

COVERING KIDS AND FAMILIES EVALUATION

Strategies for Sustaining CKF: Interim Synthesis of Evaluation Findings

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I. INTRODUCTION

From the beginning of the Covering Kids and Families Program (CKF), the Robert Wood Johnson Foundation (RWJF) encouraged its grantees to think about continuing CKF activities after the program ended. RWJF realized that there was an ongoing need for a program such as CKF. The program works within an environment of large numbers of uninsured children and parents, pressures on state budgets that can lead to restrictions in Medicaid and SCHIP enrollment, turnover among state officials, and concerns about low literacy among uninsured parents. This environment creates a constant need to enroll low-income uninsured families in public insurance programs through outreach, work with state officials to simplify policies and practices for enrollment and renewal, and make efforts to coordinate the rules and procedures governing the different public health insurance programs.

Ongoing needs such as these require projects to develop the capacity to sustain their activities over the long term. Sustainability can take on several forms. One form is in the sustained (or ongoing) influence on the behavior of those targeted by the CKF program whether or not the program continues to operate. Using this definition, CKF projects are sustained when they have been able to effect or influence changes in state policies governing eligibility for and enrollment in public health insurance programs. This form of sustainability can be called “leaving a legacy.” Such a legacy continues to influence the conditions determining enrollment and retention of uninsured children and their parents whether or not the CKF project survives the cessation of funding. The second major form of sustainability is the capacity for continued operations (or survival) when the initial funding of a project expires. This type of sustainability can follow several paths within the CKF context. In its most basic form, sustainability can mean the survival of the CKF grantee projects themselves and the continuation of current operations

without interruption. This is, perhaps, the ideal form of sustained operations, as it provides continuity in working toward program goals. Often, however, the cessation of funding means that paid grantee staff can no longer remain with the project. Sustained operations might then be achieved by the CKF coalition. In some instances, the coalition as a whole continues to undertake CKF activities; in others, responsibility for CKF efforts is divided among coalition member organizations as they institutionalize some activities into their own ongoing operations. Or, if neither of these paths is taken, sustainability might be found when new organizations, such as the state government itself or local health care providers, schools, or other community organizations, take up CKF's efforts.

To encourage the CKF grantees to sustain activities after its funding ended, RWJF incorporated several incentives into the program design. Two of the three major goals of CKF (simplification and coordination) would, if successfully implemented, result in the CKF projects leaving a legacy of changed state policies. Other aspects of the program design encouraged sustainability as continued project operations. The Foundation required state grantees to secure funding to match its contributions and to start using the matching funds halfway through the grant period.¹ Second, the CKF National Program Office (NPO) convened a working group to define various elements of sustainability and provided technical assistance to grantees on fundraising and sustaining CKF strategies.²

¹RWJF gave four-year CKF grants, and grantees had to match 50 percent of the funding. Thus for example, a state grantee receiving \$400,000 from RWJF had to secure at least \$200,000 from other sources and had to begin spending the matching funds by the start of the third grant year.

²The NPO's fundraising technical assistance included a fundraising toolkit, workshops at the program's annual meetings, and one-on-one technical assistance from a consultant. The NPO also embedded the ideas of sustainability into a constant stream of reminders, advice, and monitoring that infused the concept of sustaining grantee operations into the outlook of many CKF grantees.

The CKF Evaluation team used a variety of data collection activities to explore the paths that grantees and their coalitions took to sustain their activities and extend their influence beyond the period funded by RWJF. Table 1 sets out these data collection activities:

TABLE 1
EVALUATION ACTIVITIES TO MEASURE SUSTAINABILITY

Activity	Scope	Time Period
Telephone survey of CKF grantee staff and state Medicaid and SCHIP officials	46 CKF grantee staff in all 46 CKF states and 65 state officials ³	July 2005
Web-based survey of state coalition leaders	3 to 5 leaders in each state coalition in 45 states ⁴	August 2005
Reverse site visit for selected state and local CKF project staff	6 state and 5 local grantee staff	October 2004

Findings from analyses of these data sources are reported in the following CKF Highlight Memos and Reports:

