



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

Accelerating Improvements in Early Childhood Outcomes



Prepared by

Anna Corona, MPH, CPH
Senior Program Manager,
Child & Adolescent Health

Maura Leahy, MPH, CHES
Program Manager,
Child & Adolescent Health

Kate Taft, MPH
Former Associate Director,
Child & Adolescent Health

Table of contents



Background02

Recommendations for Improved Alignment
Among Early Childhood Programs at the State and Local Level05

Methods06

Common themes and key findings08

Recommendations11

Finding a Common Route:
A Roadmap for Early Childhood Systems Collaboration14

Preparing for the Journey15

First Stop – Plot the Course:
Selecting a Shared Destination, Defining the Map,
and Assessing Resources16

Journey to the Next Stop: Fueling Up for
Collaborative Action Planning18

Second Stop – Where the Rubber Meets the Road: Collaborative
Action Planning19

Plan a Regular Maintenance Schedule20

Conclusion21

Case Studies:

Enhancing the Indiana State Department of Health’s
Internal Organizational Structure for Improved Early
Childhood Collaboration22

Prioritizing Family Engagement in Louisiana for Improved
Early Childhood Collaboration27

Accomplices in Action: Early Childhood Collaboration to Build
More Equitable Support Systems for School Readiness in
Mississippi33

Partnering with Purpose: Strengthening Alignment between
Guam’s Maternal and Child Health Programs and the Child
Care Sector37

Acknowledgements42

Appendices43

Endnotes46

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 through several technical assistance opportunities with states and jurisdictions.



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:

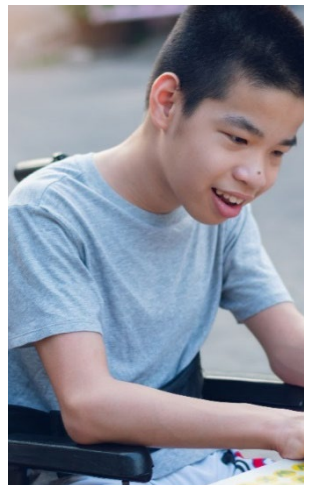
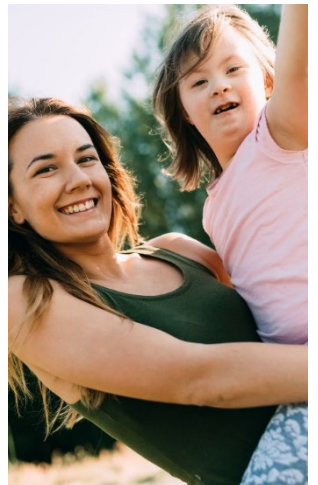
- Women/maternal
- Perinatal/infant
- Child
- Adolescent
- Children with special health care needs.

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 people 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 people 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:

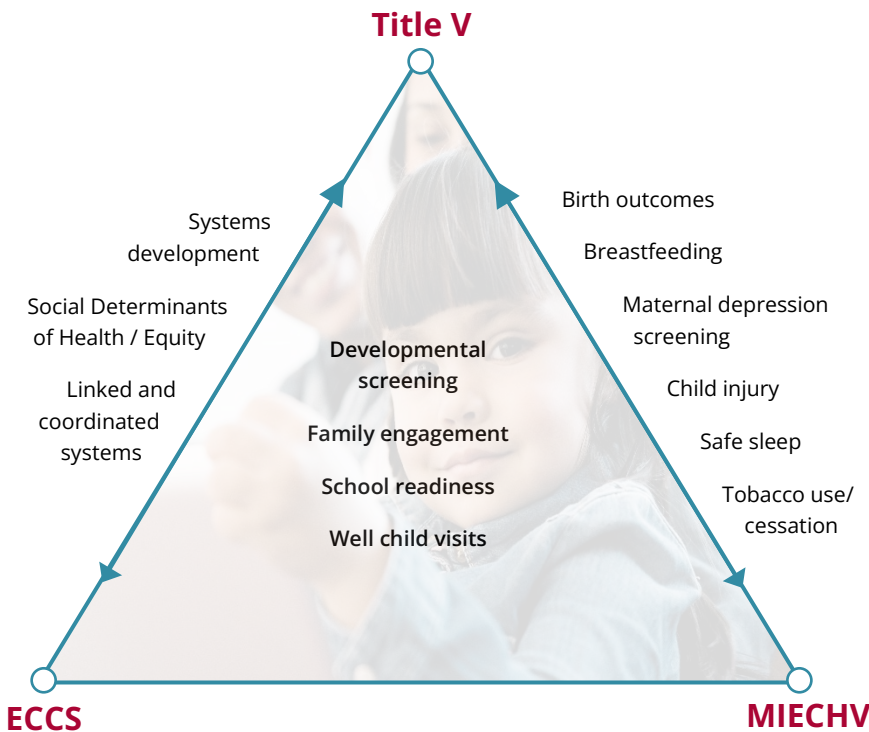
- Maternal and newborn health
- Maltreatment and reduction of emergency department visits
- School readiness and achievement
- Rates of domestic violence
- Economic self-sufficiency
- Coordination and referrals¹



