

Request for Proposals: the Multi-State Learning Collaborative (MLC)

The Michigan Accreditation Continuous Quality Improvement Collaborative (MACQIC)

Summary

The Michigan Public Health Institute (MPHI) at the request of the Michigan Multi-State Learning Collaborative II Local/State Steering Committee is seeking participation from Michigan's local health departments (LHDs) in a continuous quality improvement (CQI) project. Funding for this participation is available from a Robert Wood Johnson Foundation grant to MPHI. By broadening their existing quality improvement efforts, LHDs will be asked to assist in the development of a systemic CQI effort that can be applied to other LHDs in Michigan as well as to the greater public health community.

This RFP is an invitation for all 45 LHDs in Michigan to consider participation in a CQI project. Under the direction of the Michigan MLC Steering Committee, a project team (MPHI, Michigan Department of Community Health (MDCH), and LHD members), with the aid of an expert consultant, will guide four (4) LHDs through a pilot project designed to implement and evaluate CQI in the context of accreditation. LHD participants will choose an organizational capacity target, apply a CQI approach to improve the target capacity, evaluate their success and report their experiences to their peers and the MLC-2 Steering Committee.

Important Definitions

Organizational Capacity: The ability of an organization to carry out the essential public health services, and in particular, to provide specific services; for example, disease surveillance, community education, or clinical screening. This ability is made possible by specific program resources as well as by maintenance of the basic infrastructure of the public health system. (*Turning Point – Guidebook for Performance Measurement*)

CQI: Establishment of a program or process to manage change and achieve quality improvement in public health policies, programs or infrastructure based on performance standards, measurements, and reports. Among the most widely used tools for continuous improvement is a four-step quality model-the plan-do-check-act (PDCA) cycle. (*Turning Point – Performance Management National Excellence Collaborative 2004*)

Performance Standards: Establishment of organizational or system performance standards, targets, and goals to improve public health practices. (*Turning Point – Performance Management National Excellence Collaborative 2004*)

Performance Measures: Development, application, and use of performance measures to assess achievement of such standards. (*Turning Point – Performance Management National Excellence Collaborative 2004*)

Program Direction and Contact Information

The Michigan Public Health Institute (MPHI) will manage this project.

Responsible staff at MPHI:

Linda White, RN, MPH, Accreditation Coordinator and MLC Project Manager

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MDCH will monitor the project, collaborate with MPHI staff and LHD teams and provide other support. In addition, a Michigan MLC-2 Steering Committee will provide project oversight and direction. A project team reporting to the Steering Committee will provide day-to-day support and technical assistance to the 4 participating LHDs.

Timetable

December 14, 2006

Release of the Request for Proposals (RFP) **January 5, 2007**

Teleconference to Respond to Questions Regarding the RFP.

Note: Questions are due on **December 29, 2006**. Responses to the questions will be provided during the teleconference. Please email questions to Linda White, Michigan MLC-2 Project Manager. No identifying information will be attached to these questions/responses.

January 19, 2007

Deadline for Submissions for the RFP

Electronic applications **MUST** be received by 5:00 PM EST

February 2, 2007

Announcement of Awards

March 2, 2007

Signature of Contracts and Project Begins

January 31, 2008

Contract Ends and Deliverables Due

Available Funding

On a competitive basis, four (4) LHDs will be awarded \$10,500.00 each as partial support toward their efforts to design and implement a CQI project that will add to the evidence base of CQI within local public health accreditation in Michigan. Funding for this project has been made available by the Robert Wood Johnson Foundation (RWJF) through the National Network of Public Health Institutes (NNPHI) to MPHI.

Background

In October 2005, Michigan became one of five states participating in the first round of the Multi-state Learning Collaborative (MLC-1). The purpose of MLC-1 was:

To bring together states that are implementing innovative public health agency performance and capacity assessment or accreditation programs to: 1) further their current efforts and 2) identify and disseminate best practices to the broader public health practice community. The long-term goal is to maximize the effectiveness and accountability of governmental public health agencies.

In keeping with the purpose of MLC-1 and to further current efforts, Michigan chose several enhancement objectives, one of which was to develop a voluntary CQI model to augment its Local Public Health Accreditation Program.

MLC-2 and the MACQIC Project

In November 2006, Michigan was selected to participate in a second round of the Multi-State Learning Collaborative (MLC-2). Through a competitive process, 10 states were chosen to explore quality improvement efforts within the context of public health accreditation programs.

