A Roadmap for Collaboration among Title V, Home Visiting, and Early Childhood Systems Programs

Accelerating Improvements in Early Childhood Outcomes

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# Table of contents

**Background** ..............................................................................................................02

**Recommendations for Improved Alignment**
Among Early Childhood Programs at the State and Local Level ....05

  - **Methods** .............................................................................................................06
  - Common themes and key findings ..............................................................08
  - Recommendations ...............................................................................................11

**Finding a Common Route:**
A Roadmap for Early Childhood Systems Collaboration ...............14

  - **Preparing for the Journey** ..............................................................................15

  - **First Stop – Plot the Course:**
  Selecting a Shared Destination, Defining the Map, 
  and Assessing Resources ..................................................................................16

  - **Journey to the Next Stop:** Fueling Up for 
  Collaborative Action Planning ..........................................................................18

  - **Second Stop – Where the Rubber Meets the Road:** Collaborative 
  Action Planning ..................................................................................................19

  - **Plan a Regular Maintenance Schedule** ..................................................20

**Conclusion** ..................................................................................................................21

**Case Study:** Enhancing the Indiana State Department of 
Health’s Internal Organizational Structure for Improved Early Childhood 
Collaboration ..............................................................................................................22

**Acknowledgements** .................................................................................................26

**Appendices** ...............................................................................................................27

**Endnotes** ....................................................................................................................30
Background

Optimizing statewide early childhood systems so that children can reach their full potential is a key priority for the Health Resources & Services Administration’s (HRSA) Maternal and Child Health Bureau (MCHB). This commitment is actualized through MCHB’s investment in these three early childhood-related programs:

- Title V Maternal and Child Health (MCH) Services Block Grant
- Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program
- Early Childhood Comprehensive Systems (ECCS) Program.

MCHB recognizes that collaboration has the power to achieve improved outcomes and efficiencies and is committed to a vision of coordination and alignment across programs. Although these early childhood investments have several overlapping priorities (see figure 1), there are recurring challenges in aligning and synergizing the programs at the state and jurisdiction level. This roadmap is a resource that lays out recommendations and a framework for state early childhood systems leaders, including state Title V and MIECHV program directors, to improve collaboration among early childhood initiatives. This roadmap also includes case studies that demonstrate how this framework is applied.
MCHB program descriptions and relevant authorizing legislation

The MCH Services Block Grant (Title V of the Social Security Act)

Authorized by the Social Security Act in 1935, the Title V MCH Services Block Grant is one of the largest federal block grant programs providing states and jurisdictions with support for promoting and improving the health and well-being of the nation’s mothers, children, including children with special needs, and their families. The legislation requires that each state and jurisdiction conduct a comprehensive needs assessment every five years. States and jurisdictions use the findings of the needs assessment to select priorities for targeted focus and determine which of the 15 National Performance Measures (NPMs) they will address. Each state or jurisdiction also must select at least one NPM for each of the five population domains MCH programs are required to address:

- Women/maternal
- Perinatal/infant
- Child
- Adolescent
- Children with special health care needs.

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

This program was established by The Patient Protection and Affordable Care Act under section 511 of the Social Security Act in March 2010. Administered by HRSA MCHB in partnership with the Administration for Children and Families, the MIECHV program funds grants to states and jurisdictions to provide pregnant women and families the necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn.

The MIECHV program supports home visiting for under-resourced pregnant women and children and their families until the child enters kindergarten. Home visiting helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness. MIECHV benchmarks for success include improvements in:

- Maternal and newborn health
- Maltreatment and reduction of emergency department visits
- School readiness and achievement
- Rates of crimes of domestic violence
- Economic self-sufficiency
- Coordination and referrals.
**MCHB’s Early Childhood Systems (ECS) Portfolio**

This portfolio of work includes several ECS programs that focus on supporting the healthy development of all children, starting prenatally, through the development of “comprehensive, coordinated, equitable services that promote success in both school and life.” Early childhood systems programs support leadership and the capacity to create, maintain and expand organized and purposeful partnerships, processes, strategies, training, policies, and other infrastructure required to systematically improve the lives of families and communities for generations. Notably, the ECS portfolio of work emphasizes a two-generational approach to early childhood systems work at both the state and local level. One of the programs under the ECS umbrella includes the Early Childhood Comprehensive Systems (ECCS) Impact grant program. HRSA has been committed to the ECCS program since 2002. Many of today’s early childhood systems initiatives are built on the foundations and successes of ECCS. The ECCS Impact Program is the latest iteration of ECCS and aims to advance strategies in states and local communities with an emphasis on achieving improvements in early developmental health and family well-being.²