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-generation 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) 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 Health Integration Prenatal-to-Three Program](#) (2021-2026) is the latest iteration of ECCS and aims to build state capacity and infrastructure to integrate and strengthen maternal and early childhood systems.²

Figure 1: Common Early Childhood (prenatal-5 years) Health Priorities Among Title V, MIECHV, and ECCS Programs



For more information, click on the links below.

Title V MCH Services Block Grant Program	
●	National Performance Measures
●	State Title V Profiles
MIECHV Program	
●	Benchmark Areas
●	Home Visiting Program: State Fact Sheets
ECS Programs	
●	ECS Programs Overview (HRSA)
●	ECCS Impact Program Overview (HRSA)
Needs Assessment Resources	
●	Crosswalk of the Maternal, Infant, and Early Childhood Home Visiting Program and the Title V Maternal and Child Health Block Grant Program Needs Assessment



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 develop 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 that states and jurisdictions can use 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.³ 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.^{4,5} 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.^{6,7,8}



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 all 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 because of the program's emphasis on creating linked and coordinated data systems to promote developmental health in early childhood.

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.

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.

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.”³



Recommendations

Results of the qualitative analysis included the following recommendations for early childhood systems 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.



“Perhaps most important among these findings are the critical roles of vision, leadership, and the position of programs within state administrative structures.”³

★ **Use partnerships to support systems building.**

Early childhood programs should be intentional with their partnerships by assessing the purposes and expected outcomes.

★ **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 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 early childhood systems building.

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

Early childhood systems building programs and initiatives 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.

★ 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 and racial 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 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

From 2020-2021, AMCHP staff provided intensive technical assistance to four states and jurisdictions (Indiana, Louisiana, Guam, and Mississippi) 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 an action plan to improve collaboration to achieve a mutual priority. Based on the pilot, AMCHP staff developed this roadmap that state-level early childhood program leaders and staff can use and tailor to increase collaboration on shared goals. Case studies from these four technical assistance opportunities are presented in a separate section of this Roadmap.

There are many initiatives or activities that Title V, MIECHV and ECCS programs can work on together to accomplish shared goals. Examples include:			
✓	Cross systems training and initiatives on breastfeeding, developmental screening, maternal depression screening, and equity	✓	Use integrated early childhood data to drive policy and decision making
✓	Improve identification of pregnancy-related depression and early identification systems for developmental screening and referral	✓	Partner on needs assessment activities for early childhood populations
✓	Partner on community coordination resources, like Help Me Grow, to support systems building, coordination, and alignment	✓	Develop early childhood “hubs” to support local programs and communities
✓	Build or enhance centralized intake and referral systems	✓	Embed a culture of meaningful family and community engagement and co-creation in all early childhood systems building efforts
✓	Develop or enhance integrated early childhood data systems	✓	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



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](#)



Preparing for the Journey Getting on board



★ While preparing for the journey, consider your opportunities to carry out the recommendations for enhanced collaboration:

Develop relationships and partnerships across programs and agencies

Contribute to or embrace a clear, articulated vision for early childhood systems building

Develop leadership capacity to drive systems building and integration

1

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 to convening state teams for implementation of this Roadmap framework, 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 time to commit to priorities and an eventual action plan. If members of the team have never worked together prior to this effort, it is critical to build in time to get to know one another's program goals, values, and audience. Ensuring that each team member has a baseline understanding of all represented programs is essential before moving to the next phase of the Roadmap.

