



National **MCH** Workforce
Development Center
Advancing Health Reform Implementation

National MCH Workforce Development Center

Request for Participation – February 2014

Applications Due: March 10, 2014

❖ Introduction

This Request for Participation provides an overview of the National Maternal and Child Health (MCH) Workforce Development Center (“the Center”) and describes the intensive, collaborative training and technical assistance that the Center aims to design and implement with states and territories through 2016. This intensive collaboration is designed to support Title V programs’ involvement in health reform implementation that maximizes positive outcomes for children, youth, women and families. The first cohort of states will be selected in early 2014. States that are not selected for the intensive engagement will be able to utilize other resources from the Center and participate in future intensive collaboration cohorts.

❖ Center Overview

Major transformations in the public health, health care and health financing sectors offer opportunities to improve public health systems, state/territory and community health care delivery, and ultimately, key health outcomes for MCH populations. Title V programs are uniquely positioned to help lead and influence major health system reform initiatives as they affect children, youth, women and families.

The National MCH Workforce Development Center at The University of North Carolina at Chapel Hill, in cooperation with the Maternal and Child Health Bureau (MCHB), and in partnership with AMCHP and national experts in MCH innovation and quality improvement, will offer state and territorial Title V leaders training, collaborative learning opportunities and technical assistance in implementing health care reform using a variety of learning platforms. In the current dynamic context, tools and resources to strengthen MCH capacity and skills in **4 core areas** will be available through the National Center to move from evidence to action.

- (1) **Improving access to care,**
- (2) **Using quality improvement tools** to drive transformation,
- (3) Fostering **integration and harmonization within public health and across organizational boundaries and sectors** including primary care, mental health, early intervention and community-based service delivery and financing systems,
- (4) Furthering **effective change management, collective action and individual leadership** skills that will lead to health improvement for MCH populations.

Key Features of the National MCH Workforce Development Center include:

- Ongoing assessment, monitoring, forecasting of state and territorial Title V program readiness and implementation status relative to health reform.
- Three levels of training and technical assistance: 1) **universal training** for all Title V staff and MCH trainees related to the 4 core areas; 2) **targeted training and technical assistance** for self-selected Title V staff and partners; and 3) **intensive training and technical assistance** for an annual cohort of states/territories.
- Virtual training (live and self-paced) using AMCHP's collaborative learning technology with upgraded capacity for online social networks/communities of practice, discussion boards, and tools for targeted training and technical assistance.
- Summer “paired” practica composed of an undergraduate MCHB Pipeline student and an MCH graduate student trainee to increase the diversity of the MCH workforce and complete projects with Title V agencies implementing health system transformation.

For more information on key features of the Center, please visit the Transformation Station website: <http://www.amchp.org/Transformation-Station/Pages/MCH30.aspx>.

Center Partners:

- **The University of North Carolina at Chapel Hill**
- Association of Maternal and Child Health Programs
- The Catalyst Center: Improving Financing of Care for Children and Youth with Special Health Care Needs
- National Association for State Health Policy
- Center for Public Health Quality
- National Implementation Research Network
- National Advisory Committee on MCH Workforce Development
- University of Illinois at Chicago, Community Health Sciences, School of Public Health
- University of Kentucky at Lexington, College of Public Health
- Howard University College of Arts and Sciences

❖ Application Guidance

This Request for Participation is required only for states that wish to participate in the **intensive training and technical assistance** described above. (Access to targeted and universal training will be provided via Transformation Station). With this RFP, the Center is aiming to engage 8-10 states and territories where Center support may create new opportunities for Title V involvement in health reform, expand and scale successful multi-agency partnerships, and supplement ongoing or planned work. Participation in the intensive training and technical assistance should complement existing or planned activities rather than create an entirely new project. Costs related to travel and training will be covered by the Center; state teams need only plan for an investment of staff time as these intensive collaborative partnerships will last approximately six to 18 months.

➤ **What types of projects are appropriate?**

A wide range of projects is possible, given the diversity of state and territory programs, contexts, needs and resources. A primary objective for all Center efforts is a Title V/MCH workforce with increased knowledge and skills as well as enhanced integration with health reform stakeholders and efforts, all aligned with improving health outcomes for children, youth, women and families. Applicants should do their best to respond to the questions presented below and identify gaps where they exist. Once selected, each state/territory will work with the Center team to refine the proposal, align state, center and other resources, and plan collaborative efforts.