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**Figure 1: Common Early Childhood (prenatal-5 years) Health Priorities Among Title V, MIECHV, and ECCS Programs**
Recommendations for Improved Alignment among early childhood programs at the state and local level

With support from the MCHB, the Association of Maternal & Child Health Programs (AMCHP) sought to create a roadmap of actionable strategies and recommendations to increase collaboration among Title V, MIECHV, and ECCS within states and jurisdictions to create meaningful change and accomplish shared early childhood goals. Creating a roadmap required several activities. AMCHP staff conducted an environmental scan of the current state of partnering, collaboration, coordination, shared activities, synergies, and shared vision among the three programs; outside expert MCH consultants performed a qualitative analysis of the scan data to reveal themes and recommendations; and finally, AMCHP staff initiated a pilot of a collaboration framework to develop a joint Title V/MIECHV/ECCS action plan.
Methods

The qualitative analysis that informed this roadmap involved three sequential stages:

1. Gathering data using an environmental scan of state/jurisdictional MCH Services Block Grant documents by accessing the Title V Information System (TVIS) and conducting key informant interviews and focus groups
2. Coding the environmental scan documents using a qualitative data analysis software
3. Analyzing qualitative data from the coding process into key themes and recommendations to improve early childhood collaboration.

Environmental Scan

AMCHP staff conducted an environmental scan, beginning with searches of all 59 fiscal year 2019 Title V Block Grant applications using TVIS, MIECHV plans and reports, and ECCS performance narratives (for states with ECCS grants). AMCHP staff also conducted key informant interviews and three focus groups of Title V, MIECHV, and ECCS program staff and relevant program-specific experts to identify: factors that facilitate or inhibit collaboration between these three programs; opportunities for improved collaboration among early childhood investments; characteristics of ideal partnerships with early childhood agencies or organizations to achieve target early childhood outcomes; and support needs to engage effectively with early childhood and public health stakeholders to advance early childhood priorities. These interviews and focus groups were recorded and then transcribed.

Coding the Qualitative Data

Based on the environmental scan, a subset of 18 states was identified based on their current early childhood programming. The qualitative analysis was conducted for 12 states that have current Title V, MIECHV, and ECCS grants and six states that did not have a current ECCS grant but have ongoing early childhood systems building efforts. To conduct the qualitative analysis, Title V Block Grant applications, MIECHV plans and reports, and ECCS performance narratives (for states with ECCS grants) from the environmental scan were reviewed. AMCHP partnered with external MCH consultants from the Center for the Study of Social Policy and Johnson Group Consulting, Inc. to conduct an expert qualitative analysis of the data. The external qualitative analysis experts used MaxQDA qualitative data analysis software to code data from the environmental scan based off a codebook that AMCHP staff designed. The codebook was updated and adapted as the external MCH consultants identified common themes and missing topics. Two members of the consultant team independently coded the data to ensure quality, reliability, and validity of the coding process. This qualitative data analysis process consisted of a series of iterative steps, which included reading, coding, displaying, reducing, and interpreting.
Analyzing and Interpreting Coded Data

The qualitative analysis team used a two-stage analysis approach to interpret the results of the coded data and translate the findings into high-level themes and recommendations for action. In the first stage, two MCH professionals highly experienced in MCH programs’ context and frameworks discussed, described, and identified the key themes that emerged directly from the output of coded documents. They then added additional comments to the coded documents to underscore themes and illustrative examples. In the second stage, with the support of the qualitative research software, these same professionals used coded results on specific topics to identify patterns, trends, and frequencies of occurrences (e.g., for many, some, or only a few states), to then draw conclusions about the most common findings and lessons learned.

Note that the qualitative analysis had several limitations. Due to the highly structured nature of the data collected for the analysis, some elements of a state’s early childhood work were not included in the analysis. Therefore, the results cannot be used to compare states that have ECCS grants to states that do not. In addition, this study had a small sample size and limited representation in focus groups and interviews; thus, results from that aspect of the qualitative analysis may not be generalizable to other states and jurisdictions.
Common themes and key findings

The qualitative analysis revealed the following themes and key findings:

Importance of a Shared Vision
States that have well-articulated early childhood visions indicated that Title V, MIECHV, and ECCS investments are more integrated and innovative than states that do not have well-articulated visions for their early childhood programs. Without a shared statewide early childhood vision, states’ early childhood program investments are more likely to be siloed and function as individual programs. A shared vision was often created by leadership groups that report to the Governor’s office (like the Department of Early Childhood) or a cross-agency, state-level leadership body (such as an early childhood coordinating council).

Impact of State Structure and Governance
The structure of state governance and individual leadership has a major impact on early childhood systems building.