3

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 collaboration with other early childhood programs in their state. Finally, if possible, invest in an outside facilitator for the duration of the Roadmap process. Regardless of who will be facilitating the process, ensure that the agenda and facilitation process are co-created with input from the full team.

1 First stop

Plot the course:

Selecting a Shared Destination, Mapping Resources, and Assessing Systems Conditions



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
- Assess and map the resources that each team member brings to the effort to achieve the shared priority
- Diagnose the internal and external conditions keeping the current early childhood system in place
- Create a list of concrete next steps for collaboratively enhancing the early childhood system

When conducted in-person, AMCHP's technical assistance pilot devoted an entire day for this first stop meeting. Virtually, the first stop was conducted over three, 2.5-hour sessions. To achieve these objectives, AMCHP staff guided teams through the following itinerary for the first stop:

Celebrate past successes and highlight current efforts.

To kick off the first stop, 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 a shared priority (or vision), the group can identify each program’s roles to advance the stated vision.

Identify and map the relevant early childhood system actors and the team’s resources.

AMCHP staff used [Foundation Strategy Group's \(FSG\) Guide to Actor Mapping](#) to facilitate an early childhood system actor mapping exercise. As it related to their selected shared priority, state teams mapped 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 scope of the early childhood system. Simply deciding on the scale of the system to hone in on yielded important insights among state teams. Note that many techniques are available for systems analysis; however, AMCHP staff selected the actor mapping method as 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 opportunities to enhance systems building efforts and invest in partnership-building. Once key system actors have been identified, consider using a tool like the [National MCH Workforce Development Center’s Asset Mapping process](#) (see instructions under “Using the Tool”) to facilitate an understanding of the resources that each team member can contribute toward achieving the shared priority. This knowledge will be useful during the action planning stop of the Roadmap.

Assess systems conditions using FSG’s Water of Systems Change Framework.

During the meeting, state teams used the [Water of Systems Change \(WoSC\) Action Learning Exercise resource](#) to complete internal (to their own organizations) and external assessments of the conditions perceived to be maintaining the status quo of the current early childhood system in their state. The WoSC framework articulates six conditions for systems

★ 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

change that range from structural (explicit), such as policies and practices, to transformative (implicit), which include mental models. Completion of this assessment results in a concrete list of opportunities to improve the early childhood system and can serve as a valuable tool for staying focused on systems-level change during the action planning process.

Commit to engaging a variety of stakeholder perspectives.

State teams committed to inviting additional key stakeholder perspectives to inform their efforts. Early and continuous engagement of stakeholder perspectives, particularly those of families and people with lived experience, is important to create buy-in for implementation of a collaborative action plan.

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

The next stop on the early childhood collaboration journey is to prepare for action planning. The time frame for completing this step should 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 that were identified as important for achieving the shared priority and to gather any additional information needed for the action planning process. 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 people with lived experience are engaged in current efforts

Examine how current policies, structures, and initiatives related to your goal can 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



2 *Second stop*
Where the rubber meets the road:

Collaborative Action Planning



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

The teams devoted another meeting to complete the collaborative action planning. The AMCHP technical assistance has only conducted the action planning virtually; AMCHP staff recommend splitting up the meeting into two, 2.5-hour sessions versus a one-day, 5- or 6-hour session. 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 by including that in the “future” panel of the brag wall. This second meeting used a facilitation methodology⁹ 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. These actions should address the systems conditions that were identified during the “first stop” as hindering progress toward the shared priority.
2. Clear timeframes for completing tasks
3. Based on the resources that each team member brings to the effort as defined during the asset mapping activity at the “first stop”, 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

★ 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



Sustaining Collaboration:

Plan a regular maintenance schedule

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.