Proposed projects may address one or more of the Center's four core areas. Center staff will review applications to identify appropriate opportunities that respond to the project goals articulated in the strategy. This may include participation in the intensive collaboration described here, as well as links to targeted support from the Center as well as other appropriate technical support resources. In all cases, Center staff will explore the full range of appropriate responses with the applicant.

The examples below are intended to give an idea of a project that links workforce development to successful health reform implementation and systems change.

EXAMPLE 1: Implementation of new requirements for newborn screening under the Affordable Care Act

From the Affordable Care Act: “A group health plan and a health insurance issuer offering group or individual health insurance coverage shall, at a minimum provide coverage for and shall not impose any cost sharing requirements for... (3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.”¹

Efforts to improve access to newborn screening may well relate to all four core areas of the Center. **Systems analysis** can help to identify and understand the broad range of stakeholders involved in screening, while **change management** skills and tools could help Title V staff develop and apply skills to engage and facilitate partners in coordinated action to expand screening. **Quality improvement** skills and tools will help partners to utilize relevant data to identify and address gaps in service, while **access to care** strategies can help to increase consumer and provider knowledge of and demand for high quality screening services.

¹<http://www.gpo.gov/fdsys/pkg/PLAW-113publ65/html/PLAW-113publ65.htm>

EXAMPLE 2: Ensuring quality of care provided through medical homes

“The modern medical home expands upon its original foundation, becoming a home base for any child's medical and non-medical care. Today's medical home is a cultivated partnership between the patient, family, and primary provider in cooperation with specialists and support from the community...the focus of the medical home has shifted to include all children and adults, not just children with special health care needs.”²

The expansion of medical homes provides a significant opportunity for MCH programs to engage with new public and private partners serving children, youth, women and families to ensure the high quality public health and health care services are accessible, coordinated and of high quality. A state/territory may propose a project designed to increase MCH leadership to develop/strengthen collaborative partnerships and drive organizational change while simultaneously enhancing staff competencies related to knowledge of QI methods (e.g. Model for Improvement) and tools, performance measurement, data system development and coaching to ensure that new skills are incorporated and sustained in MCH operations.

²<http://www.hrsa.gov/healthit/toolbox/Childrenstoolbox/BuildingMedicalHome/whyimportant.html>

Additional ideas and examples can also be found in the document: *The Affordable Care Act: How Will it Work and How Will it Affect MCH Populations?* To read it, go to:

http://www.epi.umn.edu/mch/wp-content/uploads/2012/05/HG_Fall20132.pdf

➤ **Can you describe the major activities that will be part of the collaboration?**

The Center will work with State and Territorial Title V programs to:

- Refine proposed collaborative projects and strategies;
- Plan and align resources and activities;
- Design and deliver project specific training technical assistance, and coaching;
- Document and promote effective strategies;
- Engage states and territories in peer learning networks; and
- Coordinate with the MCHB and other TA providers to ensure states receive coordinated, high quality assistance for identified needs.

A more detailed outline of the collaborative process is provided in **Appendix I: Frequently Asked Questions**.

➤ **What should the proposal include?**

Please include the following in your proposal:

1. A complete **Application Form** (described below). The state's Title V program must be the applicant agency.
2. An engaged **Project Team** with appropriate stakeholders who will be involved in the design, implementation and assessment of the proposed efforts. Title V agencies should select team members with a strong interest in learning and supporting change. Examples of potential team members include consumers (e.g. family members, youth), counterparts in other State agencies (e.g. Medicaid), relevant technical experts, academic partners, local health department leaders, etc. List team members in the form provided below.

NOTE: Teams that include meaningful consumer involvement (e.g. family member, youth, advocate, affected individual) are preferred.

3. A **Statement of Interest** that addresses the content (described below).
4. **Letters of Support** from your Title V Director and State/Territory Health Agency Director that demonstrate his/her interest in and support for the proposed collaboration.
5. A commitment to participate in:
 - a. **Learning collaboratives and peer mentoring** facilitated by the Center; and
 - b. Center **evaluation** activities designed to assess Center performance, inform improvement efforts and measure outcomes over time.

➤ **Application Form**

1. Primary Contact

- **Name:**
- **Position/Title:**
- **Agency:**
- **Phone:**
 - **Work:**
 - **Fax:**
 - **Cell:**
- **Email:**
- **Work Address:**

2. Team Table

Name & Title	Agency	Contact Information	Relevant Experience and Role in Proposed Effort
		Email Phone Address	

3. Statement of Interest

The Statement of interest should define the goals and scope of a collaborative project and respond to the questions below. Please use 1 inch margins and a 12 point font for the Statement of Interest. We suggest the statement of interest should require three to five pages maximum.

