Request for Applications (RFA)
Adolescent and Young Adult Health (AYAH)
Collaborative Improvement and Innovation Network (CoIIN) – Cohort 2
Fall 2016

Date of RFA Release: November 22, 2016

Deadline for Application Submissions: 5 p.m. EST, January 13, 2017

For questions about the AYAH CoIIN, please contact **Iliana White:**

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Invitation to Apply

Adolescence and young adulthood are crucial periods of the life course — not only do major developmental changes occur, but unique opportunities exist for preventing risky behaviors and onset of common chronic conditions of adulthood. During these years (ages 10-25), 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. The transformation of the Title V Maternal and Child Health Services Block Grant has charged states to further prioritize annual preventive visits for adolescents (and by extension, young adults).

To aid in this transformation, 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 the **second cohort** of the **Adolescent and Young Adult Health Collaborative Improvement and Innovation Network (AYAH CoIIN)**.

The AYAH CoIIN is designed to help participants develop state partnerships or use existing ones to pursue a common, data-driven agenda to advance access to and the quality of well-visits for adolescents and young adults (AYAs). The AYAH-NRC will provide intensive technical support to assist states in developing work plans with specific goals, objectives, activities and deliverables in alignment with the states' MCH/Title V Strategic Plans and performance measurement frameworks. These partnerships will create a sustainable infrastructure to support states in addressing future needs in AYA health care delivery, to respond rapidly to emerging public health and health care delivery issues, and to support the translation of lessons learned about new care models and payment reform into state- and national-level public policy.

Overview of the AYAH CoIIN

Adapted from a model created by Peter Gloor, a CoIIN is a team of self-motivated people with a collective vision**,** enabled by technology to achieve a common goal by sharing ideas, information and work. The U.S. Maternal and Child Health Bureau (MCHB) – in partnership with the University of California at San Francisco (USCF), the Association of Maternal and Child Health Programs (AMCHP), the State Adolescent Health Resource Center (SAHRC) at the University of Minnesota and the National Improvement Partnership Network (NIPN) at the University of Vermont – has adapted this model to prioritize both improvement ("doing things better") and innovation ("doing things differently") as an approach to improving health outcomes among MCH populations. The AYAH CoIIN is focused on **access to, receipt of and quality of preventive health care delivered to adolescents and young adults**. The AYAH CoIIN presents an opportunity for building your agency's capacity and establishing partnerships with entities involved with providing health care to implement evidence-informed strategies to address those focus areas.

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

Successful applicants will receive guidance and support for the following activities, with a special emphasis on strategic collaboration among public health (specifically Title V MCH Services Block Grant programs) and health care professionals: access to unique data sources and analysis, peer-to-peer learning among a small cohort of states, and intensive assistance from national experts in adolescent and young adult health and quality improvement (QI). Building upon analysis and lessons learned from the AYAH CoIIN Cohort 1, a key component of this round will involve the development of strong partnerships among defined state-level agencies and organizations that use the science of QI to change practices addressing preventive health care for adolescents and young adults. [See **Appendix A: Public-Private Partnerships to Improve AYA Health** for examples].

This CoIIN addresses two critical periods in the life course: adolescence and young adulthood (ages 10 to 25). These periods entail major developmental changes and offer unique opportunities for preventing risky behaviors common among members of these age groups 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 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 supervision guidelines for adolescents, including young people through the age of 21, presented in the *Bright Futures Guidelines for Health*

Supervision of Infants, Children and Adolescents (3rd edition). Services that address the major issues of young adults (starting at age 18) are included in the recommendations of the U.S. Preventive Services Task Force (USPSTF):

- Evidence-based Clinical Preventive Services for Adolescents and Young Adults http://nahic.ucsf.edu/wp-content/uploads/2016/03/March-2016_AYAHNRC_evidence.V3.pdf
- Screening Guidelines for Young Adults Ages 18-26 http://nahic.ucsf.edu/wp-content/uploads/2013/10/Young-Adult-Guidelines-Updated..pdf.
- USPSTF Recommendations for Screening Tests for Adult Women https://www.womenshealth.gov/publications/our-publications/screening-tests-for-women.pdf.
- USPSTF recommendations for Screening Tests for Adult Men https://www.womenshealth.gov/files/assets/docs/charts-checklists-guides/screening-tests-for-men.pdf
- Preventive Services Guidelines, Including Screenings, for Women's Health Care http://www.hrsa.gov/womensguidelines/ https://www.healthcare.gov/preventive-care-women/

Despite our knowledge, however, significant limitations exist in the quality and comprehensiveness of health care services delivered to adolescents and young adults.

State and national health reform efforts have magnified the importance of aligning efforts in the public health and health care sectors to address these gaps and establish a platform for **improving population health outcomes**. As outlined in the Institute of Medicine (IOM) publication, *Primary Care and Public Health: Exploring Integration to Improve Population Health* (2012), the integration of primary care within public health programs and activities could enhance the ability of both sectors to carry out their missions, link with other stakeholders to catalyze a collaborative movement toward improved population health, and promote overall efficiency and effectiveness in health service delivery. Core principles for successful integration include a shared goal of population health improvement, community engagement, aligned leadership in both sectors, establishing a shared infrastructure to promote sustainability, and sharing and collaborative use of data and analysis.

