



PULSE

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

A Look Back/ A Look Ahead

January/February 2015

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From the Past President

Looking Ahead in 2015

By Millie Jones



Thank you!!!

What an honor to write this thank you note to all of you as I move into my term as AMCHP Past President. I struggle to find the right words that truly capture my gratitude for the opportunity to have served as your 2013-2015 AMCHP President. It has been my pleasure to work with and for you.

I started out in the 1980s as a state MCH employee and over the years I have seen AMCHP grow and mature into the “GO TO” association for the health and well-being of mothers, children and families. As I look forward to the continued growth of AMCHP under the leadership of President Sam Cooper and President- Elect Eileen Forlenza, I do so knowing that I turn over the reins of an organization that is on an upward trajectory.

For the past two years your board and staff of AMCHP have worked to ensure that:

- The AMCHP mission and vision are being driven by your guidance and input
- AMCHP partnerships are strong and growing
- AMCHP strives to be relevant to the needs of you – our members
- The AMCHP finances are solid
- AMCHP is constantly in a mode of quality improvement

But our work is not done. I have two asks.

Ask number 1 is that each of you makes sure you are growing and mentoring new leaders at your state level. It



ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

From the President CONT.

is only when we have a smart, engaged, and diverse state membership that we are able to have our AMCHP board representative of the same.

Ask number 2 is that as you transition out of the MCH workplace, you maintain your membership and engagement and become our “ambassador of letters to the editor” on behalf of the nation’s mothers, children and families. Your words of wisdom are needed more than ever and I know some of you have a lot you want to share! I look forward to all the adventures yet to come!

With admiration for all you do,

Millie Jones

From the President

Looking Ahead in 2015

By Sam B. Cooper III, LMSW-IPR

I am struggling with all that I want to share in this first *Pulse* From the President message...Struggling because the months ahead are already packed with opportunities to shape the future of maternal and child health (MCH).



State and territorial teams have the final guidance for the Title V MCH Services Block Grant and are in the process of completing the five-year needs assessments and establishing new state priorities that will guide actions through 2020. Those teams of MCH leaders – family members, youth, Title V MCH and children and youth with special health care needs (CYSHCN) staff, and many more partners – know the importance of these tasks and those who are dependent on their success.

Similarly, our association has begun the process of preparing the 2016-2019 Strategic Plan, which will be used as our road map for the future. Many of you have read about opportunities to share your thoughts in previous newsletter articles, or even had an opportunity to discuss the efforts during your regional meetings held during the AMCHP Annual Conference in January. Your participation in this process is critical to the success of the resulting plan. We have much work to do, but I am confident that with your help, AMCHP will have clear direction for the years ahead.

As your president, I am so fortunate to be able to work with our membership, our Board of Directors, our Association Committees, the top-notch AMCHP staff, and our many other partners as we move ahead. I believe that the only way we succeed is through our collective creativity and mutual support, and I can’t think of any other group that is better prepared to achieve success! Stay tuned.

Slàinte,

Sam

From the CEO

By Lori Tremmel Freeman,
BS, MBA
Chief Executive Officer, AMCHP



Looking back over my past 10 months with AMCHP, it has been a fulfilling and very rewarding experience working for this great organization. We’ve had our share of celebrations and our share of introspections around continuing the journey of continuous improvement. If you had a chance to attend the AMCHP business meeting

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just a few short weeks ago during the AMCHP 2015 conference, you'll recognize some of what is written here and I hope you'll revisit with me our journey. If this is the first time, please enjoy learning more about how AMCHP and I have grown together over the course of 2014.

Membership

AMCHP continues to have one of the best retention rates among nonprofits! With nearly 100 percent of members renewing, our ability to retain our vital constituent members shows that AMCHP continues to demonstrate value. The result? Critical support is retained for our programs because they make a difference to our members.

Volunteerism

AMCHP has strong Association and Board Committee participation, with a robust and growing volunteer workforce of nearly 150 AMCHP members. With the board, we also are working to ensure we have sound practices and training in place for our volunteer workforce. All of our committees – Best Practices, Emerging Issues, Family and Youth Leadership, Governance, Legislative Affairs – are extraordinarily hard-working and produce non-stop results under the leadership of outstanding chairs and vice chairs. Please consider joining one today – e-mail me anytime with any level of interest!

Partnership and Collaboration

I have spent an extraordinary amount of time my first 10 months reaching out and getting to know existing and new partners. It has been one of the most amazing and overwhelming parts of my job. Everyone wants to touch or be touched by AMCHP! Although I've not counted the sheer number of meetings, personal conversations, and group discussions, my guess would place them in the hundreds. AMCHP is seen as a strong collaborator and we sit at many, many tables. I, along with our excellent staff, are committed to maintaining this role.

Operations

We have a strong, competent and growing staff with about 31 FTEs currently and three additional hires on the horizon. Staff growth is not ever a goal in and of itself under my leadership. But, adding staff does demonstrate adding support, always sustainable through our existing funding, to keep providing the caliber and breadth of programs, technical support, and resources to AMCHP members and partners.

With a staff this size, we hired a part time HR consultant who has been tremendously helpful in assisting with recruitment, hiring and separations; solidifying and implementing a consistent and well-documented onboarding process; and otherwise identifying and reviewing all AMCHP HR policies.

Let's face it, policies and procedures are necessary but sometimes organizations can't find the time to keep up with the myriad of laws, regulations, and organizational change spurred by sheer staff growth that precipitate the ongoing care and feeding of the policies and procedures. We've spent a lot of time these last months doing just that and we have plans in place that will facilitate ongoing review and modification as necessary. This past year, we did a full review of the AMCHP Employee Handbook and introduced revisions needed to ensure compliance with EEOC, FMLA, and other HR laws. Internal policies have been identified for the near time that need additional review and revision. Working with the Board and Governance Committees, we spent all of 2014 reviewing EVERY board policy and making revisions to those. And, we completed a rather extensive revision to the AMCHP By-Laws in order to bring us in compliance with new DC nonprofit laws and regulations.

We also began work with the Center for Public Health Quality to launch quality improvement (QI) initiative. We chose to undertake three intensive QI efforts around best practices, virtual engagement, and emerging issues. We hope this work will improve your experience while also improving our internal processes.

Finance

As soon as I touched down at AMCHP, it was apparent to me that gaining control of the finances was a top priority. To do this effectively, it was important to restructure the senior leadership team that I rely on heavily and to immediately elevate our senior accountant to the leadership team. This has helped our senior staff to learn more about the importance of one another to their own priority areas, as well as integrate financial discussions into all that we do throughout the organization.

Throughout the year, we've taken every opportunity to educate staff at all levels on the crucial nature of good budget practices and accountability for our own audit findings. We have taken time to fully explain the purpose of the financial audit and the responsibility of the organization

From the CEO CONT.

and its staff to addressing audit findings and eliminating them. Period.

Implementing specific education and policy adjustments to address the 2013 audit findings was an absolute priority. Our audit is looked at by every funder who is considering granting work to AMCHP. Changes included adjustments to our contract review and approval processes; implementing a stronger Executive Committee review and approval process for contracts above certain thresholds; and assembling approved policies for ease of employee access to name a short few.

I am so proud that we have effectively addressed and eliminated all prior audit findings except the one related to the budgeted deficit. This year, we fully intend to work to address this last finding by reversing multiyear extensive deficits. We have budgeted for a modest net income for 2015.

How did we turn the situation around quickly? We've implemented stronger budget planning using zero-based budgeting and justification of all revenue and expense projections.

Recognizing that we have an equal role to play in propelling AMCHP toward its first budgeted net income in several years, we knew it was not fair to simply rely on dues increase. We worked hard to trim expenses and challenge all staff to find efficiencies in their work that lead to cost containment.

Lastly, we did get some unexpected news that had potentially significant impact on our finances. We learned that AMCHP's building in DC was being purchased and that we would lose our existing lease, which had about five years remaining on it. We negotiated a very strong early lease termination agreement that will allow AMCHP to move its offices in September 2016 without having ANY FINANCIAL IMPACT on its capital reserves. Since office moves are extraordinarily costly, this is a major accomplishment. If we are fiscally conservative, we have negotiated a strong enough agreement now that we should be able to ADD to our reserves through this lease end negotiation.

Programs

Under the very capable leadership of Lacy Fehrenbach and her talented staff, we worked hard in 2014 to identify appropriate grant opportunities for AMCHP. We applied for 26 grant proposals worth \$11.6M and were awarded 22 of those grants worth \$9.6M (a pretty astounding 83 percent success)! Again, this work will NEVER be accomplished without all hands on deck. If I haven't said it enough, we have a pretty amazing staff at AMCHP who work tirelessly to achieve these results. Please join me in thanking them always for their dedication, support, and can do attitudes.

Under the excellent direction of Erin Bonzon, associate director of our women's and infant health team, the team's 2014 accomplishments follow.

- We welcomed a second cohort of six states to the Merck for Mothers-funded Every Mother Initiative which helps states translate data from their maternal mortality reviews to programmatic and policy actions
- With support from the W.K. Kellogg Foundation, we began a project to improve post-partum systems of care to improve women's health and birth outcomes
- AMCHP continues to work with National Institute for Children's Health Quality (NICHQ), March of Dimes, Association of State and Territorial Health Officials (ASTHO), and other partners to support roll out of the Infant Mortality Collaborative Improvement & Innovation Network (CollIN)
- We also recently received funding from the Robert Wood Johnson Foundation to provide additional technical assistance and support related to birth outcomes in the southeastern states in Regions IV and VI, especially as related to health equity, QI, and demonstrating value of birth outcomes work

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From the CEO CONT.

