

VERMONT2007

Coordinated Healthy Activity, Motivation & Prevention Programs

Report to the Legislature on **Act 215**
Section 322 - Healthy Activity, Motivation, and Prevention Programs
January 15, 2007



DEPARTMENT OF HEALTH
Agency of Human Services

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Table of Contents

Executive Summary	4
Introduction	5
Accomplishments to Date	6
Recommendation	6
Appendices	
Vermont Prevention Model	7
Advisory Committee Participants	11
Meeting Notes	12
CHAMPPS grants timeline	31

Executive Summary

In accordance with Act 215, beginning July 1, 2007, the Vermont Department of Health will issue grants to communities through CHAMPPS (Coordinated Healthy Activity, Motivation and Prevention Programs). These grants will be used to fund “comprehensive community health and wellness projects” that are designed to “promote healthy behavior and disease prevention across the community and across the lifespan of individual Vermonters”.

Since June 2006, the Vermont Department of Health (VDH) has been actively planning this process both internally and in partnership with the legislatively mandated CHAMPPS Advisory Committee. Planning has centered not only on issues of process, such as timeline, and administrative tasks; but also on the challenges posed by such a comprehensive approach utilizing several funding streams, some with their own requirements for use.

This report summarizes background and progress to date, conclusions of the Advisory Committee, and the timeline for applicant training, request for proposals, application review and the issuance of grants. Outstanding issues to be addressed and recommendations to the Legislature are also included.

Introduction

The Coordinated Healthy Activity, Motivation and Prevention Programs (CHAMPPS) section 322 of Act 215 calls upon the Department of Health to award competitive, substantial, multi-year grants to comprehensive community health and wellness projects beginning July 1, 2007. The Department of Health convened its first internal advisory committee, chaired by Deputy Commissioner Barbara Cimaglio, in June 2006 for an introductory discussion of the implications and opportunities presented by the CHAMPPS legislation. Preliminary and subsequent discussions of the Vermont Department of Health advisory committee, a smaller internal workgroup and the official statewide CHAMPPS Advisory Committee identified a number of issues to be addressed as the CHAMPPS grants process is planned. Following are the key issues and recommendations of the Advisory Committee.

Key Issues:

Funding:

Funding for CHAMPPS grants has been drawn from various funding sources, some with specific requirements as to what types of activities may be supported with those funds. Specific requirements of federal agencies and other funders must be reflected in CHAMPPS grant guidance (i.e., the amount of funds available for specific activities), as applicable. The CHAMPPS initiative is partially funded through federal grant programs. The issuance of multi-year grants is therefore not possible, at least in this first funding year.

Eligibility:

With respect to the question of what types of entities will be eligible for CHAMPPS grants, the Advisory Committee decided that in order to be faithful to the intent of the legislation, organizations with a statewide focus or target area would be ineligible, as would state agencies/departments. However, CHAMPPS grantees will be asked to describe in their application how they will collaborate with their local VDH office. Applicants that are not formally organized entities [e.g., 501(c)3] will be required to identify a fiscal agent.

Community Capacity:

Some CHAMPPS applicants will be very experienced in planning and executing comprehensive health and wellness initiatives, while others will not. Therefore, capacity building grants must be available in addition to comprehensive “implementation” grants. This will ensure that less experienced or organized communities (which may, in fact, be in greatest need of such funding) will have the opportunity to develop the infrastructure necessary to be considered for an implementation grant in subsequent years. Applicants will be asked to demonstrate existing capacity/competency in order to be considered for a comprehensive implementation grant. It is anticipated that one or two larger implementation grants and three to five smaller capacity building grants will be issued in year one.

Prevention Model:

In order for CHAMPPS-funded communities to approach their work from a consistent theoretical framework, one of the first tasks of the VDH committee was to articulate a common model of prevention. This prevention model was developed by the VDH workgroup (based upon the social ecological model of McElroy et al.) and is attached as Appendix A. In order for CHAMPPS activities to have the greatest impact, CHAMPPS grantees will be expected to address at least two of the five levels of the model (individual, relationships, community, organization, policies and systems), one of which must be community, organization, or policies and systems.

Need Assessment:

Successful CHAMPPS applicants will articulate the needs of their community and the process by which such needs have been identified, using data and/or a description of their community assessment process. Resources for data and community assessment will be provided to applicants in the RFP. Applicants will also be asked to demonstrate their collaboration with other organizations via coalitions, partnerships, letters of commitment and/or other means. Clear work plans with measurable goals, objectives, methods and strategies will be required, as will an evaluation component. Ongoing technical assistance will be made available to grantees through VDH.

Accomplishments

- Internal VDH Advisory Committee established and VDH staff assigned to CHAMPPS planning
- Composition of CHAMPPS Advisory Committee established based upon legislative requirements and solicitation of input from broad group (see Appendix B for membership). The Advisory Committee has met twice to date (9/11/06, 11/17/06).
- Regular meetings of CHAMPPS Advisory Committee, VDH Committee, and VDH workgroup (minutes attached as Appendix C)
- Prevention model to be used as theoretical model/basis for CHAMPPS grants developed by VDH workgroup (Appendix A).
- Legislatively required inventory of existing state programs/initiatives compiled and submitted December 15, 2006
- Timeline established for RFP, application review and grants process (Appendix D). The CHAMPPS Advisory Committee will review and approve the CHAMPPS RFP before it released and will make recommendations to the Commissioner on final funding decisions.

