Request for Applications (RFA)
Adolescent and Young Adult Health (AYAH)
Collaborative Improvement and Innovation Network (CoIIN)

Date of RFA Release: March 5, 2015
RFA Q&A Call (optional): March 12, 2015, 3:00pm Eastern/2:00pm Central/
1:00pm Mountain/12:00pm Pacific/11:00am Alaska/10:00am Hawaii
(pre-registration not required)
Deadline for Application Submissions: April 16, 2015

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For questions regarding the RFA or selection process, please join us for a RFA Q&A* call on March 12, 2015 at 3:00pm Eastern/2:00pm Central/ 1:00pm Mountain/12:00pm Pacific/11:00am Alaska/10:00am Hawaii.

*Attendance on this Q&A call is not required to submit an application and pre-registration for the call is also not required.

Call-in Number: 1-800-591-2259; Passcode: 889331#
Join the meeting in Adobe Connect: http://amchp.adobeconnect.com/ayahcoiin
To join the meeting, click on the link above, select “Enter as a Guest“ and type your name in the box. When you are prompted to choose how to connect to the audio, you will be connecting by calling in from your phone with the number and passcode above.

For questions about the AYAH CoIIN please contact Maritza Valenzuela: mvalenzuela@amchp.org; 202-266-5252
The Adolescent and Young Adult Health National Resource Center (AYAH-NRC) is pleased to announce the opportunity for state MCH programs to participate with key partners in a new Adolescent and Young Adult Health Collaborative Improvement and Innovation Network (AYAH CoIIN). The AYAH CoIIN presents an opportunity for building your agency’s capacity to address and improve outcomes in adolescent and young adult populations through access to unique data sources and analysis, strategic collaboration among public health and health care partners, peer-to-peer learning among a small cohort of states, and intensive assistance from national experts in adolescent and young adult health, quality improvement (QI), and Title V programs.

What is a CoIIN?
A CoIIN is a team of self-motivated people that has a collective vision and is enabled by technology to achieve a common goal by sharing ideas, information, and work. MCHB, in partnership with AMCHP and other national organizations, established a CoIIN to reduce infant mortality; it adapted the Collaborative Innovation Network model created by Peter Gloor to prioritize both improvement (“doing things better”) and innovation (“doing things differently”).

The CoIIN model includes the following elements: Collaborative learning among teams representing multiple states, focus on quality improvement (QI) methods including rapid-cycle testing of changes and outcomes, and common benchmarks to define and measure changes in outcomes and process.

Similar to the CoIIN to reduce infant mortality, the AYAH CoIIN will involve both internal state/territory teams and national strategy teams that engage in collaborative learning and receive training in QI methods. However, the AYAH CoIIN will be smaller in scale, with five states per cohort, and more focused in scope than the infant mortality CoIIN.

Why a CoIIN on Adolescent and Young Adult Health?
The AYAH-CoIIN will focus on discovering, identifying, and implementing evidence-informed strategies to increase adolescents’ and young adults’ access to preventive health care visits and to improve the quality of these visits.

This CoIIN addresses critical periods in the life course: adolescence and young adulthood (10-25 years). These periods entail major developmental changes and offer unique opportunities for preventing risky behaviors and development of common chronic diseases of adulthood. During the years of adolescence and young adulthood, habits and behaviors related to lifelong health are established and, for some youth, mental health disorders and other chronic conditions may emerge. High-quality preventive services can play an important role in providing the support youth need to enter adulthood on a healthy footing. Multiple major health professional organizations recognize this potential, and endorse the health

About the Adolescent and Young Adult Health National Resource Center (AYAH-NRC):

With funding support from HRSA’s Maternal and Child Health Bureau, the AYAH-NRC supports MCH investments in the health of adolescents and young adults.

As a component of the transformation of the Title V MCH Block Grant, the AYAH-NRC collaborates with the MCH community to integrate public health and health care delivery systems.

