



# PULSE

A BI-MONTHLY NEWSLETTER FROM THE ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

## A Year in Review/ A Look Ahead January/February 2014

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## From the President

### 2014: The Year of MCH (Masterfully Cultivating Hope)

By Millie Jones, MPH



I recently saw an inspiring [TV feature](#) about a principal and a message of hope for “turning her school around.” Linda Cliatt Wayman, principal at Strawberry Mansion High School in Philadelphia talked about the critical message of hope that she operationalizes on behalf of all of her students: “when children have hope they can succeed.”

Since returning from our 2014 AMCHP Conference I have not been able to get that message out of my head. I left the AMCHP Conference with so much hope in realizing that Ms. Wayman’s message translates beyond children, to all of us and to our world. If we have hope we can succeed.

During the conference I experienced so many examples of hope and hopefulness. The inspiring and uplifting 2014 AMCHP Conference served as a reinforcer of the message of hope for our nation’s women, children, youth, including those with special needs, and their families. We have a future of hope.

- Title V has a future and AMCHP has been part of framing that future. We had an incredible dialogue with Dr. Lu and his staff about the transformation and future of Title V. There is an ongoing commitment to a strong future for Title V MCH and we will continue to masterfully construct hope as the transformation of Title V moves forward.
- We have a hope of future funding. In the recent omnibus appropriation bill, Title V is actually UP \$30

## From the President CONT. Reflection on My Presidency

million from where we were in FY 2013 post-sequester, from \$604 in 2013 to \$634 million for 2014!

- In developing the timeline to recruit and hire a new CEO we had hoped to announce a new CEO at our 2014 conference. At our opening session, it was my pleasure to announce Lori Tremmel Freeman as the new AMCHP CEO.
- There was near record attendance at the AMCHP 2014 Annual Conference. Our conference is succeeding as a vital part of continuing education and networking for those of us in the maternal and child health field. Talk about hope.

So yes, as I go forward in the year of 2014, I go forward in the spirit of hope. Hope that we will be sustained personally and professionally to continue our work and passion for MCH, all the while, **Masterfully Cultivating Hope**.

## From the CEO The Critical Importance of Deep Leadership

By **Barbara Laur, MS**  
*Interim CEO, AMCHP*

This is the second time I've had the pleasure of working with AMCHP as its interim executive. I arrived this time in early August 2013. But my perspective on the organization goes back six years, before Mike Fraser arrived as CEO. Based on my experience, I'm going to reflect on AMCHP past to present, during the transition period, and finally into the future.



When I returned to AMCHP, I was curious to see the changes since I was last "inside." I was happy to see some familiar faces, both on the staff and the board, and also delighted to meet the many new talented people who had come into the organization. AMCHP was now larger, more vibrant, "happier," more visible, and more responsive and connected to its members and partners. Its commitment to learning and openness to new ideas was greatly enhanced.

I know that Mike Fraser's leadership paved the way to these changes. He brought and shared a wealth of new ideas; he traveled extensively to rebuild and strengthen

## From the CEO CONT. Importance of Deep Leadership

member relationships; he inspired new staff to come to AMCHP; and he infused the association with his belief in professional growth and development and lifelong learning. I also know that the changes didn't happen because of Mike alone. Other staff also played key roles in building and reviving the AMCHP programs, funding and external presence, and in creating and embracing a new direction.

When Mike announced his departure, AMCHP board and staff leaders stepped up to the plate. The board moved swiftly to form a Transition Committee working with Mike and senior staff to lay out a plan for the interim period, so no "balls would be dropped." A Search Committee was formed to start the process of looking for a new CEO; this group met weekly to fine tune the process, review resumes and interview candidates. On the staff level, multiple people added temporary responsibilities on top of already challenging workloads.

Throughout the interim period and throughout various challenges, things kept moving forward. Projects moved toward completion, grants went out the door, information flowed to policymakers, committees convened, and the annual conference built toward its culmination. This dynamism and ability to operate collectively and effectively

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## From the CEO CONT. Importance of Deep Leadership

at many levels, are signs of the AMCHP vitality and resilience.

Now in just three weeks, we will see the advent of a new AMCHP leader, Lori Tremmel Freeman. She brings deep experience, skills and talents; and, as she shares those with AMCHP, the association will grow in unique ways. She also will benefit from a rich mix of leaders – staff, board and members – who are ready to partner with her. Together, they will write a new chapter.

I have told the AMCHP board that I do not expect to return – that I hope to be happily retired before they find themselves at this place again. I leave with the confidence AMCHP has the leadership – at the CEO level and at many others – necessary to thrive into the future.

## Feature



### National **MCH** Workforce Development Center

Advancing Health Reform Implementation

## Building a Workforce to Support Transformation

**By Dorothy Cilenti, DrPH**

*Principal Investigator and  
Director, National MCH Workforce  
Development Center, UNC Gillings  
School of Public Health*



**Lacy Fehrenbach, MPH, CPH**

*Director of Programs, AMCHP*



In September 2013, the Maternal and Child Health Bureau (MCHB), Division of Workforce and Leadership Development awarded the University of North Carolina's (UNC) Gillings School of Global Public Health \$5.5 million to develop and implement a National MCH Workforce Development Center (the Center). This investment is among the largest, if not the largest, investment ever

## Feature CONT. Workforce Development Center

made in the Title V workforce and represents MCHB's commitment to helping states and territories succeed in their efforts to improve the health and well-being of women, children, and families. UNC engaged partners from AMCHP, the Catalyst Center, National Academy of State Health Policy, Center for Public Health Quality, National Implementation Research Network, University of Illinois at Chicago, University of Kentucky, and Howard University in the design and implementation of the Center.

**The National MCH Workforce Development Center aims to strengthen the capacity of Title V agencies to be the “go to” leaders in their states and territories for the maternal and child health (MCH) population in the context of health reform.** The Center will provide an integrated set of training, coaching and consultation to support states and territories in implementing and sustaining effective change in the context of health reform. The Center's work focuses on **four core areas: access to care, quality improvement, systems integration, and change management** and is also aligned with MCH 3.0. You can learn more about the center [here](#).

Title V practitioners directly inform the Center's work via a comprehensive needs assessment and an advisory committee. The needs assessment began in November and involves secondary and primary data analysis, including key informant interviews with select states. The Center also has an advisory committee that represents the Title V workforce and key partners, such as Medicaid. It includes MCH and children and youth with special health care needs (CYSHCN) directors, family leaders, and program leaders (e.g., adolescent health or infant mortality coordinators), among others.

2013 was about exploration, planning and forming. 2014 is about installation, implementation and growth. The new year began with a highly successful launch at the AMCHP Conference on Jan. 29. More than 53 representatives from 36 states participated. The launch provided a timely opportunity for Center staff to hear directly from the states about their workforce development challenges. Center staff also shared and requested feedback from states on preliminary findings from the needs assessment and plans for how the Center will provide training and technical assistance to states and territories. AMCHP also unveiled [Transformation Station](#), which houses all Center programming and resources.

## Feature CONT.

### Workforce Development Center

Moving forward, the center will provide **three levels of training and technical assistance** to the MCH workforce and its partners.

- **Universal training** in the form of webinars, archived e-learning modules, conference sessions, publications, etc will be available for all Title V staff and MCH trainees related to the four core areas of access, quality improvement, systems integration, and change management. The four cores have already posted a number of universal resources on Transformation Station. Over the year, we will curate additional content and develop new programming for states and territories based on feedback from the launch, needs assessment, and advisory committee.
- The center will also provide **targeted training** for self-selected Title V staff and partners. This programming will also relate to the four core areas and provide opportunities for peer-to-peer learning and development.
- We are also excited to provide **intensive technical assistance** to states and territories and currently have a [request for participation](#) open for the first cohort of states to engage with the Center. In the first cohort, the Center will engage 8-10 states and/or territories where our 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 over an 18-month period. Additional state/territory intensive TA cohorts will follow over the three-year project.

Finally, the center features a **pipeline program** to train and link future MCH professionals to Title V programs through a paired practicum experience for undergraduate and graduate students. The pipeline project will launch in Summer 2014.

All Center trainings, resources, and technical assistance will be advertised via [Transformation Station](#), this newsletter, the AMCHP [Facebook](#), [LinkedIn](#), and [Twitter](#) feeds, and direct e-mails to AMCHP members.

## Feature

### A Look Back/Look Ahead: Sequesters and Shutdowns and Websites, Oh My!

By the AMCHP Policy Staff  
(Brent Ewig, Carolyn McCoy  
and Karen VanLandeghem)

In the world of maternal and child health policy, the year 2013 will likely be remembered as the year sequester hit and was partially repealed; the year partisan bickering led to a two-week federal government shutdown; and the year the Affordable Care Act (ACA) enrollment got off to a rocky start due largely to a less-than-optimally functioning website. Amidst this backdrop, significant progress was made to address birth outcomes via the Collaborative Improvement and Innovation Network (CoIIN) led by states and MCHB. We also saw substantial action to transform the Title V MCH Services Block Grant under the banner of the MCH 3.0 Transformation, led by MCHB Associate Administrator Dr. Michael Lu. This column will look back on some of these highlights, and look ahead to what the election year of 2014 holds in store for MCH policy.



**Federal Budget:** State Title V leaders have endured budget cuts for years, but a new and even more stringent era of austerity began last Mar. 1 when indiscriminate across the board cuts were implemented. These cuts were due to the sequester previously passed by Congress and intended to prod lawmakers to work together to find more targeted savings, but negotiations broke down into partisan wrangling and no agreement was reached.

The impact on the Title V MCH Services Block Grant was a \$32 million cut, which – along with about \$2 million in additional taps – brought the level of funding for FY 2013 down to an estimated \$604 million. This represented a \$124 million reduction since FY 2003 bringing federal funding for this program to its lowest level since 1991. Thankfully, a subsequent agreement reached at the year's end cleared the way for an omnibus spending bill

## Feature CONT.

### Sequesters/Shutdowns/Websites

signed into law on Jan. 17. This bill provided substantial sequestration relief and funded the Title V MCH Block Grant at \$634 million, an increase of nearly \$30 million more than the FY 2013 post-sequester level, restoring 87 percent of the sequester cut. This is considered a substantial victory and shows that the AMCHP advocacy messages are making a difference.