Under the excellent direction of Treeby Brown, associate director of our child and adolescent health team, the team's 2014 accomplishments follow.

- With support from the Lucille Packard Foundation for Children's Health and the Maternal and Child Health Bureau (MCHB), AMCHP has been providing significant support to help states implement the Standards for Systems of Care for CYSHCN through an action learning collaborative
- We have been working with MCHB and the Centers for Disease Control and Prevention (CDC) to improve early childhood health, especially in the area of developmental screening
- AMCHP is very fortunate to be co-leading the newly funded Adolescent and Young Adult Health Resource Center, which will provide resources, training, and technical assistance to state to improve access, quality, and equity in preventive care for adolescents and young adults

Under the excellent direction of Caroline Stampfel, associate director of our epidemiology and evaluation team, the team's 2014 accomplishments follow.

- AMCHP has supported a community of practice to help states complete return on investment calculations and other economic analyses
- With support from CDC and the W.K. Kellogg Foundation, AMCHP is providing states and jurisdictions with tools to help use the Life Course Indicators to measure implementation of life course approach. For example a group of states is developing communications tools for some of the complicated measures such as concentrated disadvantage. There also are tip sheets on the Life Course Indicators for some of the more challenging calculations
- We have built a sustainable epidemiology and evaluation function within AMCHP for the very first time that will continue to evolve and provide new and different kinds of resources and technical assistance to states

Under the excellent direction of Stacy Collins, associate director of the health reform implementation team, the team's 2014 accomplishments follow.

- AMCHP has updated several resources related to Women's Access to Care and leads the Access to Care

and Systems Integrations Core in the National MCH Workforce Development Center

- We received funding for a new project: Alliance for Innovation in MCH, which seeks to help states increase continuity of coverage for pregnant women and children, improve systems of care for CYSHCN, and support implementation of Bright Futures in states. The work will be done in partnership with the National Governors Association, National Conference of State Legislatures, ASTHO, the American Academy of Pediatrics (AAP), and National Academy of State Health Policy
- We built a sustainable health reform implementation function within AMCHP that will continue to evolve and provide new and different kinds of resources and technical assistance to states

Under the excellent direction of Sharron Corle, associate director of workforce and leadership development, the team's 2014 accomplishments follow.

- AMCHP has worked with committee leadership to make improvements to the best practice submission/ review process and improve how we track, identify, and address emerging issues
- The team is working with the CYSHCN staff, with support from MCHB and the Lucille Packard Foundation for Children's Health, in leading a project to better understand how CYSHCN And MCH programs partner with families, where there are strengths, and what needs and gaps exist
- We provided development opportunities for several new leaders through the New Director Mentor Program and Family Scholars Program and began developing programs for next generation leaders
- AMCHP contributed to the very successful launch and first year of the National MCH Workforce Development

In a recent Pulse article written by Lori Freeman, CEO, Lori's comments focused on children and mental health. Thanks to the state of Texas for offering some useful resources in communicating with others around mental health and other disabilities using the concept of People First Language. We hope you'll find them useful!

http://www.hogg.utexas.edu/initiatives/language_matters.html
<http://www.t added content/uploads/2012/06/People1st.pdf>

From the CEO CONT.

Center and led activities related to family leader development

Policy and Government Affairs

We all know that working in the current congressional climate in Washington, DC can be challenging in the best of times. The ongoing gridlock and partisan divide that the country has faced in recent years can make progress especially difficult for a bi-partisan organization like AMCHP. Under the excellent direction of Brent Ewig, director of policy and government affairs, and Amy Haddad, associate director for government affairs, this small (but mighty) team's select 2014 accomplishments follow.

- In a very austere environment, AMCHP led advocacy efforts resulting in a \$3 million increase for the Title V MCH Services Block Grant and we are looking to build on that momentum in the year to come
- In the Spring, AMCHP played a key leadership role in a broad coalition that successfully secured a one year extension and additional \$400 million for the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program
- AMCHP worked with many key partners to secure congressional reauthorization and funding for the Personal Responsibility Education Teen Pregnancy Prevention Program (PREP), the Family to Family Health Information Centers, the Autism Cares Act and the Newborn Screening Saves Lives Act

In closing, as we look forward to the coming year, we realize we cannot let up. We can pause occasionally to celebrate our success as we are doing now. Yet, there's much more work to do, more ways to serve you, our members and constituents and partners. Our plans also include continuing our work to improve operations, find efficiencies in our work, and evolve our policies, procedures and practices to align with the growth of AMCHP.

We also are delighted to look ahead to focusing and aligning our grant and other work to our mission, vision and new strategic plan. Please join us as we set forth on a new and exciting journey in 2015 as we embark on this work together and begin our visioning process for the future. Don't forget to ENGAGE with us! We cannot accomplish these amazing things and further improve without your feedback, input and guidance.

Feature

Women's and Infant Health Team: Building Capacity to Promote Maternal and Infant Health



By The AMCHP Women's and Infant Health Team

(Andria Cornell, Brittany Argotsinger, Erin Bonzon, Piia Hanson and Megan Phillippi)

The Women's and Infant Health (WIH) program is committed to improving maternal and child health (MCH) programs and enhancing the delivery of MCH services at the national, state and local levels. The program goals are to improve the health of women and infants through increased capacity of Title V MCH programs and coordination between stakeholders. The 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 we look back on our efforts from 2014 and gear up for an exciting 2015, we would like to highlight a few of our key projects.

Looking Back on Women's Health

In 2014, AMCHP saw an increase in urgency on improving women's health across the life span, as partners mobilized in response to troubling national trends in maternal morbidity and mortality. The call to "Put the M back in MCH" and to "Put the W in MCH" is becoming ubiquitous, and women's wellness is a focus not just as a means to improve infant health outcomes but to invigorate families and communities and support the health of women as individuals and through their many roles and transformations.

Through our [Every Mother Initiative](#) funded by Merck for Mothers, AMCHP partners with 12 states to strengthen their state-based maternal mortality review process

Feature CONT.

Women's and Infant Health

and implement data-informed and effective population-based strategies to prevent maternal death. The first cohort of the initiative (August 2013 – October 2014) included Colorado, Delaware, Georgia, New York, North Carolina and Ohio. Their work will be published in 2015. The second cohort (October 2014 – December 2015) includes Florida, Illinois, Louisiana, Missouri, Oklahoma and Utah. Throughout the initiative, AMCHP sought to align state efforts with significant strides in the maternal safety landscape. The [National Partnership for Maternal Safety](#), an initiative of the Council on Patient Safety in Women's Health Care, has worked to develop patient safety bundles for birth facilities, as well as complementary materials to support the identification of patients requiring urgent bedside evaluation and the review of severe maternal morbidity cases at the facility level.

Looking Ahead on Women's Health

2015 holds great promise for advancing comprehensive initiatives in women's health. The proposed revisions to the Title V Block Grant include a focus on women's health, with National Performance Measures (NPMs) focusing on the well-woman visit, primary cesarean delivery, prenatal dental visits and smoking during pregnancy. National Outcome Measures (NOMs) capture key maternal health outcomes around prenatal care, severe maternal morbidity, and maternal mortality. AMCHP looks forward to working with states to develop Evidence-Based and Evidence-Informed Strategy Measures to measure successes in key women's health activities that create movement in the NPMs and NOMs.

During 2015, in addition to continuing to support the Every Mother Initiative, AMCHP will focus on comprehensive initiatives in maternal health, and the postpartum period, specifically. In December 2014, AMCHP hosted a Postpartum Think Tank Meeting with more than 40 partners and collaborators to review the current state of research, need for, and utilization of postpartum care and develop a systems-based, equity-infused approach to enhanced postpartum care. AMCHP and partners recently compiled a draft meeting summary for publication, and will work throughout 2015 to implement a programmatic and policy agenda to support its recommendations. Also in 2015, AMCHP will release a new and exciting maternal health resource. It will offer a synthesis of guidelines and recommendations from more than 50 state and national reports, plans, peer-reviewed literature, and blueprints for change to facilitate a comprehensive state approach to moving maternal health data into action, align health planning efforts with clinical and non-health sector partners, and address persistent disparities in maternal well-being.

Improving Infant Health: Looking Back

In 2014, WIH team members participated in multiple committees, coalitions, meetings, and conferences to provide input on issues related to improving health of women and infants. One such initiative, the Collaborative Innovation and Improvement Network (CoIIN) to reduce Infant Mortality, is a multiyear, national movement engaging federal, state and local leaders, public and private agencies, professionals and communities to employ quality improvement, innovation and collaborative learning to reduce infant mortality and improve birth

Health Reform Connections: Women's and Infant Health under the ACA

We know that AMCHP members are looking for ways to leverage opportunities under the new health reform law. Here are a few options to address women's and infant health work on the horizon:

- Health plans are required to cover [women's preventive services](#) with an A or B rating from the U.S. Preventive Services Task Force. There is no cost sharing for these services.
- Low risk cesarean delivery (first-time, term, singleton baby in a vertex position) is part of the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set).
- Maternity benefits, as well as [breastfeeding support](#), counseling and equipment, are covered without cost sharing as an essential health benefit (EHB) in marketplace plans. Safe sleep promotion is among Bright Futures preventive services also covered without cost sharing.
- Among other tools, the Prevention and Public Health Fund established under ACA will give states additional flexibility to support the [health of women](#) and [infants](#) in the coming year.