Efforts to improve health care quality have also been influenced by other reports of the Institute of Medicine, such as *Crossing the Quality Chasm,* and by federal agencies and national organizations focused on quality measurement, such as the Centers for Medicare & Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA). Efforts directed at *systems improvements* for infants, children, adolescents and young adults, however, have received relatively little attention.

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) established a leadership role for the federal government in a major child health quality initiative for children enrolled in Medicaid or CHIP. Key provisions included development of a core set of voluntary child health quality measures for states, assistance to states in adopting these measures, demonstration grants to states to support use and testing of an initial set of core measures, and an ongoing program to monitor child health quality. Since 2011, as part of CHIPRA's legislative requirement, the Secretary of the U.S. Department of Health and Human Services has issued an annual report, the *Secretary's Annual Report on the Quality of Care for Children in Medicaid and CHIP,* of state data derived from the core quality measures, including the adolescent well-visit.

Over the past 20 years, however, we have learned that *measuring and monitoring quality* is necessary but not sufficient for improvement. To assure that high-quality, evidence-based and cost-effective care is *delivered* requires changes in both the delivery system and clinical practice. These historical efforts form the basis for the funding opportunity described below.

Emphasis on quality measurement and systems change is also reflected in changes in 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 has provided major stimuli for enhancing access to health care, delivering comprehensive packages of preventive health care services and improving the quality of care. Round 2 of the AYAH-CoIIN is designed to help states navigate these changes and optimize opportunities to improve the delivery of preventive services to adolescents and young adults. The AYAH CoIIN focuses on the Title V MCH Block Grant National Performance Measure 10, the "percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year." In addition, the AYAH CoIIN addresses the delivery of preventive services to young adults. Three National Strategies (NSs) were established during the first AYAH CoIIN cohort to assist states in addressing preventive health care:

- NS #1 – *Improve Access & Utilization of Preventive Services*;
- NS #2 – *Improve Quality of Preventive Services*; and
- NS #3 – *Improve State- and Systems-Level Policies and Practices*.

See **Appendix B: AYAH-CoIIN National Strategies** for a description each National Strategy and conceptualization of possible tactics and approaches. See **Appendix C: CoIIN Aims and Measures** for a description of the activities and measures that were developed by the first AYAH CoIIN cohort for each National Strategy. As described in the following paragraph, National Strategy Teams (NSTs) were formed to address the three National Strategies. The ideas and experiences of the AYAH CoIIN will be shared nationally across the public health and clinical health systems.

Global Aim of AYAH CoIIN Cohort 2

Through state-level intra-agency and public-private partnerships, the second cohort of the AYAH CoIIN aims to identify effective, replicable strategies for increasing access to, receipt of and quality of preventive health services by adolescents and young adults and for improving the quality and comprehensiveness of these services.

AYAH CoIIN Participation

Up to five State MCH Title V programs and their State/Jurisdiction Teams (hereafter "State Teams") will be selected to participate in Cohort 2 (2017-2018) of the AYAH CoIIN. The work of the CoIIN will be organized around key, evidence-based/informed strategies at the state level for improving access to preventive care services for adolescents and young adults as well as the quality of visits for preventive health services. Participating State Teams **must** identify or work to establish a public-private partnership that agrees to collaborate in project activities designed to encourage greater numbers of adolescents and young adults to access preventive health care and to improve the quality of those visits. If no existing organization can be identified to fulfill this role, participating states may establish such a partnership and undertake a pilot project to improve access to or the quality of AYA preventive health care. A sample description of one type of organization with a demonstrated track record in many states, an Improvement Partnership, is provided in **Appendix A: Public-Private Partnerships to Improve AYA Health.** This description includes a list of partner organizations that typically come together to form such a partnership.

In collaboration with their partner organizations, the work of the State Teams will be supported by three National Strategy Teams (NSTs) formed around the three evidence-based/informed national strategies for improving access and quality. The NSTs will be composed of representatives from the participating AYAH CoIIN

states and project staff. Functioning primarily as "cyber teams," NST members will meet by phone/web and work in an online collaborative space using a data dashboard. As multi-state groups, the NSTs will drive and support the work of participating states with support from the AYAH-NRC and other national experts. All State Teams are expected to participate in all three NSTs.

Support from the AYAH-NRC

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

- A $15,000 mini-grant to support AYAH CoIIN activities.
- Training on collective impact, QI models for public health and comprehensive approaches to improving access to and the quality of preventive services for adolescents and young adults.
- Travel funding for up to seven members of the State Team to attend a CoIIN 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, online meeting technology and a collaborative web space) 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.
- Knowledge transfer of lessons learned from AYAH CoIIN Cohort 1 to Cohort 2 and facilitation of connections between Cohort 1 and Cohort 2 participants.
- Access to state-based organizational members of the National Improvement Partnership Network, facilitated by the University of Vermont to support state quality improvement projects.

Anticipated areas of focus for customized technical assistance from the AYAH-NRC staff:

- Improving coordination across providers and systems.
- Identifying and implementing evidence-based/informed clinical models.
- Identifying and implementing payment strategies.
- Enhancing use of data and data analytics.
- Quality measurement and reporting, quality improvement and performance improvement.