The emphasis of the Michigan MLC-2 project will be to apply the voluntary quality improvement model developed in MLC-1 to enhance the LHD Powers and Duties Section. The voluntary CQI model developed during MLC-1-incorporated the Plan-Do-Check-Act (PDCA) process (<http://quality.enr.state.nc.us/tools/pdca.htm>) with NACCHO's Operational Definition of a functional local health department (www.nacch.org) and the Ten Essential Public Health Services (www.edc.gov/od/ocphp/nphpsp/overview.htm). In MLC-2, through a project called the Michigan Accreditation Continuous Quality Improvement Collaborative (MACQIC), the model will be tested at 4 LHDs.

LHDs will participate in a kick-off teleconference that will provide an initial overview of MACQIC. A full-day in-person learning session will occur during the first month of the grant period. Project teams from all four LHDs will be required to attend. During the session, with guidance from an expert public health CQI consultant, LHDs will learn about:

- The merits of CQI as a means for improving organizational capacity;

- CQI as it relates to LHD accreditation;
- Self-assessment in the CQI experience; and
- The MLC-1 voluntary CQI model and its application.

Also during the initial learning session, participating LHDs will:

- Develop a project design and an implementation plan tailored to address their chosen target;
- Learn how to apply the MLC-1 voluntary CQI model; and
- Learn how to collect information on appropriate performance measures to evaluate their efforts.

Over 11 months, participating LHDs will be required to commit to the requirements of the MACQIC including adhering to timelines and providing the appropriate deliverables.

Timeline

Month 1

(March 2007): Kick-off Teleconference and Initial Learning Session.

Months 2 – 10

(April through December 2007): Implementation and Data Collection

Month 11

(January 2008): Results, Revision and Reporting

Deliverables

- An implementation plan (template and directions for completion will be provided)
- Progress reports (every 9-10 weeks) during implementation (template to be provided)
- A final, written report from the participating LHDs (outline to be provided)
- Two final products to be shared with non-participating LHDs:
 - A Power Point (to be accessible on the Accreditation Website)
 - A showcase presentation (time, place, method TBD)

Purpose

The purpose of this RFP is to provide four (4) LHDs with the opportunity to contribute to and participate in the MACQIC project. Four LHDs will participate in a pilot project designed to implement and evaluate a CQI process in the context of Michigan's Local Public Health Accreditation Program. Participants will choose an organizational capacity target, identify measures of success, develop and apply their Implementation Plan, evaluate degree of success and report experiences to peers and the MLC-2 Steering Committee.

Applicants must choose a CQI project that is covered by one of two specific Accreditation Indicators in Local Health Department Powers and Duties. These areas are:

- 1.2 A local health department shall utilize vital and health statistics and provide for epidemiological and other research studies for the purpose of protecting the public health.
- 1.4 A local health department shall plan, implement, and evaluate health education through the provision of expert technical assistance, or financial support, or both.

Applicants will then choose one of the related performance standards from the NACCHO Operational Definition of a functional local health department.

The NACCHO performance standards that relate to Michigan Accreditation Powers and Duties indicator 1.2 are:

- # 1 Monitor health status and understand issues facing the community.
 - a. Obtain and maintain data that provide information on the community's health (e.g. provider immunization rates; hospital discharge data; environmental health hazard, risk, and exposure data; community specific data; number of uninsured; ad indicators of health disparities, such as high levels of poverty, lack of affordable housing, limited or no access to transportation, etc.).
 - b. Develop relationships with local providers and others in the community who have information on reportable diseases and other conditions of public health interest and facilitate information exchange.
 - c. Conduct or contribute expertise to periodic community health assessments.
 - d. Integrate data with health assessment and data collection efforts conducted by others in the public health system.
 - e. Analyze data to identify trends, health problems, environmental health hazards, and social economic conditions that adversely affect the public's health.

The NACCHO performance standards that relate to Michigan Accreditation Powers and Duties indicator 1.4 are:

- #3 Give people information they need to make healthy choices.
 - a. Develop relationships with the media to convey information of public health significance, correct misinformation about public health issues, and serve as an essential resource.
 - b. Exchange information and data with individuals, community groups, other agencies, and the general public about physical, behavioral, environmental, social, economic, and other issues affecting the public's health.
 - c. Provide targeted information to help individuals understand what decisions they can make to be healthy.
 - d. Provide health promotion programs to address identified health problems.