Feature CONT.

Women's and Infant Health

outcomes. The ColIN focuses on the following six strategy areas: 1) SIDS/SUID/safe sleep, 2) smoking cessation, 3) preconception/interconception health, 4) social determinants of health, 5) prevention of preterm and early term births, and 6) risk-appropriate perinatal care. AMCHP staff serve as technical advisors for ColIN learning networks and collaborate with national partners to provide strategic oversight for the ColIN.

Last summer, AMCHP helped the National Institute for Children's Health Quality to host Infant Mortality Summits for Health Resources and Services Administration (HRSA) Regions I-III, VII-X and the Pacific Basin jurisdictions. During the summits, AMCHP staff guided states and jurisdictions through developing an action plan to reduce infant mortality and provided guidance on evidence-based practices (EBPs) to reduce infant mortality. Following the 2014 summits, AMCHP worked with national partners to synthesize the documents to develop strategies for the national rollout of the ColIN.

Infant Health: Looking Ahead

AMCHP has received funding from the Robert Wood Johnson Foundation (RWJF) to establish the Birth Outcomes Collaborative: Building a Culture of Quality to Demonstrate Value and Improve Equity. This initiative builds on the ColIN successes in Regions IV and VI and will help states sustain their journey toward building a culture of QI in MCH work and facilitate continued progress toward equity in birth outcomes. The principle objectives of the AMCHP collaborative are to facilitate the spread of evidence based practices and innovations to improve birth outcomes and reduce infant mortality; increase the use and application of QI methods to address birth outcomes, reduce disparities and improve health equity; and demonstrate the value of investments in MCH interventions to improve birth outcomes.

AMCHP will offer TA funds and other resources to help states further develop their QI skills and leverage the work of ColIN to address their identified priority strategies, with a focus on health equity, early childhood systems, and timeliness and transparency of data. We look forward to engaging AMCHP members and partners in a variety of activities that will build capacity at the regional, state, local and community levels to transfer knowledge, skills, and practical approaches to QI and reduce infant mortality for families in high need communities.

Feature

Child Health Working to Build and Improve Systems

By **Kate Taft, MPH**

*Senior Program Manager,
CYSHCN*



A Look Back

In 2014, the AMCHP child health work had a strong focus on resources to help build and improve systems for early childhood development and raise awareness of its impact on life-long health and well-being. Through the [State Public Health Autism Resource Center](#) (SPHARC), AMCHP developed resources around developmental screening and early identification. This included an [environmental scan](#) of related state program activities that broadly describes strategies that state Title V agencies and early childhood programs and partners are using to improve various aspects of the developmental screening process, amidst multiple challenges. Through meetings, conference calls and other venues, AMCHP has been engaging states, federal and national organization partners in discussions about the variety of initiatives and strategies to improve screening, early identification, referral and services, and how to align efforts and promote resources to help states improve systems.

Through [Act Early state systems grants](#), AMCHP has offered support and technical assistance to seven states to utilize resources available through the Learn the Signs. Act Early. program and to support state-based teams working to improve early identification of children with developmental delays and linkage to services within systems of care that serve young children under the age of five years. States use the Act Early materials and resources to promote and support healthy development for all children.

Looking Ahead

Over the next year, AMCHP will build on the work of the environmental scan and collaborations with states and partners, to develop resources that will help Title V programs and partners improve developmental screening systems in their states. AMCHP will be developing tools (frameworks, case studies, etc.) to help states address the new Title V National Performance Measure related to

Feature CONT. Child Health

developmental screening, and include examples and links to resources for evidence-based or evidence-informed strategy measures. These efforts also will closely align with the National CYSHCN Systems Standards work (see CYSHCN feature). We also plan exciting changes to the SPHARC website in 2015! These changes will allow our members and partners to more easily search and access the resources that have been developed by states to improve screening and early identification systems and services.

We look forward to helping our members communicate the value of effective programs and policies that impact early child health and development through resources such as the Raising of America document. The documentary, which will be launched this year, is a multimedia, public engagement and education initiative translating recent scientific findings on the effects of children's environments at birth and throughout childhood on life-long health and well-being. AMCHP will be disseminating the documentary to each Title V program and sharing resources through our [website](#), newsletters, social media and other events.

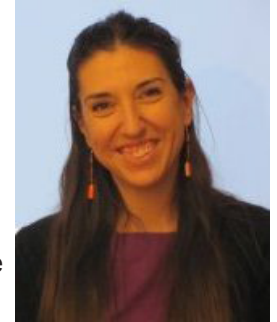
Health Reform Connections: Children's, Including CYSHCN, Health under the ACA

Here are a few options to leverage opportunities to advance children's health, including children and youth with special health care needs, under the new health reform law.

- Health plans are required to cover all [Bright Futures preventive services](#) without cost sharing, which includes developmental screening, injury and violence prevention counseling, and promotion of healthy weight (including BMI screening).
- The Medicaid eligibility for children is raised to minimum of 138 percent of the federal poverty level (FPL).
- The law extends presumptive eligibility beyond children and pregnant women and expands the role of hospitals in determining eligibility presumptively.
- There are opportunities to [advance medical and health homes](#) at the state and local levels, such as though the Medicaid medical home option for states and community-based health teams.

Feature CYSHCN: Defining and Implementing National Standards and Systems

By Meredith Pyle
Senior Program Manager, CYSHCN



In 2014, AMCHP continued to build capacity to build quality, comprehensive systems of care for CYSHCN. Along with the AMCHP State Public Health Autism Resource Center (SPHARC) projects (see Child Health feature), AMCHP focused systems-building efforts for children and youth with special health care needs (CYSHCN) on three primary areas: 1) support for state Title V CYSHCN directors; 2) systems development; and 3) partnerships. Two major projects facilitated this work: the Leadership Institute for CYSHCN Directors (LICD) program, and dissemination and implementation of the [National Standards for Systems of Care for Children and Youth with Special Health Care Needs](#).

AMCHP receives funding from the Lucile Packard Foundation for Children's Health to provide targeted technical assistance and broad leadership and learning opportunities for state 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 while 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. Over the past year, AMCHP has provided targeted programming through webinars and in-person meetings, covering timely and important topics including Title V Block Grant Transformation, meaningful family engagement, strategies and tips for using the National Standards for CYSHCN in Title V needs assessments and objective and measure development, and changes to the new National Survey of Children's Health. Peer-to-peer support is facilitated through a listserv. More than 45 directors receive technical assistance and support through the LICD program.

Released in March 2014, the [National Standards for Improving Quality Systems of Care for Children and Youth with Special Health Care Needs](#) features process

Feature CONT. CYSHCN

and structural standards for health care systems serving CYSHCN developed by national and state experts. The standards have been very positively received in the public health and provider communities. AMCHP, supported by the Lucile Packard Foundation for Children's Health, is providing peer learning and targeted technical assistance to interdisciplinary teams from eight states to strengthen state health systems for CYSHCN by using or adapting the standards. Lessons learned and promising practices from this Action Learning Collaborative (ALC), which runs from October 2014 – September 2015, will be shared and promoted to support other states implementing the standards to improve systems of care for CYSHCN and to strengthen partnerships among state Title V CYSHCN programs, state Medicaid/CHIP agencies, families, health plans, and pediatricians. Early products from the ALC include a set of draft tools that states can use to assess systems of care for CYSHCN according to the standards and to introduce and orient stakeholders to the standards (the tools are available [here](#)). In Spring 2015, AMCHP will develop a Web-based toolkit that provides resources to assist states with standards implementation.

Feature Integrating Adolescent Health through AMCHP Programs

By Maritza Valenzuela, MPH
Senior Program Manager,
Adolescent Health, AMCHP

Adolescent Health Environmental Scan

In 2014, AMCHP completed an environmental scan of adolescent health activities in Title V programs, as reported in Title V MCH Services Block Grant reports. The scan analyzed activities related to adolescent health as reported under both national and state performance measures. In January 2014, AMCHP staff presented an overview of the scan at the AMCHP Conference, and in March 2014 AMCHP presented a webinar outlining preliminary findings from the data analysis; the webinar recording is available on the AMCHP



Feature CONT. Integrating Adolescent Health

website. At the end of 2014 AMCHP published a [full report](#) on the environmental scan. The report is available for download on the AMCHP website and includes review of data collected, themes across Title V adolescent health program activities, and a discussion of implications for Title V programs under the new Block Grant guidance and MCH transformation.

Comprehensive Systems for Adolescent Health

AMCHP concluded the Comprehensive Adolescent Health Systems learning network project in July 2014 with a final in-person meeting in Minneapolis, MN. AMCHP facilitated this pilot project from 2013-2014 in partnership with the State Adolescent Health Resource Center (SAHRC). The project was designed to support the state-level implementation of a comprehensive systems approach to adolescent health and seven states and territories participated consistently throughout the year: Colorado, Ohio, Florida, New Jersey, Puerto Rico, Iowa and Minnesota. Participants from all seven states and territories attended the final project gathering. Each reported on their accomplishments in the previous six months, their goals for the coming six months, and lessons learned from their systems work. The group also discussed the value of the project to their larger statewide work and how it would inform their development of new adolescent health objectives under the revised Block Grant guidance.