- Collaboration is higher in states where ECCS and MIECHV are located within Title V programs or where Title V, MIECHV, and ECCS are located in the same division, department, or building. When early childhood programs are more siloed across different agencies, there is less alignment and collaboration.
- Early childhood systems building is most supported when an MCH agency leads the programs and initiatives. Doing so allows for shared investments and greater coordination.
- States that have made early childhood a long-standing priority are experiencing steady early childhood systems building. These states are positioned to grow with new initiatives. MCH programs that have long-standing partnerships in state government have greater influence and opportunity to advance early childhood systems building. Collaboration is weaker in states that have not had a long-standing agenda or that experience comparatively greater turnover in leadership.
- Strong leadership and experience with systems building are crucial elements for advancing early childhood program collaboration. Strong leaders demonstrate the ability to clearly articulate a vision for early childhood systems building; are experienced in building and developing partnerships and collaborations across agencies and departments; and have experience in clinical, field, and state MCH and public health settings.
- States that have intentionally coordinated or merged early childhood advisory councils and committees experience greater collaboration, alignment, and shared resources among Title V, MIECHV, and ECCS programs.

MCH programs that have long-standing partnerships in state government have greater influence and opportunity to advance early childhood systems building.
Alignment of funding opportunities
States that leverage grants and funding beyond Title V, MIECHV, and ECCS have a more coordinated early childhood system focus. Opportunities to partner with philanthropic groups or organizations that focus on early childhood systems building can enhance efforts. Untapped opportunities exist to partner with Medicaid on early childhood and on transforming systems of care for young children.

Targeted topic and practice initiatives drive collaborations
States use technical assistance and training on relevant early childhood topics (such as breastfeeding, developmental screening, maternal depression screening, and equity) to drive collaborations among Title V, MIECHV, and ECCS programs. Cross-system trainings are typically driven by specific program funding, with some driven by collaborations with external partners, such as Help Me Grow.

Aligned data, indicators, and metrics drive change
A collaborative data agenda or shared measures drives collaboration and partnership between Title V, MIECHV, and ECCS for decision-making, programs, and policy. For example, a history of data integration within Title V often led to expansion of data integration with MIECHV and ECCS. Some early childhood data efforts focus on a shared goal or measure; others focus on integrated data approaches and data systems. ECCS provides an opportunity to align and integrate data processes.

Systems-level initiatives drive alignment
Systems-level initiatives can help drive early childhood systems building and the collaboration between Title V, MIECHV, and ECCS programs. Two significant system drivers for early childhood systems building are Help Me Grow and centralized intake and referral initiatives.

Partnerships for purpose
Partnerships were widely noted as essential for systems building, but were used to varying degrees. Appendix A depicts the types of partnerships reported among the states included in this analysis. Of the three key early childhood programs, Title V showed the greatest opportunity to engage cross-sector partners for specific initiatives, especially as it relates to activities supporting National Performance Measure 6 on improving the rates of developmental screening for children 9 to 35 months of age. Several potential partnerships were reportedly underused, including Medicaid, the pediatric medical home, and engagement of the broader child health sector.

Strong leaders demonstrate the ability to clearly articulate a vision for early childhood systems building; are experienced in building and developing partnerships and collaborations across agencies and departments; and have experience in clinical, field, and state MCH and public health settings.
Parent leadership and engagement
Early childhood systems building efforts aim to assess and improve family engagement in systems-level initiatives to ensure that the voices of individuals, families, and communities are included when policies and practices governing these services are created. Title V, MIECHV, and ECCS each have requirements for family engagement and ensuring parents and caregivers have a voice at advisory and community leadership boards. However, family engagement strategies vary widely across programs, and the impact of family participation can be difficult to measure and is rarely formally documented.

Needed action for health equity
Equity, or health equity, was frequently noted as a priority for early childhood efforts. Many states have broadened equity and social justice agendas across Title V, MIECHV, and ECCS. However, few states reported taking programmatic or systems-level action to address equity.

Community-informed systems building
Input, feedback, and alignment between state and local leadership is important for early childhood systems building; however, the extent to which states are informed by communities varied. Some early childhood state programs are informed by community councils or collaboratives; others created local structures and state support for community collaboratives. Community leaders often know their community needs better than the state leadership. Trusted communication is key but it can be challenging to balance different agendas and the state and local relationships.

Siloed funding and reporting results in less systems development
Some states noted successful efforts to combine, or braid, different sources of funding to sustain early childhood systems building; however, many faced barriers. Barriers include varied grant/funding reporting structures, different requirements for data and performance reporting, and silos in funded activities.