As we look ahead, the next major milestone in the federal budget process will be the Mar. 4 release of President Obama's FY 2015 budget proposal. This will provide us with another sense of administration priorities and sets the stage for Congress to begin assembling FY 2015 appropriations bills. AMCHP will continue to share details as available and strive to be your voice in Washington as the process continues.

**Implementing the ACA:** The ACA has been in the backdrop for a few years now and seemingly reached a crescendo on Oct. 1, 2013 with the long-anticipated opening of the health insurance marketplace. Nationally, the news was full of reports on how the whole health insurance reform effort was a failure and could possibly disappear. However, the federal and state marketplaces are just one part of the massive national and state health reform puzzle. As leadership and staff of state MCH programs know, insurance reforms, investments in public health programs, establishment of essential health benefits, new protections for families, such as workplace accommodations for breastfeeding moms, and many other policies were and are still moving forward despite what the news cycle says. Title V programs work tirelessly to meet the unique health needs – needs that extend well beyond the receipt of an insurance card – of our nation's women, children and youth, including those with special health care needs and their families. This system is now poised to transform at a more rapid pace due to the ACA.

In 2013, AMCHP continued to play a role at the national level in monitoring the implementation of the ACA and analyzing the potential impact on Title V programs. Our efforts in this area shifted toward how states were implementing the law and sharing best practices. W.K. Kellogg Foundation funding provided AMCHP the opportunity to continue to analyze the potential impact of the ACA on MCH populations. AMCHP released an [issue brief](#) and hosted a webinar on [State Strategies for Breastfeeding Promotion](#), a fact sheet on ["Who Will Be Covered for What in 2014?"](#), a [fact sheet](#) on how Title V

programs can get involved in outreach and enrollment and other resources on the National Center for Health Reform Implementation [website](#). AMCHP also continued its ongoing work to support state Title V programs in their work to improve birth outcomes by hosting a national-level meeting entitled "Connecting the Dots: A National Meeting on Improving Birth Outcomes" with support from the W.K. Kellogg Foundation. Nearly 50 leaders representing federal health agencies, state departments of health and Medicaid agencies, professional associations, provider groups, nonprofit leaders, think tanks, private funders, and academia met in Washington, DC. This was an important opportunity to coalesce and discuss how to effectively coordinate and maximize the impact of efforts to improve birth outcomes, particularly for states and community groups. The proceedings of the meeting can be found [here](#).

Looking forward, AMCHP is honored to be part of the University of North Carolina led [National Maternal and Child Health Workforce Development Center](#). The mission of the workforce development center is to make sure Title V leaders and staff have all the right tools to carry out the public health core functions of assessment, assurance, and policy development, and the 10 essential functions of public health. We also will support state efforts to drive improvements in access, quality, integration, equity and accountability, all of this in an era of health transformation. The AMCHP policy team is leading the Access to Care Core, one of the four "core" teams that make up the center. Through this role, AMCHP will provide technical assistance on access to care topics in an era of health reform to state Title V leaders and their staff. AMCHP also will provide ongoing analysis, input and support for Title V programs through the National Center for Health Reform Implementation and has a host of topics and emerging issues to cover, so stay tuned!

**Developing Standards for Systems of Care:** This past year, the policy team collaborated with the child and adolescent health team to work on developing standards for systems of care for CYSHCN, with support from the Lucile Packard Foundation for Children's Health. The overall goal of phase one of the project, *National Consensus Framework for Improving Quality Systems of Care for Children and Youth with Special Health Care Needs*, has been to compile, define, and reach consensus among a diverse group of stakeholders on the necessary process and structural standards for health care systems serving CYSHCN.

## Feature CONT. Sequesters/Shutdowns/Websites

Creating a comprehensive, quality system of care for CYSHCN has been one of the most challenging areas for state health leaders and other stakeholders such as state Title V maternal and child health programs, pediatricians and family physicians, health plans, state Medicaid and Children's Health Insurance Program (CHIP) agencies, and families. The ACA has further heightened this need as states prepare to extend coverage to millions of uninsured children and adults, design essential health benefits, and implement new provisions to achieve the "Triple Aim" of: 1) improving the patient experience of care (including quality and satisfaction), 2) improving the health of populations, and 3) reducing or bending the curve of health care costs.

The products and efforts from the first phase of this project are the following:

1. A background white paper highlighting the findings from the project research
2. Case studies highlighting promising state practices in developing and implementing system standards of care for CYSHCN
3. Convening of a national work group to guide and reach consensus on the desired capacity and performance of systems of care serving CYSHCN
4. Development of a core set of national system standards that was guided, informed, and endorsed by key stakeholders at the national level and state level

The standards were disseminated at the 2014 AMCHP Annual Conference as a pre-press copy and will be nationally disseminated in early March. Additionally, work on Phase II of the project, also supported by the Lucile Packard Foundation for Children's Health, will commence in April. Phase II work will include development of a Web-based toolkit that provides resources for translating the standards in states, targeted technical assistance to selected states, and further national dissemination including national webinars.

Perhaps one of the most critical contributions toward the sustainability and longevity of the Title V MCH Block Grant in the past year has been the AMCHP work on the MCH 3.0. At its February 2013 Board of Directors meeting, then AMCHP president, Stephanie Birch, established the Future of Title V Work Group. Comprised of current and former AMCHP board members, the work group spent the majority of 2013 developing

recommendations on behalf of the states and providing guidance and input to the MCH 3.0 Transformation, outlined by MCHB. That input, to date, has been summarized in a series of three memos found [here](#) that were sent to MCHB from the AMCHP Board of Directors and provided to AMCHP state delegate members as tools for use on their own input to MCHB. AMCHP commends MCHB, and in particular associate administrator Dr. Michael Lu, for their leadership with the transformation and for the active engagement of states and AMCHP. AMCHP will continue to keep members apprised of its work in this area through *Member Briefs*, *Pulse* and targeted e-mail updates.

## Feature Women's and Infant Health Team: Building Capacity to Promote Women's Health, Leverage MCH Epidemiology for Knowledge Generation, and Advance a Life Course Approach

**By the AMCHP WIH Team (Erin Bonzon, Piia Hanson, Caroline Stampfel, Brittany Argotsinger, Andria Cornell and Megan Phillippi)**

The AMCHP women's and infant health (WIH) team collaborates with numerous partners to implement projects that span diverse topics such as home visiting, infant mortality, health reform and health system redesign, maternal mortality, chronic disease, and preconception health. As the team reflected on 2013, three cross-cutting themes emerged: building capacity to address maternal and child health priorities across the life course, supporting



The AMCHP WIH Team (Andria Cornell, Brittany Argotsinger, Caroline Stampfel, Erin Bonzon, Piia Hanson and Megan Phillippi)

## Feature CONT.

### AMCHP Programs Reflect on 2012

the spread of effective MCH practices, and convening and leading strategic alliances to advance health equity in women's and infant health. As we look ahead to 2014, our work in these areas will continue and we will focus on expanding the reach of the Life Course Metrics Project and supporting the Region IV, V, and VI Infant Mortality CoIN while renewing efforts to meet member needs with respect to quality improvement and return on investment.

#### **Building Capacity to Address MCH Priorities across the Life Course: Life Course Metrics and Improving Women's Health**

In October 2013, AMCHP released 59 life course indicators as the culminating product of the Life Course Metrics Project, an initiative funded with support of the W.K. Kellogg Foundation. This year-long effort was a collaboration with seven state teams and a National Expert Panel and responded to the need expressed by MCH programs and partners for standardized metrics to measure progress using the life course approach to improve maternal and child health. Since the release of the indicators, AMCHP focused on releasing companion narratives for each individual indicator and a national comparison set to assist states in calculating the indicators. At the 2014 AMCHP Annual Conference, Dr. William Sappenfield, National Expert Panel member, offered technical assistance to individuals calculating the life course indicators, and Caroline Stampfel, senior epidemiologist, moderated a workshop on life course indicator development. For more information, please visit our [Life Course Indicators page](#). In the coming year, we will shift our focus from the dissemination of the indicator set to supporting MCH programs in applying the indicators in their work. We will continue to support epidemiology capacity to calculate the indicators, but also provide resources and assistance to translate the indicators to opportunities such as Title V needs assessments and engage MCH program staff in using the indicators for program planning and evaluation.

With funding from Merck for Mothers US, AMCHP launched the Every Mother Initiative in 2013. This three-year initiative will help states address maternal health issues in their community through strengthening state maternal mortality surveillance systems and using data to take action in developing and implementing population-based strategies to prevent maternal death and improve maternal health. The initiative includes two rounds of 15-month

action learning collaboratives (ALCs) for six state maternal mortality review programs, and teams also will have the opportunity to pilot test the new Centers for Disease Control and Prevention (CDC) Maternal Mortality Review Database System to help enhance and streamline data collection and case abstraction for their review programs. The first ALC launched in September 2013 with partners from the CDC Division of Reproductive Health, ACOG, SMFM, and AWHONN. For more information, visit our [maternal mortality page](#). In addition to launching the next 15-month ALC this summer, AMCHP is excited to begin work on a new Compendium on Women's and Maternal Health. Modeled after the [AMCHP Compendium on Infant Mortality](#), the new compendium will serve as a menu of policy and program options for states to use in translating the findings from their maternal mortality and morbidity reviews. AMCHP appreciates the ongoing support from Merck for Mothers that enables us to continue and expand this exciting work.

In 2014, AMCHP will prioritize equity and reducing disparities in women's health across the life span by focusing on the following topics that address growing areas of concern and interest for MCH programs: the association between discrimination and segregation and women's health, building on lessons learned from the ALC – [Partnership to Eliminate Disparities in Infant Mortality](#), exposure to stressors during pregnancy, leveraging the [preconception health indicators](#), and advancing women's health in the postpartum period. Activities will include featuring topics in the *Women's Health Info Series*, the WIH team webinar program, and disseminating findings from surveys and other activities that engage women's voices in program and policy change.

#### **Supporting the Spread of Effective MCH Practices: Training and Tools**

The WIH team enhanced the skills of the MCH workforce through design and delivery of trainings on quality improvement, return on investment and collective impact. Through a cooperative agreement with the Division of Reproductive Health at CDC, we offered two full-day enhanced training opportunities at the 2014 AMCHP Annual Conference targeted specifically to epidemiologists, data analysts, and other MCH practitioners wishing to build their skills in these areas.

