FEDERAL GRANTS
WEBINAR SERIES

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Elements for Quality Project Design

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@AGSTraining

Learning Objectives

- The participant will:
  - How to design and run a series of proposal design meetings
  - Tools to get consensus and information about project activities quickly
  - Clear definitions of evidence-based and research-based programming
  - Commonly used evidence levels
  - How to describe programs not based on specific evidence-based models, but which still use research to guide its programming

GPCI Competencies and Skills

This training is applicable to GPCI Competency 2, 3, and 4 with emphasis on the skills listed below:

- *Competency 2:* Knowledge of organizational development.
  - Skill 2.3. Identify methods for assisting organizations to implement practices that advance grant readiness.
  - Skill 2.6. Identify strategies and procedures for obtaining internal institutional support and approval of decision-makers for grant-seeking activities.
- *Competency 3:* Knowledge of strategic for effective program and project design and development.
  - Skill 3.4. Identify structures, values, and applications of logic models as they relate to elements of project design.
  - Skill 3.7. Identify design and development decisions used to create the program/project that are data-based.
- *Competency 4:* Knowledge of how to craft, construct, and submit and effective grant application.
  - Skill 4.3. Identify project management strategies for submitting high-quality and complete proposals on time.

Grant Professional Certification Institute, www.grantcredential.org

Project Timeline

- Week 1: RFP opens
- Week 2: Project design, write
- Week 3: Collect info, write
- Week 4: Writing, more info
- Week 5: Writing & editing
- Week 6: Reviewing & editing
- Week 7: Internal deadline
- Week 8: Funder deadline

- 4/12: RFP opens, Go/No go
- 4/19: Project design, write
- 4/26: Collect info, write
- 5/3: Writing, more info
- 5/10: Writing & editing
- 5/17: Reviewing & editing
- 5/24: Internal deadline
- 5/31: Funder deadline

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Initial Lists

Go/No Go Considerations

- Financial Impact
- All services provided internally
- Staffing options

First Lists

- Finance: budget
- Executive director: forms
- Data: # of people served, # of services provided

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Checklist

- Narrative components, summary, bibliography

- Budget, justification, indirect cost rate agreement, partner scopes of work, bids

- Attachments: logic models, work plans, resumes/biographical sketches, letters of support, MOUs

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Logic Model

Community Needs	Resources	Activities	Outputs	Short-Term Outcome	Medium-Term Outcome	Long-Term Outcome
		Required #1				Outcome #1
		Required #2				Outcome #2
		Required #3				Outcome #3
		Optional #1				
		Optional #2				
		Optional #3				
		Optional #4				

Logic Model

Community Needs	Resources	Activities	Outputs	Short-Term Outcome	Medium-Term Outcome	Long-Term Outcome
	Who Where What*	Required #1				Outcome #1
	Who* Where What*	Required #2				Outcome #2
	Who* Where What*	Required #3				Outcome #3
		Optional #1				
		Optional #2				

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Logic Model

Community Needs	Resources	Activities	Outputs	Short-Term Outcome	Medium-Term Outcome	Long-Term Outcome
	Who Where What*	Required #1	# services # people served			Outcome #1
	Who* Where What*	Required #2	# services # people served			Outcome #2
	Who* Where What*	Required #3	# services # people served			Outcome #3
		Optional #1				
		Optional #2				

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Logic Model

Community Needs	Resources	Activities	Outputs	Short-Term Outcome	Medium-Term Outcome	Long-Term Outcome
	Who Where What*	Required #1	# services # people served	Change in knowledge	Change in attitude	Change in behavior
	Who* Where What*	Required #2	# services # people served	Change in knowledge	Change in attitude	Change in behavior
	Who* Where What*	Required #3	# services # people served	Change in knowledge	Change in attitude	Change in behavior
		Optional #1				
		Optional #2				

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Work Plan

Activities	Person Responsible	Timeline	Process Measure	Outcome Measure	Assessment Method
Planning					
Outreach					
Services					
Evaluation					
Dissemination					

Questions and Agendas

- Create meeting agendas
  - Objective: What do I need to be able to write when this meeting is over?
  - RFP questions
 - More detailed personal questions

Types of Meetings

- Initial Presentation (Go, No Go)
- Information Gathering
- Services/Activities Design and Decisions
- Partnerships
- Staffing
- Data Collection and Evaluation
- Financial

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Common RFP Questions

- What is the evidence-level of your program, model, or services?