While planning a maintenance schedule, consider your opportunities to carry out the recommendations for enhanced collaboration:

Identify new partnerships and funding to achieve the shared goal and vision

Invest further in family leadership and engagement

Enhance structures for state-local coordination

Use shared measures to assess progress and drive implementation and refinement of the plan

Continue to critically analyze progress using an equity lens

Listen to, engage, and partner with parents and caregivers from the communities that are most impacted by health inequity

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.”

Identifying and mapping 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:

- 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 a 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.

In the nearly two years since drafting the action plan, the Indiana team has seen much progress because of their improved collaboration:

- The newly formed systems building team has been officially named the Community Engagement and Systems Building section and has dedicated staff focused on aligning the work of MCH programs, inclusive of home visiting. Creating a permanent section with staff that focuses on the alignment and coordination of MCH services and programs has allowed the Indiana team to weather common challenges to continued collaboration, such as staff transitions.
- The Community Engagement and Systems Building section also supports the connection of three primary service lines that serve children and their families, including: (1) My Healthy Baby, a proactive referral system that connects pregnant people to home visiting providers within their community. The MCH team receives a daily data feed of newly identified pregnant people from partners at Indiana Medicaid. The team proactively calls each of those persons to offer referrals to community-based supports. (2) Help Me Grow continues to provide developmental screenings, parent cafes, and connections to and from pediatricians for families, and (3) their Moms Helpline continues to provide resources and referrals to families who reach out to them for whatever their needs may be.
- Received additional funding through appropriation from Indiana's legislature to expand home visiting to all 92 counties in the state. This has created an opportunity to examine how to better connect home visiting at the local level to other perinatal and early childhood initiatives.
- Born out of the combined work of ECCS and home visiting, the Indiana Early Childhood Collaborative, a statewide advisory group, continues to meet to bring together early childhood partners.
- An internal-to-MCH home visiting group meets monthly to discuss all things home visiting. Members of the group include staff from the Systems Building/Community Engagement Section, staff from the Home Visiting team, and staff from the MCH Programs/Title V team. This has evolved into a forum to standardize things such as reporting requirements, grant applications, practice requirements, and serves as an overall sounding board for members of the MCH team doing aligned work.
- MCH Innovations teams were developed in 2022 to address and identify opportunities to improve work and communication across MCH amongst staff. These innovation teams are population health domain specific so professionals can meet and discuss innovative ways to improve the health of children across all state and federal funding streams. These innovation teams will launch formally in 2023.

CASE STUDY**Prioritizing Family Engagement in Louisiana****For Improved Early Childhood Collaboration****Louisiana Early Childhood Collaboration (ECC) Team Members:**

Representatives from the Title V Maternal and Child Health (MCH) Program; Maternal, Infant and Early Home Visiting (MIECHV) Program; and Early Childhood Comprehensive Systems (ECCS) IMPACT Program.

Background:

The Bureau of Family Health within the Louisiana Department of Health, Office of Public Health, is Louisiana's Title V administrative agency. The Bureau of Family Health has several programs, including the ECCS IMPACT Program and the MIECHV Family Support and Coaching Program. Historically, teams worked largely in silos. However, over the last few years, programs started coordinating with each other in an intentional way and identifying potential areas where their visions align. One aspirational, shared vision for all three programs and their networks of partners has been to develop a comprehensive early childhood system in Louisiana that will enable all families to receive all supports they need, when they need them. This vision would allow families to experience a “no wrong door” entry into a coordinated system of early childhood services that is tailored to their unique needs. “No wrong door” means that all families can link to necessary services and supports, in the order they choose to access them, including supports not directly related to the health care system.

The Louisiana Title V program has had a long history of family engagement with the Children and Youth with Special Health Care Needs programs. However, family engagement was not consistently an integral part of MCH-focused efforts. Beginning with the 2016–2020 MCH Title V Block Grant cycle, the Bureau of Family Health developed a dedicated workgroup and State Performance Measure to improve family and community engagement efforts across all programs. The Louisiana ECC team used this technical assistance (TA) opportunity to implement AMCHP's Roadmap for Early Childhood Systems Coordination to enhance these family engagement efforts and move toward building a family-centered early childhood system.