Expectations of State Teams

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

- Convene a State Team through which to conduct action planning and activity implementation. the State Team must include representatives from the public-private partnership to improve health care access and quality or develop a plan to establish such a partnership. State Team members will be expected to become knowledgeable with the science of continuous quality improvement (CQI) and CoIIN processes.
- Attend the two-day, in-person AYAH CoIIN Summit in Washington, D.C., and complete Summit pre-work in advance. All travel costs will be supported by the AYAH-NRC for up to seven attendees per state/territory.

- Participate in National Strategy Teams (NSTs) and devote staff time to work on corresponding NST activities.
- Participate actively in monthly virtual learning events, including webinars and facilitated conference calls.
- Demonstrate a commitment between the Title V program and the state Medicaid agency to review their interagency agreement to identify opportunities for leveraging and/or strengthening existing policies to improve the delivery of services to adolescents and young adults served by Medicaid.
- At a minimum, use the following state-level data sources to track progress on receipt of well-care visits by adolescents and young adults:
    - a) Percentages of adolescents and young adults ages 12-21 who received at least one visit in the past year as part of reporting on the Child Core Set data for Children Covered by Medicaid and CHIP
        - In 2014, 44 states reported on this measure using core set specifications: Annual Report on the Quality of Care for Children in Medicaid and CHIP.
    - b) Percentages of adolescents and young adults ages 12-21 who received an EPSDT visit in the past year.
        - See annual EPSDT participation reports by state: https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html).
    - In addition, state applicants may be able to join state-based performance improvement projects aimed at improving adolescent well-care for those enrolled in managed care as part of Medicaid/CHIP.
        - In 2014, seven states reported on a total of 20 such projects with this specific objective: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2015-child-sec-rept.pdf
- Share data for improvement on NST aims and measures via the CoIIN's online reporting system (the data platform and training on its use will be provided by the AYAH-NRC team) on a regular basis. These data shall include a core set of process indicators for measuring state-level AYAH system success and a core set of outcome indicators for improvement of AYAH at the population level.
- Fulfill all reporting requirements (including quarterly invoices) related to the $15,000 mini-grant.

State Team members should plan to spend approximately four to five hours per month on NST collaborative learning activities.

Application Requirements

Applicants must be affiliated with State MCH Title V programs, and the primary team lead on the application must be a State MCH Title V staff person. Applicants must describe (in one to two paragraphs) how the state agency will support proposed AYAH CoIIN activities and improvement efforts. Applicants must be affiliated with State MCH Title V programs; priority will be given to applicants whose Title V program has selected NPM #10 or a comparable state performance measure.

Priority will be given to proposals that:

- Demonstrate the capacity to leverage systems change on a statewide level.
- Demonstrate collaboration with quality improvement organizations and/or the use of quality improvement methods and tools in designing project activities.

- Demonstrate collaboration with health care entities that deliver care to adolescents and young adults as a substantial proportion of the population served.
- Demonstrate collaboration with professional associations (e.g., state medical society, state chapters of national organizations such as the American Academy of Pediatrics and the American Academy of Family Physicians) whose members provide preventive health services to AYAs.
- Demonstrate innovative and creative approaches.
- Include specific state-level measures that can be followed.
- Include both adolescents and young adults as the focus in proposed activities. High-risk populations may be included, but proposals should not focus only on a specific high-risk population.
- Include letters of engagement from each partnering agency and organization outlining its expected role, responsibilities and contributions to the partnership.
- Demonstrate consideration of strategies for continuation of activities beyond the initial 18-month project period.
- Exhibit meaningful and active engagement of youth.

Examples of activities and programs are listed below:

1. **Adopt current *Bright Futures* guidelines for adolescents and USPSTF preventive care guidelines for young adults (for female young adults, may adopt the ACA-mandated preventive services guidelines for women).**
    a. Align state Medicaid policy with current *Bright Futures* guidelines.
    b. Improve content of adolescent well-care visits by promoting use of evidence-based screening tools in primary care settings (e.g., to identify, evaluate and refer AYAs with unmet mental health needs).
2. **Incentivize providers, AYAs and parents to encourage preventive care.**
    a. Provide health care professionals with resources (training, tools and materials) to support provision of AYA preventive care.
    b. Develop payment reform strategies to reward increases in well-care visit rates (e.g., adopt adolescent well-care visit as quality benchmark).
    c. Educate patients and families about the importance of well-care visits.
3. **Encourage adolescent/young adult-centered care.**
    a. Work with primary care practices to strengthen "adolescent/young adult-friendly care delivery" (e.g., assure alone time with patient, promulgate best practices for confidentiality, offer flexibility in appointment scheduling).
    b. Adopt, create and disseminate adolescent/young adult-friendly outreach and education materials.
    c. Conduct practice-based quality improvement projects for increasing rates of visits for well-care by adolescents and young adults
4. **Leverage missed opportunities to increase AYA well-care visits.**
    a. Use episodic, chronic and acute care visits and "sports physicals" to increase provision of comprehensive preventive services.
5. **Use social media to increase AYA well-care visits.**
    a. Engage youth/young adult stakeholders to design and implement positive social media campaigns to demonstrate the value of preventive visits for AYAs.
    b. Target AYAs with age-appropriate web health information.
6. **Develop partnerships with state agencies and organizations.**

a. Review state interagency agreements/memoranda of understanding between Title V and state Medicaid agencies to identify opportunities to leverage existing policies to strengthen the delivery of services to adolescents and young adults served by Medicaid.
b. Align measurement strategies with existing initiatives, such as value-based payment measures.