The WIH team continues to be instrumental in educating our members and partners about the collective impact

## Feature CONT.

### AMCHP Programs Reflect on 2012

approach. In 2013, we operationalized the principles of collective impact to improve women's and infant health through trainings with the Every Woman Southeast Coalition (EWSE), the Optimizing Health Care Reform to Improve Birth Outcomes ALC state teams, the Best Babies Zone sites, and also a [mini-plenary at the AMCHP Annual Conference](#). Collective impact occurs when organizations from different sectors agree to solve a specific social problem using a common agenda, aligning their efforts, and common measures of success.

In addition to these trainings, the WIH team spread effective MCH practices and innovations through the *Women's Health Info Series*. In 2013, we partnered with multiple organizations including EWSE, the American College of Obstetricians and Gynecologists, American Academy of Pediatrics (AAP), American Society for Investigative Pathology (ASIP) and Project Impact to host and promote nine webinars. Topics included: collective impact, infant mortality and safe sleep, birth settings, the impact of racism on MCH populations, implementation of the Affordable Care Act, and the AMCHP Life Course Metrics Project. Recordings and slides are in the [Women's Health Info Series 2013 archive](#).

Along with providing direct trainings, the WIH team released the *State Infant Mortality (SIM) Toolkit* for states to assist with the analysis and interpretation of available perinatal-related data. It is envisioned that a standardized approach to the infant mortality assessment process presented in the toolkit will help those with infant mortality programs and data in their states, counties, urban areas, tribal regions, or other population-based areas identify needs and tailor programs aimed at improving maternal, child and infant health. For more information, please visit our [SIM Toolkit](#) page.

This year, we will continue to identify ways to meet member needs that focus on using data to improve and demonstrate the value of public health programs and investments. Through a new partnership with the Council of State and Territorial Epidemiologists (CSTE), we will be following up a return on investment (ROI) training that took place at the AMCHP 2014 Annual Conference with a series of virtual "community of practice" meetings that will allow participants to discuss the progress they have made and obstacles they have encountered in their ROI projects. Additionally, through continued support of the CoIINs to reduce infant mortality and the new National

MCH Workforce Development Center, we will identify opportunities to synthesize and coordinate efforts around quality improvement to maximize learning and address member needs.

#### Convening and Leading Strategic Alliances to Advance Health Equity and Improve Maternal and Child Health

WIH team members participated in multiple committees, coalitions, meetings and conferences to provide input around issues related to improving health of women and infants. Through our work with the [Best Babies Zone](#), AMCHP and partners coordinated and facilitated three think tank meetings in Oakland, CA that provided a forum for teams to learn about working collaboratively across the economic, education, health, and community sectors to promote innovative solutions and strategies to improve the lives of children born into each zone.

AMCHP also convened national stakeholders for a [Connecting the Dots meeting](#) where we discussed the multitude of national initiatives to improve birth outcomes and identified areas of connectivity and commonality and issues related to disconnect in coordination and implementation.

In 2013, team members and partners also coordinated and facilitated CoIIN meetings for Regions IV, V and VI and hosted a session on the national CoIIN rollout at the 2014 AMCHP Annual Conference.

Lastly, with generous support from the Doris Duke Charitable Foundation, AMCHP, along with partners from the CDC Division of Violence Prevention, National Association of County and City Health Officials (NACCHO) and Healthy Heartland, participated in a project to develop and disseminate the [Raising of America](#) documentary to MCH directors nationwide. The documentary is a project from California Newsreel, the producers of *Unnatural Causes*, and is funded by the W.K. Kellogg Foundation. The *Raising of America*, which was screened at the AMCHP Conference thanks to funding from the Doris Duke Charitable Foundation and the W.K. Kellogg Foundation, explores how a strong start for all our kids can lead to a healthier, stronger and more equitable America.

We look forward to continuing our partnerships with the W.K. Kellogg Foundation, Best Babies Zone, and regional CoIINs in 2014 to address disparities and improve birth outcomes.

## Feature

# MCH Workforce & Leadership Development: Training MCH Leaders and Planning for the Future

By the AMCHP WLD Team  
(Sharron Corle, Jessica Teel  
and Michelle Jarvis)

AMCHP has had a rewarding and fruitful year in the MCH workforce and leadership development arena!

### MCH Workforce & Leadership Development – the Year in Review

#### *New Director/Mentor Program*

Some key accomplishments in 2013 included supporting the leadership development of 11 new Title V/MCH/CYSHCN directors through our New Director/Mentor Program (NDMP) and the on-going evolution in the ways we reach out to the participants of the NDMP – increasing peer-to-peer support by arranging peer-to-peer calls and connecting new directors with resources and information by hosting quarterly webinars and posting/publishing monthly newsletters.

#### *Supporting Emerging MCH Leaders*

AMCHP also continued to support next generation MCH leadership by working with Realityworks and Go Beyond MCH to support the Emerging MCH Graduate Student Scholarship. The winner this year, Avanthi Jayasuriya is an MPH candidate from the University of Washington. Ms. Jayasuriya was selected for demonstrating leadership involvement through academic excellence and practical experience in the field of MCH.

#### *Succession Planning Webinar*

With the support of the AMCHP Workforce and Leadership Development Committee, AMCHP hosted its first workforce webinar in July of 2013, which addressed the topic of [succession planning](#). This webinar highlighted three successful state strategies shared by Michael Warren from the Tennessee Department of Health, Linda McElwain from the Wyoming Department of Health, and Patricia Tilley from the New Hampshire Maternal and Child Health Program. The webinar was a success – 100 percent of participants reported being satisfied with the information.



The AMCHP WLD Team (Jessica Teel, Sharron Corle and Michelle Jarvis)

#### *Skills-building Suite*

In early September, AMCHP and the CDC hosted its first three-part virtual workshop titled [Skills-building Suite: Evidence-based Practice: Moving along the Continuum from Selection to Sustainability](#). Recent years have brought an increased focus on the value and necessity of investing in programs that demonstrate evidence of producing desired outcomes. The ACA, for example, authorized funds that enabled many Title V programs to

implement evidence-based programs related to key MCH issues such as home visiting and teen pregnancy. Yet, translating research to action, “taking what works and using it,” remains a common challenge for MCH programs. This three-part virtual workshop was held to increase state MCH program capacity to better understand evidence-based programs, dialogue about opportunities and challenges in implementing evidence-based programs, understand

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## Feature CONT. MCH Workforce & Leadership

complexity in fidelity and adaptation, and consider evaluation and sustainability of evidence-based programs. This event was one of the highest workforce development attended webinars with more than 230 members who expressed interest in participating!

### *Leading in Changing Times Series*

The workforce and leadership development team developed the *Leading in Changing Times Series* to support broad leadership development for state Title VI MCH/CYSHCN programs and, recognizing that leadership development is a process, not an event, to support AMCHP efforts to strengthen the capacity of the MCH community to engage in the leadership process. In 2013, AMCHP held two of the three-part series blending principles of key leadership theory and real-world stories from senior MCH leaders. The two leadership conversations of the 2013 series were: [Great Leaders are Great Decision-Makers: The Importance of Decisiveness](#) presented by Karen Trierweiler from the Colorado Department of Public Health and Environment and *The Challenge of Change* presented by Valerie Ricker from the Maine Center for Disease Control.

### **MCH Workforce & Leadership Development: The Year Ahead**

#### *AMCHP Learning & Development*

Internally at AMCHP, the workforce and leadership development team will support staff implementation of learning and development evidence-based practices to enhance AMCHP information dissemination, training, and technical assistance efforts. Externally, the focus will include continuing to build the “library” of learning events to support state-level MCH workforce development and capacity building. The team also hopes to support the assessment and evaluation capacity of AMCHP through efforts, such as the forthcoming biennial communications assessment (look for it this spring!), and continuing to support staff capacity to use evaluation data for program assessment and improvement.

#### *Title V Five-Year Needs Assessment Training*

To assist states or jurisdictions in preparing their assessments, AMCHP is hosting a series of virtual trainings to provide guidance on the needs assessment process. The first webinar is scheduled for Wednesday, Mar. 5 from

4-5:30 p.m. EST. This webinar will provide an overview of the needs assessment process with a presentation from Donna Petersen, ScD, MHS, CPH, Dean for the College of Public Health at the University of South Florida. Dr. Petersen will be presenting on the *Nuts and Bolts of the Five Year Needs Assessment*, followed by a state-in-action example from Massachusetts. The Massachusetts MCH team will share their strategies, resources and lessons learned from conducting the five-year needs assessment process. Following this webinar, AMCHP plans to provide additional training on other topics related to the needs assessment, i.e., stakeholder engagement, strategic decision making, based on input provided by webinar participants.

#### *Leading in Changing Times Series*

This year, AMCHP plans to finish the *Leading in Changing Times Series* with its last 45-minute leadership conversation. This last part to the series will be held in April on, *Competence in Crisis: Vision and Resilience – the ability to see beyond the present*. During this event Stephanie Birch, section chief, Women’s, Children’s and Family Health Division of Public Health in Anchorage, Alaska will present on the key concepts of crisis management for public health leaders, followed by her personal experience in rebuilding the Alaska MCH program.

#### *Workforce Development Events*

With continued support of the Workforce and Leadership Development Committee, AMCHP will host two workforce development focused webinars for the spring. The first webinar, on May 15 from 1-2 p.m. EST, will focus on building and retaining a resilient MCH workforce for tomorrow. The webinar will discuss the impact of several critical forces, such as full implementation of the ACA have on the knowledge and skills needed for a competent public health workforce and address the barriers and challenges many states face in creating a resilient workforce as they deal with the tensions of other challenges such as hiring freezes, layoffs, and downsizing due to budgets cuts and the ripple effects of sequestration. During this webinar, participants will hear firsthand from three states as they share their success stories on how they created a resilient workforce in order to thrive in a dynamic and challenging work environment. The second webinar, scheduled for mid-spring, will address the public health accreditation process

## Feature CONT.

### MCH Workforce & Leadership

and how Title V programs can get involved. The webinar will highlight three states who will share their lessons learned from participating in the public health accreditation process (two states that have completed the process and one state that is currently in the accreditation process).

#### *The New Director/Mentor Program*

AMCHP is excited to welcome a cohort of 10 new Title V/ MCH/CYSHCN directors to the NDMP and work with them on innovative ways to enhance leadership skills and competencies of the MCH workforce. AMCHP will continue to explore and share new and revised resources and supports for new directors – including the release of the updated *Guide for Senior Managers* and the launch of the New Director Alumni Network for participants in the NDMP.