AYAH-NRC partners include:
- University of California/San Francisco (lead)
- Association of Maternal and Child Health Programs
- University of Minnesota/State Adolescent Health Resource Center
- University of Vermont/National Improvement Partnership Network

For more information about the AYAH-NRC, contact: Jane Park, Jane.Park@UCSF.edu
supervision guidelines for adolescents presented in Bright Futures. Evidence-based services have also been identified that address the major health issues of young adults. Despite our knowledge, however, there are significant limitations in the quality and comprehensiveness of health care services delivered to adolescents and young adults.

In addition to addressing these unique times in the life course, the AYAH CoIIN comes at a special moment in the context of health policy pertinent to State Title V MCH programs. Transformation of the Title V MCH Block Grant program places a stronger emphasis on performance measurement and the Affordable Care Act provides major stimuli for enhancing access to health care, delivering comprehensive packages of preventive health care services, and improving the quality of care. The AYAH-CoIIN will help states navigate these changes and use this opportunity to improve adolescent and young adult receipt of preventive services. The ideas and experiences of the AYAH CoIIN will be shared nationally across the public health and clinical health systems.

Overview of the AYAH CoIIN

Five Title V programs and their State Teams will be selected to participate in the 2015-2016 AYAH CoIIN. (A second CoIIN is planned to take place in 2016-2017.) The work of the CoIIN will be organized around key, evidence-informed strategies for improving access to preventive care services for both adolescents and young adults and the quality of visits for preventive health services. The five participating State Teams will collaboratively identify and select three strategies that aim both to encourage greater numbers of adolescents and young adults to access preventive health care, and to improve the quality of those visits. A National Strategy Team (NST) will be established for each strategy and each State Team will choose 2-3 of those strategies on which to focus its efforts. We expect at least one NST to focus on young adults. The NSTs will function primarily as “cyber teams” with at least one liaison from each state; NST members will meet by phone/web and work in an online collaborative space, which features a data dashboard. As multi-state groups, the NSTs will function to drive and support the work in participating states and communities with support from the AYAH-NRC and other national experts.

In addition, states have the option to include a community-level project in their implementation of evidence-based or evidence-informed strategies chosen through the CoIIN process. The goal of this community-level integration is to support a systematic alignment of state and community efforts to improve adolescent and/or young adult health care access and quality. These State Teams will be expected to provide technical support and guidance to their community projects and to assess lessons learned. CoIIN staff will provide these State Teams with technical support to manage their state-community level partnerships.
Support from the AYAH-NRC

State Teams can expect full support from AYAH-NRC staff, including facilitation of the entire CoIN process from start to finish, technical assistance on specific strategies, and consultation on challenges that arise. Specific support to state teams will include:

- A $15,000 mini-grant to support AYAH CoIN activities and community integration efforts.
- Training on collective impact, QI models for public health, and comprehensive approaches to improve access to, and quality of care for, preventive services for adolescents and young adults.
- Travel funding for 7 members of the State Team to attend the July 2015 CoIN Summit.
- Access to an online collaborative work space and a data dashboard for reporting and sharing data across states.
- Technical assistance from national experts and federal partners.
- Technology (conference call lines and online meeting technology) for virtual technical assistance delivery.
- A forum to network, share ideas and problem-solve with colleagues nationwide working on adolescent and young adult health.
- Regular, facilitated check-in calls where state teams can share challenges and best practices.
- For State Teams that include a community integration component, technical assistance and support on state-local partnerships and integration activities.

Expectations of State Teams

Each participating State Title V program will be expected to coordinate and manage a State Team to address the CoIN’s goals. The five State Teams will work together for 18 months. Expectations for active engagement in CoIN activities are listed below:

1. Attend the two-day, in-person AYAH CoIN Summit on July 27-28, 2015 in Washington, DC and complete Summit pre-work in advance. All travel costs will be supported by the AYAH-NRC for up to 7 attendees per state/territory.
2. Choose 2-3 National Strategy Teams (NSTs) in which to participate and devote staff time to work on corresponding NST activities.
3. Devote time to State Team action planning and activity implementation. State Team members should plan to spend approximately 3-5 hours per month on NST collaborative learning activities. Additional time will be needed to conduct internal State Team meetings necessary for moving the work forward. In addition, it is expected that individual State Team members will need individual time to complete assignments necessary for overall progress at the state level.
4. Participate actively in monthly virtual learning events, including webinars and facilitated conference calls.
5. Share data for improvement on NSTs via the CoIN’s online dashboard (the dashboard platform and training on its use will be provided by the AYAH-NRC team) on a regular basis.
6. Fulfill reporting requirements (including quarterly invoices) related to the $15,000 mini-grant.