Journey to Accelerate Improvements in Early Childhood Outcomes through Enhanced Collaboration

The following were the steps taken to improve collaboration among Louisiana's Title V, MIECHV, and ECCS programs to build a family-centered approach to partnership.

Deciding on a shared destination (priority).

Before convening the first in-person meeting, the Louisiana team used a list of existing collaborative early childhood focus areas to identify their top priority. They prioritized creating a “no wrong door” framework, by which families enter a Louisiana system of early childhood services when the family feels it is a priority and a need. The team later realized, however, that their shared overall early childhood systems' vision was based on the team's own assumptions rather than the lived experience of families.

After acknowledging that their individual assumptions were flawed, the team decided to narrow the scope of their project so that the focus became listening to families' voices. They then revised the shared priority to be: ***“Valuing family partnership is a culture for the organization, demonstrated through policy, investment, concrete processes, education, and evaluation.”***

Identifying and mapping the early childhood system actors.

During the first TA meeting, the Louisiana team conducted a key stakeholder mapping of the broader early childhood system in Louisiana using the FSG actor mapping method. This activity helped team members realize that some of the common language and terms they used meant something different to each team member. This activity also prompted the team to discuss whether it made sense to put every early childhood organization on the system actor map or just those organizations the team believed would be immediately ready to partner together to affect change. This discussion was transformational for the team.

Some underlying struggles included an internal debate about how they would be able to alter what the team had already tried to do before with minimal success. After mapping all the early childhood actors, a team member astutely observed that the map and the myriad of jumbled strands showing different types of connections reflects the extremely complicated system that families must navigate to access services and supports. From this observation, the team reaffirmed its commitment to ensure families' needs and priorities drive the team's work.

Assessing the internal and external conditions for systems change.

As stated previously, the Louisiana team agreed to focus on a “no wrong door” framework and to prioritize families' needs in their early childhood work. The “Water of Systems Change” action learning exercise provided two points of clarity for the team. First, that an initial scope of work needed to focus on improving the team's processes for early childhood systems collaboration. Second, that the “no wrong door” framework was their ultimate shared vision and that the team must figure out how to come together to determine the action steps for accomplishing this vision.

Looking at the systems conditions that were preventing progress toward the shared priority, the team agreed they needed to better understand what families need and what systems of care would look like if they were to work *for* families. Families themselves needed to define these needs. The team identified several broad questions and themes, as follows:

- Systems must be designed with and for the families they serve
- The needs of *all* families must be understood, including families that the Bureau of Family Health is not currently serving
- Partnerships with families at all levels of systems change is needed, from the point of service design and program evaluation to policy development and implementation

The team worked hard to clarify their revised focus for the rest of the TA opportunity and plan their next steps.

Fueling up for Action Planning.

Immediately following the first TA meeting, the Louisiana team decided to complete the “Waters of Systems Change” exercise a second time and then finalized their shared priority aim as:

Create an organizational culture that values family partnership that is evidenced by policy, investment, concrete processes, education, and evaluation.

The team intentionally framed the priority as “family partnership” rather than “family engagement” because systems change will require moving beyond one-sided family engagement activities, such as focus groups and surveys. Systems change will also require shared decision-making that involves families and collaborating in a mutually beneficial way.



To gain a better understanding of current policies, practices, attitudes, and beliefs in the Bureau of Family Health around family partnership, the team collaborated with the existing Title V Family Engagement workgroup to develop and disseminate a Family Partnership Readiness survey to key decision-makers and staff in the Bureau of Family Health. The survey included questions about prioritizing family partnership, investing in and creating a culture of family partnership, changing policies, and ensuring accountability through evaluation. The team also mapped the survey questions to the three levels of the “Waters of Systems Change” model to identify areas of focus for the next action planning session.

The survey results revealed broad support for and understanding of the value of family partnership. However, significant barriers to implementing meaningful family partnerships agency-wide include the lack of a unified definition, formal infrastructure, policies, and processes.