Next Steps for Consideration

Staffing:

As the CHAMPPS program becomes more mature in future years, there will need to be funds available to support the administration of CHAMPPS. To date, CHAMPPS planning has been conducted by staff whose time is paid for by other programs. Demands on staff will increase substantially through the processes of RFP release, applicant training, application review, issuing of grants, monitoring of progress and expenditures, and the provision of technical assistance.

Fund Establishment:

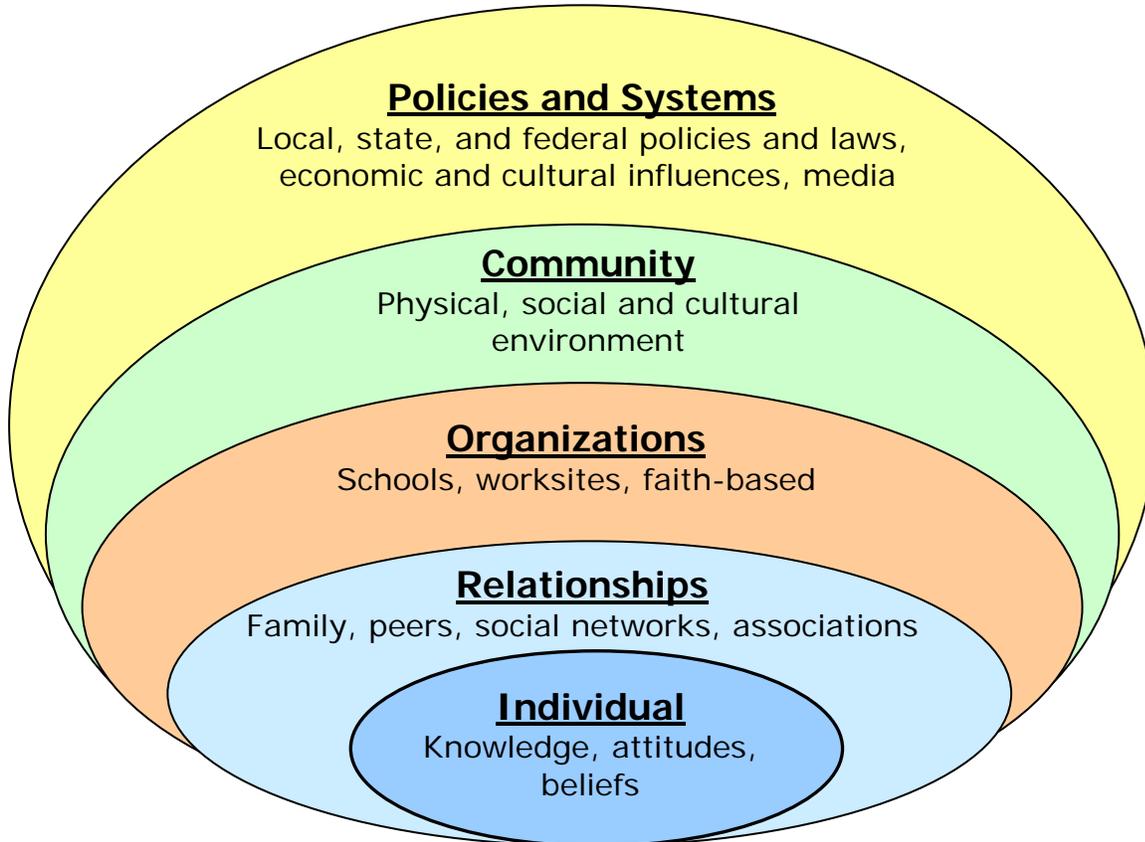
A process and timeline needs to be established for determining funds available for CHAMPPS each year. In addition, funding streams identified may have varying timelines and programmatic requirements. The intents for which funds are dedicated to state departments and agencies (e.g., by federal agencies) cannot be diluted as a result of this process.

Evaluation:

Finally, in the future, it will be helpful to conduct a formal evaluation of CHAMPPS—both at the individual community/project level and with respect to the initiative as a whole. Only through a structured evaluation will it be known whether the CHAMPPS model is successful.

**Appendix A
Vermont Prevention Model**

Vermont Prevention Model



Adapted from: McElroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. Health Education Quarterly 15:351-377, 1988.

The Vermont Prevention Model

The prevention model illustrates that there are many factors in play that influence individual and population health.

Health promotion efforts are most likely to be effective if they are:

- consistent with the needs and resources of the community
- developed with an understanding of the factors contributing to the problem
- designed to specifically address those factors
- inclusive of strategies addressing multiple levels of the model simultaneously
- sustainable over time
- age, gender and culturally appropriate
- evidence based or based on best and promising practices

Levels of influence

Individual

Factors that influence behavior such as knowledge, attitudes and beliefs
Strategies addressing this level of influence are designed to affect an individual's behavior.

Examples of individual level strategies include:

- one-on-one counseling using skills such as motivational interviewing and behavior modification techniques
- health education curricula
- media literacy education
- counseling on the health risks of tobacco use
- educational campaigns that state drinking and driving is “uncool”

Relationships

Influence of personal relationships and interactions
Strategies addressing this level of influence promote social support through interactions with others including family members, peers, and friends.