Health Reform Connections: Adolescent Health under the ACA

Here are a few options to leverage opportunities to advance adolescent and young adult health under the new health reform law.

- Adult children can remain on their parents' health plan until their 26th birthday. This has helped many young adults, especially those with complex health care needs, maintain continuity with their health care providers.
- States must extend Medicaid coverage to age 26 for all youth who are enrolled in Medicaid and in foster care on their 18th birthday.

Feature CONT.

Integrating Adolescent Health

Overall, 2014 saw inclusion of adolescent health issues across more AMCHP programs as a result of increased collaboration between program staff. Adolescent health was a focus for one Women's and Infant Health team Life Course Intensive TA states, and in June 2014 AMCHP facilitated a webinar on *Building, Implementing, and Sustaining Teen Pregnancy Prevention Efforts* as part of its [Women's Health Info Series](#). State adolescent health coordinators from Kentucky, Minnesota and Florida presented on their efforts and successes in incorporating positive youth development principles into teen pregnancy prevention programs, reducing disparities in teen pregnancy and childbearing, and leveraging novel partnerships and outreach methods.

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

In 2014 AMCHP adolescent health programs underwent their own transformation, with one funding cycle concluded in August and another started in September. AMCHP was a partner in a successful bid for MCHB funding for a new Adolescent and Young Adult Health National Resource Center. The University of California San Francisco leads the partnership, and the University of Minnesota and National Improvement Partnership Network at the University of Vermont are also part of the project team. Center activities are focused in five domains – access, quality, integration, equity, and accountability – as they relate to adolescent and young adult health. Key activities include support for state selection of national performance measures related to adolescents and young adults (in particular, increasing the number and quality of adolescent well-visits) and an Adolescent and Young Adult Health Collaborative Innovation and Improvement Network (CoIIN).

Looking Ahead

AMCHP will be taking the lead on several Center activities in 2015, including ongoing technical assistance to states interested in selecting the new National Performance Measure on adolescent well-visits and the launch of a five-state Adolescent and Young Adult Health CoIIN this spring. The CoIIN request for applications (RFA) will be released in early March 2015 and AMCHP will present an informational webinar about the CoIIN on Mar. 12 (details and registration information will be posted to the [AMCHP adolescent health page](#)).

We also look forward to exploring the intersection between these new projects and preconception health strategies selected by participants in the infant mortality CoIIN. AMCHP will continue facilitating connections between state adolescent health staff and our partners at the Got Transition Center for Health Care Transition Improvement, and pursue new relationships with organizations such as Young Invincibles, a national organization that engages 18 to 34 year-olds in improving access to health care for young people.

Finally, AMCHP will broaden its resources and TA related to building member capacity to address the particular health needs of older adolescents or young adults – those ages 18-24 – many of whom are already being served by Title V programs.

To help advance all the above activities, in spring 2015 AMCHP will add an additional staff person to the child and adolescent health team, a program analyst for adolescent health.

Feature

Workforce and Leadership Development: Building MCH Capacity

By The AMCHP Workforce and Leadership Development Team and Data and Assessment Team
(*Sharron Corle, Michelle Jarvis, Ki'Yonna Jones, and Jessica Teel; and Jennifer Farfalla and Krista Granger*)

Leadership Development

Family Scholars Program

This year, the Family Scholars Program (FSP) cohort includes six scholars (from Alaska, California, Illinois, Massachusetts, Puerto Rico, and Tennessee) and two family mentors (from Iowa and Louisiana). Since the in-person launch of the program year in October, the cohort has participated in four virtual trainings: Policy, Advocacy, and Getting to Know and Educate Your Elected Officials; Social Media; Strengths Based Leadership; and Systems and Systems-building. New leadership topics of interest were identified by the cohort and incorporated into the curricula (topics included emotional intelligence, time

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management, and systems/systems mapping). The cohort came back together in January to attend the AMCHP conference and participate in a day-of-learning on Jan. 28, directly following the AMCHP Annual Conference. While in Washington, DC, all members of the cohort were able to visit their representatives in Congress.

For the remainder of the year, the cohort will continue to participate in monthly virtual trainings and related assignments that help them apply the knowledge and skills they are acquiring. The topics planned include cultural competence, parent professional partnerships and coalition building, and conflict resolution. Participants also will revise their Leadership Development Plan, the roadmap that guides their growth as leaders through the program. The program wraps up in June with a final training to discuss next steps, process their learning throughout the program, and plan for how they will be a catalyst for change in their state.

Leadership Institute for CYSHCN Directors

Leadership development is a key component of the AMCHP Leadership Institute for Children and Youth with Special Health Care Needs (CYSHCN) Directors (LICD) program. In 2014, LICD members expanded their leadership skills through peer coaching and learning at an in-person meeting, peer group conference calls, and use of a listserv. Key topics discussed via the listserv included care coordination strategies, frameworks for defining types of services, and issues around financing and billing for CYSHCN programs. Each of these opportunities allowed CYSHCN directors to seek best and promising practices and advice from one another. The LICD also strengthened linkages among CYSHCN directors and other CYSHCN initiatives including the National Standards for Systems of Care for CYSHCN and ALCs.



National MCH Workforce Development Center

Advancing Health Reform Implementation

Looking back, the National MCH Workforce Development Center at UNC Chapel Hill collaborated with AMCHP and several additional academic and practice partners to successfully launch [Transformation Station](#) and offered training to the Title V Workforce, students and partners. The Center Paired Practica pilot program resulted in teams of students engaging in meaningful field placement activities in Iowa and Maryland. Eight states were supported through intensive training and consultation in four key areas of the center: access to care, quality improvement, systems integration and change management.

As the Center looks ahead, the horizon is full of promise to continue enhancing the workforce and pipeline capacity of states and territories. Increased support will be provided through expansion of products and services and an increased focus on family engagement. Unique to the Center is its focus on intensive engagement. States and territories currently have the opportunity to intensively engage with the Center by applying to Cohort 2 (application due Feb 27). Cohort 2 state and territory teams will actively participate in Center training and implementation of their planned projects from April through December 2015. Each cohort 2 team will be assigned a Center Coach who will serve as the primary liaison with the Center and as a broker of all Center trainings, tools, peer mentors, and technical expertise for the state/territory. Opportunities to participate in ongoing, online Communities of Practice with other states and territories to share knowledge, ideas and problem-solve with peers will be provided during and after active engagement with the Center. The Center will continue to evaluate how enhanced workforce capacity is helping Title V improve the lives of women and children.

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The activities described above will continue in 2015, with an increased focus on leading implementation of the National Standards for Systems of Care for CYSHCN through integration of the standards into Title V Block Grant Transformation. LICD members will once again meet in-person, peer group calls will continue, and AMCHP will unveil and disseminate CYSHCN e-learning modules developed from the topical LICD webinars. In the coming year, AMCHP will restructure and finalize a CYSHCN portal on its website, with leadership and learning resources for CYSHCN directors and their key staff.

New Director Mentor Program

We welcomed 10 new directors to the 2014 cohort of the New Director Mentor Program (NDMP). We also evaluated our 2013 NDMP cohort to assess the benefits of the changes made to the program in 2013, such as

conducting the new peer-to-peer calls, hosting quarterly webinars, and posting/publishing monthly newsletter for cohort members. Based on response data from the survey, 100 percent of cohort members reported being satisfied with their participation in the program. One participant commented, ***“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 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, MCH Council, and state partners would not have been as structured or “developed” without the NDMP.”***

Looking ahead, we are excited to announce the AMCHP staff recruitment efforts for the 2015 cohort resulted in 10 new directors applying to participate in the program. Two directors will represent the territories from American Samoa and the Northern Mariana Islands. This is the first time in the history of the program we will have territories participate in the New Director Mentor Program. We also had the pleasure at this year’s AMCHP conference (Jan. 25, 2015) to have a diverse group of MCH professionals share their views about Tools and Skills for Enhancing MCH Leadership in Challenging Times and how the NDMP promoted leadership development and sharing best practices through mentoring. Presenters included NDMP alumni Lauri Kalanges, deputy director, Office of Family Health Services for the Virginia Department of Health and AMCHP Region III director; Ana Novais, executive director, Division of Community, Family Health & Equity, Rhode Island Department of Health; and Brenda Jones, deputy director, Office of Women’s Health, Illinois Department of Human Services.

Learning More about our Next Generation of MCH Leaders

For the last few years, the public health system has been marked with volatility, ambiguity, complexity and uncertainty – things such as enduring budget cuts, deficits, hiring freezes as well as the transformative and disruptive change of the revised Title V MCH Services Block Grant. These challenges along with implementation of health reform have affected the skills and knowledge needed by the public health workforce to effectively meet the needs of children, families and communities they serve. In addition, according to a number of workforce studies, a significant portion of the public health workforce will be retiring over the next decade. This loss of experience and institutional



AMCHP is collecting emerging, promising and best practices related to all maternal and child health programs!