- What is currently happening at the state and local level related to health reform? How are MCH initiatives working together?
 - Note: This is intended to allow reviewers to understand the state/territorial context. All states/territories are eligible regardless of the relative scope and nature of health reform efforts.

- What specific planned or ongoing effort(s) can benefit from Center support?

- What specific knowledge, skills and competencies can you name that are critical to your proposed collaborative project and how will this work enhance the MCH workforce in your state? (e.g. Medicaid 101, quality improvement, conflict resolution, strategic planning, systems mapping, etc.).

- What do you hope to achieve by working with the Center? What positive impact are you aiming to achieve for children, youth, women and families? What are the intermediary objectives that will lead towards this impact and how do they relate to successful implementation of health reform in your context?

- Who is/will be involved in the proposed collaboration (individuals, agencies, etc.)? Why?

- What are the greatest opportunities/challenges related to the proposed collaborative project? How will the proposed project respond to these strengths and challenges?

- What is the single most important thing that needs to happen to make this effort successful?

4. Proposal Review

➤ How will my proposal be assessed?

Eight to ten proposals will be selected for the first cohort, representing a diverse group of collaborative efforts in terms of geography (rural/urban, region), team compositions and needs. Reviewers will assess each application to ensure that:

- The proposal demonstrates and describes a clear need or opportunity related to advancing health reform implementation and improving maternal and child health in your state or territory;
- A team of relevant stakeholders is identified and available;
- The application clearly defines what changes are intended as a result of participating in this process, including increased the competency of the MCH workforce;
- Title V State and Territorial leadership are supportive of your participation in this process;
- States are willing to participate in learning collaboratives, peer mentoring efforts and Center evaluation activities.

➤ How do I submit a proposal?

The proposal is due by close of business (5PM EST) **March 10, 2014**.

The application packet should be emailed to **alicew@unc.edu** or sent to:

The National MCH Workforce Development Center
Attention: Alice Wertheimer, Project Coordinator
National MCH Workforce Development Center
Department of Maternal and Child Health
UNC Gillings School of Global Public Health 412A Rosenau Hall
135 Dauer Drive
The University of North Carolina at Chapel Hill Chapel Hill, NC 27599-7445

P: 919-966-6290

F: 919-966-0458

E: alicew@unc.edu

Mailed application must be postmarked by March 10, 2014

Appendix I: Frequently Asked Questions

➤ What kind of collaboration with states and territories is of interest to the Center?

The Center is particularly interested in working with and learning from states & territories where Title V:

- Seeks to be successfully engaged in health care reform efforts; and
- Has articulated a workforce development goal designed to improve health outcomes for children and families in the context of health care reform.

Working in support of planned or existing Title V workforce development efforts, the Center is aiming to bring additional resources to support states and territories to achieve their workforce development goals. The Center is looking to supplement resources for ongoing or planned work, as opposed to adding a separate project to the Title V staff workload.

➤ Can you describe how the collaboration will work?

The type of training and technical assistance provided by the Center will be driven by the needs and opportunities identified by the states and territories. In the first cohort, we'll be developing new and adapting existing resources to respond to the proposals received. However, while the content will vary, the process can be described. First, each state/territory team will include several Center staff that will help to plan, coordinate and deliver specific training and technical assistance. Second, drawing on the science of implementation, the process of collaboration can be organized into discreet stages: Exploration, Installation, Initial Implementation, and Full Implementation. While these stages are in fact not completely linear, they can be understood as building on each other over time. Each is briefly described below. Finally, intensive support from the Center is envisioned to last for approximately one year, primarily focused on supporting states and territories during the Exploration and Installation stages. As the state/territory continues to work on its workforce development effort beyond the first year, targeted and universal support will be available as well as consultation from the Center teams.

- **Exploration** (Approx. 3 months): Following the RFP process, the first cohort of states and territories will work with the Center to refine their proposals so that an appropriate package of support can be identified and planned for each participating state or territory. States and territories will have a lot of input into the selected strategies, drawing on their knowledge of the context, resources and needs to help shape Center inputs. During this stage, ongoing training and skills building will be specifically targeted at refining the proposal and planned response using relevant data. All teams will attend a 2-day, face to face workshop (in Chapel Hill, NC) to learn and apply quality improvement (QI) tools and methods. Teams will learn to create a Value Stream Map, develop a measurement plan to track their progress, conduct a root cause analysis, and learn how to use Plan-Do-Study-Act cycles to test and implement changes to their program. QI skills building will continue after the workshop.
- **Installation** (Approx. 3-4 months): With a revised proposal and supporting plans, state/territory teams will begin to put in place the specific supports needed to carry out their selected strategies. In this phase, the project teams, with Center support, will be addressing the identified barriers to successful new efforts and building or strengthening partnerships within and beyond the Title V program. Installation change activities are designed to put in place the infrastructure required for successful new services or programs, and may include policy change, staff recruitment, development/revision of job descriptions and

responsibilities, development of appropriate coaching and supervision structures, as well as ongoing training to support new skills development relevant to supporting effective implementation of the planned effort and the project goals. The development and use of data systems to inform performance assessment and decision-making will continue to be a key focus in this phase.