#### *Next Generation MCH Leadership*

According to AMCHP member and other public health surveys, many experienced MCH staff are/will soon be retiring. Given this reality, MCH programs need to find and develop the next generation of leaders. In the coming year, AMCHP plans to reach out to young MCH professionals (45 and younger) to identify leadership development needs and preferences and use this information to develop a leadership strategy that addresses these needs.

The WLD team serves as the coordination hub for AMCHP activities in the National MCH Workforce Development Center featured on pages 3-4. We are excited to see such strong alignment between the MCHB vision for the Center, the Center's planned scope of work, and our member needs. We truly look forward to supporting the implementation of the Center's training and technical assistance to Title V programs in 2014.

#### **Year in Review – Family Engagement**

Family engagement continued to be a focus for AMCHP in 2013!

#### *Family Scholars Program*

Based on feedback from the 2012-2013 cohort, the Family Scholars Program continued to evolve – changes this past year included a smaller cohort of participants and the addition of an in-person meeting to kick off the program year. The kick-off meeting was very well received!

Members of the cohort have participated in monthly webinars and stretch assignments. They also attended the AMCHP Annual Conference in January, where, in addition to attending conference sessions, meeting other family leaders, and attending the post-conference family scholar day, they made visits to their elected officials on the Hill.

**“I am so happy that I decided to apply for the family scholar program! In just this short period of time, I have learned new things and I can't wait for more! Staff is friendly, courteous, respectful and are true examples of leaders! Kudos to all of you!!”**

#### *Family and Youth Leadership Committee*

The Family and Youth Leadership Committee held monthly teleconferences to discuss and work on family engagement activities. The committee, along with the Family Scholars, submitted recommendations to the conference planning committee to support family leaders at the AMCHP conference. As a result, AMCHP provided a Family Welcome table with information and handouts about the conference and roles for families within AMCHP, as well as a daily family room where family leaders could go to connect and debrief on the day.

#### **Look Ahead – Family Engagement**

In 2014, AMCHP will put an even stronger focus on family engagement!

#### *Supporting Family Leaders*

A top priority will be developing ways to better support and connect with our Family Delegates, who are a critical part of the AMCHP membership. Family Scholars will continue to develop their leadership skills by engaging in monthly webinars and related assignments, form relationships with other family leaders and their elected officials, and look to complete the program in June. AMCHP will continue reflecting on feedback from the cohort to strengthen the depth and breadth of the program as we gear up for the 2014-2015 cohort in late summer! Over the coming year, we also will work to develop a forum for family leaders (Family Delegates and Family Scholars – alumni and current scholars) within Title V and AMCHP to connect. We

## Feature CONT. MCH Workforce & Leadership

also will look to highlight some family engagement best practices to help spread effective strategies to engaging families in the work of Title V programs!

### *Family and Youth Leadership Committee*

The Family and Youth Leadership Committee plans to focus on assisting with AMCHP efforts to support and engage Family Delegates, expand awareness of the Merle McPherson Family Leadership Award, and make recommendations for engaging family leaders in AMCHP work. The committee will continue to offer support, as needed, to the Family Scholars Program and Ryan Colburn Scholarship.

Our team is excited about 2014 and look forward to working with all of you in the coming year!

## Feature Reflections from the Child and Adolescent Health Team

**By the AMCHP CAH Team (Treeby Brown, Kate Taft, Maritza Valenzuela, Veronica Helms and Alma Reyes)**

The AMCHP child and adolescent health (CAH) team works on projects around three main areas: adolescent health, child health, and CYSHCN (including children and youth with ASD/DD). The primary funders of this work are the MCHB (adolescent health, CYSHCN, SPHARC), CDC-National Center on Birth Defects and Developmental Disabilities (NCBDDD), and the Lucile Packard Foundation for Children's Health (CYSHCN—Leadership Institute, and Consensus Standards). 2013 marked the first full year of operation for the AMCHP CAH team. Through team building and program coordination as well as new funding opportunities, program staff are more seamlessly integrating the needs of CYSHCN into their work, sharing best practices in analysis and assessment and developing more coordinated approaches to peer learning, technical assistance and leadership development.

### **Year in Review**

#### *Adolescent Health*

2013 marked an exciting year for AMCHP in building systems of care for adolescents and their families through

## Feature CONT. CAH Team Reflections

peer learning, leadership training and policy analysis. In February, AMCHP brought more than 20 adolescent health coordinators to the 2013 AMCHP Conference and hosted a meeting of the National Network of State Adolescent Health Coordinators along with two skills-building sessions focused on the potential impact of health reform on adolescents and young adults and connecting members to national partner organizations and resources. In addition to workshops in the adolescent health track, other events highlighted practical tools for youth engagement and building collaborations with education agency partners.

### *Comprehensive Systems for Adolescent Health*

*Collaboration and Innovation:* In partnership with the State Adolescent Health Resource Center (SAHRC), AMCHP staff initiated the Comprehensive Adolescent Health Systems Collaboration and Innovation Network (CAHS-CoIN) in June 2013, bringing together six states and one territory to begin exploring the what and how of building comprehensive systems that support adolescent health in the states. Following the kickoff meeting, in which participants also received valuable training in ToP facilitation methods, participants continued to share resources, experiences, ideas, and strategies via webinars and conference calls. States and territories participating in the CAHS-CoIN are Puerto Rico, Colorado, Iowa, Minnesota, Ohio, New Jersey, and Florida. The CAHS-CoIN cohort held its second gathering at the 2014 AMCHP Conference, and through July 2014, AMCHP will continue to support the states in identifying and implementing ways to strengthen statewide systems that support adolescent health.

The CAH health team revamped their website to add new sections and resources, including several new pages on adolescent health projects, partners, and resources. In September, staff began work on an environmental scan of adolescent health activities under Title V, a team effort



The AMCHP CAH Team (Maritza Valenzuela, Treeby Brown, Alma Reyes, Kate Taft and Veronica Helms)

## AMCHP Best Practices

### Look Back

The AMCHP program team continues to be a resource for what is working in MCH and to share lessons learned and promising practices with our members. Over the past year, AMCHP has expanded the number of peer-reviewed practices in the *Innovation Station* database. Four especially innovative practices were highlighted at the 2013 conference with awards – Arizona’s Empower Program, Kentucky’s Healthy Babies are Worth the Wait Community Program, Minnesota’s Superior Babies Program and Washington’s Parent Child Assistance Program. AMCHP also presented awards and hosted a workshop on evidence-based programming at the 2014 conference. AMCHP continued efforts to increase submissions through a targeted marketing campaign (via publications, social media, listservs, regional calls, partner meetings, etc.) that focused on monthly topics and through focused outreach by AMCHP staff.

This past year, the program also expanded beyond sharing practices to helping states replicate promising MCH practices. Two states received funding through the best practices replication technical assistance project to replicate *Innovation Station* practices focused on improving care and transition for CYSHCN – Iowa to adapt the [Florida CMS-CSHCN Youth and Young Adult Transition](#) materials and Montana to replicate the [Rhode Island Pediatric Practice Enhancement Project](#). Both projects were very successful and the experiences and lessons learned were highlighted in the [May/June issue of Pulse](#).

### Look Ahead

Over the next year, AMCHP will provide technical assistance to and facilitate connections with the states that received the second round of funding for the best practices replication project – New York and Kentucky will be replicating Healthy Babies are Worth the Wait and Montana will replicate the provider champion element of the Every Child Succeeds Home Visitation Program. AMCHP will explore ways to disseminate the successes and lessons learned to the broader MCH community. AMCHP also will continue to expand on opportunities to increase the use of its best practices program as a resource and promote the value of being included in Innovation Station. AMCHP will continue targeted outreach to increase submissions and provide resources and assistance through the submission process.

## Feature CONT. CAH Team Reflections

that included AMCHP’s senior epidemiologist, and involved collecting all program activities related to adolescents, teens, and/or youth as reported in TVIS. Initial findings were presented in a skills-building session at the AMCHP Annual Conference in January 2014.

In the spring of 2013, AMCHP published a *Pulse* newsletter focused on adolescent health (April-May issue) highlighting such issues as including dads in teen pregnancy and parenting support initiatives, activities of federal partners at the Office of Adolescent Health, collaborations between health and education agencies to advance sexual health education in the states, systems change and healthy youth development, Title X and teens, and ACA provisions relevant to adolescents and young adults.

*New Partnerships between Adolescent Health and CYSHCN on Transition:* AMCHP adolescent health and CYSHCN staff began a partnership with staff at the new Center for Health Care Transition Improvement at the National Alliance to Advance Adolescent Health to discuss collaborating on the dissemination of the newly updated Six Core Elements of Health Care Transition, facilitate use of the Core Elements by Title V staff, support partnerships between adolescent health coordinators and Title V CYSHCN directors, and explore ways to promote youth and family engagement in quality improvement efforts.

### Child Health

In 2013, AMCHP tackled one of the top child health issues – obesity and overweight. As part of our partnership in the National Initiative for Children’s Healthcare Quality (NICHQ)-led Collaborate for Healthy Weight, AMCHP released an [issue brief](#) that highlighted Title V efforts around promoting healthy weight in maternal and child health populations, and also highlighted these activities on a national webinar. AMCHP continued efforts to promote healthy weight resources by organizing a workshop session at the 2014 AMCHP Conference that featured examples from state programs. AMCHP also continued to make connections with our partners in oral health, injury prevention, early childhood development, and others to increase collaborations to improve child health outcomes. As one example, AMCHP hosted a national roundtable presentation at the National Oral Health Conference in April.

## Feature CONT. CAH Team Reflections

### CYSHCN

In 2013, AMCHP significantly expanded its capacity to build quality, comprehensive systems of care for CYSHCN through seven major projects. Three projects focused on developing systems of care for children and youth with autism spectrum disorders and other developmental disabilities (ASD/DD): the State Public Health Autism Resource Center (SPHARC), the Learn the Signs Act Early Systems Grants, and the Learn the Signs Act Early Ambassador Grants. Four AMCHP projects focused more broadly on CYSHCN, with AMCHP increasing its national presence as a leader in CYSHCN systems building. These projects included: the Leadership Institute for CYSHCN Directors (LICD) program, the National Consensus Framework for Improving Quality Systems of Care for Children and Youth with Special Health Care Needs, the Action Learning Collaborative for State Title V CYSHCN Directors and Teams: Taking a Leadership Role in Transitioning to Medicaid Managed Care, and a partnership project with the National Center for Ease of Use of Community-Based Services to examine ease of use for Hispanic CYSHCN and their families.