Adapted from: Paving the Road to Good Health Strategies for Increasing Medicaid Adolescent Well-Care Visits https://www.medicaid.gov/medicaid/benefits/downloads/paving-the-road-to-good-health.pdf

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 Spring 2017 (travel team). Additional members of the State Team are permitted to travel to the Summit at the state's (or other agency's) expense. Ideal State Teams will include multidisciplinary members from MCH program and policy staff as well as MCH QI staff. All teams must include partners from the health care community, as noted under Public-Private Partnerships to Improve AYA Health. To keep teams manageable, please limit your active State Team to 12-15 members.

State Teams should include:

- State Title V Program leadership (MCH or Title V Director) *
- State Adolescent Health Coordinator (or equivalent Adolescent Health lead staff in the state health department) *
- Epidemiologist or other staff member qualified to assist with accessing, analyzing and interpreting relevant state-level data*
- QI Staff (could be a representative of a state level QI organization, such as an Improvement Partnership, or internal staff, such as a Performance or Program Improvement Manager, or QI Manager)*
- Representative of state Medicaid agency*
- Representative of the major health plan(s) serving the state, including those that serve people with Medicaid/CHIP coverage
- Representative from the state's primary care association or health center association
- Two provider representatives from professional membership associations that actively care for adolescents and young adults (at least one of these representatives should be included on the travel team, but both are not required) *
- Youth/young adult consumer representative(s) (for example, youth involved in state or local-level youth advisory/advocacy initiatives) *
- Representative(s) of existing or proposed public-private partnership organizations

**denotes required member of state travel team*

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/regional representatives (if applicable) of youth advocacy groups, such as the Young Invincibles.

Application Procedure

- Applications need to address each of 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 seven pages, which includes up to two pages for describing the Team Roster.
    - 11- or 12-point font (Arial, Calibri or Times New Roman), single-spaced, double-spaced between paragraphs
- To be considered eligible, applicants must complete and submit **all required components of the application**.
- Applications received after the deadline, by 5 p.m. EST on Friday, January 13, 2017, will not be considered.

Please Note: If you do not receive a notification of receipt by close of business January 17, 2017, please contact Iliana White at iwhite@amchp.org.

APPLICATION COMPONENTS

I. CAPACITY

A. 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 each activity targets and which activities are designed to address the needs of both age groups.

B. Current Collaborations: Identify and offer examples of existing and/or potential partnerships for adolescent and young adult activities described in the Current Commitment sub-component section (I.A.). 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.

C. Previous related projects: Indicate if you or members of the Title V program have over the past three years participated in any adolescent health projects with AMCHP, SAHRC or NAHIC, such as receiving technical assistance, or if your program has received state support or independent funding from a federal agency or philanthropic foundation to advance comprehensive adolescent or young adult health. If yes, include a brief description of the project(s).

II. EXPECTED BENEFITS

A. Proposed Project: Discuss at least one specific idea for what your team might focus on through participation in the AYAH CoIIN. Describe what aspects of both access to and quality of preventive visits your State Team might address that would impact adolescent and young adult populations.

B. National Performance Measure: Indicate if your state selected 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). If your state did not select National Performance Measure #10, please describe a state performance measure developed and submitted by your state that is pertinent to the receipt of a preventive medical visit by adolescents and/or young adults. Briefly explain why or why not your state made this selection, and if yes, note how participation in the AYAH CoIIN would support your state in addressing this performance measure.

III. COMMITMENT AND CHALLENGES

A. 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.

B. Challenges: Identify at least one challenge your team might experience in participating in the AYAH CoIIN and describe 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.

IV. TEAM OPERATIONS PLAN

A. 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 mechanics (where, how often) of how the State Team will convene. Describe how State Team members from partnering organizations and sectors will be selected, how they will communicate key ideas and findings of the CoIIN to their peers, and how their voices can influence diffusion of the CoIIN's products.

V. TEAM ROSTER

A. 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.

B. It is especially important that representatives from professional membership associations (e.g., state chapters of major national professional membership associations whose members provide primary care to adolescents and/or young adults) and health plans have the ability to influence their organizations' active participation in the CoIIN, as well as the performance of its provider members.

C. Provide detailed contact information for each State Team member and his/her expertise. (See **Appendices D & E** for examples and template.)

D. 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 AYAH CoIIN Summit in April 2017. *Note:* Travel funding will be limited to seven team members for the Summit, but teams can finance additional travel on their own.

VI. COMMUNITY INTEGRATION *(optional)*

- **A.** 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 and, if proposing to use a fiscal agent, relationship to the fiscal agent.
- **B.** Clearly identify at least one team member from the community-level partnership on your team roster.
- **C.** Clearly identify a fiscal agent and submit the required letter of commitment.

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
- ❑ Commitment and Challenges
  - ○ Commitment of the State Team
  - ○ Challenges
- ❑ Team Operations Plan
  - ○ Roles and Responsibilities
- ❑ Team Roster
- ❑ Community Integration (Optional)

Does your team include all the required team members?