Sustainability from the Grantees' Perspective: CKF Highlight Memo 17 (Wooldridge 2005)

Expectations of Sustainability: What Do CKF Grantees and State Officials Predict Will Happen Once RWJF Funding Ends? CKF Highlight Memo 21 (Stevens and Hoag 2005)

Sustainability of Covering Kids and Families Coalitions and Activities (Morgan and Ellis 2005)

Areas of Influence on Medicaid and SCHIP Programs (Morgan, Ellis, and Gifford 2005)

³Grantees identified the relevant state Medicaid and SCHIP officials. In 19 states, both a Medicaid and a SCHIP official were interviewed; in 27 states, either a Medicaid official, a SCHIP official, or an official representing both Medicaid and SCHIP was interviewed, leading to 65 total respondents.

⁴Louisiana did not participate because its coalition leaders were busy dealing with the aftermath of Hurricane Katrina. State grantee staff in the coalition and state officials already included in the telephone survey were not included in the coalition leader survey.

Given the importance to the Foundation of sustainability as a desired outcome of the CKF program and the basic uncertainties about the ways to encourage such outcomes, we present this interim report. It synthesizes the findings from the responses of state grantees, coalition leaders, and state officials to questions about the likely legacies of CKF efforts and the possible futures of CKF projects. This report focuses on two key questions: (1) what predictions do grantees, state officials and coalition leaders make about the future of CKF activities and (2) what are the implications of these predictions for the continuation of CKF strategies among grantees or coalition members?

II. FINDINGS

CKF has already left a legacy of changes in Medicaid and SCHIP policies and procedures for enrolling eligible families in public health insurance, in the view of state officials (and grantees).

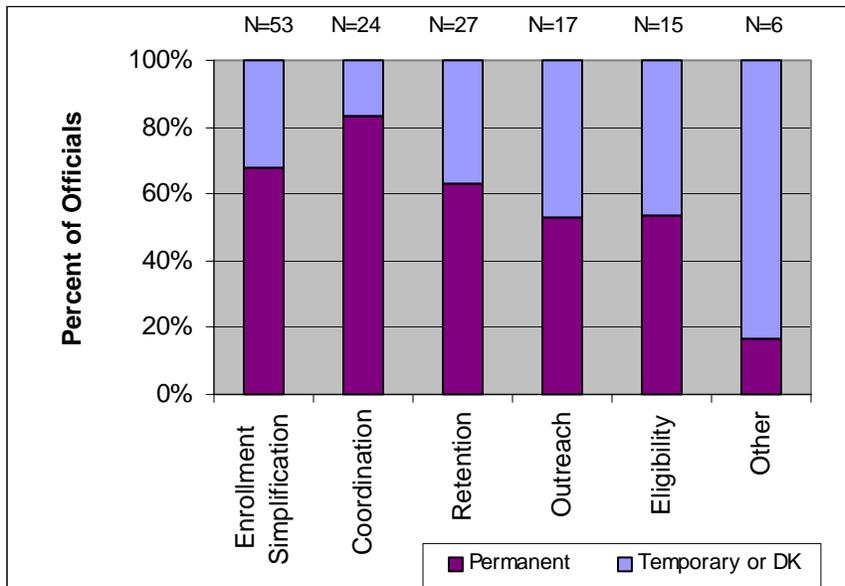
State Medicaid and SCHIP officials in the 46 CKF states surveyed in summer 2005 indicated that CKF had already influenced a number of policy and procedural areas—the top three of which were enrollment simplification (53 officials reporting such an influence), retention (27 officials), and coordination of coverage (24 officials).⁵ Furthermore, they expected that two-thirds of the policy and procedural changes that CKF had influenced will be permanent.⁶ The likelihood of permanence varies by type of policy change. For example, as shown in Figure 1, of the 24 state officials reporting that CKF had influenced coordination of health insurance in their states, over 80 percent of them reported that the change would be permanent. Of the 53 state officials reporting that CKF had influenced enrollment simplification and the 27 who reported that CKF had influenced retention, more than 60 percent thought these changes would be permanent.⁷

⁵State officials thought that about half the changes that CKF influenced would not have occurred without CKF.