Does your program address an MCH best practice? If so, consider sharing your program through Innovation Station, the AMCHP searchable database of emerging, promising and best practices in maternal and child health. Through this opportunity, you can:

- 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 [KiYonna Jones](mailto:KiYonna.Jones@amchp.org) at (202) 266-3056 or visit amchp.org/bestpractices.

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

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knowledge can be devastating to public health programs. Recognizing these new realities in public health, building and retaining a resilient MCH workforce with the next generation of MCH professionals (age 45 or less) has become critically important for state programs.

In 2014, AMCHP established the Next Generation Advisory Workgroup. The purpose of the Next Generation Advisory Workgroup is to provide strategic guidance to AMCHP in how to effectively engage and support the next generation of MCH professionals. The primary efforts of the workgroup are to determine: 1) the best way to identify and reach the next generation of MCH professionals (age 45 or less); 2) services and support AMCHP as a membership association could/should offer to the next generation (to be more appealing/relevant); and 3) leadership development needs and preferences. Based on workgroup recommendations, a survey was developed and sent out in July 2014 to members who identified themselves as representing the target population. Some examples of the feedback received from the survey included next generation professionals requesting more opportunities to network with others through collaborative projects as well as the opportunity to participate in a targeted leadership development program. AMCHP acted on this feedback by hosting a Next Generation Coffee Break at the 2015 AMCHP Annual Conference. This effort resulted in a great turnout representing the “next generation” professionals as well as professionals who work with this targeted population. In 2015, AMCHP plans to continue to learn more about this population and develop a leadership development program that supports this targeted demographic.

Demonstrating Value in Title V

As budgets tighten, policymakers increasingly seek to make value-based investments in public health programs. In addition, improvements to health systems are guided by the triple aim of improving the experience of care, improving the health of populations, while reducing per capita costs for health care. AMCHP recognizes the growing interest in economic analyses for demonstrating investments in MCH programs that bring measureable returns. In order to enhance return on investment (ROI) strategies within maternal and child health, AMCHP is committed to:

- Increasing the knowledge of cost effectiveness, cost benefit, and ROI analysis methods

- Providing technical assistance for the development and implementation of economic analyses
- Encouraging the communication of findings to legislative, administrative, and other MCH stakeholders
- Sharing best practices and lesson learned regarding applied ROI methods

AMCHP is able to implement these strategies, with assistance from partner organizations, through a variety of activities. In 2014, AMCHP sponsored two trainings for return on investment at the AMCHP Annual Conference and CityMatCH Leadership and MCH Epidemiology Conference. Currently, AMCHP leads two groups focused on economic analysis: the Community of Practice for Return on Investment (CoP-ROI) and the Return on Investment Analytic Action Learning Collaborative (ROI Analytic ALC). The CoP-ROI is a peer-learning group where participants can come together and discuss their interest, experience, progress, and challenges in developing an ROI analysis of MCH programs. The ROI Analytic ALC provides targeted technical assistance to a group of state teams who aim to develop and complete an ROI analysis on one of their MCH programs within a seven-month period. Finally, AMCHP disseminates resources that increase the awareness and knowledge

AMCHP Guide for Senior Managers Now Available!

The guide is organized into chapters dedicated to the “big picture,” or the theoretical framework on maternal and child health in Title V programs as well as information on the day-to-day operational aspects of Title V programs. Many new Title V (MCH and CYSHCN) directors refer to this resource as their “go to” document for their first six months on the job. This “go to” guide has recently been revised and includes four new chapters on the following topics:



- ACA Impact on Title V
- Family/Consumer Engagement
- Data Sources and Techniques
- Workforce Development Resources

[Click here](#) to access the guide.

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of economic analysis methods and provide state specific examples of the work accomplished from ROI Analytic ALC participation. Visit the [AMCHP return on investment Web page](#) to learn more about the ROI activities, how to get involved, and where to access valuable resources!

Quality Improvement

QI methods and tools are increasingly important to public health departments taking on public health transformation and Affordable Care Act (ACA) implementation. AMCHP is the practice partner of the National Maternal & Child Health (MCH) Workforce Development Training Center at University of North Carolina Gillings School of Global Public Health. The central goal for the MCH Workforce Development Training Center is to create a continuum of learning and engagement opportunities for state and territorial Title V practitioners to develop the competencies required of public health leaders to implement the ACA. The center focuses on QI as one of their four competency areas and has a core team of QI experts dedicated to developing trainings, technical assistance, and coaching opportunities in the field of QI. AMCHP posts current QI resources identified and reviewed by these QI experts to the AMCHP Transformation Station for the MCH workforce to access and apply to their QI projects. QI resources on Transformation Station can be accessed [here](#).

At the 2014 Council of State and Territorial Epidemiologists (CSTE) conference, AMCHP and CSTE convened a roundtable discussion to hear about epidemiologist experiences with QI and the challenges and barriers they face to successful QI. MCH epidemiologists are often brought into QI projects due to their experience with data, measurement and critical thinking. In December 2014, based on the needs identified through the roundtable discussion, AMCHP created a resource sheet titled Quality Improvement Resources for Epidemiologists. The resource sheet provides links to materials on QI in public health, QI measurement, MCH-specific QI training, and examples of QI initiatives at state and local health departments. These resources are designed with the epidemiologist in mind, but are helpful to all MCH public health professionals tasked with QI projects. The QI Resources for Epidemiologists sheet is available [here](#).

View from Washington

Looking Back, Looking Forward

By Brent Ewig, MHS
Director, Public Policy & Government Affairs



It's time for the annual MCH policy round up – what went well last year, what's left undone and where do we go from here. From the AMCHP perspective, one of the key highlights came at the end of last year in mid-December when Congress passed a final FY 2015 spending package that included a \$3 million increase for the Title V MCH Services Block Grant. The bill provides funding through Sept. 30, 2015.

This small increase is a positive step in an austere environment. It increased the MCH Block Grant from \$634 million to \$637 million. In a bill that provided largely flat funding for most domestic programs, this small increase is welcome news and further evidence that your voice advocating for MCH populations is being heard.

In August, Congress reauthorized the re-named Autism Cares Act, and in December also passed a reauthorization of the Newborn Screening Saves Lives Act, which were both a priorities on the AMCHP 2014 Policy Agenda.

Another major victory occurred last March when Congress included a full year of funding and extended authorization of the MIECHV program, along with PREP and the Family to Family Health Information Centers. Funding for MIECHV expires March 31, 2015 and funding for PREP and Family to Family Health Information Centers expires Sept. 30, 2015. AMCHP is now actively advocating for Congress to again reauthorize these three expiring sections of the Title V statute. Next steps in this work include building on bi-partisan momentum, building a stronger case with available data, and cultivating additional champions.

In addition, AMCHP is actively advocating for continued funding for the CHIP program, which runs out in September 2015.

Looking ahead, we expect that our focus to be on continued budget battles, program reauthorizations and looming sequestration – as well as tracking a number

View from Washington CONT.

of bills being introduced and voted on that would make significant changes to the ACA.

To guide our work in the coming year, the AMCHP board recently adopted the 2015 AMCHP Policy Agenda which articulates our priorities and is available [here](#).

Success Story Life Course Indicators Implementation

By Jennifer Farfalla, MPH

Analyst for Quality Improvement and Life Course



In the summer of 2013, AMCHP engaged seven state teams (Florida, Iowa, Louisiana, Massachusetts, Michigan, Nebraska and North Carolina) to identify and finalize a set of indicators that can be used to measure progress in maternal and child health through a life course approach. In the year that followed, AMCHP identified a number of factors that could slow the uptake of the life course indicators by state and local health departments. Limiting factors for use of the indicators include the need for analysts to use data sources or methods outside of the typical MCH field, staff time needed for analysis, and figuring out ways to interpret and communicate results of indicator analysis. In August of 2014, with support from the W.K. Kellogg Foundation, AMCHP sent out a request for applications for a Life Course Indicators Technical Assistance project. The project was designed to help states overcome barriers to analysis of the indicators and the communication of the data post-analysis.

In total, eight state teams (Alaska, Arizona, Illinois, Iowa, Louisiana, Maine, Nebraska and Wyoming) were accepted into the project. The key components of this TA opportunity included:

- Analytic assistance in calculating a subset of the life course indicators
- Virtual learning events that focus on communicating health disparities and social equity issues, including information from leading national experts in the fields

Success Story CONT.

- of life course, health equity and communication
- Expert consultation around communication of the implications for equity components of life course indicators
- Peer-to-peer learning network to support each other (SharePoint collaborative site, peer-to-peer sharing webinars)
- Travel funding for two team members to attend an in-person meeting to share their work and receive in-person technical assistance
- Individualized feedback to state teams to help identify key messages and design products
- Creation of at least one communications product (policy or issue brief, fact sheet, needs assessment section, etc.)

Each state put together a team of 10 multidisciplinary members from their MCH staff, internal partners, and community partners to decide on a subset of indicators, analyze data, take part in monthly learning events and peer sharing sessions, and use their indicator data to create a communications product. The teams were provided with expert communication consultation from Glynis Shea, communications director of the Konopka Institute for Best Practices in Adolescent Health.