- ❑ State Title V Program leadership
- ❑ State Adolescent Health Coordinator (or equivalent Adolescent Health lead staff in the Title V program)
- ❑ Epidemiologist or other staff who will be able to assist with accessing, analyzing and interpreting relevant state-level data
- ❑ QI Staff
- ❑ Representative of state Medicaid agency
- ❑ Representative(s) of the major health plan(s) serving the state
- ❑ Representative of state safety net/access point providers
- ❑ Representatives of state professional membership representing health care providers
- ❑ Youth/young adult consumer representative(s)
- ❑ Representative(s) of existing or proposed public-private partnership organizations

- Applications need to address each of the five required application components listed above. 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 seven pages, which includes up to two pages for describing the Team Roster. Please use a font size equivalent to Times New Roman 11, and single space between lines and double space between paragraphs.
- To be considered eligible, applicants must complete and submit **all required components of the application**.
- Applications received after the deadline, 5 PM EST on Friday, January 13, 2017, will not be considered.

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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 – 35 points

- Extent to which application identifies a commitment to both adolescent and young adult populations. *15 points*
- Extent to which application demonstrates current 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.) *15 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, or has received either state support or extramural independent funding support to advance comprehensive adolescent and/or young adult health. *5 points*

Expected Benefits – 25 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*
- Extent to which application describes state's intent to address NPM #10 or a related state performance measure. *10 points*

Commitment and Challenges – 20 points

- Extent to which application describes the State Team's commitment to the activities and deliverables of the project. *10 points*
- Extent to which application identifies challenges and/or barriers to participation in the CoIIN and discusses effective ways to address them. *10 points*

Team Operations Plan – 10 points

- Extent to which application describes a feasible, preliminary team operations plan.

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.

Community Integration – ***this section is not scored independently, but the criteria below may factor into scores for the Expected Benefits, Operations Plan and Team Roster sections***

- Extent to which application describes how the State Team might collaborate with and support a community-level project to advance the goals of the state's principal project described in the Expected Benefits component (II.A.).
- Extent to which application describes state's intent to address NPM #10 or a related state performance measure.

Appendix A: Public-Private Partnerships to Improve AYA Health: Collaborating With or Establishing an "Improvement Partnership"

A network of state **Improvement Partnerships** has emerged as a way to advance quality and transform health care practice for MCH populations. In addition to providing information and education, Improvement Partnerships provide health care delivery system support and facilitate change across systems. Each Improvement Partnership is a collaboration of public and private partners in a state that uses the science of quality improvement to change practice. Together, Medicaid agencies; health departments; health care professional organizations; academic institutions; hospitals serving AYAs; health care delivery institutions; pediatric, adolescent and young adult health care practitioners; health plans; parent organizations and others meet, share and guide change in a coordinated manner.

Strategies used by Improvement Partnerships:

- Advance the use of evidence-based medicine.
- Create quality improvement collaborative learning opportunities.
- Support practitioners in effective use of tools and guidelines.
- Foster innovation in clinical practice and delivery systems.
- Measure progress and track quality indicators.
- Share and disseminate best practices and lessons learned.
- Facilitate the development of health information technology for AYAH.
- Provide opportunities for practitioners to fulfill Maintenance of Certification (MOC) requirements.

Pediatricians, family physicians and internists aim to provide appropriate, quality services to AYAs, but wide variations in care and poor adherence to professional guidelines are evidence that AYAs do not consistently receive high-quality health care. State Improvement Partnerships use a scientific, evidence-based approach to support practices in their efforts to provide high-quality and evidence-based care.

Improvement Partnerships are under way in the following states: AL, AR, AZ, FL, IA, ID, IN, KY, ME, MD, MN, NH, NJ, NM, NY, OH, OK, OR, RI, SC, TN, UT, VT, and the District of Columbia. With staff support, knowledge and relationships to ground their efforts, Improvement Partnerships have led to improved delivery of preventive screenings and services and more effective treatment of chronic conditions. Funding for Improvement Partnerships comes from federal and private grants, state Medicaid, provider organizations, and other sources.

Improvement Partnerships and related organizations are part of the national effort to advance health care quality. Based on the foundation laid by early adopter states, Improvement Partnerships are a means to increase the knowledge and efficacy of public-private partnerships to improve access to and quality of care. Public health and health care professionals must be aware not only of their performance on quality measures; they also need the knowledge, tools and support to change practice and improve the quality of the care they deliver. Improvement Partnerships are a mechanism to guide practice reform for the nation.

Appendix B: AYAH-CoIIN National Strategies

The AYAH-CoIIN is focused on discovering, identifying and implementing evidence-informed strategies to increase adolescents' and young adults' access to preventive health services and to improve the quality of these services. In addition to state-level projects, each State Team will contribute to the AYAH-CoIIN national strategies geared toward increasing access to and quality of preventive health services for adolescents and young adults. All CoIIN participants will collectively identify and endorse three national strategies to increase utilization of high-quality preventive health services by adolescents and young adults. A National Strategy Team (NST) will be established for each strategy, and each State Team will identify members to participate in each of these NSTs.

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 that features a data dashboard designed to monitor measurable progress toward strategy-specific aims, including Title V **National Performance Measure 10: the percent of adolescents aged 12-17 with a well-visit in the past year**. As multistate groups, the NSTs will function to drive and support the work in participating states and communities with support from the AYAH-National Resource Center (NRC) and other national experts.