Examples of relationship level strategies include:

- youth empowerment and peer education groups (e.g. Our Voices Exposed Youth led movement against tobacco)
- parent education and family strengthening programs
- self management workshops (e.g. Healthier Living workshops)
- group walking programs
- mentoring programs

Organizations

Norms, standards and policies in institutions or establishments where people interact such as schools, worksites, faith based organizations, social clubs and organizations for youth and adults

Strategies addressing this level of influence are designed to affect multiple people through an organizational setting.

Examples of organizational-level strategies include:

- policies prohibiting tobacco use in schools and worksites
- after school programs offering physical activity programs
- worksites offering tobacco cessation programs
- worksite policies allowing flex time for physical activity or other wellness activities
- health insurance premium reductions for those with fewer risk factors (e.g., non-smokers)

Community

The physical, social, and cultural environments where people live, work, and play. Strategies addressing this level of influence are designed to affect behavioral norms through interventions aimed at the physical environment, community groups, social service networks and the activities of community coalitions and partnerships.

Examples of community-level strategies include:

- New Directions coalitions implementing evidence based alcohol and drug abuse prevention strategies
- A community tobacco coalition throwing a smoke free barbeque event
- Converting unused railways into recreation paths
- Developing bike paths

Policies and Systems

Local, state and federal policies; laws; economic influences; media messages and national trends that regulate or influence behavior

Strategies at this level are designed to have wide-reaching impact through actions affecting entire populations.

Examples of policy and systems-level strategies include:

- media campaigns and marketing to promote public awareness and advocacy for change.
- public advocacy to ban the use of items that target the branding of alcohol companies to youth (e.g. free t-shirts)
- legislation to prohibit smoking in public places
- taxes on “junk food”

**Appendix B
Advisory Committee Membership**

Name	Organization
Secretary Steven Kerr	Agriculture
Acting Commissioner Sharon Moffatt	VDH
Deputy Commissioner Barbara Cimaglio	VDH
John Nelson	Vermont School board Association
Jeanice Garfield	Springfield Prevention Coalition
Jennifer Flannery	The Collaborative
Kristy Sprague	OVHA
Amy Nickerson	DAIL
Craig Stevens	Governor's Commission on Healthy Aging
Coleen Krauss	Tobacco Evaluation Review Board
Barbara Gassner	Consultant
Tom Roberts	Ottauquechee Health Foundation
Sue Shepard	DCF
Karen Horn	Vermont League of Cities & Towns
Jonathan Billings	Northwestern Medical Center
Penrose Jackson	FAHC Community Health Improvement
Name	Organization
Chris Finely	VDH
Patricia Berry	VDH
Susan Coburn	VDH
Marcia LaPlante	VDH
Sheri Lynn	VDH
Kelly Dougherty	VDH
Ellen Thompson	VDH
Karen Garbarino	VDH

**Appendix C
Meeting Notes**

From: Cimaglio, Barbara
Sent: Thursday, June 22, 2006 6:15 PM
To: Coburn, Susan; Thompson, Ellen; Moffatt, Sharon; Moffatt, Sharon; Kelley, Suzanne; LaPlante, Marcia; Lynn, Sheri; Berry, Patricia; Finley, Christine; Dougherty, Kelly
Cc: Gregorek, Sarah; Cimaglio, Barbara
Subject: Follow Up from Community Prevention Grants Meeting

Thanks to everyone for your excellent input and discussion today at the Community Prevention Grants Implementation meeting.

Here is what I took down as the definition of "success":

We would have a coordinated granting process.

The funds would be under one umbrella (VDH), with one granting structure -- yet sensitive to individual program specialties.

There would be one theory of community change that would drive how we frame our approach.

Coordinated training and TA on core community prevention would be delivered in a team approach.

We would have a visual diagram of our model -- similar to the Blueprint.

Good start!!

NEXT STEPS: Please send your recommendations for community advisory committee members, with a description about what they would be a good representative to Sarah Gregorek.

Sarah will also be arranging a next meeting time for us in July.

Let me know if you have any other feedback or suggestions that would help us along.

Thanks,
Barbara

Barbara A. Cimaglio
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for Alcohol and Drug Abuse Programs,
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Community Grants Planning

July 21, 2006

In attendance: Susan Coburn, Kelly Dougherty, Karen Garbarino, Sheri Lyn

Our charge

To summarize for 7/27/06 meeting of larger committee:

- (1) current community grants processes and how they are conducted
- (2) common elements of our current grants processes
- (3) unique aspects of individual processes
- (4) recommended components of new common process

Common elements:

- RFP
- maximum amount available per grantee is known
- statement of need required (with data)
- criteria, goals and objectives - addressed with work plan and narrative
- detailed budget
- technical assistance provided by VDH
- letters of support required
- evaluation plan
- proposals reviewed by team
- annual funding cycle

Unique aspects

Unique aspects are primarily determined by size of grant

- sole source or only designated entities eligible to apply (e.g., hospitals, specific coalitions)
- specific scoring criteria
- review process – VDH staff reviewers, board reviewers, community reps, paid/volunteer
- training/orientation session for applicants
- timelines/fiscal year
- specific requirements of funding source

Recommendations for new process

- ➔ In year one, funds will be granted for capacity building and community development, unless community can demonstrate existing capacity/competency
- ➔ By year two, comprehensive implementation grants
- ➔ Allocate some funds for community development and partnership building each year to assure that all communities can compete equally for comprehensive implementation grants in subsequent years
- ➔ Applicant will have choices regarding which programmatic components to fund
- ➔ Social ecological model as framework – require 2 of the 5 levels, one of which must be other than individual or interpersonal
- ➔ Statement of need based on data and/or community assessment
- ➔ Coalition or community partnership engagement