“MCH programs, through the influence of CSHCN and the emerging equity movement, have been strong champions for parent leadership, engagement, and family voice in all MCH programs, initiatives, and activities.”
Recommendations

Results of the qualitative analysis included the following recommendations for early childhood system leaders to improve collaboration between Title V, MIECHV, and ECCS programs:

- **Establish a shared state/jurisdiction vision of early childhood.**

  State- and jurisdiction-level early childhood program leaders should collaborate to develop (and maintain) a shared statewide vision for early childhood. The collaboration should include representation from, at a minimum, MCH, education, childcare/early care and education, child welfare programs; and family leaders and family/community supports. Collaborations need to define each program's (or individual's) role in advancing the shared vision.

- **Promote state/jurisdiction agency structure, leadership, and governance that supports early childhood systems building.**

  Early childhood systems building programs and initiatives, including Title V, MIECHV, ECCS, and related early childhood efforts, should ideally be placed in the same department, division, or agency to advance collaboration and coordination. For states where Title V, MIECHV, and ECCS sit in the same agency, exercising “intentionality” is important when forming teams and proper mechanisms must be in place to ensure regular collaboration (e.g., regular meetings and joint trainings). Strong leadership is also key to promoting a coordinated early childhood system. Program leadership should promote the state vision for early childhood systems building and support collaboration and partnership building across agencies and departments. Finally, it is important to align or merge early childhood advisory panels or councils to ensure a unified vision and systems building efforts.

- **Map and align current and future funding opportunities.**

  Leaders of early childhood programs should examine which programs and initiatives support their early childhood vision, describe how each program supports the vision, and identify new funding and partnership opportunities.

- **Enhance partnerships with and optimize the role of Medicaid.**

  Leaders of early childhood systems building programs and initiatives should define what Medicaid’s role is in financing services for young children and transforming systems of care for early childhood services in their states. MCH, ECCS programs, and Medicaid programs should identify opportunities to partner together.
Early childhood programs should be intentional with their partnerships by assessing the purposes and expected outcomes.

**Use partnerships to support systems building**

Early childhood programs should have collaborative data agendas, integrated data systems, and/or shared performance measures to better understand the needs of young children and families and promote shared accountability for promoting early childhood systems building.

**Use systems-level initiatives to enhance alignment and collaboration.**

Systems-level initiatives or drivers of change, such as integrated data systems, Help Me Grow, and centralized intake and referral systems, can help advance early childhood systems building.

**Align measures and data systems to promote shared accountability.**

Early childhood programs should support the development of local and state family leadership and networks. It is helpful to select a model or framework for family engagement as well as a measure or strategy for assessing family engagement at all levels of early childhood systems building.

**Invest in family leaders and family engagement at all levels.**

“Perhaps most important among these findings are the critical roles of vision, leadership, and the position of programs within state administrative structures.”

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**Roadmap to Collaboration among Title V, Home Visiting, and ECCS**

Page 12
**Strengthen state-local coordination.**

Early childhood systems building programs and initiatives should encourage bidirectional communication and feedback between local and state-level stakeholders to foster collaboration in early childhood systems building.

**Commit to advancing health equity and take action.**

Early childhood systems building programs and initiatives should operate with a health equity lens. The roots of health inequity are complex and multifaceted; however, systemic racism plays a significant role as a core root cause for unequal access to care. Strategies for early childhood systems building programs and initiatives to advance health equity include:

- Increasing equal access to services and decreasing unequal treatment
- Building and maintaining a diverse MCH workforce
- Using policies, programs, and funding to promote innovative and evidence-based strategies for increasing equity. Early childhood systems building programs and initiatives should examine existing policies and structures to identify privileged as well as oppressed populations and then propose changes to make policies and structures more equitable.
- Ensuring that data collection includes measures and disaggregated data to monitor the impact on health disparities and inequity
- Listening to, engaging, and partnering with parents and caregivers from the communities that are most impacted by health inequity

A suggested framework for carrying out these recommendations is presented in the next section. Throughout each step of the framework, there are call out boxes with considerations as to which recommendations are relevant at that point.
Finding a Common Route:  
A Roadmap for Early Childhood Systems Collaboration

In early 2020, AMCHP staff provided intensive technical assistance to two states (Indiana and Louisiana) to pilot a framework for increasing state-level coordination among Title V, MIECHV, and ECCS programs. Representatives from each of the three programs and a family leader drafted a concrete action plan to improve collaboration to achieve a mutual priority. Based on the pilot, AMCHP staff developed this roadmap for state-level early childhood program leaders and staff to draw upon to increase collaboration on shared goals.