- **Initial Implementation:** Through initial implementation, the team is actively providing a new service or working in a new way for the first time. Even with very effective Exploration and Installation, many unpredictable barriers will arise that have to be addressed for sustained success. Quality improvement methodologies and skills will be critical in this stage as teams respond to challenges as they emerge. Teams will refine their efforts based on user feedback (staff and clients) and other performance data. In this stage, the data system for decision-making is also tested and refined, helping states to know how well new services and/or practices are being performed and where improvement efforts should be focused. Finally, managing change is a critical need in this phase, as planned changes become reality and new ways of work are required, creating stress and tension in the system.
- **Full Implementation:** Full implementation is reached when 50% of staff providing the new service or using a new practice are meeting performance targets in a service site. The nature and the scope of the proposed change will determine how long it takes to reach full implementation. Part of the work of Exploration will focus on defining the goal(s) and scope of the proposed change(s), the intended scale of the change, the how performance will be measured, and what success will look like. Along with the complexity of the change envisioned, this will significantly influence the length of time it takes to reach full implementation.

➤ **What if my state/territory proposal is not accepted for the first cohort?**

There will be five cohorts overall, running through 2016. The Center aims to work intensively with approximately 40 states and territories. Those applicants who are not successful in round 1 will have subsequent opportunities. Universal and targeted training and TA are also available.

➤ **What support is available if my Title V program is not ready to apply?**

All states and territories are encouraged to work with the Center to explore opportunities for and barriers to participation. As noted above, universal and targeted training and TA are available and may be the right resources. This support may help a state prepare for the intensive collaboration in later rounds, or may be itself adequate to address an identified need. Please reach out to Center staff to explore ideas and interests whenever needed.

Appendix II: National MCH Workforce Development Center Overview



National MCH Workforce Development Center

Advancing Health Reform Implementation

National MCH Workforce Development Center

Dorothy Cilenti, DrPH, Director
Department of Maternal and Child Health (MCH)
Gillings School of Global Public Health
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Major transformations in the health care and health financing sectors offer opportunities to improve public health systems, state and community health care delivery, and ultimately, key health outcomes for MCH populations. Title V programs are uniquely positioned to help lead and influence major health system reform initiatives as they affect women, children and families.

A new **National MCH Workforce Development Center** at UNC Chapel Hill, in cooperation with the Maternal and Child Health Bureau (MCHB), and in partnership with the Association of Maternal and Child Health Programs (AMCHP) and national experts in MCH innovation and quality improvement, will offer state and territorial Title V leaders training, collaborative learning, coaching and consultation in implementing health reform using a variety of learning platforms. In the current dynamic context, tools and resources to strengthen MCH capacity and skills in the following four core areas will be available through the National Center to move from evidence to action:

- 1 Improving access to care
- 2 Using quality improvement tools to drive transformation
- 3 Fostering integration within public health and across sectors including primary care, mental health, early intervention and community-based service delivery and financing systems
- 4 Furthering change management, including effective collective action skills that will lead health improvement for MCH populations

Key Features of the Center:

- Ongoing assessment, monitoring, and forecasting of state and territorial Title V program readiness and implementation status relative to health reform.
- Three levels of training and technical assistance: 1) universal, for all Title V staff and MCH trainees related to the 4 core areas; 2) targeted, for self-selected Title V staff and partners; and 3) intensive, for an annual cohort of states/territories.
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www.amchp.org/transformation-station

Our Partners

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University of Kentucky, College of Public Health
Howard University, College of Arts and Sciences



Pipeline Program

The Pipeline Program of the Center is designed to enhance training and networking opportunities for graduate and undergraduate students in MCH Leadership Training Programs. By providing Pipeline participants with the tools to effectively serve the MCH population within the context of health reform and the ACA, the Center will advance the capacity of the Title V workforce to implement policies, programs, and systems that optimize the health and well-being of women, children, and families.