⁶The survey defined permanent changes as “changes that will likely endure for the long term,” versus temporary changes “not likely to endure for the long term.”

⁷ State CKF grantees were more likely than state officials to believe the changes they helped bring about would be permanent (based on telephone survey responses).

Figure 1: State Official Assessment of Permanence of Policy Changes (by Type) Influenced by CKF



Source: Telephone Survey of State Medicaid and SCHIP Officials Summer 2005. Reported in Morgan et al. 2005.

In-depth discussions with selected state and local grantees about sustainability threw light on CKF’s legacy of influence and how it could be sustained into the future, with or without a continuing coalition.⁸ Grantees believed that over the CKF grant period, there had been a change in philosophy among state and local eligibility staff about enrollment—as a direct result of CKF efforts—such that simplified processes are now embraced as a good thing for the participants and the program and thus will continue into the future.

⁸ Data collected during a reverse site visit in October 2004 (Wooldridge 2005).

Grantees held high expectations that CKF activities will continue after the grant but slightly lower expectations that CKF coalitions will continue. State officials were also optimistic that activities will continue, but among coalition leaders there was less consensus on the future of either CKF activities or coalitions. Grantees and coalition leaders agreed that coalition members' commitment is a key factor in coalition survival.

Ninety-six percent of grantees and 68 percent of state officials interviewed in mid-2005 believed that CKF *activities* will be sustained in some manner after the grant period is over (Table 2).⁹ Two-thirds or more of grantees and state officials expected that CKF will be continued either by the grantee or by a combination of the grantee and other organizations. State officials were less certain about the future of CKF than grantees; this might reflect a less intimate knowledge of sustainability plans, more skeptical views about the sustainability of grassroots efforts, or perhaps greater awareness regarding future state budget and policy priorities.

TABLE 2

WHO IS EXPECTED TO SUSTAIN CKF ACTIVITIES IN THE POST-GRANT PERIOD?

Expectation of which organization(s) will continue CKF activities	Grantee Respondents N=46	State Official Respondents N=65
Grantee only	8 (17%)	16 (25%)
Grantee and other organizations	29 (63%)	26 (40%)
Other organizations only	7 (15%)	2 (3%)
Activities will not continue	1 (2%)	3 (5%)
Don't know	1 (2%)	18 (28%)

Source: Survey of CKF State Grantees and State Medicaid and SCHIP Officials, July 2005. Taken from Stevens and Hoag 2005.

Note: Percentages do not total 100 due to rounding.