Each state has taken on a different subset of indicators and is designing a different communications product. A brief description of the ambitious and innovative projects each state participating in this TA is currently working on is below:

- **Alaska:** The integration of broad partnerships into their infant mortality CoIIN
- **Arizona:** Analysis and reporting of data on a subset of more than 20 life course indicators
- **Illinois:** An infographic connecting Illinois data points to social determinants of health
- **Iowa:** Analysis of data on the adolescent health life course indicators and a communications resource about this data for school nurses
- **Louisiana:** A presentation to introduce the concept of concentrated disadvantage
- **Maine:** A strategy for communicating their life course resources to policymakers
- **Nebraska:** A fact sheet focusing on the connection between concentrated disadvantage and teen pregnancy rates

Success Story CONT.

- **Wyoming:** A communications product supporting a multisectoral approach to improving early childhood outcomes

The Life Course Intensive TA project will complete at the end of February. As states finish up these impressive projects, we hope to share some of their individual life course indicator analysis and communication success stories in future *Pulse* issues.

Who's New

NEW CYSHCN DIRECTORS

ARIZONA

Katharine Levandowsky
Chief, Office for Children with Special Health Care Needs
Arizona Department of Health Services

MONTANA

Rachel Kynett
Supervisor, Children's Special Health Services Section
Montana Dept of Public Health and Human Services

NEW AMCHP TEAM

Health Reform Implementation (HRI) is the newest AMCHP program team. The HRI team will staff the AMCHP National Center for Health Reform Implementation. The team project portfolio includes the National MCH Workforce Development Center (Access to Care and Systems Integration Cores); Alliance for Innovation in MCH (AIM grant); and the Kellogg Foundation grant (Women's Access component). The team works closely with AMCHP policy staff on ACA legislative and regulatory issues; represents AMCHP in health reform and MCH policy coalitions; and provide consultation and support to other AMCHP teams on health reform matters. Team members include:

- Stacy Collins, MSW, Associate Director, Health Reform Implementation
- Carolyn McCoy, MPH, Senior Policy Manager, Health Reform Implementation
- Atyya Chaudhry, MPP, Policy Analyst, Health Reform Implementation

Get Involved

AMCHP 2015 Presentations and Recordings Now Available

Thank you to all who joined us in Washington, DC for another exciting and informative AMCHP Annual Conference. To access presentations and handouts from sessions, [click here](#) (use the event code amchp). All presentations that were submitted are loaded in the session descriptions. To access recordings of select AMCHP 2015 sessions, [click here](#). Didn't make it to AMCHP 2015? Check out highlights on [AMCHP TV](#).

National MCH Workforce Development Center Coffee Talk Series

This series will be hosted by the National MCH Workforce Development Center Change Management core on three pertinent topics benefiting the Title V workforce. The series will consist of three archived 20-minute videos for AMCHP members to access bi-monthly at their leisure. For the alternating months, AMCHP will host a Twitter chat on the content shared during the preceding month's archived video. The topics and identified speakers for each video/ Twitter chat are outlined below. Click [here](#) to learn more about each talk and to register!



Coffee Talk 1: Title V Transformation

Presenter: Lacy Fehrenbach, MPH, CPH, Director, Programs, AMCHP

Video Release: Mar. 2

Twitter Chat: Mar. 26 3-4 p.m. EST

Coffee Talk 2: Getting to the Table

Presenter: Sharron Corle, MS, Associate Director, MCH Leadership Development & Capacity Building, AMCHP

Video Release: Apr. 1

Twitter Chat: May 13 2-3 p.m. EST

Coffee Talk 3: Leading Change

Presenter: Karen Trierweiler, Director of Programs & Services, Prevention Services, Colorado Department of Public Health and Environment

Video Release: Jun. 1

Twitter Chat: Jul. 22 2-3 p.m. EST

Get Involved CONT.

Coffee Talk 4: Managing Change

Presenter: Brenda Jones, DHSc, RN, MSN, WHNP-BC, Deputy Director, Office of Women's Health, Illinois Department of Human Services
Video Release: Aug. 1
Twitter Chat: Sept. 9 1-2 p.m. EST

Upcoming Webinar on Integrating Community Health Workers

Staterefor(u)m under the National Academy for State Health Policy (NASHP) is hosting a webinar on Feb. 23 at 1:30 p.m. EST entitled Integrating Community Health Worker Models into Evolving State Health Care Systems. As states transform their health systems many are turning to community health workers (CHWs) to tackle some of the most challenging aspects of health improvement, such as facilitating care coordination, enhancing access to community-based services, and addressing social determinants of health. As interest in CHWs continues to rise, so do challenges related to defining roles and scope of practice, training and certification, financing, and integrating CHWs into evolving health care systems. This webinar will describe the federal government investment in CHWs to set the context and feature speakers from state agencies in Massachusetts, New Mexico and South Carolina who will shed light on how each state is addressing these important issues. To register, [click here](#).

EMPower Breastfeeding Initiative Hospital Recruitment Webinars, from CDC and the EMPower Team

The Centers for Disease Control and Prevention has launched EMPower Breastfeeding: Enhancing Maternity Practices (EMPower), a three-year hospital-based quality improvement initiative focusing on maternity practices. Developed in partnership with Abt Associates, Carolina Global Breastfeeding Institute, Center for Public Health Quality, and Baby-Friendly USA, EMPower is designed to support 100 hospitals in the achievement of Baby-Friendly USA designation. Hospitals will be selected to participate based on set criteria designed to address issues of equitable access to maternity care that optimally supports mothers to be able to breastfeed. The application is available on the EMPower website. Hospital Recruitment webinars will be held on Feb. 24 at 3 p.m. EST and Feb. 26 at 2 p.m. EST. For additional information on the initiative and how hospitals can apply, please visit EMPowerbreastfeeding.org.

New Webinar on Building Support for an Equal Opportunity Childhood

Health Equity and Well-Being from the Start: Building Support for an Equal Opportunity Childhood, will be held on Thursday, Feb. 26 from 2-3:30 p.m. EST. The webinar will begin with the introduction of a framework that can be used to explore the relationships between social and economic contexts and inequitable health outcomes. Examples of how two public health departments are addressing health inequities in their states will then be shared. To register, please [click here](#).

Now Available: Application to Participate in the National MCH Workforce Development Center's Cohort 2 Training

The National MCH Workforce Development Center offers a range of trainings, tools and resources to strengthen MCH workforce capacity to lead through health transformation. The Center offers training in four key areas: access to care, quality improvement, systems integration and change management. State/territory Title V agencies/MCH programs and their partners will have the opportunity to gain knowledge, skills, and tools in the four key areas and apply them to a current health transformation project of interest. Cohort 2 participants should plan to be actively engaged with the Center from April through December 2015. All applications must be received by Feb. 27 at 5 p.m. EST. Applications are available via the [AMCHP website](#) and the [Center website](#).

Resources

AMCHP 2014 Resources

[Adolescent Health in Title V: Findings from an Environmental Scan](#)

AMCHP completed an Environmental Scan of Adolescent Health activities in Title V programs. The full report is now available for download. The scan included an overview of key findings in adolescent health programs as reflected in activities reported by states in Title V MCH Services Block Grant narratives.

- [Adolescent Health Activities in State Title V Programs Webinar](#)

AMCHP recently completed an Environmental Scan of Adolescent Health activities in Title V programs and presented the findings in a webinar on Apr. 14,

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2014. The scan included an overview of key findings in adolescent health programs as reflected in activities reported by states in Title V Block Grant narratives. In addition to the overview of findings, staff from the Iowa Department of Public Health and Ohio Department of Health shared presentations on how adolescent health programs are organized in their states. A recording of the webinar is available [here](#).

[Before and Beyond Pregnancy: The Preconception/Interconception Clinical Toolkit Webinar](#)

The National Preconception/Interconception Clinical Toolkit, developed by the Preconception Health & Health Care Initiative, was designed to help primary care providers and their colleagues incorporate preconception/interconception health into the routine care of all women of childbearing age. The goal of this toolkit is to help clinicians reach every woman who might someday be pregnant every time she presents for routine primary care with efficient, evidence-based strategies and resources to help her achieve: healthier short and long term personal health outcomes; increased likelihood that any pregnancies in her future are by choice rather than chance; and decreased likelihood of complications if she does become pregnant in the future. This webinar included a presentation and step-by-step guidance of the use of the toolkit and information on who it can be used in every day practice. The creation of this toolkit was made possible by contributions from the W.K. Kellogg Foundation and the UNC Center for Maternal and Infant Health

[Building and Retaining a Resilient MCH Workforce for Tomorrow Webinar](#)

Several forces, such as full implementation of the Affordable Care Act and enduring budget cuts, deficits and hiring freezes, are having a huge impact on the knowledge and skills needed for a competent public health workforce. To continue to effectively meet the needs of children, families and communities they serve, building and retaining a resilient MCH workforce has become especially critically important for state Title V programs. In order to support states' efforts to maintain a talented workforce, AMCHP hosted the Building and Retaining a Resilient MCH Workforce for Tomorrow webinar on May 15, 2014. This webinar featured stories from two states, Michael Warren, MD, MPH, FAAP, Director of Maternal and Child Health for the Tennessee Department of Health and Meredith Pyle, Systems Development Chief in Maryland's Office for Genetics and People with Special Health Care

Needs, highlighting their successes in building a resilient workforce. The webinar also featured a brief overview from Mark Law, PhD, Director of Operations for CityMatCH, of two concepts, Positive Psychology and Emotional Intelligence, that have demonstrated effectiveness in building a resilient workforce. After viewing this event, you will be able to:

- Identify the challenges and barriers states may face in building and retaining talented staff
- Understand the importance of building and retaining a talented staff
- Identify strategies to building a "resilient" workforce

[Part 1](#) and [Part 2](#) of the webinar are available [here](#).