Cross-Cutting Practices
The following cross-cutting practices are used and embedded throughout all the AYAH National Strategies. It is expected that these principles be reflected and applied in all NST activities, including those conducted at the state level. • **Routinely and fully partner with youth in all aspects of health care improvement efforts.** • Address health literacy of youth, young adults, and caregivers/parents. • Use public-private partnerships to strengthen AYA health care. • Engage other important stakeholders, including health care professionals, parents/caregivers, and youth-serving organizations, etc. • Identify opportunities to support the Healthy People 2020 Foundation Health Measure of achieving health equity, eliminating health disparities, and improving the health of all groups.

Note: The national strategies are general in nature and target both adolescents and young adults. The actual approaches and activities implemented, however, may differ between these two distinct populations.

<table>
<tr><th>Proposed NSTs</th><th>Possible Tactics/Approaches</th></tr>
<tr><td colspan="2">1. Improve Access
Provide outreach on the importance of preventive services, promote enrollment in health insurance and alleviate barriers to health care.</td></tr>
<tr><td>Increase access to and uptake of preventive services for adolescents

Increase access to and uptake of preventive services for young adults</td><td>• Improve outreach and enrollment for insurance
• Improve education/marketing about the value of the preventive visit, in partnership with stakeholders (systems-wide) through evidence-based/evidence-informed strategies
o AYAs and their families
o Clinical/professional organizations
o Private networks (e.g., BC/BSs, HMOs, Free Clinics)
o Community partners (e.g., youth-serving organizations, schools, justice system)
o Public health partners (e.g., SBHCs and FQHC networks)
• Collaborate with Federally Qualified Health Centers (FQHCs) and Community Health Centers (CHCs) to assure optimal utilization by AYAs
• Leverage opportunities at all acute care visits/clinical encounters with AYAs
o Acute/illness visits, sports physicals, contraceptive counseling, sexual health services, behavioral health visits, other episodic visits</td></tr>
<tr><td colspan="2">2. Improve the quality of preventive services
Strengthen clinic-level policies and practices to support AYA-centered care.</td></tr>
<tr><td>Improve quality of clinical care for adolescents

Improve quality of clinical care for young adults</td><td>• Train providers and clinic staff to strengthen their capacity to provide AYA-centered care
o Evidence-based clinical preventive services for adolescents and young adults (e.g., recommendations made by USPSTF and the Advisory Committee on Immunization Practices)
o Adolescent/young adult development and health needs
o Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents
o Confidential care
o Strength-based approaches (e.g. use of motivational interviewing)
o Needs of AYA males
• Strengthen clinic-level policies and practices to support AYA-centered care
o Scheduling appointments
o Protect confidentiality in medical records, billing, scheduling, communication, clinic visits
o Welcoming facilities – physical space, staff interactions
• Leverage existing AYA categorical health care services to include well care (e.g., sports physicals, immunizations, family planning)</td></tr>
</table>

3. Improve state- and systems-level policies and practices to assure access to high-quality preventive services for adolescents and young adults.	
Improve service delivery systems for adolescents	• Strengthen and link AYA care to other systems, e.g., behavioral health, Title X/Family Planning, STD clinics • Confidentiality policies • Assure compliance with the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program and adherence to current standards • Adopt and promote the **Bright Futures/AAP Periodicity Schedule** as the single standard for adolescent preventive services for youth receiving health care under EPSDT and through private health insurance plans. • Integrate *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents* into state and systems-level health promotion and prevention programs
Improve service delivery systems for young adults	• Promote the use of existing quality measures for adolescents and for young adults • Strengthen policies to leverage existing AYA health services for well-care (e.g., sports physical requirements, school and college health policies) • Promote importance and value of well-care for adolescents and for young adults • Address health care policies and practices to assure access to high-quality preventive services for the most vulnerable youth and young adults (Examples: youth in foster care and young adults who have aged out of the foster care system, AYAs in the juvenile and adult justice systems and those who have re-entered the community following incarceration or who are on probation or parole)

Appendix C: AYAH CoIIN Aims and Measures Developed by Cohort 1

National Strategy Team 1:

- *We will increase the rate of those Adolescents and Young Adults (ages 10-25) covered by Medicaid who utilize preventive services (evidenced by receipt of a well-visit) by five percent above baseline in our clinic demonstration/CoIIN sites.*
    - Percent of Medicaid recipients who receive a well-visit
    - Percent of states implementing a marketing communications campaign based on documented strategy that includes five general components:
        1. Measurable goals or objectives
        2. Clearly defined audience
        3. Evaluation plan
        4. Formative audience research
        5. Audience message testing

National Strategy Team 2:

- *We will improve the quality of the clinical visit for ages 10-25 as demonstrated by the implementation of select AYAH strategies that are evidence-based or represent promising or best practices.*
    - Percent of patients ages 10-25 reporting high levels of satisfaction and indicating the occurrence of quality measures within their clinical visit

National Strategy Team 3:

- *Each State Team will develop, adopt or improve at least one youth-centered policy and/or practice at the state, clinical system or HMO level that helps improve access to or quality of the AYA well-visit.*
    - Written policies and procedures are in place at the state, clinical system or HMO level that address access to or quality of the well-visit

Appendix D: Example of Team Roster Template

Please include the information you think best communicates why you have assembled your team. Please limit your overall State Team to **12-15 members total**.