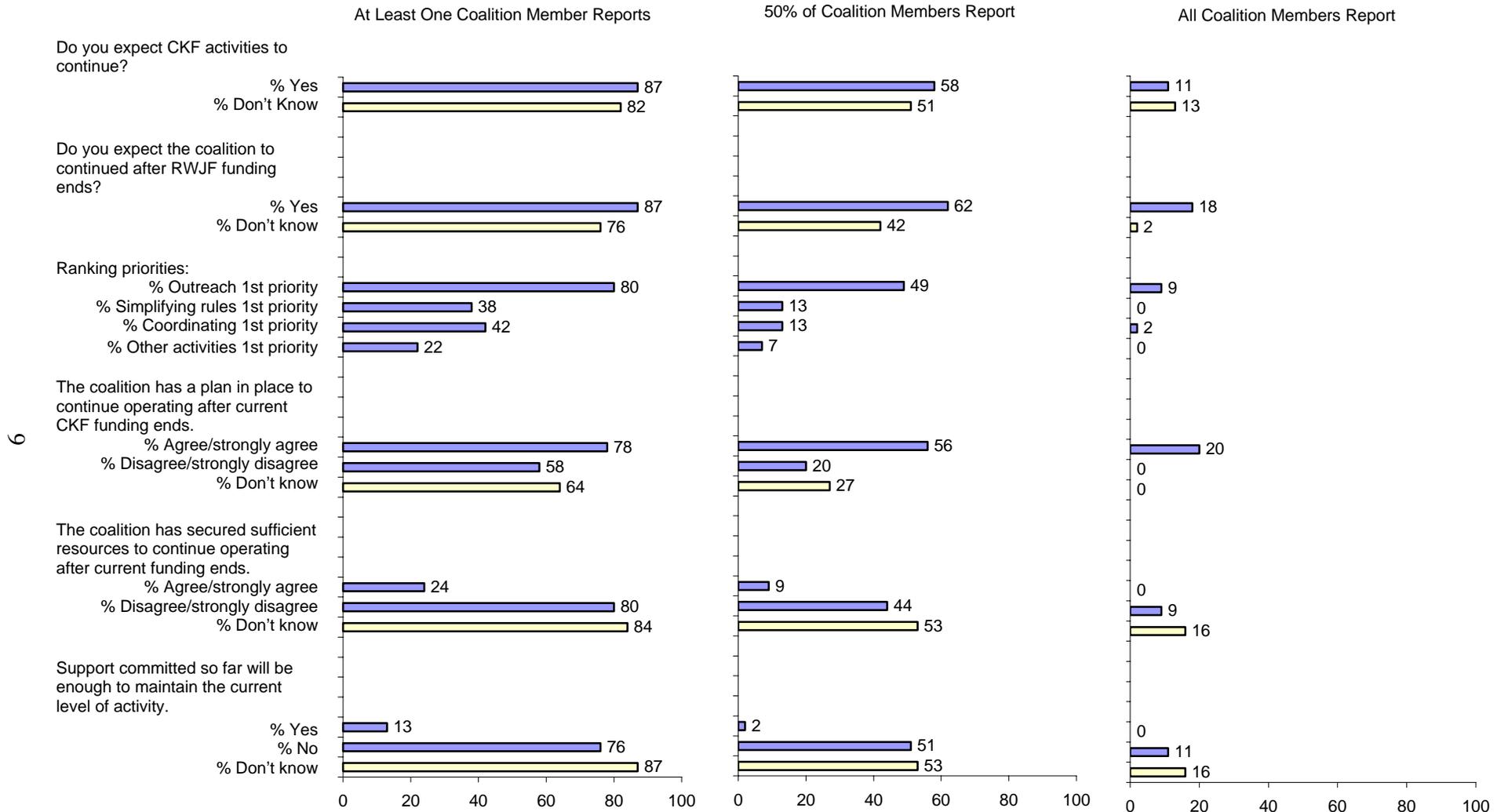
⁹The grantee findings reflect a slight increase since 2003; in a 2003 survey, 86 percent of state grantees interviewed expected to sustain activities through some combination of the grantee organization, the coalition, and institutionalization at other organizations (Hoag and Stevens 2005).

Among coalition leaders there is a little less optimism about whether CKF activities will be sustained by the grantee or other groups and little consensus among leaders in the same coalition (Figure 2). In only 11 percent of the coalitions did all coalition leaders agree that they expected CKF activities to continue, although in 58 percent of the coalitions at least half of the coalition members agreed that they expected CKF activities to continue. In half of the coalitions, however, at least half of the coalition leaders interviewed did not know whether CKF activities would continue.

CKF grants require grantees to partner with community groups, forming coalitions to pursue program goals. When we asked grantees if they expected their *coalitions* to continue, 30 out of 46 grantees (65 percent) said yes, 9 grantees said no, and 7 grantees said they did not know. Of the 30 grantees who predicted that their coalitions will continue, half said that this was because their coalition members were invested in the issue and were committed to continued work on children's health issues. The remaining half gave a variety of reasons, such as the coalition predated the CKF program or that they have found another group willing to provide administrative support for the coalition. Of the nine grantees who expected their coalitions to dissolve, three said it will be because of a lack of funds, two said their coalition duplicated an existing group and was unnecessary, and the remaining four each gave a different reason.