[Building, Implementing, and Sustaining Teen Pregnancy Prevention Efforts Webinar](#)

On Jun. 26, 2014 AMCHP hosted a webinar featuring state examples of teen pregnancy prevention programming through the lenses of positive youth development, the program implementation life cycle, and disparity reduction. In recent weeks and coinciding with Teen Pregnancy Prevention Month in May, numerous federal partners and their grantees participated in webinars on teen pregnancy prevention activities, including on the topics of engaging males and prevention of subsequent teen pregnancies. As MCH programs consider their own efforts designing, coordinating, and evaluating teen pregnancy prevention programs within their state, this AMCHP webinar highlighted three state teen pregnancy initiatives at different stages of implementation, and focused on their efforts to reduce disparities (by race/ethnicity and urban versus rural) in teen pregnancy and childbearing, leveraging novel partnerships and outreach methods.

[Children and Youth with Special Health Care Needs Fact Sheet](#)

This fact sheet provides an overview of CYSHN programs, as well as AMCHP activities and publications related to CYSHCN.

[Coordinating Efforts across the Title V MCH Services Block Grant and the Title X Family Planning Program](#)

This case study describing how five state MCH programs – Alaska, Iowa, West Virginia, Wisconsin and Virginia – leverage Title X investments or collaborate with Title X grantees to maximize their impact on reproductive,

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maternal, and infant health; improve the health of women across the lifespan; and create a continuum of care and integrated system of community-based services in women's health. AMCHP compiled the publication in consultation with the National Family Planning and Reproductive Health Association and with the support from the CDC Division of Reproductive Health.

[Economic Analysis of LARC Programs](#)

Current research literature for the economic evaluation of Long-Acting Reversible Contraception (LARC) programs lacks specific examples of return on investment (ROI) analyses that calculate net financial gain from the provider perspective. In an effort to encourage the implementation of LARC program ROI analyses in state and local health departments, AMCHP created a resource sheet on the Economic Analysis of LARC Programs that can facilitate the process. The resource sheet summarizes previous LARC studies, describes the need for ROI analyses, differentiates ROI and cost-effective analyses, and identifies the steps to consider in implementing an ROI analysis for LARC programs.

[Leading in Changing Times Series](#)

AMCHP efforts to strengthen the capacity of the MCH community to engage in the leadership process recognize that leadership development is a process, not an event. The Leading in Changing Times Series is an initiative launched by AMCHP as part of our larger efforts to support a diverse, effective and competent workforce in state and territorial MCH programs. 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.

[Part 2](#) of this series was held on Wednesday, Jan. 15, 2014 at 1:30 p.m. EST titled, [Leading Change: The Challenge of Change](#). Valerie Ricker, Assistant Director for the Population Health Division at the Maine Center for Disease Control and Prevention has over 30 years of MCH experience and currently serves on AMCHP's board as the Secretary. Ms. Ricker provided an overview of the key concept, leadership and change, followed by her personal experience in combining MCH with other programs into one department, as Maine has undergone a lot of change in recent years.

[Part 3](#) of this series titled, [Leaders With a Vision: The Ability to See Beyond the Present](#), Stephanie Wrightsman-Birch, Section Chief of Women's, Children's and Family Health as well as the Title V for Alaska's Department of Health and Social Services has over 30 years of MCH experience and currently serves on AMCHP's board as the Past President. Ms. Wrightsman-Birch provided an overview of the key concept, leadership and vision, followed by her personal experience in re-building the MCH program after it was disbanded in a reorganization of her Department.

[MCH Epidemiology Methods and Practice Assessment](#)

This MCH Epidemiology Methods and Practice Assessment Issue Brief describes findings from a survey of MCH epidemiology professionals to gain insight on the experiences, methods, approaches, and resources that strengthen and support their work in the field of maternal and child health.

[The MCH Navigator Webinar](#)

The MCH Navigator, funded by MCHB at Georgetown University, is a learning portal that provides access to state and local MCH professionals for free, providing competency-based online trainings to meet professional development needs and ensure that the Title V workforce has the knowledge and skills to address the needs of the MCH Community. On May 21, John Richards, Research Director and Keisha Watson Bah, Training Director for the McCourt School of Public Policy at Georgetown University provided an overview of new and familiar features of the new Navigator website, and explained how professionals can access learning opportunities directly through the site and how departments and organizations can use the Navigator to encourage and track staff development. After viewing this event, you will be able to:

- Understand the history of the MCH Navigator, how it assists in learning the skills needed for being a member of the Title V workforce, and learn about new key features of the website
- Learn how to identify specific MCH Navigator trainings and resources base on individual needs
- Learn about the MCH Navigator's Self-Assessment tool and how to develop a customized learning plan for success
- Understand how the MCH leadership Competencies

Resources CONT.

and the Public Health Core Competencies assist in structuring your learning needs both in the MCH Navigator and through HRSA TRAIN

The slides for the webinar are also available [here](#).

[National Standards for Improving Quality Systems of Care for Children and Youth with Special Health Care Needs](#)

The Association of Maternal & Child Health Programs (AMCHP), with support from the Lucile Packard Foundation for Children's Health released a groundbreaking set of standards designed to help communities, states and the nation build and improve systems of care for CYSHCN. The standards are designed for use by a range of stakeholders including state Medicaid agencies and CHIP programs, state Title V programs, health plans, children's hospitals, families/consumers and provider groups. The standards address the core components of the structure and process of an effective system of care for CYSHCN. They were derived from a comprehensive review of the literature, early project guidance from more than 30 key informants, case studies of standards currently in use within selected sites, and input and guidance from a national work group comprised of national and state leaders representing state Title V CYSHCN programs, state Medicaid agencies, pediatric providers, health plans, children's hospitals, families/consumers, health services researchers and others. This set of standards represents one of the first efforts of its kind to comprehensively and systematically collect and categorize structure and process standards that affect CYSHCN and their families

- [Presentation Tool: National Standards for CYSHCN](#)
This tool is designed to be used as an orientation and discussion tool for agencies, organizations and stakeholders serving CYSHCN stakeholders seeking to understand and apply the standards within states. Organizations who should consider using this tool include Title V CYSHCN programs, state Medicaid and CHIP, health plans, provider groups, families and family partner organizations. The tool was developed to be used in conjunction with the national standards, and can also be used with other standards-based tools including organizational and systems assessment tools. Directions for using the tool are available [here](#).

[Preconception/Interconception Clinical Toolkit Webinar](#)
National efforts to improve infant mortality and preterm birth are aimed at improving the health of all women

of reproductive age, including the women who have a reproductive life plan. The National Preconception/Interconception Clinical Toolkit was designed to help primary care providers and their colleagues incorporate preconception/interconception health into the routine care of all women of childbearing age. The goal of the toolkit is to help clinicians reach every woman who might someday become pregnant every time she presents for routine primary care with efficient, evidence-based strategies and resources to help her achieve: healthier short and long term personal health outcomes; increased likelihood that any pregnancies in her future are by choice rather than chance; and decreased likelihood of complications if she does become pregnant in the future. This webinar, *Before and Beyond Pregnancy: the Preconception/Interconception Clinical Toolkit*, includes a presentation and step-by-step guidance of the use of the toolkit and how it can be used in day to day practice. The creation of this toolkit was made possible by contributions from the W.K. Kellogg Foundation and the UNC Center for Maternal and Infant Health.

[Quality Improvement Resources for Epidemiologists](#)

At the 2014 Council of State and Territorial Epidemiologists (CSTE) conference, AMCHP and CSTE convened a round table discussion to hear about epidemiologists' experiences with QI and the challenges and barriers they face to successful QI. In December 2014, based on the needs identified through the roundtable discussion, AMCHP created a resource sheet titled *Quality Improvement Resources for Epidemiologists*. The resource sheet provides links to materials on QI in public health, QI measurement, MCH-specific QI training, and examples of QI initiatives at state and local health departments.

[Return on Investment Web Page](#)

AMCHP developed a new Return on Investment (ROI) Web page to showcase involvement in enhancing the knowledge and practice of economic analyses that demonstrate investments in MCH programs. The AMCHP Community of Practice for Return on Investment is continually accepting new participants to join the conversation and discuss the interests, experiences, progress and challenges faced in developing an ROI analysis.

[Roadmap of MCH Economic Analysis Resources](#)

AMCHP's Community of Practice for Return on Investment (ROI) is a peer-sharing group that discusses mutual

Resources CONT.

interests and experiences in developing economic analyses for MCH programs. Based on the needs identified from the Community of Practice for Return on Investment, AMCHP created the Roadmap of Resources that gathers a wide-range a materials to be used throughout the analysis process. The Roadmap of Resources provides links to materials on introductory definitions, guidelines and toolkits, case studies, webinars, journal articles, and examples of ROI projects for state MCH programs.

[State Developmental Screening & Early Identification Performance Measures Fact Sheet](#)

This fact sheet highlights current Title V State Performance Measures related to developmental screening and early identification and accompanies the environmental scan.