Name & Title	Overall Team Composition	Contact Information	Relevant Expertise	Travel Team
Team Lead 1. Jesse Smith, State Adolescent Health Coordinator	☐ Title V Program Leadership ☒ Adolescent Health Coordinator ☐ Epidemiology Staff ☐ QI Staff/Partner ☐ Medicaid Agency Rep. ☐ Health Insurance Rep. ☐ State Safety-Net/ Access Point Rep. ☐ Provider Organization Rep. ☐ Youth/Young Adult Representative ☐ Rep. of existing (or proposed) pub-private partnership organization ☐ Community Integration Partner ☐ Additional State Team member	Agency Address Email Phone	Jesse is the lead Title V staff on adolescent health programs.	Travel Team? ☒ Yes ☐ No
Team Lead, Young Adults 2. Jen Smith, Youth Health Specialist	☐ Title V Program Leadership ☐ Adolescent Health Coordinator ☐ Epidemiology Staff	Agency Address Email	Jen leads youth health programs with Org for Youth, a partner agency that supports youth health initiatives across the state.	Travel Team? ☒ Yes ☐ No

	☐ QI Staff/Partner ☐ Medicaid Agency Rep. ☐ Health Insurance Rep. ☐ State Safety-Net/ Access Point Rep. ☐ Provider Organization Rep. ☒ Youth/Young Adult Representative ☐ Rep. of existing (or proposed) pub-private partnership organization ☐ Community Integration Partner ☐ Additional State Team member	Phone		
3. Jane Smith, MPH Title V/MCH Director at State Health Dept.	☒ Title V Program Leadership ☐ Adolescent Health Coordinator ☐ Epidemiology Staff ☐ QI Staff/Partner ☐ Medicaid Agency Rep. ☐ Health Insurance Rep. ☐ State Safety-Net/ Access Point Rep. ☐ Provider Organization Rep. ☐ Youth/Young Adult Representative ☐ Rep. of existing (or proposed) pub-private partnership organization	Agency Address Email Phone	Jane is the manager of Title V programs at the state health department and provides supervisory oversight to all adolescent health programming.	Travel Team? ☒ Yes ☐ No

	☐ Community Integration Partner ☐ Additional State Team member			
4. John Smith, PhD MCH Epidemiologist at State Health Department	☐ Title V Program Leadership ☐ Adolescent Health Coordinator ☒ Epidemiology Staff ☐ QI Staff/Partner ☐ Medicaid Agency Rep. ☐ Health Insurance Rep. ☐ State Safety-Net/ Access Point Rep. ☐ Provider Organization Rep. ☐ Youth/Young Adult Representative ☐ Rep. of existing (or proposed) pub-private partnership organization ☐ Community Integration Partner ☐ Additional State Team member	Agency Address Email Phone	John manages data and surveillance of MCH issues within the state. He holds an appointment at the State University in the Epidemiology Program.	Travel Team? ☐ Yes ☒ No
5. Jodi Smith, EPSDT Coordinator	☐ Title V Program Leadership ☐ Adolescent Health Coordinator ☐ Epidemiology Staff ☐ QI Staff/Partner ☒ Medicaid Agency Rep.	Agency Address Email Phone	Jodi is the EPSDT Coordinator for the state Medicaid Agency.	Travel Team? ☐ Yes ☒ No

	☐ Health Insurance Rep. ☐ State Safety-Net/ Access Point Rep. ☐ Provider Organization Rep. ☐ Youth/Young Adult Representative ☐ Rep. of existing (or proposed) pub-private partnership organization ☐ Community Integration Partner ☐ Additional State Team member			
Etc.				

Appendix E: Blank Team Roster Template

Please include the information you think best communicates why you have assembled your team. Please limit your overall state team to **12-15 members total** (insert additional rows as needed).

Name & Title	Overall Team Composition	Contact Information	Relevant Expertise	Travel Team
Team Lead 1.	☐ Title V Program Leadership ☐ Adolescent Health Coordinator ☐ Epidemiology Staff ☐ QI Staff/Partner ☐ Medicaid Agency Rep. ☐ Health Insurance Rep. ☐ State Safety-Net/ Access Point Rep. ☐ Provider Organization Rep. ☐ Youth/Young Adult Representative ☐ Rep. of existing (or proposed) pub-private partnership organization ☐ Community Integration Partner ☐ Additional State Team member	Agency Address Email Phone		Travel Team? ☐ Yes ☐ No
Team Lead, Young Adults 2.	☐ Title V Program Leadership ☐ Adolescent Health Coordinator ☐ Epidemiology Staff ☐ QI Staff/Partner	Agency Address Email Phone		Travel Team? ☐ Yes ☐ No

	☐ Medicaid Agency Rep. ☐ Health Insurance Rep. ☐ State Safety-Net/ Access Point Rep. ☐ Provider Organization Rep. ☐ Youth/Young Adult Representative ☐ Rep. of existing (or proposed) pub-private partnership organization ☐ Community Integration Partner ☐ Additional State Team member			
3.	☐ Title V Program Leadership ☐ Adolescent Health Coordinator ☐ Epidemiology Staff ☐ QI Staff/Partner ☐ Medicaid Agency Rep. ☐ Health Insurance Rep. ☐ State Safety-Net/ Access Point Rep. ☐ Provider Organization Rep. ☐ Youth/Young Adult Representative ☐ Rep. of existing (or proposed) pub-private partnership organization ☐ Community Integration Partner	Agency Address Email Phone		Travel Team? ☐ Yes ☐ No