- Two year (?) work plan that identifies objectives for each goal, methods/strategies for accomplishing, measures of success and roles of partners
- Use of evidence-based programs/strategies
- Evaluation methods
- Detailed budget with narrative
- Letters of commitment from key community leaders
- Pre-proposal training required
- Designated technical assistance contact at VDH

Unanswered questions:

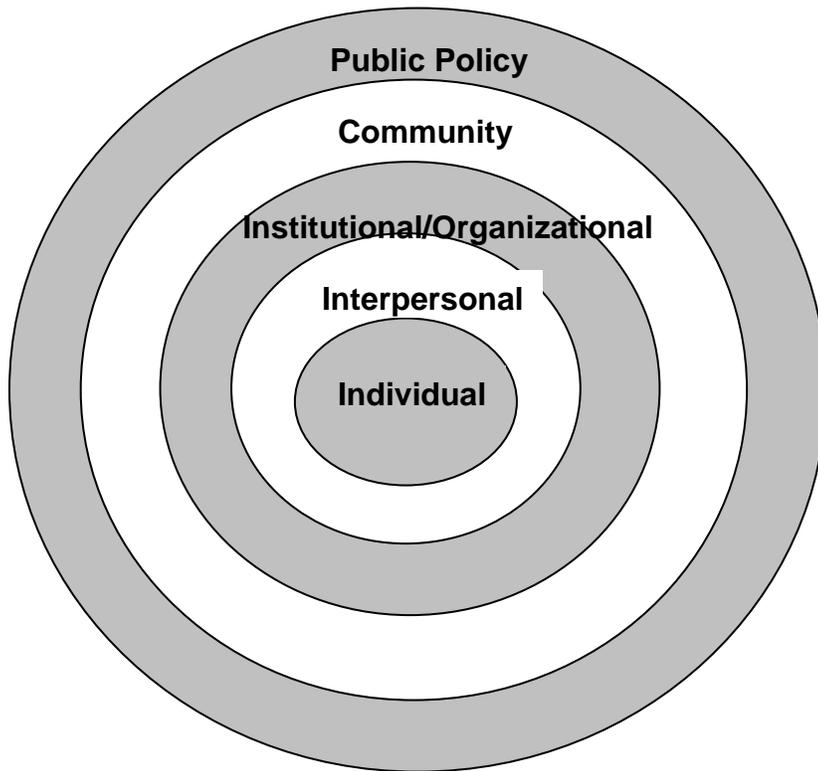
What we need to know before we can proceed

- (1) A list of all funding included in legislation and amounts
- (2) Can designated funds be carried forward if not spent this year? Some funding sources prohibit. How can this year's money be used?
- (3) What are implications for licensed/franchised programs affected by legislation (e.g., Girls on Track, Strong Living, Healthier Living)
- (4) Prevention Framework (SPF SIG) questions: SAMHSA requires state strategic plan be approved at federal level before any community grants can be issued. What if plan not approved by July? SPF SIG community grantees will need to demonstrate high need re: alcohol and drug indicators are required to address substance abuse prevention priorities and are required to participate in national cross site evaluation. SPF SIG funding is roughly 50% of budget in year 1. Does this mean VDH will issue half of invitations based on the community's level of AOD indicators?

Other thoughts:

- Feedback to legislature by community – what do they want? Need to demonstrate support by community for idea of VDH as a resource for best practices, technical assistance, etc.
- Need an example of program that has not worked using a similar process.
- Establishment of “funding opportunities” section on VDH web site with advanced notice of RFP release dates, timelines, etc. (this would apply to all grants from VDH, not just those included in H.881.)

A Social-Ecological Model Levels of Influence



Public Policy: local, state, and federal government policies, regulations, and laws

Community: social networks, norms, standards and practices (e.g. public agenda, media agenda)

Institutional/Organizational: rules, policies, procedures, environment, and informal structures within an organization or system (worksites, schools, religious groups)

Interpersonal: family, friends, peers that provide social identity, support and identity

Individual: awareness, knowledge, attitudes, beliefs, values,

Based on McElroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. *Health Education Quarterly* 15:351-377, 1988.

Notes from CHAMPPS larger VDH group meeting
July 27, 2006

1. Discussion on common RFP/grants processes currently in place - (see attached)

Issues raised:

Need one place where data is collected

Framework should be based on one logic model/performance measures

We may need one data collection package/format

Common tools for needs assessment should be used

2. Use of budgeted funds

There is confusion about where the CHAMPPS dollars sit (Fit & Healthy, SPF-SIG), and what will need to be done to enable their use. Barbara will check with Tom Ciaraldi for clarification.

Next Steps

** subgroup (Sheri, Susan C, Marcia, Kelly, Karen) will continue work on: (Kelly to convene)

-- a model that everyone can use for prevention

-- common assessment & work plan approach (tools) {logic model, performance measures} (Barbara will check on possible presentation by KIT Solutions)

-- need a definition of community

-- we will have another meeting to develop agenda for the September full advisory committee meeting (Sarah will arrange)

Assignments

Review suggested Advisory Board members, and send recommendations with full title and affiliation, and contact info to Sarah Gregorek. These recommendations will be forwarded to Sharon for her review, and to make recommendations to Cindy and Governor's Office for their appointees. **Need names by August 4.**

Barbara will ask Scott Johnson for recommendations from AHS Field Advisory groups.

