



## Latino ALC RFP

### Introduction and Instructions

Thank you for your interest in participating in an Action Learning Collaborative sponsored by the National Center for Ease of Use of Community-Based Services and the Association of Maternal & Child Health Programs (AMCHP) on the Ease of Use of Services for Latino Families Who Have Children & Youth with Special Health Care Needs. Please use this web-based form to submit your materials by following the instructions on each page.

The form has four sections:

- 1) Letter of Commitment (LOC) from sponsoring organization
- 2) Narrative
- 3) Staff Roster
- 4) Budget

You can navigate through the different sections of the form anytime using the "Back" and "Next" buttons at the bottom of each page. To download a text-only PDF for your reference, [click here](#). This document replicates the language of the web-based form with adjustments to the formatting of the tables, text boxes, and radio buttons - it should be used for reference only.

Please note that you can save and continue this process later. To do so, click the bar across the bottom of the page titled "Save and Continue Later." You will be prompted to enter an e-mail address, and then you will receive an automated e-mail containing a unique link to your form. Use this link to update your materials.

For technical support, please contact Jacquelyn.Bialo@umb.edu or 617-287-439. For assistance with the content and materials, please contact Myra Rosen Reynoso at Myra.RosenReynoso@umb.edu or 617-287-4370 or Melody Cherny at mcherny@amchp.org or 202-266-3049.

Reminder: All materials must be submitted electronically by Thursday, March 15, 2012 by 4:59pm EST to be considered.

### Promoting the Ease-of-Use of Services

Parents of children and youth with special health care needs (CYSHCN) often have a difficult time accessing the necessary services for their child. They must navigate through a maze with varying eligibility requirements, benefit criteria, and available/missing resources. For parents with limited English proficiency, lower income or educational status, and/or inadequate insurance coverage, the barriers to services become greater. Data from the National Survey of Children with Special Health Care Needs (2009-10) indicates that Latino families with CSHCN are less likely than their non-Latino counterparts to find services easy to use and often have unmet health care needs. The National Center for Ease of Use of Community-Based Services (National Center) has joined forces with the Association of Maternal & Child Health Programs (AMCHP) to sponsor an action learning collaborative focused on addressing the policies and practices at the state level that enable ease of use of services for Latino families with CYSHCN.

#### *The Action Learning Collaborative (ALC) Model*

AMCHP has used the ALC model since 1996 to address a range of topics including Medicaid and State Children's Health Insurance Program reforms, smoking cessation, perinatal HIV transmission and perinatal disparities. AMCHP uses the ALC model to strengthen partnerships and promote collaboration at the state level and improve family health programs. The ALC model brings together multidisciplinary teams for an 18-24 month period to analyze a problem in maternal and child health, identify resources, learn how to apply problem-solving techniques to that issue, review promising practices from other teams and create plans to address specific public health problems. The ALC has resulted in innovative strategies that have improved maternal and child health programs and practice at the state and national levels. The Ease-of-Use of Services ALC process is designed to:

- Increase awareness and knowledge of the ease-of-use of services for Latino families and the essential role the Title V CYSHCN community plays in implementation;
- Build the capacity of state health, parent and education agencies to collaborate to strengthen ease-of-use for Latino families efforts;
- Build the capacity of state health agencies to integrate efforts to make services easier to navigate for Latino families efforts;
- Provide capacity building assistance to states to enable them to more effectively address the ease-of-use of services for Latino families;
- Facilitate change in knowledge, attitudes, practices and policies;
- Provide lessons learned for other states interested in taking this approach.

### *What to expect from AMCHP and the National Center*

Including, but not limited to, ongoing technical assistance through specific guidance, talking points, process flow charts and other resources to help with partnership development via a variety of methods; telephone, e-mail, online discussion boards and webinars from AMCHP staff; structured peer support, a forum to network, share ideas and problem-solve with colleagues nationwide working on similar issues.