There are many initiatives or activities that Title V, MIECHV and ECCS programs can work on together to accomplish shared goals. Examples include:

<table>
<thead>
<tr>
<th>Initiative/Activity</th>
<th>Goal/Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cross systems training and initiatives on breastfeeding, developmental screening, maternal depression screening, and equity</td>
<td>Use integrated early childhood data to drive policy and decision making</td>
</tr>
<tr>
<td>Improve identification of pregnancy-related depression and early identification systems for developmental screening and referral</td>
<td>Partners on needs assessment activities for early childhood populations</td>
</tr>
<tr>
<td>Partner on community coordination resources, like Help Me Grow, to support systems building, coordination, and alignment</td>
<td>Develop early childhood “hubs” to support local programs and communities</td>
</tr>
<tr>
<td>Build or enhance centralized intake and referral systems</td>
<td>Embed a culture of meaningful family and community engagement and co-creation in all early childhood systems building efforts</td>
</tr>
<tr>
<td>Develop or enhance integrated early childhood data systems</td>
<td>Develop a strategic plan to guide racial equity in early childhood systems and programs, such as promoting equitable access to, and experience with, developmental health services for young children and families of color</td>
</tr>
</tbody>
</table>

For additional exemplar strategies of shared interest:
- HRSA and the U.S. Department of Education’s Policy Statement to Support the Alignment of Health and Early Learning Systems
- The Association for State and Territorial Health Official’s Resources for Early Brain Development
Agree on a journey of collaboration

The first step to improve collaboration is to ensure that the state early childhood programs' leadership or staff have reached a consensus that collaboration is an important strategy for accelerating overall improvements in early childhood outcomes. If early childhood program leaders have not yet established this mutual desire, they may need to take time to build relationships with key partners, have initial discussions on shared goals or priorities, and articulate the benefit of collaboration for early childhood systems building.

Form the team

Prior the first in-person meeting, each interested state point of contact was tasked with identifying and recruiting representatives from each of the early childhood-related programs (focusing on Title V, MIECHV, and ECCS programs for the purposes of this effort). In addition, states were strongly encouraged to include a family and/or local community representative on their team to ensure that this voice would be equally valued and incorporated within decision-making from the start of this journey. AMCHP staff emphasized that selected representatives from each of the early childhood programs should have the experience and authority to decide on and commit to priorities and an eventual action plan.

Pack your bags—gather individual program priorities and perceived barriers to collaboration.

Before convening the kickoff meeting, AMCHP staff asked each team member to articulate their represented program’s priorities and to complete an online, anonymous assessment of the internal (organizational) and external barriers to collaborating with other early childhood programs in their state.
The first stop on the journey to meaningful collaboration is to bring the team together to achieve the following objectives:

- Identify and/or recommit to a shared early childhood priority
- Understand the key actors, connections, and patterns within their early childhood system
- Diagnose the internal and external factors keeping the current early childhood system in place
- Create a list of concrete next steps for collaboratively enhancing the early childhood system

AMCHP’s technical assistance pilot devoted an entire day for this first step. To achieve these objectives, AMCHP staff guided the Indiana and Louisiana teams through the following itinerary for the first stop:

**Celebrate past successes and highlight current efforts.**

To kick off the meeting, state teams were prompted to share their past collaborative successes and their ongoing collaborative efforts. This collective effort is a strength-based approach to frame shared goals, commitments, and approaches for collaboration. A “brag wall” is an effective technique to facilitate this activity and was used for the meeting. (See appendix B for a template.) As outlined in adrienne maree brown’s “Emergent Strategy,” brag walls provide a space to regularly recognize and celebrate progress towards a goal. The brag wall has three sections: (1) past successes, (2) current efforts, and (3) vision for the future.

The vision for the future was not filled out during the first meeting. The state teams dedicated the rest of the day working through several processes to develop a shared vision.

**Select a shared destination (priority).**

Individual team members shared their prepared list of priorities of the program or group they represent. From these lists, the teams worked together to identify a list of common or overlapping priorities. Using this list of shared priorities, the teams used an Impact Matrix Worksheet (see appendix C) to collectively select the priority for the team to focus on as a catalyst for collaboration. The Impact Matrix Worksheet was selected because it has been demonstrated as a quality improvement methodology that can enable users to focus on selecting priorities that will have the most impact and be the most feasible given the team’s available collective resources.
Once the team identifies and articulates a shared priority (or vision), the group is able to identify each program’s roles to advance the stated vision.

**Identify and map the early childhood system actors.**

AMCHP staff used [Foundation Strategy Group’s (FSG) Guide to Actor Mapping](#) to facilitate this process. State teams used the selected shared priority to map the key players, programs, and initiatives in their state’s early childhood system and the strength of relationships among them. The team members that were mapping the system defined the early childhood system. Simply deciding on the scale of the system to home in on yielded important insights among the two participating state teams. Note that many techniques are available for systems analysis; however, AMCHP staff selected the actor mapping method because this method focuses on the stakeholders, or key players, within a system. The state teams valued the method they used to shed light on the “facilitators” for and the “blockages” that were influencing the level of connectedness of their state’s early childhood system stakeholders. Understanding these levers gave the teams insight into the most strategic points to identify opportunities to enhance systems building efforts and invest in partnership-building.