Submitted by:

Barbara A. Cimaglio

**VDH Community Grants Internal Subcommittee
August 25, 2006**

In attendance: Susan Coburn, Kelly Dougherty, Karen Garbarino, Marcia LaPlante, Sheri Lyn

Our charge (from 7/27 committee meeting) is to decide upon:

- A model that everyone can use for prevention
- Common assessment and work plan approach (tools)
- A definition of community

Discussion

A model for prevention

Based upon social ecological model, which is already used as the basis of most (all?) VDH prevention programs – we will need to develop common language

- See attached draft model

Common assessment and work plan approach

Grant activities must include:

- assessment component - utilize existing tools, VDH community assessment toolkit (under development), SAMHSA's Strategic Prevention Framework (attached), etc.
- Evaluation component – again, utilize existing tools such as CDC's Framework for Program Evaluation in Public Health (<http://www.cdc.gov/eval/framework.htm>)
- Training component to be developed/delivered by VDH that includes prevention framework, assessment, developing objectives (SMART), evaluation, etc. to ensure consistency and adherence to accepted standards
- ongoing technical assistance and training throughout the process (by VDH advisors)

NOTES: most of this has been done before, summarize best practices; recognize community differences and desire to do things their own way; allow flexibility as long as address all steps in a way that makes sense; also recognize that some applicants will be very experienced in this, others will not

Federal requirements tied to any of the funds must be reflected in guidance
Will there be a defined amount of funds per subject area?

Defining Community

Subcommittee agreed that

- it is the role of the Advisory Committee to define who/what entities are eligible to apply for grants; but can build upon existing criteria (e.g., ADAP requirement that been in existence for 2 years, fully functioning

organization/coalition; experience managing grants; for capacity building, define who needs to be at the table)

- must be geographic definition of community, cannot be statewide (antithetical to intent of legislation)
- VDH internal committee can determine the parameters by which grantees are to define community with respect to target audience for interventions/activities
- VDH can also help define community readiness/capacity

Advisory Committee

Questions: Who was on final invitee list? What is the governor's timeline for appointments? Will appointments be made by first meeting on 9/11/06?

Recommendations for first Advisory Committee meeting on 9/11

Introduction, legislation summary, role of community, common elements of current processes

Next/future meeting – prevention framework plus steps to get there

(NOTE – agenda for 9/11 meeting has since been disseminated, which is consistent with this discussion)

DATE 09/11/06	CHAMPPS ADVISORY COMMITTEE MEETING NOTES	RESPONSIBLE PARTY
Attendees	Sharon Moffatt (Acting Commissioner, VDH), Barbara Cimaglio (Deputy Commissioner, VDH), Kristy Sprague (OVHA), Amy Nickerson (DAIL), Sue Shepard (DCF), John Nelson (Vermont School Boards Association), Karen Horn (VT League of Cities and Towns), Coleen Krauss (VT Tobacco Evaluation & Review Board), Jennifer Flannery, Tom Roberts, Jeanice Garfield, Barb Gassner, Chris Finley (Director of Field Operations, VDH), Sheri Lynn, Susan Coburn, Senator Jeannette White, Craig Stevens (JSI), Jonathan Billings	
Welcome Sharon Moffatt	Advisory Committee is advisory to the Vermont Department of Health. Thanks to participants for their time and collective wisdom.	
Review Legislation Barbara Cimaglio	Reviewed the legislation (Sec 320). The Vermont Department of Health has compiled the inventory of existing programs and is working with the Agency of Human Services to do a complete inventory.	
Discussion of Legislative Intent Senator Jeannette White, Brattleboro	<p>Goal: Comprehensive Approach to Wellness in communities through combined funding in place of silos for funding streams.</p> <ul style="list-style-type: none"> • Don't just want AHS money, would like to see funding from ANR, AOT and other departments that fund community initiatives for wellness. • None of the funding takes away money from communities that have already been awarded grants. • Emphasized there will be community planning grants for communities. Based on community needs, each community may start at a different place. • A recognition that "We don't have any sense of the impact if we approach community wellness comprehensively." • Impetus for this came from Senator Jim Leddy, has seen silo funding proliferation through the years. <p>Jeanice Garfield</p> <ul style="list-style-type: none"> • Raised issue regarding SAMSHA. 	ADAP will need to get SAMHSA approval when we develop our plan.
Status of Programs and Funds for FY'07	<p>Noted the work of public health in making a link between national assessment data and community needs. The challenge is to maneuver through expectations of federal funding agencies.</p> <p>Vermont Department of Health can bring "best & promising practices" to leverage limited funding but if there isn't a best practice, we need to consider how do we evaluate new unproved initiatives.</p>	