- A grant of \$10,000\* for participation in the ALC.
- Dissemination of ALC activities and findings.
- Profiling of state's activities in serving the Latino population on AMCHP and the National Center websites.
- Co-authorship of any ALC proceedings or related reports.
- Travel support for two team members to attend one onsite meeting of the ALC.
- Ongoing intensive technical assistance from ALC staff to develop and implement an action plan.
- A forum to network, share ideas and problem solve with colleagues nationwide working on similar issues.

\*Grant funds will be awarded in one lump sum of up to \$10,000. Please note that grant funds cannot be used to pay for salaried employees, equipment, software, individual trainings, conference or course registration, primary research, publications, personnel or indirect expenses.

### *ALC Timeline*

RFA Announcement: February 11-14, 2012 (AMCHP Annual Conference)

Applications Due: Thursday, March 15, 2012 at 5:00 pm (ET)

Grantees Announced: Monday, April 2, 2012

Orientation Call: Wednesday, April 18, 2012

ALC Site Visit: Summer 2012 (exact date TBD)

On-going Support and Technical Assistance: April 2012 - September 2012 (and beyond)

### **Application Procedure**

- Applications must address the Components I-VI (described below).
- The limit for Components I-V is five pages; Components VI & VII are stand-alone one-page documents.
- E-mail all required application materials by email by 5:00 pm EST on Thursday, March 15, 2012 to Melody Cherny at [mcherny@amchp.org](mailto:mcherny@amchp.org).
- Applications received after the deadline will not be considered.

Please Note: You will receive notification of receipt no later than one week following submission. If you have not received a notification, please contact Melody Cherny at [mcherny@amchp.org](mailto:mcherny@amchp.org).

For any additional questions, contact Melody Cherny, Program Associate, Children & Youth with Special Health Care Needs at [mcherny@amchp.org](mailto:mcherny@amchp.org) or (202) 266-3036.

### *Selection Process*

Applications will be rated on a scale of 100 based on the following evaluation criteria:

#### Statement of need - 40 points

- Has applicant identified target population?
- Extent to which applicant has demonstrated the need of the targeted population.

#### Readiness - 40 points

- How well does the applicant address current related efforts and collaborations?
- How well does the applicant address current opportunities related to these issues?

#### Team Roster -10 points

- Does application include all required team members?
- Does application identify team member roles and responsibilities?

#### Diversity - 5 points

- Geographic diversity.
- Diverse minority populations.

#### Checklist - 5 points

- Does application have all the required pieces (I – VII)?
  - Does application include all the necessary team members included as required team members?
  - Does application address all the required criteria?
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## Section 1: Letter of Commitment (LOC)

Please use this page to upload the Letter of Commitment (LOC) from the convening organization and the required team members that clearly indicates a commitment to the completion of activities as defined in the narrative and team requirements for the length of the project. Additional letters of commitment from other organizations included on the team roster are encouraged.

- Use the 'browse' function to locate the file on your computer, then click 'upload' to insert the file into the form. You can upload a total of 5 LOCs.
- The proposal can be uploaded in the following formats: png, gif, jpg, doc, xls, docx, xlsx, pdf, txt. You may upload one file, up to 500 KB in size.
- Note: You can delete or change the file you have uploaded at any time by clicking the red "X" next to the file name.

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## Section 2: Narrative

Please provide narrative responses to the questions below. Please observe the word limits as noted for each question.

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### *Application Checklist*

Before you begin, please ensure your application has the following required pieces and meets the application criteria.

- Statement of Need
- Expected Benefits
- Opportunities
- Obstacles
- Sustainability
- Team Roster
- Letter of Commitment

Does your team include all the necessary team members included as required team members?