For States participating in the optional Community Integration efforts:

7. Provide technical support and guidance to the community project, and assess lessons learned.
Application Requirements

Applicants must be affiliated with State Title V programs, and the primary team lead on the application must be a Title V staff person.

Applicants must describe (in 1-2 paragraphs) how the agency will use the mini-grant funds to support proposed AYAH CoIIN activities and community integration efforts. Applicants must also describe how the agency will process the mini-grant. It is recommended that applicants identify a fiscal agent to process the funds. If a fiscal agent is identified, the application should include the name of, and contact information for, the fiscal agent, as well as a letter of commitment from the fiscal agent. Note: The fiscal agent will be required to submit a W-9 form before any funds can be disbursed. Mini-grant funds cannot be used to pay for salaried employees, equipment, software, individual trainings, conference or course registration, primary research, publications, personnel or indirect expenses. Awardees will be required to submit quarterly invoices (even if no funds have been spent) detailing the costs incurred for the current quarter, as well as costs incurred for life of the award. Awardees will receive a template invoice that will be used to seek payment.

State Team Requirements

Applicants may include up to 15 individuals on their State Teams. Support will be provided for up to seven members of the State Team to travel to the in-person CoIIN Summit in July 2015 (travel team). Additional members of the State Team are permitted to travel to the Summit at the state’s expense.

Ideal State Teams will include multidisciplinary members from MCH program and policy staff, MCH QI staff, and partners from the health care community, as noted in the following section. To keep teams manageable, please limit your active State Team to 12-15 members. The AYAH-NRC will convene up to seven members of the State Team (the travel team) to participate in an onsite meeting in July 2015. Travel will be sponsored by the Center at no cost to participants. Applicants should indicate on the team roster which State Team members are expected to be a part of the travel team.

State Teams should include:

1. State Title V Program leadership (MCH or Title V Director)
2. State Adolescent Health Coordinator (or equivalent Adolescent Health lead staff in the state health department)*
3. Epidemiologist or other staff member qualified to assist with accessing, analyzing and interpreting relevant state-level data*
4. QI Staff (could be a representative of a state or local QI organization, such as an Improvement Partnership, or internal staff, such as a Performance or Program Improvement Manager, or QI Manager)*
5. Representative of state Medicaid agency and/or the major health plan serving the state
6. Representative from the state's primary care association or health center association
7. Two provider representatives that represent 1-2 provider groups serving adolescents and young adults (at least one of these representatives should be included on the travel team, but both are not required)*
8. Youth/young adult consumer representative(s) (for example, youth involved in state or local-level youth advisory/advocacy initiatives)
9. Representative(s) of community-level partner organization(s) (only for those applying for Community Integration component)*

10. Additional Members (optional): State Teams may also include representatives from partner programs and agencies that will provide strengths or capabilities relevant to the proposed project, such as: state or community youth-serving organizations, collective impact projects, preconception or life course programs, specialty provider networks, family planning clinics, agencies/organizations supporting youth in or transitioning from foster care, academic institutions, or local chapters of youth advocacy groups such as Young Invincibles.

**Requirement for States For States participating in the optional Community Integration efforts:**

11. State Team should include at least one community level partner(s) representing groups, organizations, initiatives, or partnerships that could serve as a community-level effort for the optional integration. Examples of community level partners include health care providers, school-based health center leaders, FQHC staff, community collaboration with an adolescent/young adult health care focus, or a community college health services staff. At least one of these individuals must be included in the travel team.