[State Strategies and Initiatives to Improve Developmental and Autism Screening, and Early Identification Systems](#)

This report includes initial findings from an environmental scan AMCHP conducted in summer 2014 of 185 source documents in an effort to capture the wide range of developmental screening activities occurring within all U.S. states and territories. Over the coming year, this data will be further analyzed to develop resources to assist states, particularly Title V programs, in building and improving developmental screening and early identification systems. These tools and resources will be housed on the AMCHP State Public Health Autism Resource Center (SPHARC) website. A [fact sheet](#) on Title V State Performance Measures related to developmental screening and early identification accompanies the release of the scan. For more information, and to access these publications, visit the [SPHARC website](#).

[State Title V Program Approaches to Improving Birth Outcomes](#)

In recent years, increased attention and energy has focused on reducing infant mortality and improving birth outcomes in the United States. Both public and private organizations are investing time and funds on many fronts and in various methods and on many jurisdictional levels. This issue brief focuses on the recent efforts to reduce non-medically indicated deliveries before 39 weeks gestation and various methods that state Title V maternal and child health (MCH) programs are utilizing to improve birth outcomes. There is differing terminology in reference to these deliveries, with early elective and non-

medically indicated deliveries before 39 weeks sometimes used interchangeably. This brief features the work of California, Texas and North Carolina. This project is part of a national project, Optimizing Health Reform to Improve Birth Outcomes, funded by the W.K. Kellogg Foundation to strengthen the capacity of state Title V MCH programs and their partners to improve birth outcomes and infant health through health reform and is part of the [National Center for Health Reform Implementation](#) work.

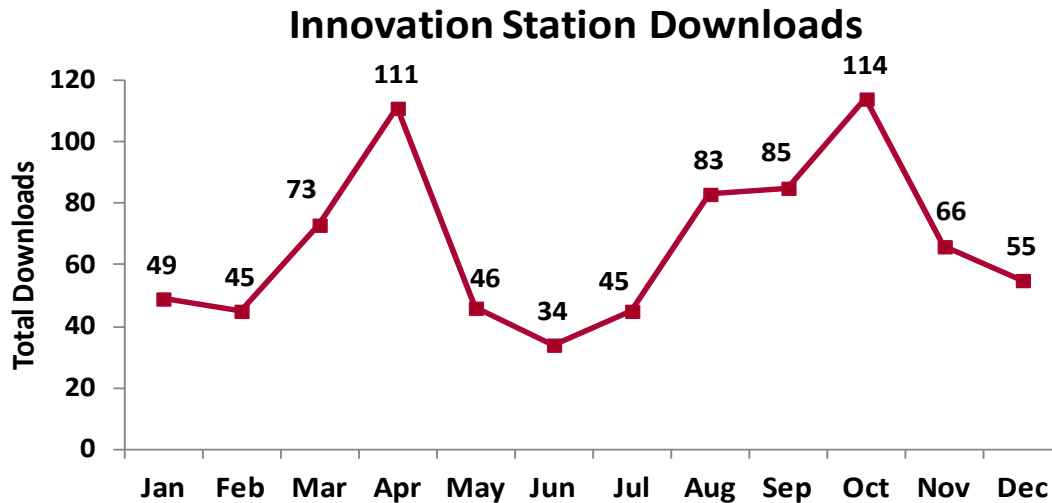
Title V Five Year Needs Assessment Trainings

Title V legislation requires each state and jurisdiction to conduct a state-wide, comprehensive needs assessment every five years. The needs assessment process can be a useful tool for strategic planning, strategic decision-making and resource allocation. It also provides a way 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 hosted a series of virtual trainings to provide guidance on the needs assessment process. The [first webinar](#) was held on Wednesday, Mar. 5. This webinar provided 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 presented on the “Nuts and Bolts of the Five Year Needs Assessment”, followed by a state-in-action example from Massachusetts. The Massachusetts MCH team shared their strategies, resources and lessons learned from conducting the five-year needs assessment process.

The [second webinar](#), The Nuts and Bolts on Using Data was held on May 1, 2014. This presentation featured Caroline Stampfel, MPH, currently the Senior Epidemiologist at AMCHP and formerly an MCH Lead Analyst with the Virginia Title V program, on using data in the needs assessment process. Ms. Stampfel’s presentation was followed by two states-in-action profiles, Rhode Island and Alaska, who shared their data strategies, resources and lessons learned from conducting the five-year needs assessment process. Following these webinars, AMCHP intends to provide additional trainings on other topics related to the needs assessment, i.e., stakeholder engagement, selecting state priorities, based on input provided by webinar participants.

Data and Trends

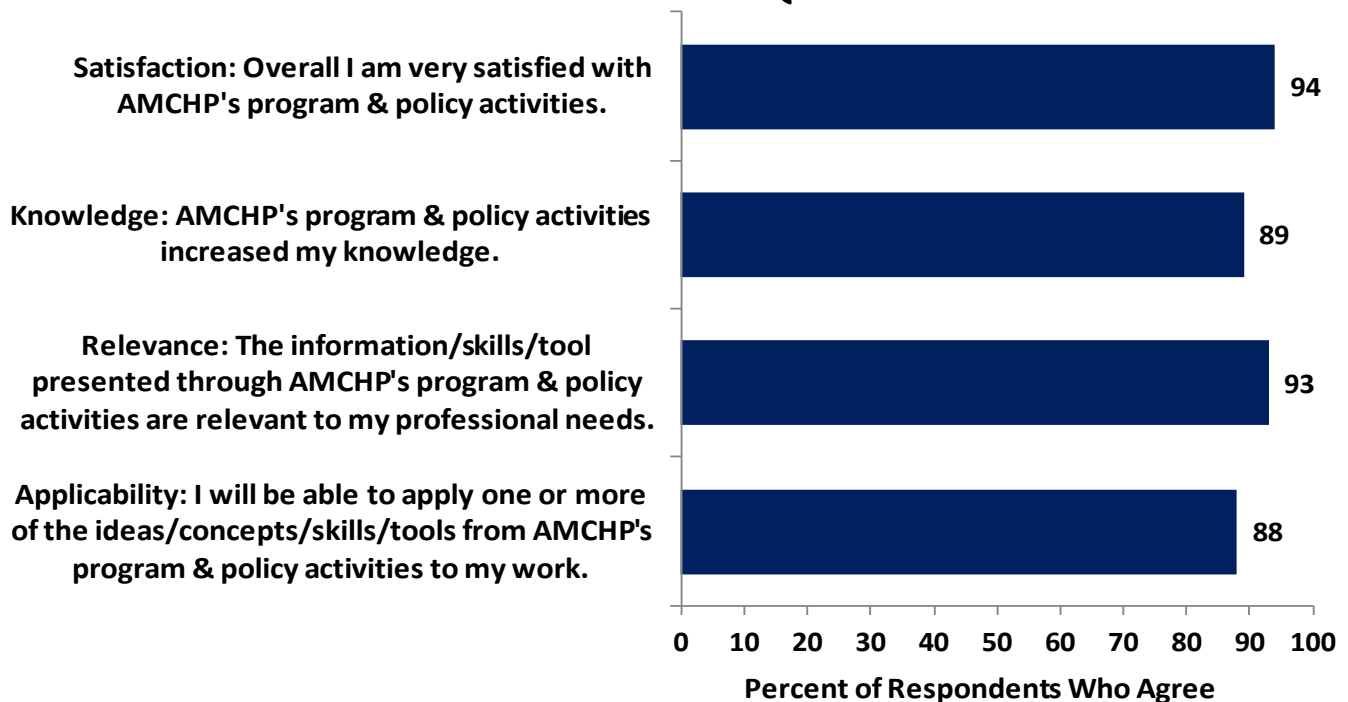
AMCHP By the Numbers: 2014



Communications: Monthly Snapshot

Average Member Briefs Reach : **499 opens (+7% from 2013)**
 Average Pulse Reach : **2,347 opens (-12% from 2013)**
 Average Legislative Alert Reach : **2,209 opens (+20% from 2013)**
 Average Unique Visitors to AMCHP.org: **21,103 (+5% from 2013)**

Core Evaluation Questions:



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Calendar

[2015 Preparedness Summit](#)

Apr. 14-17, 2015
Atlanta, GA

[Society for Public Health Education 66th Annual Meeting](#)

Apr. 23-25, 2015
Portland, OR

[Malaria in Pregnancy](#)

Apr. 24
Baltimore, MD

Calendar CONT.

[The Safe States Alliance 2015 Annual Meeting](#)

Apr. 29-May 1, 2015
Atlanta, GA

[National Network of Public Health Institutes Annual Conference](#)

May 12-14, 2015
New Orleans, LA

[31st Pacific Rim International Conference on Disability and Diversity](#)

May 18-19, 2015
Honolulu, HI

[8th Biennial Childhood Obesity Conference](#)

Jun. 29-Jul. 2, 2015
San Diego, CA

[NACCHO Annual 2015](#)

Jul. 7-9
Kansas City, MO

[2015 CityMatCH Annual Urban MCH Leadership Conference](#)

Sept. 27-30
Salt Lake City, UT

[2015 ASTHO Annual Meeting](#)

Sept. 29-Oct. 1
Salt Lake City, UT

[AAP National Conference and Exhibition](#)

Oct. 24-27
Washington, DC

[2015 APHA Annual Meeting & Exposition](#)

Oct. 31-Nov. 4
Chicago, IL

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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