Over the past year, AMCHP provided direct technical assistance to nearly all 50 states. AMCHP CYSHCN program work focused on four primary areas: 1) peer learning and systems development for state leaders addressing ASD/DDs; 2) support for Title V CYSHCN directors; 3) systems development, and 4) partnerships.

Building Systems of Care for CYSHCN with Autism Spectrum Disorder and other Developmental Disabilities through the SPHARC and *Learn the Signs. Act Early*. For SPHARC, 2013 was all about data! Over the year, SPHARC hosted several technical assistance calls and webinars designed to engage ASD/DD grantees in a collaborative learning exploration session examining data and its use in grantee programs, as well as the type of data states collect, various methodologies of collection and use of practice level data from state programs. In August, SPHARC and Association of University Centers on Disabilities (AUUCD) ITAC hosted a Peer-to-Peer Exchange on Direction Actions Through Activities (D.A.T.A). this was the first time a peer-to-peer was hosted in partnership with ITAC and brought together ASD/DD grantees and their state or neighboring LEND program to share and learn how to identify, collect and evaluate data to assess the impact of their pilots, programs and projects on systems of care for children with ASD/DD. Hosted by Connecticut

and Maine, nine states (CO, CT, GA, ME, MD, OH, TN, UT & VT) participated in the exchange – the largest number yet! In the fall, SPHARC welcomed the new ASD/DD planning and implementation grantees through an orientation to familiarize them with SPHARC resources and assess specific needs in order to design upcoming activities to meet those needs. To further facilitate sharing of effective practices, the redesigned SPHARC website has new features, including state profiles so that grantees can quickly learn what others are doing and connect over common topics and challenges. At the 2014 Annual Conference, SPHARC hosted a grantee meeting and workshop on building comprehensive and culturally competent systems of care for children and families with ASD/DD.

For systems grants, AMCHP, in conjunction AUUCD, NCBDDD, and MCHB, awarded a third round of Act Early State Systems Grants to support the collaboration of Act Early teams. Ten states, including five states who have never received any type of HRSA or CDC autism or Act Early funding, received \$15,000 grants for a 12-month



### Do you have an effective and innovative MCH program or initiative?

Consider sharing your program in Innovation Station, AMCHP's searchable database of emerging, promising and best practices in maternal and child health. You'll have a chance to:

- Share successes with your peers
- Enhance the MCH field
- Contribute to program replication
- Get expert feedback from the Review Panel
- Receive national recognition

The online submission process is simple and applications are accepted on a rolling basis. For more information, contact [Kate Howe](#) at (202) 266-3056 or visit [amchp.org/bestpractices](http://amchp.org/bestpractices).

You can also [click here](#) to refer an innovative MCH program that we should know about!

## Feature CONT.

### CAH Team Reflections

period with a focus on partnerships with early childhood programs. This February, a new round of systems grants will be awarded to seven states for an expanded two-year grant of \$10,000 per year (\$20,000 total).

In addition to the systems grants, AMCHP worked with CDC and the MCHB on the Act Early Ambassador grants to work with the CDC 'Learn the Signs. Act Early.' program. AMCHP offered ongoing technical assistance via a variety of methods including pulling together bi-monthly webinars covering topics such as the latest in developmental behavioral screening to collective impact. The topic of collective impact peaked such interest that AMCHP created a participant driven learning community to support states who are interested in or are currently working on implementing collective impact in their states. As AMCHP transitions the grant to AUCD we will continue to provide support to the Act Early Ambassador work.

AMCHP also provided resources on other birth defects and developmental disabilities, including the emerging issue of critical congenital heart disease (CCHD) screening. In February, AMCHP, in partnership with CDC and HRSA, hosted a meeting that brought together state newborn screening and birth defects program representatives to dialogue about key components for successful collaboration in critical congenital heart disease screening and program implementation. Building off of recommendations from the meeting, AMCHP produced an [issue brief](#) that highlights effective practices and policies for states, specifically roles for state newborn screening and birth defects programs, to consider when designing and implementing comprehensive CCHD screening programs. Case studies from Indiana, Michigan, New Jersey and Utah are also included.

*Supporting Systems of Care for CYSHCN in the ACA Era Through Leadership Development, Standards and Peer Learning:* In 2013, AMCHP received funding from the Lucile Packard Foundation for Children's Health to provide targeted technical assistance to Title V CYSHCN directors via the LICD program. The goal of the program is to improve the effectiveness of state Title V CYSHCN directors to lead and transform their programs in a time of change by providing targeted, intensive, and ongoing training and promoting a more comprehensive picture of CYSHCN populations in the context of the life course approach, health equity/health disparities, and transitions to adult care. The project launched in July 2013 and since

its inception, AMCHP program staff worked diligently to identify CYSHCN directors' needs. AMCHP released the program application to CYSHCN directors in September 2013 and, to date, more than 40 CYSHCN directors have signed up for the program. Moving into 2014, AMCHP staff will provide targeted programming to meet identified director needs.

As the policy team stated on page 5, the CAH team and the policy team worked to define and reach consensus among key national stakeholders on the desired capacity and performance of systems of care serving CYSHCN. Convening two major work group meetings in June 2013 and November 2013 of more than 40 national and state experts – representing Title V programs, Medicaid and CHIP programs, families, health plans and others – to discussed and finalized the development of comprehensive standards for systems of care serving CYSHCN. To learn more about the CYSHCN system standards project, visit page 5.

Another key project in CYSHCN systems development is the AMCHP Action Learning Collaborative for State Title V CYSHCN Directors and Teams: Taking a Leadership Role in Transitioning to Medicaid Managed Care project. In July 2013, AMCHP received funding from the MCHB to convene an action learning collaborative for states who are transiting CYSHCN into Medicaid managed care models. In 2013, AMCHP conducted research in this area, contacted key partners, and developed a request for applications (RFA) for the ALC. The ALC will be convened in April 2014.

Much of the AMCHP CYSHCN programmatic work is centered on partnership and collaboration with national and state partners. Partners are engaged throughout all CYSHCN program processes, including planning and implementation. Throughout the year, AMCHP worked collaboratively with the National Center for Ease of Use of Community Based Services for CSHCN to develop an ALC that focused on how Title V CYSHCN directors and programs can address the needs of Latino families with children with special health care needs. The next ALC meeting will occur in Spring 2014.

#### The Year Ahead

##### *Adolescent Health*

In 2014, AMCHP will continue to strengthen collaborations with other AMCHP program teams, including webinars

## Feature CONT.

### CAH Team Reflections

planned on the intersections of adolescent and reproductive health with the women's and infant health team, and outside groups such as the Center for Health Care Transition Improvement at the National Alliance to Advance Adolescent Health Got Transition? Additional analysis will be completed on TVIS data collected for the environmental scan on adolescent health activities, and findings will be presented in a webinar and printed report.

Activities with the CAHS-CoIN will continue through June, building on a successful meeting and skills building session at the 2014 AMCHP Annual Conference. The project will culminate in a spring meeting for states to share updates on their work and contribute to a new AMCHP report on systems building for adolescent health.

Finally, AMCHP will be preparing a new proposal to re compete to continue serving as an Adolescent and Young Adult Health National Resource Center supported by MCHB.

#### *Child Health*

Over the next year, AMCHP will continue to strengthen its partnerships and capacity in supporting our members in addressing child health topics. AMCHP will examine emerging issues and top priorities in child health and work with members and partners to identify appropriate resources and technical assistance to help further work in these areas.

#### *CYSHCN*

In 2014, AMCHP will continue to promote comprehensive, quality systems of care for CYSHCN through ongoing programmatic work. Although funding for the National Consensus Framework for Improving Quality Systems of Care for CYSHCN project expired in 2013, AMCHP graciously received funding from the Lucile Packard Foundation for Children's Health for Phase II of this CYSHCN systems development project. In 2014, AMCHP will provide targeted technical assistance to state programs seeking to utilize the developed system standards. Additionally, AMCHP looks forward to convening many major meetings in 2014, including the ALC for states transitioning CYSHCN into Medicaid managed care arrangements and the ALC for Hispanic CYSHCN and their families. In the coming year, AMCHP will also continue to provide targeted technical assistance to CYSHCN directors through the LICD program by developing and implementing monthly topical webinars targeted to CYSHCN directors.

In the coming year, AMCHP will continue to expand its work on autism and other developmental disabilities through ongoing technical assistance via a variety of methods, including webinars from AMCHP staff and partners; structured peer support, a forum to network, share ideas and problem-solve with colleagues nationwide working on similar issues; and technical expertise and consultation from leading national experts in the field of ASD/DD. AMCHP will work with AUCD to produce a virtual learning activity for all CAAI grantees in the spring, and will also introduce a new mentoring component to SPHARC, which will allow state grantees to conduct site visits to specifically learn how to replicate an effective practice from another state. In addition to work with its Act Early systems grants, AMCHP will continue to be a resource and partner to the Act Early Ambassador grantees.

## Success Stories

### What the AMCHP Family Scholars Program Did for Me

**By Moe Schroeder**

*Parent to Parent Coordinator,  
Family Voices of North Dakota,  
Region 5 Experienced Parent  
Project Coordinator, North Dakota  
Early Intervention*



How can I "Lead from Here?" I was sent the AMCHP Family Scholar application from my director at Family Voices. I looked it over and thought, yah right. Why would AMCHP, a national organization, pick me to be part of one of their programs? I am a woman from a town with a roughly estimated population of 400 that sits in rural North Dakota. I then had to think about where my journey was headed and how would I get there. What did I need to do to grow as a leader within my own home and as a leader of families with children and youth with special health care needs?

The Family Scholars Program fit right into my journey! The program started by providing me with an in-depth knowledge of the MCH Core Competencies, a greater understanding of Title V and the overall role of AMCHP.

## Success Stories CONT.

We then moved on to monthly topics geared toward our personal development as leaders. Through assignments, I learned about my leadership style and how others perceived it. I learned about my strengths, how to identify others strengths and how together we can be effective. They also educated us on the importance of partnership and advocacy at a local, state and national level.

I was able to take those skills and use them at my visit to the "Hill." AMCHP staff and my mentor educated and guided me through the process of the Hill Visit. I set up meetings and chose to go by myself. I took the tools given to me and turned them into success! I educated policymakers. I provided them with a greater understanding of the needs of the MCH population of North Dakota and our country!