**Complete internal and external assessments grounded in FSG’s Water of Systems Change Framework.**

During the meeting, state teams used the [Water of Systems Change Action Learning Exercise resource](#) to complete internal (organizational) and external assessments of the conditions perceived to be maintaining the status quo of the current early childhood system in their state. This framework was selected because it articulates conditions for systems change that are representative of a spectrum of tangible and intangible conditions.

The spectrum ranges from structural (explicit) ones, such as policies and practices, to transformative (implicit) ones, which include mental models.

**Commit to engaging a variety of stakeholder perspectives.**

Before the meeting ended, the state teams committed to inviting additional key stakeholder perspectives. Early and continuous engagement of key stakeholder perspectives, particularly those of families and communities, is important to create buy-in for implementing a collaborative action plan to be created during the second stop on the journey toward improved early childhood systems collaboration.

### During the first stop, consider your opportunities to carry out the recommendations for enhanced collaboration:

- **Align with or articulate a state or jurisdiction-wide early childhood vision**
- **Understand agency structures and governance that can promote collaboration and/or remove silos**
- **Understand current and potential early childhood investments and how they align to the vision**
- **Understand current investment in family engagement and leadership and where further investment is needed**
- **Commit to engaging partners with purpose, particularly Medicaid, family leaders, and local partners**
- **Commit to advancing equity as part of your collaborative work**
The next stop on the early childhood collaboration journey is to prepare for action planning. The time frame for completing this step needs to be limited to keep the project focus and momentum. In the technical assistance pilot, state teams had three months to prepare for collaborative action planning. Accordingly, state teams were encouraged to share outcomes from the “First Stop—Plot the Course” meeting with stakeholders, which were identified as important for achieving the shared priority. State team members then gathered additional input from stakeholders to inform the creation of a collaborative action plan. For example, Louisiana surveyed all MCH staff in the Bureau of Family Health to understand current policies, practices, attitudes, and beliefs related to their shared priority. The team then used the “Water of Systems Change” framework to organize the survey results and present the results to the full MCH staff. Similarly, the Indiana team shared the meeting outcomes with their agency leadership to obtain the buy-in required to focus on collaboration among the programs as a shared priority.

While fueling up for collaborative action planning, consider your opportunities to carry out the recommendations for enhanced collaboration:

- Gather feedback on family and community-driven outcomes and how families and communities are engaged in current efforts
- Examine how current policies, structures, and initiatives related to your goal change to be more equitable
- Engage partners and stakeholders in conversations on advancing your shared goal to garner buy-in
- Identify systems-level initiatives to enhance alignment and collaboration related to your shared goal
The team devoted another day-long meeting to complete the collaborative action planning. To continue the practice of celebrating successes and expressing enthusiasm about each team’s shared priority and progress, state teams began the meeting by revisiting their brag walls (see appendix B) to add their achievements over the previous three months. They reaffirmed their shared, early childhood systems-related priority. This second meeting used a facilitation methodology that was effective for guiding state teams to draft a collaborative action plan for the next six months. The discussion topics included:

1. Key actions/tasks necessary to progress together toward the shared priority
2. Clear timeframes for completing tasks
3. Designation of person(s) responsible for ensuring tasks are completed
4. Mechanisms for ongoing collaboration and coordination among the team, including shared benchmarks (or measures) to promote accountability towards achieving their shared priority

The second stop is to reconvene the team to focus on the following objectives:

- Draft an action plan for working together on the shared priority, which includes clear mechanisms for continued collaboration and coordination
- Create an environment conducive for each state team member to take ownership and responsibility for implementing the drafted plan

During the second stop, consider your opportunities to carry out the recommendations for enhanced collaboration:

- Apply an equity lens to critically analyze each step of the action plan
- Articulate how families and communities are engaged in co-creating the action plan
- Identify programmatic and/or structural mechanisms to embed collaboration
- Prioritize systems-level drivers for action
- Clearly outline each partners’ role and alignment with the shared goal
- Identify and align shared measures for accountability
- Identify opportunities for state-local coordination
Successful collaboration is a practice that continuously evolves based on changing factors, such as staff transitions, emerging priorities, and changing funding situations. The group of collaborators must be nimble and flexible to adjust to unpredictability. Teams must agree upon mechanisms for ensuring continued accountability for implementing the collaborative action plan in changing circumstances. To mitigate possible challenges, teams might consider scheduling recurring meetings with an agenda dedicated to the following:

1. Reviewing progress toward implementing the action plan and critically analyzing progress for equity—who is benefiting from progress and who is being harmed by the progress?