In 18 percent of coalitions, all coalition leaders reported they expected the coalition to survive the end of RWJF funding, while in 62 percent of the coalitions, at least half of the coalition leaders expected the coalition to survive (Figure 2). At the same time, many coalition leaders were unsure if the coalitions would survive: for example, in 42 percent of coalitions, at least half of the coalition leaders did not know whether the coalition will survive. Coalition leaders gave responses similar to grantees' when asked to describe the coalition characteristics that increase the likelihood it will continue after the grant period. Among the 125 responses to

FIGURE 2
 PERCENTAGES OF COALITION MEMBERS THAT REPORT
 SUSTAINING ACTIVITIES AND COALITIONS



Source: 2005 Covering Kids and Families Coalition Survey.

Note: Number of coalitions is 45 unless otherwise noted.

^aSix coalitions did not have any members respond to this question; the number of coalitions with any member responding is 39.

this question, 49 coalition leaders cited commitment and dedication among coalition members to continue the coalition's work as characteristics that could contribute to the coalition's sustainability. Other characteristics cited include shared goals and strong partnerships among coalition members, strong leadership, and the continuing need for the coalition's contributions.

Many grantees and coalition leaders expected to sustain the existing CKF strategies of outreach, simplification, and coordination.

Only 6 grantees surveyed in summer 2005 expected to be able continue all their CKF activities; 34 grantees expected to be able to continue only some activities.¹⁰ When asked how they would prioritize which activities will continue if funds are limited, 14 grantees named outreach to uninsured children and parents as their highest priority, 14 named simplification as their highest priority, and 13 grantees named coordination as their highest priority.¹¹

Similarly, few coalition leaders expected to be able to maintain all activities because of expectations that future funding will be limited. Only 13 percent of coalitions had at least one member agree that the support committed thus far would be enough to maintain the current level of activity; in half of the coalitions, more than half of the coalition members either disagreed with that or did not know if the support committed thus far would be sufficient to maintain the current level of activity (Figure 2). If faced with limited resources, many coalition leaders would place their highest priority on continuing outreach activities (likely the CKF activity they had most involvement with); in 9 percent of coalitions, all coalition leaders said outreach will be their

¹⁰Five grantees had missing responses, and one grantee did not know whether or not some or all activities would continue.

¹¹Some grantees said that their CKF activities were so interrelated that they had to name more than one activity as their number one priority. As a result, 5 grantees named two activities as their highest priority, 3 named three activities as their highest priority, 28 grantees named only one activity as their highest priority, while 7 respondents did not know what their priorities would be.

first priority, while in 49 percent of coalitions, more than half of coalition leaders ranked outreach first. Few coalition leaders named new strategies as their highest future priority.

To sustain CKF activities after RWJF funding stops will require resources. As of summer 2005, two-thirds of grantees had been searching for funds to support activities after the grant period, and one-third of grantees had secured such funds.

By summer 2005, 30 of the 46 grantees (65 percent) said they had already attempted to raise funds to finance post-CKF activities. One third of the grantees (16 of 44 grantees, or 36 percent) had secured such funding.¹² Many (57 percent of the total) had received some kind of technical assistance that taught them how to raise funds. This level of fundraising is promising for the likelihood that CKF activities will be sustained after the grants, but it is questionable whether the rate of securing future funding will rise much as grantees complete their grant periods. If nearing the end of their grant created increased momentum to find future funding, we would expect to see higher rates of future funding secured among grantees whose grants end soonest. However, grantees whose grants ended the earliest were no more likely to have secured funds than those whose grants ended later. Table 3 shows the proportion of grantees who had secured funds, by the time remaining on their grants.

¹²Although 46 grantees were interviewed, two had missing responses, leaving only 44 respondents to this question. One of these 44 also responded “don’t know.”

TABLE 3

SECURED FUNDS BY TIME REMAINING ON GRANT

	Fewer than 6 months remaining on grant as of 7/05 (N=9)	Between 6 and 12 months remaining on grant as of 7/05 (N= 17)	More than 12 months remaining on grant as of 7/05 (N= 17)
Grantees who had secured funds	3 (33%)	6 (35%)	7 (41%)
Grantees who had not secured funds	6 (67%)	11 (65%)	10 (59%)

Source: Survey of CKF State Grantees and State Medicaid and SCHIP Officials, July 2005; and CKF Grantee End Dates from the National Program Office's CKF Grant/Application Status Report as of December 2005.

