

Selection of Lead and Supporting Healthy Maine Partnerships for FY13

With a reduction in funding approved by the Legislature from approximately \$7.5 million to \$4.7 million, Maine CDC is making changes to support continuation and sustainability of the Healthy Maine Partnerships (HMPs). Maine CDC understands that these funding cuts are difficult for local HMPs, and that some HMPs are experiencing significant reductions as a result of these changes.

Previously, 27 HMP community Partnership directors and 31 HMP school health coordinators were located across the 9 public health districts and 164 school administrative units. HMPs were asked to assess the needs in their community and choose from a menu of approximately 70 objectives to develop a work plan.

Starting July 1st, there will be 9 Lead HMPs and 18 Supporting HMPs spread across Maine. Each HMP will retain its individual service area. HMPs will have a more focused set of objectives, including both community and school settings. There will be flexibility to choose objectives within the defined set of objectives, but HMPs will be required to address school objectives as part of the work plan with priority schools. Priority schools will be identified by Maine CDC and the Department of Education in order to ensure the most vulnerable children are benefiting from the HMP work.

This plan reduces administrative overhead, duplication of work and reduces the administrative burden for State government (nine contracts vs. twenty seven). It also focuses the limited resources available on those health factors that put people most at risk. In order to move to a lead and supporting HMP structure, Maine CDC assessed each HMP for the following qualities:

- The HMP's demonstrated ability to meet the expectations of the contract
- Efficient use of public resources
- Collaborative partnership with Maine CDC
- Ongoing support and promotion of new and developing public health infrastructure

Please see the attached spreadsheet for total scores. All scores provided the highest points to those that best met the condition required within each respective district. Example: Power of Prevention received a "2" and ACAP a "1" for Overhead and G&A because Power of Prevention's rate was lower. In those instances where there was a tie, the same score was awarded to each coalition that made up the tie. At the end, scores were aggregated to reach a total award.

Summary Explanation of Total Scoring

- **Cost of Operation Column:** All Operating Costs and General and Administrative (G&A) were derived from the FY12 contract numbers. Total contract amounts minus school health coordinator funding were used to determine the percentage. Scoring was done on a ranking basis within each District with the HMP with the lowest G&A awarded the highest score.
- **Salary Guide Compliance Column:** Staff within salary guidelines was determined by the hourly salary rate from each FY12 budget compared to the recommendations contained in RFP 201010788.

Scoring was conducted on a ranking basis within each District with the HMP with the greatest percentage of salaries within guidelines given the highest score.

- **Infrastructure Development Column:** The 'Support and Implementation of Developing Infrastructure' score was determined from staff knowledge of coalition activities and progress in this area. Each HMP was scored in a Likert scale (rating scale) within each District.
- **Project Officer and District Liaison Columns:** These discussions focused on questions that assessed grantee collaboration with Maine CDC, compliance with Maine CDC direction, implementation of Maine CDC initiatives at the local level, and support of Maine CDC's district level work. Each HMP was rated by applying a Likert scale of 1-5 to questions that were designed to show the individual HMP performance in key areas of leadership (as opposed to programmatic performance) that were determined to be important to Maine CDC. These ratings were aggregated to provide a total score within the Project Officer/District Liaison discussion columns. HMPs were then rated within their district dependent on their aggregated score.
- **Tie Breaker Column:** Where aggregate scores tied, a tie breaker was used. The tie breaker consisted of the measure of completion of tobacco-related and physical activity and nutrition-related milestones as reported by each grantee in the HMP KIT monitoring system. This score was a strict percentage of completion of milestones with the HMP completing the highest percent of their milestones given the highest score.
- **Aggregate Subtotal:** The aggregate subtotal score was derived from totaling the rating score from each column after applying a weighting to two areas determined to be most significant, Support and Promotion of Developing Infrastructure and responses from the Project Officer Discussions. These areas were selected because of Maine CDC's investment in developing the public health infrastructure at the district level. In addition, because the project officers have worked closely with the HMPs for a significant number of years and are very familiar with their respective strengths and weaknesses their input was considered key. The formula used to reach the aggregate subtotal compiled the ratings in the following way: Cost of Operations + Salary Guideline Compliance + (Support and Promotion of Developing Infrastructure *2) + (Project Officer discussions*2) + District Liaison discussions.
- **Total Score:** The total score is this aggregated subtotal, except in the Central District where the aggregate subtotal resulted in a tie score for two coalitions. In that case, scoring from the **Tie Breaker Column** was added to the aggregated subtotal.

Attachment 1

Each coalition was ranked on a score of 1-5, with 1 being the least and 5 indicating the most.

Questions asked of Project Officers

Collaboration with MCDC

1. Degree of cooperation with Maine CDC
2. Willingness and ability to follow Maine CDC guidance and direction
3. Openness to technical assistance from Project Officer
4. Facilitates engagement between coalition board and project officer
5. Staff of the HMP conduct themselves professionally

Capacity to Serve the District

6. Degree to which addressing health disparities is a priority
7. Degree to which the HMP has served their entire service area

Efficient Use of Resources

8. Effectiveness at implementing their work plans within the parameters given by Maine CDC
9. History of engaging capable partners in HMP service area

Questions asked of District Liaisons

Collaboration with MCDC

1. Degree of cooperation with Maine CDC
2. Willingness and ability to follow Maine CDC leadership and direction
3. Engages district liaison in professional and collegial manner
4. Facilitates engagement between coalition board and district liaison
5. Staff of the HMP conduct themselves professionally

Support of Public Health Infrastructure

6. Rate the understanding of the HMP regarding their role in the public health infrastructure
7. Degree to which the HMP has been positively involved in developing or supporting development of the public health infrastructure
8. Rate the contribution of the HMP to the development of the public health infrastructure
9. Degree of positive engagement in DCC and DCC activities
10. Rate the degree of flexibility of the HMP in allowing other public health entities to take a lead role in DCC and the public health infrastructure

Capacity to Serve the District

11. Degree to which addressing health disparities is a priority
12. Completeness and integrity of MAPP implementation
13. Degree of achievement of intent of Core Competencies
14. Formation and effective functioning (independent of paid staff) of a governance or advisory board