- Is there research or other evidence demonstrating that this program can be successful when implemented in accordance with the program model on which it is based?

- What documentation do you have of your evidence-based or evidence-informed approach?

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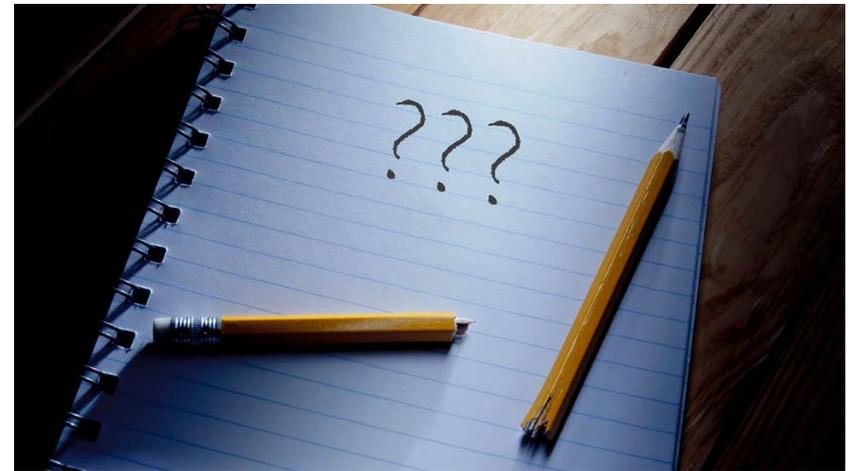
Research-Based vs. Evidence-Based

- Research-based – theories supporting activities or actions

- Evidence-based – activities developed from scientific evidence and found to be effective based upon evaluation

- Efficacy – ability to produce desired result with same actions

Published Research

- Peer-Review
  - Reviewed of other experts in the same field
  - Before publication
  - Assesses the quality of the research
  - Validates the research
  - Establishes a method by which it can be evaluated