*Indicates that member should be included on the travel team.*

**AYAH-CollIN Timeline**

<table>
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<tr>
<th>Event</th>
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<tr>
<td>Request for Applications Released</td>
<td>March 5, 2015</td>
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<tr>
<td>Applications Due</td>
<td>April 16, 2015</td>
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<td>11:59 pm EDT</td>
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<tr>
<td>Teams Announced</td>
<td>May 2015</td>
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<tr>
<td>Team Orientation / Kick-off Call</td>
<td>May 2015</td>
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<tr>
<td>First Monthly Learning Event</td>
<td>June 2015</td>
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<tr>
<td>CoLLIN Summit (in-person meeting) in</td>
<td>July 27-28, 2015</td>
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<td>Washington, DC</td>
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Application Procedure

Submit all required application materials by email by **11:59 pm EST on April 16, 2015**
to Maritza Valenzuela at mvalenzuela@amchp.org.

- Applications need to address the five required application components listed below. There is a sixth optional component. The application’s narrative should be organized using a separate heading for each listed component and sub-headings for the listed sub-components.
- The page limit for the application is 7 pages, which includes up to 2 pages for describing the Team Roster.
- To be considered eligible, applicants must complete and submit **all required components of the application**.
- Applications received after the deadline, **Thursday, April 16, 2015**, will not be considered.

**Please Note:** If you do not receive a notification of receipt by COB Friday, April 17, 2015 please contact Maritza Valenzuela at mvalenzuela@amchp.org.

**APPLICATION COMPONENTS**

**CAPACITY**
- **Current Commitment:** Include a description of current adolescent and young adult activities in your state and specifically within the convening Title V program and state health department. Applicants must describe activities related to adolescent populations (ages 10-17) and to young adult populations (ages 18-25). Clarify which age group(s) each activity targets, and which activities are designed to address the needs of both age groups.
- **Current Collaborations:** Identify and offer examples of existing and/or potential partnerships for adolescent and young adult activities described in the Current Commitment section. Indicate existing and/or proposed partnerships with local or state QI organizations and with state chapters of national associations of clinical providers that provide primary care to adolescents and to young adults.
- **Previous related projects:** Indicate if you or members of the Title V program have participated recently (defined as the past three years) in any adolescent health projects with AMCHP, SAHRC, or NAHIC. If yes, include a brief description of the project(s).

**EXPECTED BENEFITS**
- **Proposed Project:** Discuss at least one specific idea for what your team might focus on through participation in the AYAH CoIIN. Describe, to the best of your knowledge, what aspect of access to and/or quality of preventive visits your State Team might address that would impact adolescent and young adult populations.
- **National Performance Measure:** Indicate if you expect your state to select National Performance Measure #10 as part of its Title V Application (Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year). Briefly explain why or why not and if yes, note how participation in the AYAH CoIIN would support your state in addressing this performance measure.

**ANTICIPATED CHALLENGES**
- **Challenges:** Identify at least one challenge your team might experience in participating in the AYAH CoIIN and how these obstacles will be addressed. Please be specific. For example, if time and/or money represent barriers, discuss specifics about how they are barriers to this work and identify at least one strategy to overcome each.
TEAM OPERATIONS PLAN AND COMMITMENT

- **Roles and responsibilities:** Describe in a few paragraphs how your team will work together as a State Team and as part of NSTs. Address the rationale for the selection of team members, the distribution of work among team members, and the mechanisms (where, how often) for convening the State Team. In addition, describe how State Team members from partnering organizations and sectors will communicate key ideas and findings of the CoIIN to their peers and how their voices can influence diffusion of the CoIIN’s products.

- **Commitment of the State Team:** Describe the State Team’s ability to commit time and resources to the project, including participation in the key activities and NSTs over the project period.

- **Only for states proposing to use a fiscal agent to process the $15,000 mini-grant:** Clearly identify the fiscal agent, the relationship to the fiscal agent, and submit the required letter of commitment.

TEAM ROSTER

- Clearly identify a team roster, including an **overall team lead** and a **team lead on young adults** (a team lead focused on addressing the young adult population). The overall team lead will be the primary point of contact between the AYAH-NRC and the State Teams, and will be responsible for on-time submission of team action plans, progress reports, and any financial reports related to the mini-grant. The State Team lead will also be expected to facilitate and develop coordination structure for all activities occurring within a team. The team lead on young adults will be responsible for ensuring that the State Team determines how its activities and strategies will address the unique needs of young adults in the state.