DATE 09/11/06	CHAMPPS ADVISORY COMMITTEE MEETING NOTES	RESPONSIBLE PARTY
	<p>Blueprint – concept came from Institute of Medicine, Quality Chasm, which noted there will never be enough money for health care unless systems are changed to be more preventive.</p> <p><u>Blueprint for Health:</u></p> <p><u>Background</u> 78%-84% of health care funding is spent on chronic care. How to change this:</p> <ol style="list-style-type: none"> 1. Prevention – e.g. obesity. 2. Early Intervention – walking, prevents poorly controlled glucose and its resultant complications. <p>4 Parts of the Blueprint</p> <ol style="list-style-type: none"> 1. Providers – Critically connected to the Health Care system. 2. Health Care Systems – Pay for Performance. 3. IT – Information Systems. 4. Community – Self Management, Community initiatives (walking – individuals supporting one another). <p>Senator Jeanette White – Emphasized “substantial amounts and multi-year funding” were the expectation to be able to support real change.</p> <p>Sue Shepard asked if grants would be competitive (Yes) and will there be an expectation that existing funding will be built into the application?</p>	
Review of Programs Specified in CHAMPPS legislation	<p>Barbara Cimaglio provided a review of funding in CHAMMPS – See Handouts.</p> <ol style="list-style-type: none"> 1. Fit-N-Healthy Kids – Susan Coburn - (See Handout). <p>Senator Jeannette White questioned if the CHAMPPS money is NEW or will it take all of Fit-N-Healthy Kids. Her perception is that it is new. VDH felt it was a current appropriation. It will be checked.</p> <ol style="list-style-type: none"> 2. Healthy Aging - Amy Nickerson Healthy Aging money was initially put in the Government’s budget, then moved. 3. <u>Blueprint</u>-Community line item moved from Blueprint and moved to CHAMPPS. 	<p>Will be checked by Senator White.</p> <p>The CHAMPPS money is funded through current appropriations via the Strategic Prevention Framework and Fit and Healthy Kids.</p>

DATE 09/11/06	CHAMPPS ADVISORY COMMITTEE MEETING NOTES	RESPONSIBLE PARTY
	<p>4. ADAP – See Handout.</p> <p>Comments from Advisory Committee</p> <p>Jonathan Billings – Do these monies carry with them the color of their source? Answer – Yes, must address requirements of funding source.</p> <p>Sheri Lynn – VDH Tobacco Control Program Shared information about a program in Maine that also worked with HSA’s to address tobacco use, nutrition and physical activity. They have found that it is best not to work with HSA’s, rather to be community based.</p> <p>**Committee needs to shift from a focus on specific topics/population to a systems perspective.</p> <p>Amy Nickerson - We need to be mindful of the huge leap of faith agencies will need to take to make this change in how we do business.</p> <p>Sharon Moffatt Need to identify what else needs to be obtained to support communities to do an assessment.</p> <p>Karen Horn People who are seeking money at the local level may be ahead of us, they can be very flexible with money.</p>	
What Should the Model Look Like?	<p>Susan Coburn reviewed the “VT Prevention Model”.</p> <p>Barb Gassner There is a set of skills, knowledge and attitudes that will be important to do community planning. Don’t want to change funding without a fundamental change in how we do things. Need to support efforts to hear back from communities.</p>	
Next Steps/Questions Barbara Cimaglio	<p>Meet quarterly – will bring staff work back for committee to review. Anyone is welcome to participate in staff meetings. Need to agree on basic foundational elements.</p> <p>Tom Roberts raised the question, why don’t we move up the calendar to show the legislature what actually can be done rather than plans.</p>	

DATE 09/11/06	CHAMPPS ADVISORY COMMITTEE MEETING NOTES	RESPONSIBLE PARTY
	<p>Barbara Cimaglio noted that it likely would not be possible given requirements and staffing levels.</p> <p>Will review the Blueprint model at the 11/17 meeting.</p> <p>NEXT MEETING:</p> <p>Please RSVP to Sarah Gregorek 951-1258, sgregor@vdh.state.vt.us</p> <p>Friday, November 17, 2006 from 11:00 – 2:00 p.m. Brown Bag Lunch Cyprian, Osgood Building, Appalachian Gap conference room, Waterbury</p>	

**VDH CHAMPPS Workgroup
October 31, 2006**

Present: Alice Christian, Susan Coburn, Kelly Dougherty, Karen Garbarino, Marcia LaPlante, Angela Sawyer-DeSanctis

Vermont Prevention Model and Strategic Prevention Framework

Discussed (final?) draft

Susan will present model to Advisory Committee at 11/17 meeting via power point presentation.
Marcia will supplement with real world example of New Directions work

Questions for Advisory Committee

At 11/17 meeting, will break into three groups, each to address one the following questions:
(Members of VDH workgroup will facilitate discussions in each group and will record on flip chart paper)

(1) Eligibility

What is eligible recipient entity?

Is community geographically defined or defined by population?

Are eligible entities limited to local spread versus statewide?

What *types* of organizations are eligible CHAMPPS applicants (e.g., 501c3s, state agencies/departments, coalitions, . . .)

(2) Collaboration

What level of collaboration shall be required of grantees at the community-level?

How is such collaboration demonstrated? (e.g., documented previous history of successful collaboration, letters of support/commitment, formal organizational relationships/structures, active coalition as demonstrated by meeting minutes, in-kind contributions of partners)

(3) Planning versus Implementation Grants

What are the criteria for readiness to implement?

Previous history – developing plans and carrying out

Community assessment – what has been done? What shall be required?

Question for entire Advisory Committee following breakouts

What is desired spread for initial grants – e.g., many capacity building and a few large implementation grants? Can/should this be determined in advance?