2. Assigning responsibility for implementing the next steps of the collaborative action plan based on progress since the prior meeting.

3. Refining the collaborative action plan if this becomes necessary.

| Sustaining Collaboration: Plan a regular maintenance schedule |

<table>
<thead>
<tr>
<th>While planning a maintenance schedule, consider your opportunities to carry out the recommendations for enhanced collaboration:</th>
</tr>
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<tbody>
<tr>
<td>Identify new partnerships and funding to achieve the shared goal and vision</td>
</tr>
<tr>
<td>Invest further in family leadership and engagement</td>
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<tr>
<td>Enhance structures for state-local coordination</td>
</tr>
<tr>
<td>Use shared measures to assess progress and drive implementation and refinement of the plan</td>
</tr>
<tr>
<td>Continue to critically analyze progress using an equity lens</td>
</tr>
<tr>
<td>Listen to, engage, and partner with parents and caregivers from the communities that are most impacted by health inequity</td>
</tr>
</tbody>
</table>
Conclusion

State Title V, MIECHV, and ECCS programs have many opportunities for alignment based on the overlapping priorities required of each program. Recommendations for maximizing synergy among the three programs are as follows:

1. Articulate a statewide or jurisdiction-wide early childhood vision
2. Promote agency structures that reduce silos among early childhood investments, including Title V, MIECHV, and ECCS programs. Consider, for example, forming interagency work groups, using an umbrella agency that houses all early childhood programs within it, or instituting advisory councils
3. Align all early childhood investments and new funding opportunities with the statewide early childhood vision
4. Ensure all early childhood investments are optimizing or partnering with Medicaid, as appropriate
5. Prioritize systems-level drivers as targeted areas for improvement
6. Align measures and coordinate measurement systems for increased accountability of shared results
7. Partner with purpose and regularly assess the role of partnerships
8. Invest in family engagement and leadership within early childhood system efforts
9. Build out structures for state-to-local coordination
10. Create a strong commitment to advancing equity within early childhood systems and outcomes

This resource also presents a roadmap framework that can be used to strengthen the collaboration among Title V, MIECHV, and ECCS within states and jurisdictions. The recommendations and roadmap framework should help state-level early childhood program leaders accelerate improved outcomes among children.
CASE STUDY

Enhancing the Indiana State Department of Health’s Internal Organizational Structure for Improved Early Childhood Collaboration

Indiana Early Childhood Collaboration (ECC) Team Members:
Representatives from the Title V MCH Program, MIECHV Program, and ECCS Impact Grant Program, all of which are housed within the MCH Division of the Indiana State Department of Health.

Background:
The Indiana State Department of Health’s Maternal and Child Health Division is organized into several sections. Two of the sections are (1) MCH programs (which houses Title V and ECCS Impact program staff) and (2) the MIECHV program. Historically, teams of staff have been formed based on the needs of the MCH population domains and/or grant-funded programs.
Journey to Accelerate Improvements in Early Childhood Outcomes through Enhanced Collaboration

Deciding on a shared destination (priority).
During their first meeting ("first stop"), the Indiana team identified that the first step toward realizing improved collaboration was to ensure a shared understanding and knowledge among all MCH program staff on the purpose, goals, and objectives of each of the three programs. The team developed a shared priority of: "Shared knowledge of Title V, Home Visiting, and Early Childhood Systems among all MCH Program Staff."

Identify and map the early childhood system actors.
During the mapping activity, the team quickly discovered an important insight: collectively, the Title V, ECCS, and MIECHV programs had an abundance of connections to the larger early childhood system. However, each of the three programs still had an opportunity to better understand the makeup of one another’s strategic partnerships, programmatic initiatives, and overall goals. This understanding was critical to better align their efforts and create a cohesive story of their collective priorities when working with key external stakeholders.

Assessing the internal and external conditions for systems change.
Once the Indiana team decided that their most impactful leverage point was to focus on a shared understanding of each grant program’s external partnerships, program goals, and programmatic initiatives, the team honed in on the internal assessment of the Water of Systems Change Action Learning Exercise. The team discussed several conditions as a part of this assessment, but the one that rose to the top was the way in which teams were organized at the Indiana State Department of Health. The team identified several challenges inherent in the State Department of Health’s organizational structure in teams by grant program. This structure made it difficult to completely understand the partnerships, priorities, and activities of each program. In addition, this structure hindered the ability to regularly collaborate on areas of naturally overlapping work. The team decided that their next step was to meet with MCH leadership to discuss and share their proposed vision and insights.