1. Statement of Need
  - a. Overview of the problem: This section should include an overview of the status of Latino children with special health care needs in your state, with any available data or statistics related to access to services, health outcomes, or identified barriers. (500 words)
  - b. Rationale: This section should articulate the need your teams plans to address with this opportunity. (500 words)
2. Expected Benefits
  - a. Project Strategy: This section should include your team's thoughts on a broad goal for your project along with strategies on how your team might meet this goal. (700 words)
3. Opportunities
  - a. Current Efforts: This section should include a description of current state activities related to the ease of use of services for Latino families with CYSHCN. Consider the question of how your identified rationale and proposed goal and strategies relate to these efforts. This section should also describe the current situation in your state/program that can facilitate your efforts, e.g., resources, pending legislation, programmatic work, relationships, etc. (1000 words)
  - b. Current Collaboration: This section should identify existing or potential partnerships and community allies that you believe will be key to your planning and implementation efforts. Consider the question of the benefits of collaboration on these issues. (500 words)
  - c. Current Capacity: This section should explain the specific assets/capacity of your team members to address your proposed strategy. (500 words)
4. Obstacles
  - a. Barriers: This section should state some challenges (specific to your state) you think your team might experience and how you plan to address them. Please be specific, e.g. if time or money are barriers, discuss specifics about how they are barriers to this work. (500 words)
5. Sustainability
  - a. Impact: This section should describe your team's plan to integrate the ease of use of services for Latino families with CYSHCN efforts (beyond the 18 months of participation in the ALC). (500 words)
  - b. Resources: This section should identify resources needed (including partnerships, issue champions, financial resources, training, and dissemination), and resources which might be available to sustain your team's long-term efforts. (500 words)
  - c. Evaluation: This section should include any plans for evaluation of your activities/programs. (500 words)

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## Section 3: Staff Roster

Please list personnel who are participating in the project and include their names, titles, contact information, and project role. One individual must be designated as the primary lead. The ALC teams should include multidisciplinary members and include appropriate

non-traditional partners. Teams will work to assure community engagement, buy-in and commitment to developing and implementing action plans.

Teams should include:

- An MCH Title V or CSHCN Director/State Public Health Agency
- Consumer or community organization member (eg. Program coordinator/manager of a relevant local program or organization that works to address issues related to services for CSHCN)
- Stakeholder Representation (eg. These individuals can be from any organization relevant to the work you propose, including: family groups such as local F2F, youth advisory group, academia, managed care organizations, education department, consulate, faith community, WIC, Home Visitation Programs, Early Intervention/Part C/Child Find, and Section 619/Part B, Dept of Education, Early Childhood Comprehensive Systems Initiative (ECCS), University Centers for Excellence in Developmental Disabilities Education, Research and Service, state programs, health/medical care providers, parent organizations, advocacy organizations, families and foundations as appropriate)

Please provide the contact information for the primary lead designated to this project.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt/Suite/Office: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Designated Travel Staff (Yes/No) \_\_\_\_\_

URL: \_\_\_\_\_

Please explain this person's relevant expertise, and project role and responsibilities.

Would you like to add the contact information for another personnel member?

Yes

No

\*\*\*Allow applicant to add up to 10 team members

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#### Section 4: Budget Template

The National Center for Ease of Use and AMCHP will provide you with \$10,000. Please complete the budget template and short narrative description. Allowable items include personnel and associated costs (i.e., fringe), consultants, travel (other than that paid for by the ALC), telephone, office supplies, indirect limited to the federally negotiated rate, and other costs with compelling reason for inclusion. Items not allowed include: computers, software, and electronic equipment and national travel not related to the proposed project. The RTAC staff will review budgets and make the final determination of allowable costs. You are encouraged to contact Dr. Myra Rosen Reynoso with questions regarding budget items.

Budget Template: Request Amounts

\_\_\_\_\_ Trainer/Consultant Stipend

\_\_\_\_\_ Travel/Lodging

\_\_\_\_\_ Meeting Expenses (room rental, AV)

\_\_\_\_\_ Teleconference/Webinar Expenses

\_\_\_\_\_ Production of Materials

\_\_\_\_\_ Others

Please provide a short narrative description of the budget template above.

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#### Consultation Information

You are strongly encouraged to contact either the staff at the National Center for Ease of Use or AMCHP to take advantage of the opportunity to discuss ideas and seek guidance on how to refine materials or inquire about the research project. (Enter Project Staff Contact Information)