Remaining questions

The workgroup agreed that clarification is needed on:

- The timeline for the CHAMPPS grant process –
 - is RFP to be released by July 1, 2007?
 - or are funds to be released by July 1, 2007?
- Obligated funds and their timeframes

11/17/06	CHAMPPS ADVISORY COMMITTEE MEETING NOTES	RESPONSIBLE PARTY
Attendees:	Barbara Cimaglio, Steve Justis, Jeanice Garfield, Jennifer Flannery, Amy Nickerson, Barbara Hanson, Coleen Krauss, Sue Shepard, Penrose Jackson, Patricia Berry, Sheri Lynn, Kelly Dougherty, Karen Garbarino, Alice Christian, Marcia LaPlante, Susan Coburn, Eileen Girling, Russell Frank, Shevonne Travers	
Welcome and Review Agenda; Review last meeting: Barbara Cimaglio	Review the charge of committee, how CHAMPPS (Coordinated Healthy Activity, Motivation, and Prevention Programs) fits into the Blueprint as a prevention piece, the challenge of different grants with different models, along with the aim to make it more cohesive for community organizations.	
Vermont's Blueprint for Health: Eileen Girling	It is currently unknown how the Blueprint engages with the work of CHAMPPS. Reviewed Blueprint's goals of changing the delivery system for chronic care with a public/private partnership. Five Task forces are: Self management, Provider Practice, Community, Public Services, Information Technology; and Evaluation was recently added. Bottom line: the Blueprint is developing a system with a similar framework and foundation. Coleen Kraus suggested the idea of a GIS person being able to link walking maps on the web with tourism. Handouts about the Blueprint were available in the packet.	
The Vermont Prevention Model: Susan Coburn and Marcia LaPlante	A model to be used to address many community-wide problems. See handouts in the packet: 1. The Vermont Prevention Model draft chart 2. The draft narrative of the model. Marcia presented a PowerPoint using the case study of New Directions communities to explain how the model works at the 5 levels. The goal is behavior change at the individual level. Sheri pointed out the importance of sharing successful experiences among groups. Perhaps this could be part of technical assistance included in future applicant conferences.	
Small Group Work:	The group was split into 3 groups to address the following 3 issues: Eligibility, Planning vs. Implementation and Collaboration (4) Eligibility What is eligible recipient entity? Is community geographically defined or defined by population? Are eligible entities limited to local spread versus statewide? What <i>types</i> of organizations are eligible CHAMPPS applicants (e.g., 501c3s, state agencies/departments, coalitions, . . . (5) Collaboration What level of collaboration shall be required of grantees at the community-level? How is such collaboration demonstrated? (e.g., documented previous history of successful collaboration, letters of support/commitment,	

11/17/06	CHAMPPS ADVISORY COMMITTEE MEETING NOTES	RESPONSIBLE PARTY
	<p>formal organizational relationships/structures, active coalition as demonstrated by meeting minutes, in-kind contributions of partners)</p> <p>(6) Planning versus Implementation Grants What are the criteria for readiness to implement? Previous history – developing plans and carrying out Community assessment – what has been done? What shall be required?</p>	
Report Out:	<p>These are the suggestions that came from the 3 groups:</p> <p>Eligibility: Who can apply for the CHAMPPS funding?</p> <ol style="list-style-type: none"> 1. The organization should represent a contiguous geographic community that is smaller than the whole state (as opposed to a special population across the whole state). For example, school districts, AHS district, hospital catchment area. 2. If it is newly formed (if not yet a 501(c)3), it is only eligible for a planning grant, not implementation. 3. It must be a community organization, rather than a state agency; however, an agency may act as a fiscal agent. Also it is assumed that the group would work in concert with the local health office. <p>Collaboration:</p> <ol style="list-style-type: none"> 1. Letters of support vs. collaboration, commitment, MOU. 2. Role of partners clearly understood and articulated 3. Stated in-kind contributions 4. If in-kind is serving on a board, what are requirements for attendance? 5. Reinforce <u>across the lifespan</u> 6. Strict guidelines will reduce number of applications: what's right balance? 7. Frequency of advisory group meetings 8. Demonstrated communication schedule/format 9. level of formality of collaboration 10. Role of AHS Regional Partnerships 11. How prescriptive should CHAMPPS advisory group be? 12. Ensure participation of very rural communities 13. Require representation of sectors (a la New Directions 12 sectors) such as: (include bonus point sectors?) <ul style="list-style-type: none"> • Nutrition/physical activity • From legislation: town officials • Dept of Corrections • Early childhood • Access to food./ food security, community access 	

11/17/06	CHAMPPS ADVISORY COMMITTEE MEETING NOTES	RESPONSIBLE PARTY
	<ul style="list-style-type: none"> • Regional partnerships • Domestic violence • Media/PR • Law Enforcement • Schools • Treatment and Recovery Centers • Youth • Area community coalition(s) • Disabilities • Employers/WIBs <p>Planning vs. Implementation: Planning Components:</p> <ol style="list-style-type: none"> 1. Capacity Building 2. Explore existing plans rather than reinventing the wheel 3. Need to address prevention framework and all domains 4. Assessment would be deliverable 5. Staff dedicated to the development plan 6. Process of formulating structure 7. Focus on one health area and add more in later years (example of Maine) <p>Implementation Components:</p> <ol style="list-style-type: none"> 1. Assessment in place 2. Interventions in place 3. Plan with Budget 4. Experience 5. Outcomes in the past 6. 1 dedicated staffer whether in-kind or part of CHAMPPS budget 7. Subcommittees 8. Comprehensive, more than 2 health areas 9. Sustainability to move forward after implementation 10. Matching dollars 11. Encourage functioning groups to apply and link (i.e. Tobacco, ADAP New Directions, Blueprint) 	
Large Group Discussion	<p>The larger group discussed the pros and cons of the recommendations of the smaller groups. They did not reach any strong conclusions, but gave input to the working group. This group will take this and make proposal ahead of the next meeting.</p> <ol style="list-style-type: none"> 1. <u>Timeline for RFP</u> 	