Where the Rubber Meets the Road—Action Planning for Next Steps.

The Louisiana team’s action plan for accomplishments within 6 months of the second TA meeting focused on setting the foundation for building a culture of family partnership within the Bureau of Family Health.

Key steps in the action plan included:

- Merging existing Title V and Health Equity family and community engagement workgroups and strategic plans
- Recruiting additional workgroup members
- Conducting environmental scans of family partnership definitions, resources, leading models and best practices, performance measures, and evaluation tools
- Defining family partnership and identifying grounding framework(s).

Maintaining the Collaborative Momentum.

Since drafting the action plan, the Louisiana team:

- *Held a meeting with the Bureau of Family Health leadership and key decision-makers to review the results of the family partnership survey in the context “Water of Systems Change” framework.* AMCHP staff provided a brief overview of the “Waters of Systems Change” model and facilitated a discussion on next steps for the Bureau of Family Health to move their family partnership work from a state of readiness to a state of meaningful action.
- *Supported the development of a family-partnership-focused Title V Priority Need and State Performance Measure.* The 2020 Title V Needs Assessment highlighted the need to improve family and community engagement at all levels of systems change, regardless of the population of focus. The needs assessment also showed that a robust collaborative effort is needed to build the Bureau of Family Health’s organizational capacity to support ethical, meaningful engagement. The Louisiana team used this opportunity to merge the existing family engagement workgroups and develop a new State Performance Measure and action plan for the Title V 2021–2025 Block Grant cycle. The new State Performance Measure utilizes the Organizational Commitment section of the Family Voice’s [Family Engagement in Systems Toolkit \(FESAT\)](#) and provides accountability and benchmarks as the Bureau of Family Health works to institutionalize family partnership as a foundational component of all systems change initiatives.

- *Attended the Fall MCH Skills Institute to support implementation of the refined action plan.* The Skills Institute helped the team integrate fresh perspectives for implementing the action plan and recruiting new workgroup members. Although the new participants were eager to contribute, the workgroup was limited in capacity to move the work forward at the Bureau-wide level. Each program at the Bureau of Family Health has unique needs, which made defining the family partnership work across the Bureau challenging. To help build momentum and gain clarity on the work remaining, the team decided to narrow the focus and pilot a family partnership strategy within one Bureau of Family Health program.
- *Applied for the ECCS: Health Integration Prenatal-to-Three Program grant.* The grant development process presented an opportunity to build upon the broader Title V state action plan and design a family partnership strategy with a clearly defined focus within the scope of an early childhood systems project. Whether or not the Bureau of Family Health is awarded the ECCS grant, the Louisiana team plans to continue the ECCS, MIECHV, and Title V collaboration to move their shared family partnership priority forward with a more narrow early childhood systems focus.

In early 2023, AMCHP staff followed up with the Louisiana team to learn about their progress since applying for the new iteration of the ECCS project. The Louisiana team's proposal for the ECCS project was successful, and they have been awarded the grant. Currently, they are working on implementing their project.

Most notably for their collaborative efforts, the Louisiana team has leveraged the opportunity that their ECCS award has created to transform their approach to family and community engagement across their early childhood programs within the Bureau of Family Health. Specifically, the team has shifted towards a targeted universalism approach, which aims to achieve health equity for all children across the state by considering the unique needs and circumstances of different population groups. To begin implementation of this approach, the team invested time in learning about best practices for engaging families and communities and then used state-level data to identify which subpopulations would be the initial focus of their work. Consistent with the principles of the targeted universalism approach, the Louisiana team has been intentional in engaging with families of young children who have historically been underrepresented or marginalized in the healthcare system. Through their engagement efforts, the team has sought to center the experiences of families with early childhood healthcare systems, with a particular focus on understanding any barriers they have encountered and potential strategies for addressing these barriers and improving their overall healthcare experiences. This input has been crucial in informing the team's approach to implementing policy, practice, and process changes aimed at improving health equity and outcomes for all Louisianans.

How is the collaboration with Title V and MIECHV continuing?