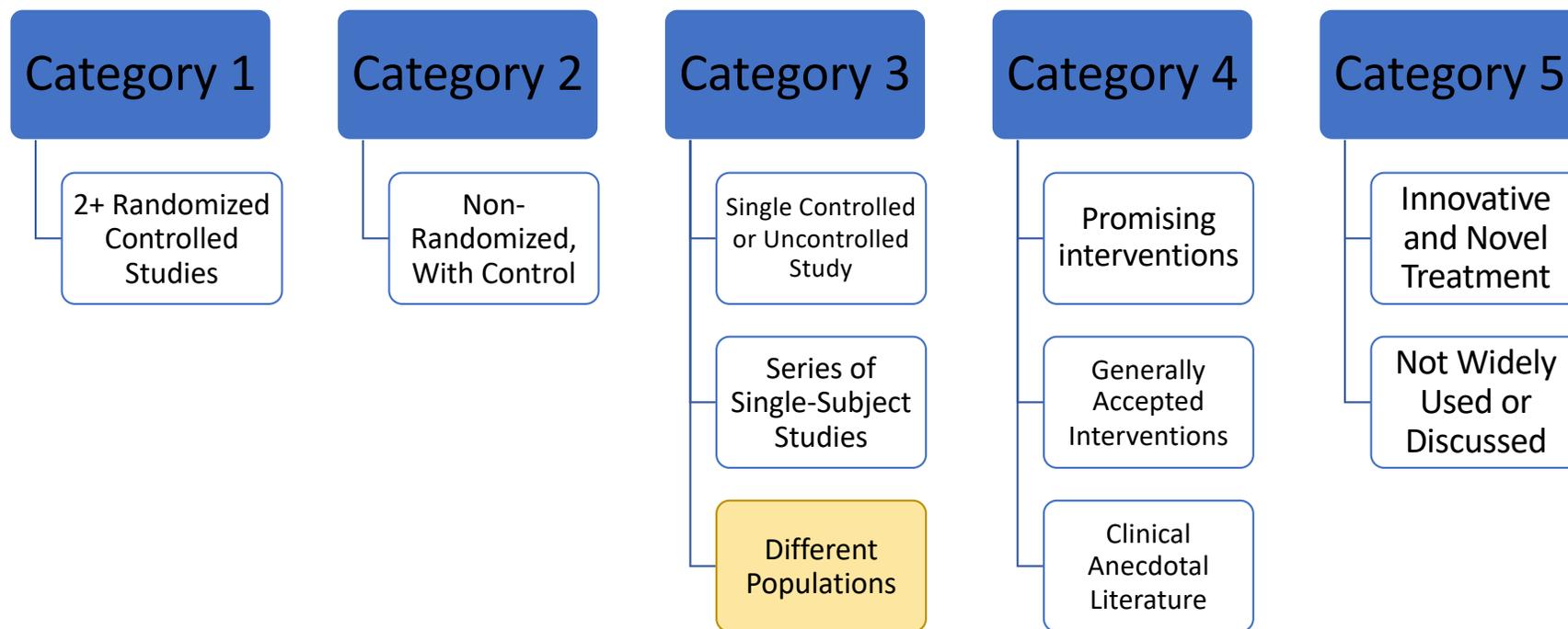
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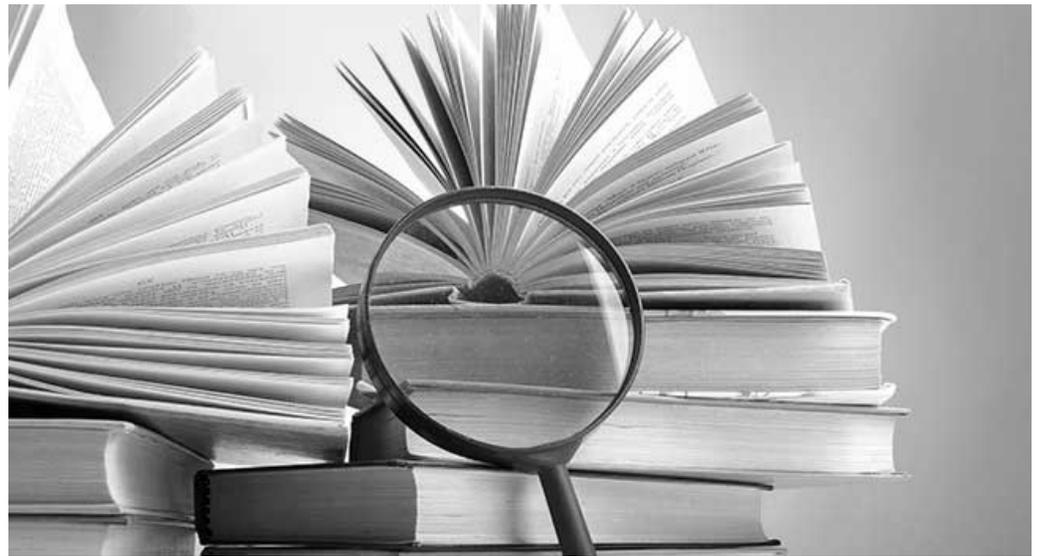
Models

- A specific description of how activities should be implemented
  - Fidelity – the degree to which something is copied or followed
  - Validity – how well a test measures what it claims
  - Reliability – degree to which results are consistently produced

How to Effectively Describe Evidence

- Citations

- Classifications

- Date, Methodology, Confidence or Strength of Findings

- Description
  - How close the model matches the proposed program
  - Methodological quality (statistical power, internal and/or external validity, sample size, etc.
  - Recency (last five years, last ten years)
  - Strength of findings (preference toward large and persistent positive effective demonstrated with confidence levels)

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Example 1

The primary source of the evidence-based Primary Care Behavioral Health Model is the Rural Services Integration Toolkit.