11/17/06	CHAMPPS ADVISORY COMMITTEE MEETING NOTES	RESPONSIBLE PARTY
	<p>The working assumption is that the funding has to go out by July 1st, 2007. Thus the timeline would be approximately: Feb 1st for applicant training; March 1st deadline for apps; decisions on May 1st.</p> <p>2. <u>Application Review Process</u> The CHAMPPS legislation designated this group as “it” for making the grants.</p> <p>Sheri discussed the example of Tobacco granting process, a rubric for scoring grant applications, each one read by 6 people. In the first year the group would expect to give 1 or 2 larger implementation grants and more, smaller planning grants.</p> <p>3. <u>Granting Committee</u> This needs to be formed ahead of the next meeting. Discussed conflict of interest issues: those with interest in any grant applicant must recuse themselves.</p>	
Questions, Next Steps:	<p>Will there be some advance notice to community groups? Who does RFP go out to?</p> <p>The next Advisory Committee meeting: January 19, 2007, 11 a.m. – 2 p.m., Department of Children & Families Training Conference Room, Building A, 2nd floor, 103 South Main Street, Waterbury</p> <p>At that meeting, the committee will review a freshly drafted RFP, which will be circulated ahead via email.</p> <p>All members are invited to any staff meetings along the way.</p> <p>If you wish to be on the grant committee, please let Sarah Gregorek know ASAP at SGregor@vdh.state.vt.us. She will serve as the email clearinghouse: (there is no listserv currently).</p>	CHAMPPS working group

VDH internal workgroup, December 15, 2006

Notes by Kelly D.

Present: Marcia, Kelly, Susan, Sheri, Sharon, Alice, Dawn and Tom Roberts by phone.

Timeline

1/15/07 - registration form for applicant training sent

1/12/07 - draft RFP to Advisory Committee for review

1/19/07 - Advisory Committee meeting (sign off on RFP)

1/24/07 - RFP out

(NOTE: This still seems a little out of sync - i.e., the registration for training is sent before they receive RFP and due immediately after they receive it, but I don't see another way around it. Let me know if you have any ideas)

1/26/07 - deadline for registration for applicant training

2/1/07 and 2/6/07 (tentative) - applicant training via VIT - this will be required for all CHAMPPS applicants

2/8/08 - deadline for VDH to follow up on applicant information with respect to separate applicants from same area

3/9/07 - applications due

Applications reviewed over two week period (specifics of this timeline to be determined)

5/1/07 - decisions made and granting process started through Business Office
We also agreed that Advisory Committee will need to meet in April

Tasks (in no particular order)

- Sheri will look at RFP wording for required entity or fiscal agent - 501(c)3, District Office, town, etc.
- Sheri, Sharon and Dawn will develop agenda/content for applicant training session(s)
- Karen will work with Research and Statistics on data packet to be given at the applicant training and a list of resources for other available data (e.g., AHS community profiles)
- Susan and Alice will work on identifying resources for assessment and crafting wording for RFP related to assessment requirements
- Kelly will arrange VIT for training sessions (ADAP has some sites reserved already on 2/1)
- Kelly will start with tobacco, ADAP, and other RFPs and start working on the RFP document based upon work to date and requirements confirmed today
- We all will bring our contacts for the RFP dissemination list to our next meeting on 12/29
- Kelly will notify the Communications Office of the need for a press release
- Tom will get word out through association of health funders

Immediate unanswered questions

- Funding for applicant training using VIT
- Confirmation of funding available (especially with SAMHSA sign off requirement) - we work from assumption that half of SAMHSA money is available (is that right?)

Next meeting: Friday, December 29, 8:00-10:30, Commissioner's Conference Room

Appendix D
CHAMPPS Timeline

January 12, 2007 - Draft RFP is sent to the CHAMPPS Advisory Committee for review.

January 15, 2007 - Registration form for applicant training distributed

January 15-19, 2007 – Press release issued regarding coming release of CHAMPPS RFP

January 19, 2007 - CHAMPPS Advisory Committee meets; RFP to be finalized.

January 24, 2007 - RFP available/distributed

January 26, 2007 - Deadline for applicant training registration

February 1 and 6, 2007 (tentative) - Applicant training through Vermont Interactive Television. Training will be required for all CHAMPPS applicants.

February 8, 2007 - Internal VDH deadline for follow up with applicant training attendees with overlapping target populations or other issues to be addressed

March 9, 2007 - CHAMPPS funding proposals due

March 12 - April 25, 2007 - Application review by grants committee

April 2007 (TBA) - CHAMPPS Advisory Committee meets; final approval of applications to be funded

May 1, 2007 - Notice of CHAMPPS grant awards. Granting process started through VDH Business Office.

July 1, 2007 – grants issued, grant period begins