Note: Two grantees did not give an answer when asked if they had secured funds; one did not know if it had secured funds or not. Thus, the table includes responses for 43 grantees.

Coalition leaders (not surprisingly) were less concrete than grantees about what future planning has taken place. Although many coalition leaders expected their coalitions to survive, they reported that they have secured little or no funding to support their expectations. For example, in only 20 percent of coalitions did all leaders agree that plans are in place to continue operating after current CKF funding ends. However, in 56 percent of coalitions, at least half of all leaders agreed that the coalition has formal plans to continue operating (Figure 2). But there are no coalitions in which all members agreed that sufficient funding is in place to continue operating after current funds end, and in 44 percent of coalitions, more than half of the coalition leadership believed that they did not have sufficient resources to continue operating after current funding ends. In 9 percent of coalitions, all leaders believed that they had insufficient resources to continue operations in the post-grant period. Many coalition leaders simply did not know whether or not the coalition has secured sufficient resources to continue.

Having more than one source of future funding reduces risk as does finding new funding sources. Grantees recognize the need to seek diverse funding and have secured it from many sources. One-eighth of those who have secured future funds have found them from completely new sources. States are not likely to be a major source of future funding.

At the October 2004 reverse site visit meeting on sustainability, grantees discussed the need to diversify funding streams to enhance the likelihood of organizational survival. Our summer 2005 survey found that the 16 grantees who had secured funds did so from a range of groups: 81 percent received funds from local foundations, 44 percent received funds from state governments, 19 percent had found funds from another national foundation, and 13 percent secured funding from local governments.¹³ However, attempts at diversification into new sources may be limited: only two grantees (one-eighth) are getting funding from entirely new sources (that is to say, sources that did not give them the matching funds required by RWJF during the grant period).

State Medicaid and SCHIP officials did not expect to be able to offer much financial or in-kind support to CKF grantees after the grant period. Only 15 percent of state officials predicted that their state governments will give funding (most of whom will also give in-kind support such as office space, staff time, or services) to sustain the CKF project (Table 4). Eleven percent said that their states will give only in-kind support. A quarter of state officials said that their states will give neither; while many state officials simply did not know whether the state would give CKF any support in the future. However, if state budgets revive, this prediction may turn out to be conservative.

¹³ Grantees could name more than one funding source, thus percentages total more than 100.

TABLE 4

STATE OFFICIALS' VIEWS ON FUTURE SUPPORT FROM STATE GOVERNMENTS

		State Will Provide In-Kind Support in Future		
		Yes	No	Don't Know
State Will Provide Funding in the Future	Yes	8 (13%)	1 (2%)	0 0%
	No	7 (11%)	15 (25%)	6 (10%)
	Don't Know	7 (11%)	6 (10%)	11 (18%)

Source: Survey of CKF State Grantees and State Medicaid and SCHIP Officials, July 2005. Taken from Stevens and Hoag 2005. Note: there were 61 respondents to these questions.

III. CONCLUSIONS

The sustainability of CKF is not really in doubt. Assessments by state Medicaid and SCHIP officials that CKF has already influenced changes in state policies on enrollment and coordination of public health insurance coverage means that CKF has left a legacy for the foreseeable future. Continued operation of some CKF projects is also likely to occur because at least 16 of the 46 CKF state grantees have secured funding to continue past the expiration of the RWJF grant. Certainly most state grantees and many individual coalition leaders have confidence that CKF will continue to operate after RWJF funding ends, whether through the survival of the state grantee projects or through the continuation of the CKF coalitions. Moreover, many are convinced that the projects are supported by solid commitment of coalition organizations to the goal of expanding the insurance coverage of low-income children, and that this commitment will ensure that, at the very least, the issue of the uninsured will be on the public agenda for some time to come. On the other hand, these expectations may be too optimistic. Only a minority of CKF projects have found the resources to continue operations, and few state officials predict future state funding. The findings presented here, however, are predictions. We will only know if the encouragement of, and planning for, sustainability has succeeded when we document continued activities and legacies in late 2006 after funding has ended.

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