- Rural Health Information Hub. (2016). Rural Services Integration Toolkit. Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services Department (HHS) URL: https://www.ruralhealthinfo.org/community-health/services-integration/2/primary-care-behavioral-health

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Example 2

- Whitlock EP, O'Connor EA, Williams SB, Beil TL, and Lutz KW. (2010). Effectiveness of Weight Management Interventions in Children: A Targeted Systematic Review for the USPSTF. Pediatrics. e396-e418.
    - Comprehensive behavioral interventions of medium-to-high intensity were the most effective behavioral approach with 1.9 to 3.3 kg/m2 difference favoring intervention groups at 12 months. More limited evidence suggests that these improvements can be maintained over the 12 months after the end of treatments and that there are few harms with behavioral interventions.

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Example 3

EXAMPLES

U.S. Preventive Services Task Force. (2017). Screening for Obesity in Children and Adolescents: U.S. Preventive Services Task Force Recommendation Statement. *JAMA.* 2017;317(23):2417-2426. doi:10.1001/jama.2017.6803

- Comprehensive, intensive behavioral interventions ($\geq$26 contact hours) in children and adolescents 6 years and older who have obesity can result in improvements in weight status for up to 12 months. The USPSTF reviewed 45 trials (n = 7099) of behavioral interventions for obesity. Of these, 42 trials (n = 6956) used multicomponent interventions targeting lifestyle change (eg, counseling on diet, increasing physical activity or decreasing sedentary behavior, and addressing behavior change) to limit weight gain or decrease weight. Among the more intensive trials ($\geq$26 contact hours), intervention groups showed absolute reductions in BMI *z* score (a standardized measure of BMI based on age- and sex specific norms to facilitate comparison across ages) of 0.20 or greater. Most participants maintained their baseline weight within 5 lb while growing in height. In comparison, control groups showed small increases or reductions in BMI *z* score of less than 0.10 or weight gain of 5 to 17 lb (Table 2).3 Interventions were effective in reducing excess weight in children and adolescents after 6 to 12 months.

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Example 4

EXAMPLES

- <u>Intervention 1: Financial Literacy:</u> Financial literacy services are based on components shown to demonstrate improvement in program beneficiaries over time on one or more intended outcomes (Preliminary Evidence).

- <u>Intervention 2: Employment:</u> The employment program has a Preliminary Evidence base, centered on some components of Supported Employment, an evidence-based practice of the Substance Abuse and Mental Health Services Administration.
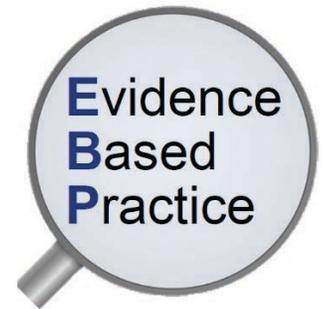
Substance Abuse and Mental Health Services Administration. Supported Employment: The Evidence. DHHS Pub. No. SMA-08-4364, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009.

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Example 5

- Intervention 3: Housing Repair: ABC's housing repair program only has pre-preliminary evidence of occasional feedback from program participants after they have received services. Participants believe it will allow them to continue living independently in their own home.

- Intervention 4: Housing Repair/Weatherization Education: ABC's housing repair education program does not have any qualitative or quantitative data to share. This program is being developed based on conversations with case workers about the quality of the home clients are living in and on conversations with clients about why they have not done any repair work or weatherization themselves.