Since the Family Scholars Program, I have taken an active role on the AMCHP Family and Youth Leadership Committee. I am moving forward with spearheading a project with ND Children Special Health Services Family Advisory Council. My next step is mentoring parents stateside about the importance of their story and how to take the next step into family leadership.

The Family Scholars Program instilled me with the confidence I was lacking to move forward as a Family Leader. I needed more education, they educated me. I needed to be stretched to see what was beyond right in front of me. I didn't grow in height, but I expanded my outlook. Thank you AMCHP for this wonderful opportunity and helping me to grow.

## Looking into the Future as a Family Scholar

**By Susan Wood**

*Hilopa'a Family to Family Health Information Center*

Being a family scholar has been an enriching experience. Based on the Maternal and Child Health 12 leadership competencies, we are challenged to stretch



our learning and experiences to new heights. These competencies include understanding the MCH knowledge base, self-reflection, ethics and professionalism, critical thinking, community, negotiation and conflict resolution, cultural competency, family-centered care, developing others through mentoring, interdisciplinary team building, working with communities and systems, and policy and advocacy. Midway into the program, we've touched many of the leadership competencies listed above through monthly webinars, stretch assignments based on the webinars, face-to-face meetings as well as participation at the AMCHP Annual Conference.

The Family Scholars Program gently but consistently guides us to think differently and to utilize the knowledge gained in our work back home. Developing an individual learning plan and setting goals helps us direct our focus and self-reflect on how our learning influences our future work. For me, one of the most interesting pieces of the learning process was being tasked with taking the Strengths Finder 2.0 assessment. The strengths assessment touched 34 themes and churned up about 100 strategies for applying my natural talents (strengths) daily. The suggested strategies are my springboard for how I can utilize my strengths in my work. What I find very helpful in this process is the ongoing self-reflection on how we learn, how to transfer that learning in our work and to look for results.

My circle of friends (families) has expanded. All of the families and professionals that I've had the pleasure of meeting and working with thus far are deliberate in their work of helping our children and supporting families. The building of new partnerships and the support of friends can make a difference in changing systems for our children with special health care needs. Most importantly, we always have someone we can turn to in good times and in challenging ones.

When my time as a family scholar comes to an end, it really is just another beginning; a new beginning where I will continue to learn, share what I've learned and apply that knowledge back home in Hawaii. A list of reading materials has been shared with us so that we can continue learning after the program ends. I am eager to continue the collaborative learning process with my cohorts as well as strengthening relationships with my new partners. One of

## Success Stories CONT.

my goals is to be more active in the legislative process and to keep in touch with our state senators and their friendly staff. Helping to support our Title V programs in family leadership initiatives and transitioning youth to the adult world are high priorities. In addition, expanding outreach to families through support groups is also on my to-do list.

I am so thankful to have been chosen as an AMCHP family scholar. The professional and caring family involvement and leadership staff has created an awesome learning program to help us enhance our leadership skills. Through their unwavering guidance, leadership and continual commitment to our work, I can surely count on them in the future for advice and new learning experiences.

### Reflections on the AMCHP New Director Mentor Program

**By Rachel Berroth, MS**

*Director, Kansas Department of Health & Environment, Bureau of Family Health*



This is truly an exciting time for the field of MCH, with more opportunities than before to collaborate with other programs, integrate systems, and translate our shared vision into reality! While opportunities to improve the health of women, infants, children, and families are abundant, there are ongoing challenges related to emerging population health needs, health care reform, and the proposed block grant transformation. As Title V directors, we make a conscious decision to view challenges as stepping stones versus obstacles. This can be extremely difficult for new directors without guidance from programs such as the AMCHP NDMP. The program is vital to effective leadership in this changing landscape of population health.

I am pleased to share my personal experiences as a member of the 2013 NDMP cohort. The program connected me with fellow directors, mentors, and trusted resources fundamental to continued learning. Peer

mentoring, collaborative educational opportunities, and a variety of learning modes including webinars, monthly newsletters, peer-to-peer calls, and an online forum for soliciting and sharing information were all valuable in the application of these practices in my state. Technical information on topics directly related to Title V and MCH was provided on a regular basis. All discussions and activities were very clear, organized, and benefitted me in my work. Most importantly, the NDMP supports directors with sorting out Title V legislation and block grant requirements without losing focus of individual state needs and priorities. I can't say enough about the support and direction given to me by the NDMP facilitator Jessica Teel. She demonstrates admirable commitment to supporting the unique needs of each director.

The NDMP mentor assigned to me assisted with identifying my primary areas of focus, including compiling and submitting the block grant application and annual report; improving methods to collect ongoing public input/comment; developing an informed, accountable process for Title V funding allocation; and promising approaches for the five-year comprehensive needs assessment. Identifying priorities and setting short-term goals resulted in improved processes and newly developed tools/resources intended to increase knowledge about MCH in Kansas including:

- Informing, marketing, and increasing partner/public comment and input related to the block grant
- Developing and disseminating an MCH Services Input Survey – Kansas increased responses by nearly 300 during one year's time
- Launching a Title V MCH Services Block Grant website
- Publishing the first Kansas Block Grant Executive Summary, Quick Reference Guide and Health Status Indicator Progress Report (snapshot)

As leaders, we set the tone and pave the way for work and progress in MCH. The NDMP was critical in acclimating me to my role as the Kansas Title V director. It was my primary source for orientation to the world of Title V. Moreover, the vision, leadership, and direction I was able to provide for my agency, Family Health team, MCH Council, and state partners would not have been as structured or "developed" without the NDMP. It is truly an invaluable experience.

## Success Stories CONT.

### AMCHP NDMP: A Win, Win



**Bradley Planey, M.S., M.A.**  
*Family Health Branch Chief,  
Arkansas Department of Health*

I recently served as a mentor in the NDMP. The program offers the opportunity for new Title V directors to have regular communication with a director who has more years in this role. The majority of the communication consists of

regular telephone calls and occasional teleconferences.

I had the good fortune to have a new Title V director who possessed maturity and experience. She was great at sharing her experiences and sorting through the practices that have proved effective for her. We both were able to compare and borrow from our combined experience. I found that I get as much as I give in the mentoring relationship. It is a chance to share experiences and sound out ideas with someone of a similar background. It is an opportunity that should not be passed up. The mentoring relationship can help build self-confidence and the knowledge that you are not alone in the problems and challenges you face. We all can benefit from that kind of help. I encourage you to consider participating in the NDMP either as the new director or as a mentor. It is a “win, win” either way.

## Real Life Stories

### Looking to the Future After My AMCHP 2014 Experience

**By Teresa Nguyen**  
*Ryan Colburn Scholarship Recipient*

Being able to attend the 2014 AMCHP Conference as a young, emerging public health leader with special health care needs was an incredible opportunity for me and it wouldn't have been possible without the wonderful Ryan Colburn Scholarship. As a Colorado native, it wasn't hard to adjust to the frigid temperatures of DC during the conference, but the two-hour time difference was another story – especially when my days started around 5 a.m. Denver time! Though this may seem early, it actually

## Real Life Stories CONT.

provided me with a strong advantage by allowing me to make the most of each day during the conference.

My days were filled with workshops on: family engagement, youth and adolescent health, pediatric care coordination, and health care transition quality improvement. The opportunity to be a part of the conversation during these crucial workshops was a valuable experience for both me and the public health leaders around me. As I absorbed all of the information that was being presented, I realized that while there is a vocalized need for the youth and family voice in public health, it's not always present. I am grateful to AMCHP and Susan Colburn for providing a platform for emerging youth and young adult leaders to have a voice within the public health conversations that are happening nationwide. My hope is to see these conversations continue at future conferences with families, youth, and young adults present at the table.

One of the best tips that I received from my mentors, prior to the conference, was to take advantage of the time spent outside of the conference events to network. My AMCHP experience was already so incredible, and the networking aspect really elevated that “incredible” to a higher level. It was exciting to finally meet the leaders that I had previously collaborated with via phone, e-mail, or through webinars, and the conference also gave me a chance to connect with my colleagues from Colorado, which was great! Being introduced to the Family and Youth Leadership Committee was another highlight of my networking experience. This group of leaders demonstrated how knowledge, passion, and personal experiences really drive their involvement in public health, and in turn, it continued to solidify my decision to pursue a career in this field. As a transitioning young adult with special health care needs, I realized that my experiences as a patient, consumer, and leader all bring a different and valuable perspective to the



AMCHP President Millie Jones, Teresa Nguyen and Susan Colburn at the 2014 AMCHP Annual Conference