For example, an LHD might decide, to focus on health education (Powers and Duties 1.4) and developing relationships with the media (Operational Definition 3a) to improve its organizational capacity in this area.

Each of the LHDs selected to participate in the MACQIC project will be required to:

- Provide appropriate in-kind contribution of staff time needed to complete the project;
- Participate in the Initial Learning Session;
- Develop a project design and implementation plan that incorporates CQI principles consistent with those presented during the Initial Learning Session;
- Revise the design of its project as required by the MACQIC Steering Committee to fit within the scope and goals of the MACQIC project;
- Select and/or develop and use tools consistent with CQI principles;
- Work with project staff to develop evaluation protocols consistent with the CQI principles presented;
- Collect and report evaluation data to project staff;
- Utilize technical assistance provided by the consultant or project staff;
- Participate in frequent communications with project staff about the course and progress of its CQI project;
- Participate in four collaborative teleconferences to discuss the progress, report successes and challenges in the implementation process, and adjustments to its Implementation Plan;
- Provide a written final report on its CQI project to the Michigan MLC-2 Steering Committee at the end of the project; and
- Present lessons learned to all 45 Michigan LHDs and the larger public health community.

Eligibility

All of Michigan's 45 LHDs are eligible and encouraged to apply. Preference will be given to LHDs that have: (1) participated to some degree in MLC-1 and (2) demonstrated experience in conducting CQI within their organization.

How to Apply

The completed application must be received by MPHI via email (lwhite@mphi.org) on or before **January 19, 2007 at 5:00 pm EST. Please indicate on the subject line of your email: RFP for MLC-2** from (name of health department).

The proposal narrative may not exceed five (5) single-spaced, single-sided pages. Please use times new roman 12 pt font and 1 inch margins on all sides. The proposal narrative must include the following:

1. Description of the CQI project to be conducted that clearly:
 - a. Identifies the indicator from Accreditation Powers and Duties (1.2 or 1.4) and the standard from the NACCHO Operational Definition to be addressed; and
 - b. Describes:
 - the LHD's current practices in that area;
 - the CQI process proposed for implementation in that area; and
 - the data that will be available to evaluate the outcomes of the CQI process.

2. Description of the applicant's qualifications for the proposed project, including:
 - a. A brief description of the applicant's participation in MLC-1;
 - b. A brief description of relevant past or present CQI processes conducted by the applicant; and
 - c. Identification of key staff and their experience/qualification relevant to the project.

3. Language acknowledging participation requirements, including:
 - a. A statement indicating the applicant's commitment to complete all required MACQIC tasks detailed in the Purpose section above;
 - b. A statement indicating the applicant's willingness to enter into a subcontract with MPHI covering the project period to accommodate release of funds; and
 - c. A statement indicating the applicant's commitment to complete a final report at the end of the project using an outline provided by MPHI.

Appendices must include the following:

4. Proposed project budget, including
 - a. A spreadsheet detailing how the project funding will be spent; and
 - b. A budget justification, including:
 - An explanation of each of the budget items/amounts;
 - A description of all staff participating in the project and their roles/responsibilities;
 - A separate section detailing in-kind contribution to the project, including donated staff FTE. Please note that monetary amounts are not required to be reported with respect to in-kind contributions.

Use of Grant Funds

Each of the four (4) selected LHDs will receive half of their award at the beginning of the project. The other half will be released in month 5 of the project.

Grant funds may be used for project staff salaries, supplies, project-related travel, and other direct expenses.

Grant funds may **not** be used for equipment, to construct or renovate facilities, for lobbying, for travel unrelated to the MACQIC project, or as a substitute for funds currently being used to support similar activities.

Grant Period

Grants will begin on March 2, 2007. Funded activities must be completed January 31 2007.

Review Criteria

All proposals will be reviewed by the MLC-2 Steering Committee. Individual critiques of applications will not be provided. Proposals will be rated based on the following criteria:

- ✓ The degree to which the project is responsive to the areas of Powers and Duties (1.2 or 1.4) and the sub-area from the NACCHO operational definition to be addressed;
- ✓ The feasibility of achieving project objectives within the estimated schedule and budget (including an appropriate level of in-kind contribution);
- ✓ The feasibility of evaluating the proposed project;
- ✓ Project team experience and qualifications relevant to the proposed project, including previous CQI experience and participation in MLC-1; and
- ✓ The demonstrated willingness of the applicant to complete all project activities within the time allotted.