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Finding Evidence-Based Practices (EBP)

- What Works Clearinghouse (Department of Education)
- The Community Guide (Centers for Disease Control and Prevention)
- Evidence-Based Practices Resource Center (Substance Abuse and Mental Health Services Administration (SAMHSA)
- ECRI Guidelines Trust (clinical guidelines)
- Promising Practice Model Database (National Association of County and City Health Officials)
- CrimeSolutions.gov (Office of Justice Programs)

Evidence Based Practice

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But I want to be…

- Innovative

- Holistic

- Adaptive

- Meet people where they are at

Deconstruct Your Program

- Describe the extent to which you will deliver components of an EBP to fidelity (0%, 50%, 100%)

- Explain deviations

- Discuss practice wisdom

Chart of Similarities and Modifications

	Studied Intervention	Our Intervention
Target Audience	* 7-8th grade youth * First generation college students	* 6-8th grade youth (slight modification #1) * First generation college students

- Modification #1: Our project will incorporate 6th grade youth because in our school district middle school incorporates grades 6-8. The district is requesting that all youth receive the same curriculum. Our data collection and evaluation strategies will allow for comparison by grade level and offer new information of the effectiveness of the program for a wider age group.

Theoretical Framework

Young children that experience abuse, neglect and household dysfunction are more likely to face challenges in attaining health and well-being over the course of their lives. These were the findings from over 17,000 participants of the Adverse Childhood Experiences (ACE) Study from 1995-1997. The largest research initiative of its kind, the ACE Study by Vince Felitti and Robert Anda sought to make connections between childhood maltreatment and later-life health and well-being. The conceptual framework behind this study graphically represented by the pyramid below is the **evidence-based foundation for trauma-informed service provision**. The number of adverse experiences an individual has in childhood (translated to an ACE Score) can help providers identify those most at-risk in order to provide targeted prevention and intervention services.

(Retrieved from http://www.cdc.gov/ace/index.htm).

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Strategies/Methods/Techniques

EXAMPLES

An afterschool program using a collection of evidence-based strategies

- Students will have ongoing opportunities for service-learning, **an evidence-based strategy for improving school engagement and student learning** (Simons & Cleary, 2006), preventing school dropout (Duckenfield and Drew, 2006), improving self-esteem and self-concept (Billig, Root and Jesse, 2005), and improving social responsibility.

A healthy lifestyle behavior change program

- Participants will track their own physical activity. **Self-monitoring is an evidence-based strategy for health behavior change** (citation).

A request for placing a Community Health Worker in a community-based organization

- This innovative approach uses the evidence-based community health worker program used by health care organizations. Health care organizations hire social workers to serve as community health workers to address social determinants for frequent users of the emergency rooms.

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Curriculum/Therapies/Assessment Tools

EXAMPLES

A request for additional school-based mental health professionals

- The mental health professionals use evidence-based interventions for individual and group therapy such as Cognitive Behavioral Therapy (CBT) and Transition to Independence Process (TIP), both of which are recognized by the National Registry of Evidence-based Practices (NREP) as effective treatment methods.

- Each year, all middle and high school students complete the evidence-based curriculum and screening curriculum, Signs of Suicide (SOS). The National Registry of Evidence-based Practices (NREP) recognizes SOS as decreasing suicide attempts in adolescents, among other positive outcomes.

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Partnerships

Example of leveraging partnership with entities that regularly utilize evidence-based programs

- Each HOSPITAL affiliate used the results of their 2016 Community Health Needs Assessment, the unique demographics and needs of their communities, and existing community partnerships to identify at least one underserved county in which they will focus their efforts to expand the number of DPP class locations. Within each county, the HOSPITAL affiliate identified at least one community partner with expertise in delivering evidence-based public health programming or services within the identified priority population (See Work Plan). These community partners include FQHCs, local health departments, employers and Area Agencies on Aging (AAA), as well as ADH.

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Next Steps

- Six-Week Project Timeline

- Standard List of Questions

- Logic Model and Work Plan

- Literature Review

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Questions?

Contact Us and Connect

Next Training!

Building a Compelling Federal Budget (October 13)

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