- Provide detailed contact information for each State Team member and their expertise (see appendices A & B for examples and template).

- Clearly identify how your State Team meets the requirements by checking off the roles noted in the team roster template, and note which State Team members will also be part of the travel team and attend the July 2015 AYAH CoIIN Summit. **Note:** Travel funding will be limited to seven team members for the Summit, but teams can finance additional travelers on their own.

COMMUNITY INTEGRATION (optional)

- Clearly identify at least one team member from the community-level partnership on your team roster.

- Describe how your State Team plans to integrate a community-level partner in your AYAH CoIIN work. Discuss your existing relationship with the community-level member of your team listed on your team roster.
APPLICATION CHECK LIST

Does your application have the following required pieces?

- Capacity
  - Current Commitment
  - Current Collaborations
  - Previous Related Projects
- Expected Benefits
  - Proposed Project
  - National Performance Measure
- Anticipated Challenges
  - Challenges
- Team Operations Plan
  - Roles And Responsibilities
  - Commitment of the State Team
  - Submit letter of commitment from fiscal agent (only if designating a fiscal agent)
- Team Roster
  - Team lead and team lead on young adults identified
  - Detailed contact information and expertise provided
  - Note role of each member (check box)
  - Note which members are part of travel team (check box)
- Community Integration (Optional)
  - Assign at least one community-level partner to the travel team
  - Describe integration plan and relationship with proposed partner(s)

Does your team roster include all the required team members?

- State Title V Program leadership
- State Adolescent Health Coordinator (or equivalent Adolescent Health lead staff in the state health department)
- Epidemiologist or other staff able to assist with accessing, analyzing and interpreting relevant state-level data
- QI Staff
- Representative of state Medicaid agency and/or the major health plan serving the state
- Representative from the state’s primary care association or health center association
- Two provider representatives that represent 1-2 provider groups serving adolescents and young adults
- Youth/young adult consumer representative(s)
- Representative(s) of community-level partner organization(s) (only for those applying for Community Integration component)
SELECTION CRITERIA

Applications will be rated on the following evaluation criteria. In selecting the states to participate in the AYAH CoIIN, reviewers will consider not only the listed factors but also the overall composition and complementary strengths of the group of five states.

Capacity – 30 points

- Extent to which application identifies a commitment to both adolescent and young adult populations. 15 points
- Extent to which application demonstrates existing collaborations and partnerships pertinent to adolescent and young adult health or partnerships that can be built upon (for example, if young adult activities have not been previously established, explain how the scope of an existing partnership can be expanded to include the needs of this age group). 10 points
- Extent to which application describes participation in previous SAHRC, NAHIC and/or AMCHP projects (for example, technical assistance opportunities) during the past three years. 5 points

Expected Benefits – 20 points

- Extent to which application describes at least one specific idea that team may focus on related to access to and/or quality of preventive visits for adolescents and young adults, and how participating in the AYAH CoIIN will benefit this effort. 15 points
- Strength of State’s intent to select National Performance Measure #10 (Adolescent Well Visit) as part of its federal Title V application. 5 points

Anticipated Challenges – 10 points

- Extent to which application identifies barriers to participation in the CoIIN and discusses effective ways to overcome them. 10 points

Team Operations Plan and Commitment – 20 points

- Extent to which application describes a feasible, preliminary team operations plan including roles and responsibilities. 10 points
- Extent to which application describes the State Team’s commitment to the activities and deliverables of the project. 10 points

Team Roster – 10 points

- Extent to which application includes required team members and other partners necessary to address ideas presented in the expected benefits section. 10 points

Community Integration – 10 points

- Extent to which application describes how the State Team will collaborate with and support a community-level project to advance the overall project’s goals. 5 points
- Extent to which application includes the required community-level team member(s) on the team roster. 5 points
Appendix A: Example of Team Roster

Follow this link to download Appendix A:

http://www.amchp.org/programsandtopics/AdolescentHealth/Documents/Appendix_A.docx

Appendix B: Team Roster Template

Follow this link to download Appendix B:

http://www.amchp.org/programsandtopics/AdolescentHealth/Documents/Appendix_B.docx