## Data and Trends

### AMCHP By the Numbers: 2013

#### Program and Policy Activities

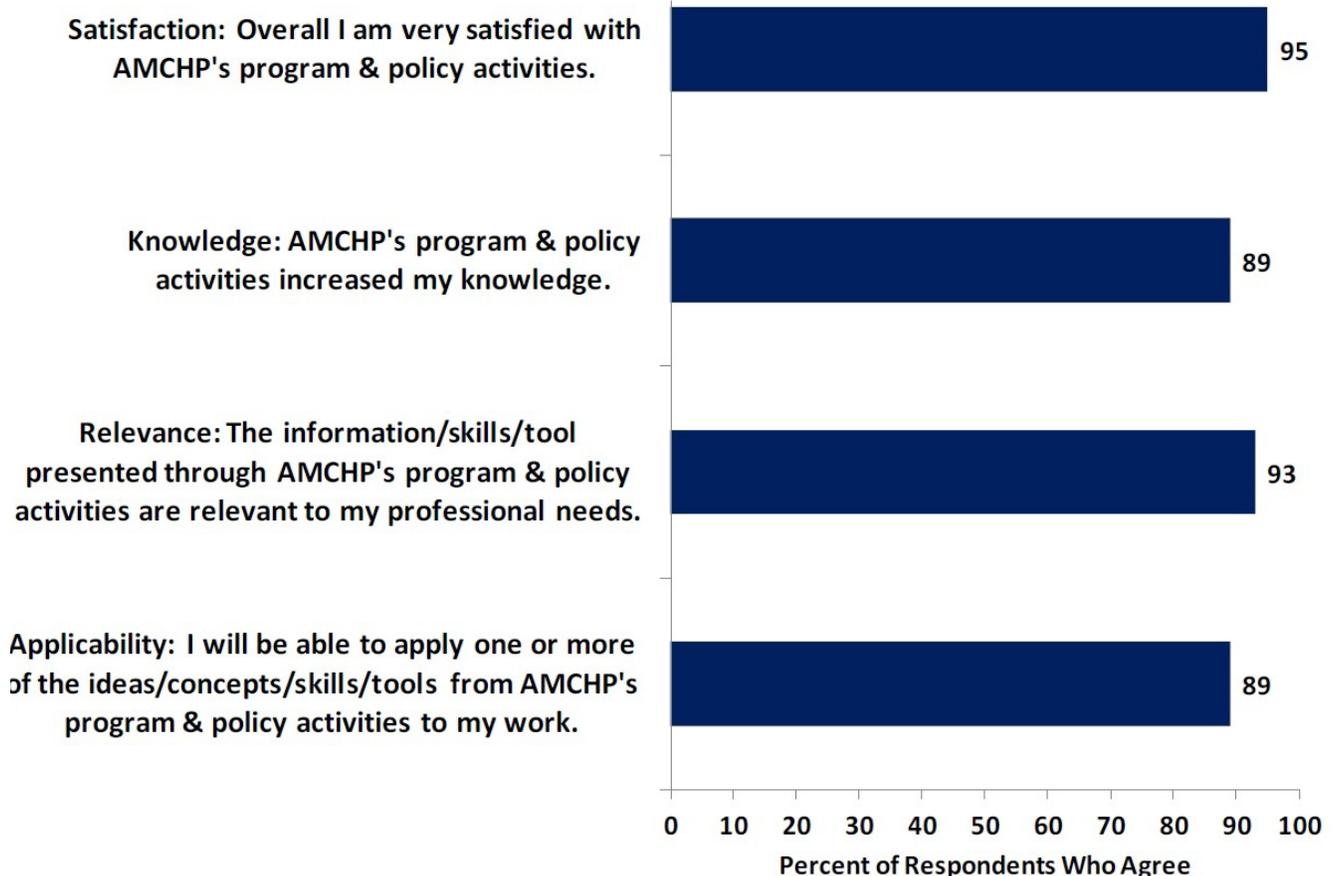
Virtual and In-Person Trainings: **41**

Total Emerging / Promising / Best Practices : **4**

Leg alerts sent: **7**

National Policy Calls: **1**

#### Core Evaluation Questions:



#### Communications: Monthly Snapshot

Average Pulse Reach (people): **16,616 (+23% from 2012)**

Average Member Briefs Reach (people): **1,556 (+15% from 2012)**

Average Visits to AMCHP.org: **10,308 (+17% from 2012)**

Total AMCHP contacts in December 2013: **21,045 (+9% from 2012)**

## Real Life Stories CONT.

table, when working to improve the health care system for all individuals who utilize it.

I left the conference feeling energized and inspired to continue my journey in public health. As a perfect ending to this experience, I came home to wonderful news that I was accepted into the Master of Public Health Program at the Colorado School of Public Health, starting this summer. I am excited to move toward my dream of developing or supporting an existing program that supports youth and young adult health care transition into adult care, while providing a holistic approach (taking into account all systems of transition). It's a big vision, but I am grateful to the Ryan Colburn Scholarship and AMCHP for providing me with the wealth of knowledge, support and networks to help me grow this dream. I am confident this is not my last AMCHP experience, and I look forward to returning with a different perspective, as a graduate student, next time!

## Who's New

### TITLE V AND MCH DIRECTOR

#### MICHIGAN

Rashmi Travis, MPH, CHES  
Director, Bureau of Family, Maternal and Child Health  
Michigan Department of Community Health

### CYSHCN DIRECTOR

#### WEST VIRGINIA

James Jeffries, MS  
Director, Division of Infant, Child and Adolescent Health  
Office of Maternal, Child and Family Health  
West Virginia Bureau for Public Health

## Get Involved

### Virtual Training Opportunity: Title V Five Year Needs Assessment

Title V legislation requires each state and jurisdiction to conduct a state-wide, comprehensive needs assessment every five years. Hard to believe that the time has come for Title V programs to prepare for the next comprehensive needs assessment! The needs assessment process can be a useful tool for strategic planning, strategic decision-making and resource allocation. It also provides a way

## Get Involved CONT.

for Title V programs to benchmark where they are and assess progress over a five-year period. To assist states or jurisdictions in preparing their assessments, AMCHP is hosting a series of virtual trainings to provide guidance on the needs assessment process. The first webinar is scheduled for Wednesday, Mar. 5 from 4-5:30 p.m. EST. This webinar will provide an overview of the needs assessment process with a presentation from Donna Petersen, ScD, MHS, CPH, Dean for the College of Public Health at the University of South Florida. Dr. Petersen will be presenting on the "Nuts and Bolts of the Five Year Needs Assessment," followed by a state-in-action example from Massachusetts. The Massachusetts MCH team will share their strategies, resources and lessons learned from conducting the five-year needs assessment process.

Following this webinar, AMCHP intends to provide additional training on other topics related to the needs assessment (i.e., stakeholder engagement, strategic decision making) based on input provided by webinar participants. Please [click here](#) to register for this event and to let us know what additional topics related to the five-year needs assessment process that you feel are critical for AMCHP to address. If you have any questions about this event please contact [Jessica Teel](#).

### AMCHP RFA: ALC for State Title V CYSHCN Directors and Teams: Taking a Leadership Role in Transitioning CYSHCN into Medicaid Managed Care Arrangements

AMCHP released a RFA for interested state teams to join an ALC to take place in late-April 2014. The ALC will focus on states currently transitioning CYSHCN into Medicaid managed care arrangements, states planning to transition CYSHCN into Medicaid managed care arrangements, and states that have already transitioned CYSHCN into Medicaid managed care arrangements. With support from the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB), AMCHP aims to provide targeted technical assistance for a subset of up to 10 state teams comprised of state Title V CYSHCN directors and their key partners. **The application deadline is Mar. 7.** For more information, please [click here](#).

### National MCH Workforce Development Center Releases Request for Participation

The National MCH Workforce Development Center at UNC Chapel Hill, in cooperation with MCHB, and in partnership with AMCHP and national experts in MCH innovation and quality improvement, will offer state and territorial Title V

## Get Involved CONT.

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 four core areas will be available through the 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

The center will address the four areas above by providing 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. The center is releasing a Request for Participation (RFP) for states that wish to participate in the intensive training and technical assistance described above. With this RFP, the center is aiming to engage eight to 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. **Due date for the RFP is Monday, Mar. 10.** Additional information regarding the center and the RFP is available at [www.amchp.org/Transformation-Station](http://www.amchp.org/Transformation-Station).

### **Webinar: Federal Efforts to Improve Maternal and Infant Health Data Capacity and Health Outcomes**

The U.S. Department of Health and Human Services (HHS) will hold a webinar, "Federal Efforts to Improve Maternal and Infant Health Data Capacity and Health Outcomes," on Monday, Mar. 3 from 1:30 – 2:30 p.m. EST.

This joint federal webinar will feature presenters from CMS, HRSA, and CDC. HHS is committed to improving the health of mothers, infants, and children nationwide. With this aim in mind, the CDC, CMS, and HRSA are working to build a stronger partnership to improve data collection, surveillance and maternal and infant health outcomes. To register, [click here](#).

## Resources

### Archived AMCHP Webinars

#### **Opportunities and Strategies for Improving Preconception Health through Health Reform** (Jan. 2, 2013)

AMCHP hosted a webinar in direct response to member requests for more information on how states are navigating health reform and Medicaid to improve birth outcomes, particularly preconception health. The objectives of the webinar are: 1) Provide an overview of coverage for women's and reproductive care currently in the United States; 2) Briefly describe and define preconception health and its importance on improving birth outcomes and lowering disparities in the United States; 3) Highlight how health reform, both at the state and national level, can contribute to improving preconception care for women; and 4) Share successes, challenges, and lessons learned from a state that offers various levels of coverage for preconception health. [Click here](#) to view the recording on YouTube.

#### **Social Media 101** (Mar. 27, 2013)

AMCHP hosted a webinar on Social Media 101. The purpose of this webinar was to help State Public Health Autism Resource Center (SPHARC) grantees understand the basics of Social Media and provide a step by step demonstration on how to set up a Facebook and Twitter profile. The webinar also featured examples of how SPHARC grantees are using Facebook. The full webinar recording can be accessed [here](#).

#### **AMCHP/NICHQ Webinar: Promoting Healthy Weight in MCH Populations** (April 26, 2013)

The obesity epidemic in the United States is a long-recognized public health issue that has serious health and economic consequences, especially for children and families. This webinar, co-hosted by AMCHP and NICHQ, highlighted how states and communities are

## Resources CONT.

working to promote healthy weight for children, women and families. Presentations provided of state Title V program efforts to address healthy weight, and examples from the Collaborate for Healthy Weight initiative to address obesity at the community level. [Click here](#) to download the recording and slides.

### **The ABCs of ACOs for MCH** *(May 30, 2013)*

With all eyes on the implementation of the ACA, especially the insurance marketplace, Medicaid expansion, and health insurance reforms, states also are working diligently to transform the delivery of services. Among the many initiatives included in the ACA, provisions to establish accountable care organizations (ACOs) are significant because of the potential to help achieve the “IHI Triple Aim”-- improving patient experience of care, improving the health of populations, and reducing the per capita cost of health care. While significant focus is being placed on ACOs for the adult population the potential for pediatric populations, particularly children with special health care needs (CSHCN) remains unclear. The role of ACOs in population health and how they integrate with community-based systems of care, including public health agencies, on a range of issues, such as care coordination, is still unfolding. This webinar will highlight key considerations for maternal and child health populations, the role of public health in ACO implementation, and efforts to implement ACOs that have a focus on pediatric populations particularly CSHCN. [Click here](#) to view the recording on YouTube.

### **The True Meaning of Succession Planning**

*(Jul. 24, 2013)*

Succession planning is not just about identifying and grooming the next generation of leaders. It is an on-going part of workforce development efforts designed to sustain an organization or agency’s capacity. It is supported by activities such as recruiting and retaining a competent workforce by developing skills, knowledge, and building leadership capacity. Particularly in this time of great change in state Title V programs, succession planning is of critical importance to ensure that states have the qualified workforce with the needed expertise for ensuring the continuity and prosperity of maternal and child health programs. AMCHP hosted a webinar to share successful succession planning strategies. During the webinar, Michael Warren, MD, MPH, FAAP, Director of Maternal and Child Health for the Tennessee Department of Health provided an overview of the concept of succession

planning and shared his efforts related to workforce development in his state. Dr. Warren was also joined by Linda McElwain, RN, Section Chief of Maternal and Child Health for the Wyoming Department of Health, and Patricia Tilley, MS, MA, Acting Bureau Chief for the Bureau of Population Health and Community Services and Title V Director of New Hampshire’s Maternal and Child Health Program who shared their success stories and resources related to building a competent workforce. [Click here](#) to view the full webinar.

