

**Project Team Charter Checklist  
MCH Needs Assessment Advisory Group  
March 2014**

**Background**

The reason(s) for chartering the team. State the perceived problem/project and any information that would be useful to those who must complete the project.

**Federal legislation authorizing the Title V Block Grant requires States to conduct a needs assessment of the MCH population once every five years. Resulting priorities guide state and local MCH work for the following five year cycle (FY16-FY20).**

**Goal or Deliverable(s)**

What the sponsor and/or process owner wants from the team. Clarify team expectations and what changes are expected to result from this teamwork.

**To guide and inform the design and implementation of the 2015 MCH Needs Assessment process. To assure authentic engagement of a wide range of MCH stakeholders and to ultimately prioritize MCH issues that will drive state and local work for the next five year cycle (from FY16-FY20) to create visible and meaningful results/improvements in priority MCH issues.**

**Membership**

Representation from every key part of the process as well as from different levels within the organization.

**Current members include:**

<b>Karen Trierweiler</b>	<b>Title V MCH Director, PSD Deputy Director</b>
<b>Rachel Hutson</b>	<b>CYSHCN Director, Children, Youth and Families Branch Director</b>
<b>Anne-Marie Braga</b>	<b>Population and Community Health Unit Manager, CYF Branch</b>
<b>Heather Baumgartner</b>	<b>MCH Unit Manager, CYF Branch</b>
<b>Jennie Munthali</b>	<b>HCP Unit Manager, CYF Branch</b>
<b>Risa Friedman</b>	<b>MCH Program Specialist, CYF Branch</b>
<b>Cathy White</b>	<b>MCH Generalist Consultant, CYF Branch</b>
<b>Ashley Juhl</b>	<b>Epidemiologist; Evaluation, Planning and Evaluation Branch; PSD</b>
<b>Alix Hopkins</b>	<b>Nurse Manager, Tri-County Health Department</b>
<b>Amy Wineland</b>	<b>Public Health Director, Summit County Public Health</b>
<b>Tsering Dorjee</b>	<b>PH Nurse Consultant, Office of Planning and Partnerships, CDPHE</b>

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**Eileen Forlenza**                      **Family and Community Engagement Specialist**

**Gina Febbraro**                      **MCH Needs Assessment Project Manager**

**Duration**

How long the team is expected to work on the project.

**It is expected that the majority of the needs assessment process will be completed by January 2014. This group will meet until this time.**

**Checkpoints**

When you expect the team to check in with the sponsor. At the very least, the team should check in at critical milestones.

**The sponsors (Karen and Rachel) will participate on the Advisory Group so will be aware of progress and direction throughout the process. The Project Manager will identify and integrate intentional Advisory Group check-ins with the sponsor at critical milestones throughout the process, such as at the completion of the methodology design phase and each implementation phase that follows.**

**Feedback Mechanism**

How the team communicates with the sponsor, the people they are representing and other members on the team.

**It is expected that in addition to participating on the group, members will update and solicit feedback from their stakeholder groups upon request or as members deem appropriate. Feedback is also always welcome directly to the Project Manager (Gina) or to the Project Sponsors (Karen and Rachel).**

**Boundaries**

Any issues that are “out of bounds” and not for the team to consider.

**The “MCH Scope of Work” identifies programmatic areas or funding that cannot or will not be affected by the results of the needs assessment process. These programmatic areas should not be discussed during the NA process as they are out of bounds.**

**Members should consider the delineation between the MCH needs assessment process and the MCH planning process that follows once priorities are determined. There will inevitably be discussion about both phases in the NA Advisory Group however the primary focus of the group should be on the needs assessment.**

**Decisions**

Most teams aim for consensus, with a fallback to the majority vote or the Project Lead.

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The team will aim for consensus, with a fallback to the majority vote or sponsors, depending on the nature of the decision.

Final decision-making will default to the MCH Steering Team if:

1. The advisory group cannot agree on decisions throughout the process.
2. The group's decisions do not align with the MCH scope of work or strategic direction, including federal requirements.
3. If the process takes longer than intended and the group is no longer able to convene

**Resources**

What resources (money, training, specialists, support, equipment, supplies) will be needed.

- **Staff time and effort (Project Manager, NA Advisory Group members, stakeholders, CYF Branch Ops, EPE)**
- **Meeting materials**
- **Stakeholder feedback**
- **Other existing resources such as previous needs assessments, plans, report, crosswalks, etc.**
- **Reimbursement forms and funds (driving to meetings)**
- **Phone line (for meeting call-in option)**

**Guidelines**

Any specific areas to address, processes to be used, people to involve or whatever else needs to be considered in order to accomplish the team's goal.

- **Step up/step back**
- **Ask questions**
- **Take care of yourself**
- **Be flexible**
- **Don't let the perfect be the enemy of the good**
- **Adhere to PSD core values**
  - **Respect**
  - **Integrity**
  - **Responsibility**
  - **Achievement**
  - **Excellence**

**Logistics**

When, where, how often, and for how long the team will meet. How the team members' "normal work" will get done while they are involved on the team.

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**Advisory Group members' work between meetings will be kept to a minimum unless it is part of "normal" job or unless members volunteer to be part of working subcommittee (if applicable).**

**MCH Needs Assessment Advisory Group  
Overall Timeline**

