Open Meetings and Open Records Laws. Documents are generally considered by the MCW Consortium in open public meetings and become public record that may be subject to release. Prior to funding decisions being made, information contained in your proposal will not be shared outside the established MCW Consortium review process. If your project is funded, information contained in the proposal is subject to release. An Intellectual Property Agreement may be required for inventions, discoveries or copyrightable material developed as a result of a project.

MARKETING AND PUBLICITY

Community Coalitions may be invited to participate in communications and presentation opportunities with HWPP as they arise, such as: electronic newsletters, conferences or training sessions. All funded partnerships are asked to provide copies of any press releases, articles or other project publicity to HWPP. Publicity should identify AHW at MCW as the project funder with the following clause:

"This project is funded [in part or wholly (choose one)] by the Advancing a Healthier Wisconsin Endowment at the Medical College of Wisconsin."

HWPP will use information obtained from progress reports, site visits and final reports in program materials. This information will be shared with stakeholders. Information submitted by partnership projects may be edited.

FINANCIAL CONDITIONS

The amount awarded is the maximum funding available from HWPP for this project. MCW reserves the right to reduce unspent funding and/or funding duration, if needed, to comply with state and/or federal law (including but not limited to law governing endowment fund management), or to address MCW financial constraints which negatively impact the AHW Endowment from which HWPP funding is taken.

LOBBYING

Lobbying efforts are not allowable with HWPP funding including any attempt to influence local, state or federal legislation or administrative action including providing information on MCW research or HWPP projects.

CLOSED