### **School Health Advisory Councils: National, State, and Local Perspectives on the Value of SHACs for Supporting Children and Adolescents** *(Jul. 30, 2013)*

AMCHP and the National Association of County and City Health Officials (NACCHO), in collaboration with the CDC’s Division of Adolescent and School Health (DASH) and education and health agency partners in Texas, presented a webinar on School Health Advisory Councils (SHACs). The webinar provides an overview of the value of SHACs from the national, state, and local perspectives and the role they play in supporting healthy children and adolescents. The webinar featured a presentation from DASH with an overview of SHACs from the national perspective and presentations from education and health agencies in Texas that highlight SHACs from the state and local perspectives. [Click here](#) to view the webinar.

### **Health Reform and Insurance Coverage for Pregnant Women** *(Aug. 28, 2013)*

AMCHP along with National Health Law Program, the American Congress of Obstetricians and Gynecologists, the Association of Maternal and Child Health Programs, the March of Dimes, the National Partnership for Women and Families, and the National Women’s Law Center took part in the first of the Health Reform and Insurance Coverage for Pregnant Women Webinar Series. This webinar series providing background and answering questions about insurance options for pregnant women and their families. The link to the webinar recording can be found [here](#).

### **Leading in Changing Times Series: Great Leaders are Great Decision-Makers: The Importance of Decisiveness** *(Sept. 18, 2013)*

The Leading in Changing Times Series is a year-long, three-part series of webinars blending principles of key leadership theory with real-world stories from senior-level MCH leaders. These 45 minutes leadership “conversations” are designed to share leadership ideas and inspiration.

## Resources CONT.

In part one, Karen Trierweiler, Director, Programs and Services, Prevention Services for the Colorado Department of Public Health and Environment provided an overview of the key concept, leadership and decision-making, followed by her personal experience in establishing priorities to commit to a course of action in her state. To view the webinar, [click here](#). For the webinar materials, [click here](#).

### **Breastfeeding and the Affordable Care Act** *(Dec. 16, 2013)*

As a complement to the release of an issue brief in December, AMCHP hosted a webinar on Breastfeeding and the Affordable Care Act. This webinar provided states with tools and resources to assist with the development of benchmarks and benefits for breastfeeding lactation and counseling services as well as information regarding outreach to businesses for the compliance with the new federal law to create breastfeeding accommodation work sites for nursing moms. Access a complete (audio and visual) recording of the web event [here](#).

### **AMCHP-CDC Skills-building Suite: Evidence-based Practice: Moving along the Continuum from Selection to Sustainability**

This three-part virtual workshop was designed to increase state MCH program capacity to better understand evidence-based programs, dialogue about opportunities and challenges in implementing evidence-based programs, understand complexity in fidelity and adaptation, and consider evaluation and sustainability of evidence-based programs. To learn more about the suite and to view the webinars, [click here](#).

### **AMCHP Publications**

#### **[Partnering to Promote Follow-Up Care for Premature Infants](#)** *(March 2013)*

This brief addresses the importance of NICU follow-up in premature infants by presenting series of case studies on five state models to support NICU follow-up programs.

#### **[Promoting Healthy Weight: The Role of Title V](#)** *(April 2013)*

This issue brief highlights how state Title V MCH programs are working to promote healthy weight in their states and communities by presenting an environmental scan of Title V activities and snapshots of several comprehensive state efforts.

#### **[Fact Sheet on ACA Navigator Grant Opportunity](#)** *(April 2013)*

In April 2013, CMS announced availability of new funding to support Navigators in federally facilitated and state partnership marketplaces. Navigators are individuals and entities that will provide unbiased information to consumers about health insurance, the new Health Insurance Marketplace, qualified health plans, and public programs including Medicaid and the Children's Health Insurance Program. Learn what MCH leaders can do to get involved.

#### **[Connecting the Dots to Improve Birth Outcomes: Key Considerations and Recommendations from a National Meeting](#)** *(July 2013)*

While the United States has made some gains in improving infant and maternal mortality rates over the past several decades, nationally these rates remain high and significant disparities still exist. Fortunately renewed interest and public and private investments in improving birth outcomes have resulted in a groundswell of momentum, initiatives, recommendations, and activities at the national, state and local levels. These varied initiatives presented an important and needed opportunity for the leaders of these efforts to coalesce and discuss how to effectively coordinate and maximize the impact of these efforts, particularly for states and community groups. To this end, in July 2013, with the support of the W.K. Kellogg Foundation, AMCHP convened nearly 50 leaders representing federal health agencies, state departments of health and Medicaid agencies, professional associations, provider groups, nonprofit leaders, think tanks, private funders, and academia in Washington, DC.

#### **[Coordinating Toll-Free Services](#)** *(August 2013)*

The U.S. Department of Health and Human Services (HHS) recently established a consumer help center to support the enrollment individuals and families in new health insurance coverage options created by the ACA. This fact sheet will help MCH leader in their state connect women, children and their families to health insurance coverage.

#### **[The Life Course Metrics Project](#)** *(September 2013)*

As MCH programs develop new programming guided by a life course framework, measures are needed to determine the success of their approaches. In response to this emerging issue, AMCHP launched a project designed to identify and promote a standardized set of indicators that can be applied to measure progress using the life course approach to improve maternal and child health. Life Course Indicators Online Tool is available [here](#).

## Resources CONT.

### **Benefits and Eligibility for MCH Populations Explained in Three Easy Charts!** *(September 2013)*

Open enrollment for ACA health insurance plans began on Oct. 1, 2013, with new plans beginning on Jan. 1, 2014. State Title V MCH programs can play a role in educating women, children and their families about projected eligibility levels for various health insurance coverage options as well as eligibility for minimum health plan benefit levels. State MCH programs also can begin to anticipate where there may be potential gaps in health insurance coverage and benefits for MCH populations.

AMCHP created a [fact sheet](#) designed to assist state MCH programs in these efforts. The easy-to-follow charts depict the federal minimum eligibility levels for each income scenario, including identified and potential gaps in eligibility for MCH populations both with and without Medicaid expansion. The fact sheet also is designed to be interactive with hyperlinks to direct readers to detailed resources as well as source documents. The fact sheet lays out the projected minimum or essential health insurance benefits for MCH populations, including CYSHCN, for each of the following coverage options or scenarios: Medicaid, CHIP, insurance purchased through the health insurance marketplace (aka health insurance exchange), and safety-net services for those remaining uninsured.

The [fact sheet](#) provides an overview of federal benefit and coverage requirements under the ACA. However, the actual benefits package, cost sharing and affordability for families will vary widely depending on the state.

### **[Affordable Care Act Outreach and Enrollment Fact Sheet for MCH Leaders](#)** *(September 2013)*

This fact sheet provide state MCH leaders with informational resources and suggested steps to support outreach and enrollment and help ensure improved access to care for MCH populations.

### **[Who Will Be Covered for What in 2014?](#)**

*(September 2013)*

This tool is designed to support your role in educating women, children, including those with special health care needs, and families about projected eligibility levels for various health insurance coverage options as well as minimum eligibility levels for health insurance coverage. State MCH programs also can use this to anticipate where there may be potential continued gaps in health insurance coverage and benefits for MCH populations.

### **[State Opportunities and Strategies for Breastfeeding Promotion through the Affordable Care Act](#)**

*(December 2013)*

Explore how states and communities can capitalize on the opportunities presented by the ACA to advance breastfeeding. In particular, this issue brief examines state partnerships; financing of breastfeeding support and counseling services; promoting work site accommodations; utilizing the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) to improve referral and tracking; and leveraging other funding opportunities. This issue brief also highlights some of the best practices of state Title V MCH programs and their partners and offers strategies for states interested in developing similar efforts.

### **[State Infant Mortality \(SIM\) Toolkit: A Standardized Approach for Examining Infant Mortality](#)**

*(December 2013)*

This toolkit is the product of the lessons learned from the SIMC, and the experiences and guidance of the five teams that provided the framework for the material contained within this document. The overall purpose of this toolkit is to assist with the analysis and interpretation of available perinatal-related data. It is envisioned that a standardized approach to the infant mortality assessment process presented here will help those concerned with infant mortality programs and data in their states, counties, urban areas, tribal regions, or other population-based areas to identify needs and tailor programs aimed at improving maternal, child, and infant health.

### **[Transformation Station](#)** *(Ongoing 2013-present)*

The National MCH Workforce Development Center at UNC Chapel Hill, in cooperation with 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, 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 Center to move from evidence to action: Improving access to care; Using quality improvement tools to drive transformation; Fostering integration within public health and across sectors including primary care, mental health, early intervention and community-based service delivery and financing systems; and Furthering change management, including effective collective action skills that will lead health improvement for MCH populations.

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## Calendar

[Racial Justice or Just Us? in Birth and Breastfeeding](#)

Mar. 4-6  
Washington, DC

[15TH Annual NHSA Spring Conference](#)

Mar. 29-31  
Washington, DC

[2014 Preparedness Summit](#)

Apr. 1-4  
Atlanta, GA

[Public Health Informatics Conference](#)

Apr. 18-May 1  
Atlanta, GA

## Calendar CONT.

[Confronting Family and Community Violence](#)

May 1-3  
Washington, DC

[30th Pacific Rim International Conference on Disability and Diversity](#)

May 19-20  
Honolulu, HI

[Supporting Children Affected by Parental Co-Occurring Disorders: Substance Abuse, Mental Illness, HIV](#)

Jun. 30-Jul. 2  
Seattle, WA

[NACCHO Annual Conference](#)

Jul. 9-11  
Atlanta, GA

[ASTHO Annual Meeting and Policy Summit](#)

Sept. 9-11  
Albuquerque, NM

[CityMatCH Leadership & MCH Epidemiology Conference](#)

Sept. 17-19  
Phoenix, AZ



Want your event listed on the AMCHP MCH Events Calendar? It's easy! Just complete our [online submission form](#).

**Association of Maternal & Child Health Programs**

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