	☐ Additional State Team member			
4.	☐ Title V Program Leadership ☐ Adolescent Health Coordinator ☐ Epidemiology Staff ☐ QI Staff/Partner ☐ Medicaid Agency Rep. ☐ Health Insurance Rep. ☐ State Safety-Net/ Access Point Rep. ☐ Provider Organization Rep. ☐ Youth/Young Adult Representative ☐ Rep. of existing (or proposed) pub-private partnership organization ☐ Community Integration Partner ☐ Additional State Team member	Agency Address Email Phone		Travel Team? ☐ Yes ☐ No
5.	☐ Title V Program Leadership ☐ Adolescent Health Coordinator ☐ Epidemiology Staff ☐ QI Staff/Partner ☐ Medicaid Agency Rep. ☐ Health Insurance Rep. ☐ State Safety-Net/ Access Point Rep.	Agency Address Email Phone		Travel Team? ☐ Yes ☐ No

	☐ Provider Organization Rep. ☐ Youth/Young Adult Representative ☐ Rep. of existing (or proposed) pub-private partnership organization ☐ Community Integration Partner ☐ Additional State Team member			
6.	☐ Title V Program Leadership ☐ Adolescent Health Coordinator ☐ Epidemiology Staff ☐ QI Staff/Partner ☐ Medicaid Agency Rep. ☐ Health Insurance Rep. ☐ State Safety-Net/ Access Point Rep. ☐ Provider Organization Rep. ☐ Youth/Young Adult Representative ☐ Rep. of existing (or proposed) pub-private partnership organization ☐ Community Integration Partner ☐ Additional State Team member	Agency Address Email Phone		Travel Team? ☐ Yes ☐ No
7.	☐ Title V Program Leadership ☐ Adolescent Health Coordinator	Agency Address		Travel Team? ☐ Yes ☐ No

	☐ Epidemiology Staff ☐ QI Staff/Partner ☐ Medicaid Agency Rep. ☐ Health Insurance Rep. ☐ State Safety-Net/ Access Point Rep. ☐ Provider Organization Rep. ☐ Youth/Young Adult Representative ☐ Rep. of existing (or proposed) pub-private partnership organization ☐ Community Integration Partner ☐ Additional State Team member	Email Phone		
8.	☐ Title V Program Leadership ☐ Adolescent Health Coordinator ☐ Epidemiology Staff ☐ QI Staff/Partner ☐ Medicaid Agency Rep. ☐ Health Insurance Rep. ☐ State Safety-Net/ Access Point Rep. ☐ Provider Organization Rep. ☐ Youth/Young Adult Representative ☐ Rep. of existing (or proposed) pub-	Agency Address Email Phone		Travel Team? ☐ Yes ☐ No

	private partnership organization ☐ Community Integration Partner ☐ Additional State Team member			
9.	☐ Title V Program Leadership ☐ Adolescent Health Coordinator ☐ Epidemiology Staff ☐ QI Staff/Partner ☐ Medicaid Agency Rep. ☐ Health Insurance Rep. ☐ State Safety-Net/ Access Point Rep. ☐ Provider Organization Rep. ☐ Youth/Young Adult Representative ☐ Rep. of existing (or proposed) pub-private partnership organization ☐ Community Integration Partner ☐ Additional State Team member	Agency Address Email Phone		Travel Team? ☐ Yes ☐ No
10.	☐ Title V Program Leadership ☐ Adolescent Health Coordinator ☐ Epidemiology Staff ☐ QI Staff/Partner ☐ Medicaid Agency Rep.	Agency Address Email Phone		Travel Team? ☐ Yes ☐ No

	☐ Health Insurance Rep. ☐ State Safety-Net/ Access Point Rep. ☐ Provider Organization Rep. ☐ Youth/Young Adult Representative ☐ Rep. of existing (or proposed) pub-private partnership organization ☐ Community Integration Partner ☐ Additional State Team member			
11.	☐ Title V Program Leadership ☐ Adolescent Health Coordinator ☐ Epidemiology Staff ☐ QI Staff/Partner ☐ Medicaid Agency Rep. ☐ Health Insurance Rep. ☐ State Safety-Net/ Access Point Rep. ☐ Provider Organization Rep. ☐ Youth/Young Adult Representative ☐ Rep. of existing (or proposed) pub-private partnership organization ☐ Community Integration Partner ☐ Additional State Team member			

12.	☐ Title V Program Leadership ☐ Adolescent Health Coordinator ☐ Epidemiology Staff ☐ QI Staff/Partner ☐ Medicaid Agency Rep. ☐ Health Insurance Rep. ☐ State Safety-Net/ Access Point Rep. ☐ Provider Organization Rep. ☐ Youth/Young Adult Representative ☐ Rep. of existing (or proposed) pub-private partnership organization ☐ Community Integration Partner ☐ Additional State Team member			

List of Acronyms

AYA—Adolescent and Young Adult
AYAH—Adolescent and Young Adult Health
CoIIN—Collaborative Improvement and Innovation Network
CQI—Continuous Quality Improvement
EPSDT—Early Periodic Screening, Diagnosis, and Treatment
MCH—Maternal and Child Health
MCHB—Maternal and Child Health Bureau
NRC—National Resource Center
NS—National Strategy
NST—National Strategy Team
QI—Quality Improvement
USPSTF—United States Preventive Services Task Force