Fueling up for Action Planning.
The Indiana team returned to the Indiana State Department of Health and met with MCH leadership to discuss their shared priority and major takeaways from their system actor mapping and internal assessment activities. As a result of these discussions, the team gained support from MCH leadership to continue their activities. The Indiana team decided to shift focus and start addressing this priority with a new cross-cutting systems building team. The group that attended the first meeting was then charged to consider carefully the key staff that would comprise the new systems building team and the key functions of this new team.
Where the Rubber Meets the Road—Action Planning for Next Steps.
Leadership secured buy-in and support for the cross-cutting systems building team, and a six-month action plan to operationalize this new team was designed. More specifically, the Indiana team wanted to implement the same action planning process with the newly formed systems building team.

The major areas of work included:

(1) Planning for the launch of the new team, which includes selecting the best combination of staff for the team and planning the kickoff meeting (the agenda is to mirror the activities completed the first time the Indiana team convened).
(2) Preparing the newly formed team for inaugural meeting activities, including pre-work to prepare the team to replicate the early childhood systems collaboration framework outlined above.
(3) Holding the inaugural meeting to determine the systems building team’s shared priorities, areas of leverage within Indiana’s early childhood system to achieve the shared priority, and an assessment of the conditions for systems change using the Water of Systems Change Framework.
(4) Creating a list of actionable next steps with clear timelines and staff members responsible for moving the next steps forward.
Maintaining the Collaborative Momentum.

In the three months since drafting the action plan, the Indiana team has:

- Launched their new systems building team. The team also regularly communicates with the Indiana State Department of Health’s human resources department on the topic of pandemic hiring freezes and delays in obtaining final approvals for formalizing the new team. Although not all positions have been fully approved, three new staff are being hired.
- Critically analyzed and improved their internal workflow processes with a lens on improving collaboration to support the effectiveness of the systems building team. For example, when new hires are trained, they will start to receive information related to the MIECHV and Title V programs when they are hired.
- Leveraged current staff to perform the following activities:
  - Provide leadership and input on formalizing new team members
  - Increase the number of formal collaboration touch points to share work more frequently and to create more clearly defined roles/responsibilities
  - Take the governor’s priority, Obstetric Navigation (OBN), as an opportunity to finetune the operational plan for not only the new team’s role in OBN, but the new team as a whole
  - Acknowledge feeling part of both the newly formed systems building team and the larger MCH Division
- Worked through the Indiana State Department of Health’s approval mechanisms for purchasing online collaborative software that will allow the Indiana team to host the interactive, inaugural systems building team meeting—and to continue collaboration into the future.

State Perspective:
The Value of Collaboration.

This work has resulted in an improved understanding among the Title V, ECCS, and MIECHV programs at various levels of where each of the program “fits” within the state’s larger early childhood efforts. This knowledge in turn leads to a renewed sense of clarity, cohesiveness, and purpose among home visiting providers, Indiana State Department of Health staff, and the clients served by the ECCS, Title V, and MIECHV programs. When each program understands where within the Indiana State Department of Health’s early childhood efforts they are best positioned to effect change, each program can achieve accelerated improvement in early childhood outcomes among Hoosier children and their families.
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The Association of Maternal & Child Health Programs is a national resource, partner, and advocate for state public health leaders and others working to improve the health of women, children, youth and families, including those with special health care needs. AMCHP’s mission is to lead and support programs nationally to protect and promote the optimal health of women, children, youth, families, and communities. We envision a nation that values and invests in the health and well-being of all women, children, youth, families, and communities so that they may thrive.

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Appendices

A: Types and frequency of Partnerships Reported in Environmental Scan Documents

The figure below depicts the types and frequency of reported partners as determined by the qualitative analysis of the environmental scan documents. Each of the reported partnerships fell under one of three sectors, represented by the different colors shown in the figure below: MCH organizations (red), other public health organizations (blue), and other sectors (grey). The size of each individual cell represents the frequency of that reported partnership. For example, more programs reported partnerships with their state Women, Infant, and Children (WIC) or Nutrition programs than partnerships with their state Title X program. While the size of the cell represents prevalence of that reported partnership, it does not represent the strength or quality of the partnership.
### B: Brag Wall Template, Adapted from Adrienne Maree Brown’s “Emergent Strategy”

<table>
<thead>
<tr>
<th>Past Collaborative Successes</th>
<th>Current Collaborative Efforts</th>
<th>Vision for Future Collaboration</th>
</tr>
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C: Links to key documents referenced throughout this resource

Impact Matrix Worksheet

FSG’s Guide to Actor Mapping

FSG’s Water of Systems Change Framework

FSG’s Water of Systems Change Action Learning Exercise

Institute of Cultural Affairs’ Technology of Participation Action Planning Framework
Endnotes


9. While there are many facilitation methods available for action planning, in this project, AMCHP staff used the Institute of Cultural Affair’s Technology of Participation Action Planning Framework.