The ECCS project's collaboration with Title V and MIECHV programs has been ongoing since the Louisiana team's shift towards a targeted universalism approach. Although there have been some staff role changes, all three programs share a common understanding of the updated approach to family and community engagement.

While the ECCS and Title V programs are leading the systems change efforts for implementing and utilizing a targeted universalism approach (i.e. policy, practice, and process changes), the MIECHV program is focused on the on-the-ground implementation of the approach as they provide direct services to children and families across the state. Lessons learned from MIECHV's implementation experience will be scaled and spread to other early childhood services across the state.

The collaboration between the three programs continues to include sharing of resources, strategies, and best practices. Additionally, the advisory board of MIECHV has provided a direct link for communication and collaboration between the programs. This ongoing collaboration between ECCS, Title V, and MIECHV programs has been instrumental in ensuring that the targeted universalism approach is being effectively implemented across Louisiana.



STATE PERSPECTIVE:

The Value of Collaboration.

Dedicating time to strategize on how best to collaborate around a shared priority was an important catalyst in moving Louisiana's team toward institutionalizing and normalizing family partnership in their organization. Although family partnership was not the original focus of the project, utilizing the framework for improved collaboration deepened the team's understanding of the pivotal role of family partnership in systems change in early childhood and beyond. The team saw significant value to improved collaboration, especially with respect to strong relationships and infrastructure building.

By utilizing the framework for improved collaboration, the team developed a mutual understanding and respect for the difficulty and importance of this work. Despite setbacks and uncertainty related to the COVID-19 pandemic, the Louisiana team continued to be champions for prioritizing family partnership and supports for each other. The team revised the original action plan several times over the past year, but the shared early childhood systems vision and family partnership priority continue to serve as a beacon for collaborative efforts among ECCS, MIECHV, and Title V.

CASE STUDY

Accomplices in Action:

Early Childhood Collaboration to Build More Equitable Support Systems for School Readiness in Mississippi

Mississippi Early Childhood Collaboration (ECC) Team Members:

Mississippi's ECC team included representatives from the [Title V Maternal and Child Health Program](#); Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program; and [Mississippi Thrive! Child Health Development Project](#).

Background:

Mississippi's Title V, MIECHV, and Mississippi Thrive! programs are housed within separate agencies and organizations. The Title V program is administered by the Mississippi State Department of Health (MSDH), which is an independent state health agency governed by an 11-member Board appointed for staggered terms by the Governor. The MIECHV program sits within the Mississippi Department of Human Services, which is an executive branch agency of the Mississippi State Government. Funded by the Health Resources and Services Administration, Mississippi Thrive! is a partnership between the University of Mississippi Medical Center's pediatrics arm, Children's of Mississippi, and Mississippi State University's Social Science Research Center.

Journey to Accelerate Improvements in Early Childhood Outcomes through Enhanced Collaboration

Due to the COVID-19 pandemic, the Mississippi ECC team completed the entire intensive technical assistance opportunity virtually. To be mindful of online meeting fatigue, the "first stop" was split into a series of three, two-and-a-half hour meetings.

Deciding on a shared destination (priority).

While the three programs have a history of partnering individually on various initiatives, the members of the Mississippi ECC team embraced this journey to begin collaborative opportunities as a group. The team identified several common priorities across the three programs and came to a consensus on a shared priority to improve school readiness for young children and early learners. The team also wanted to explore ways to coordinate their individual efforts to provide training and professional development to staff, providers, and partners on cultural competence, cultural humility, understanding implicit bias, and health equity. Therefore, the Mississippi team decided to specifically focus their priority on increasing the state's early childhood services and programs' ability to address real-time needs of families and deliver trauma-informed care to ensure school readiness. The team underscored that school readiness meant "ready children *and* ready schools." It is critical to ensure that both children are healthy and ready to learn, and that schools are trained in trauma-informed practices to meet the needs of diverse children and families.

Identifying and mapping the early childhood system actors.

Once the Mississippi ECC team decided to focus their priority on improving school readiness, they plotted the network of the state's early childhood stakeholders with a focus on that priority. After completing the exercise, the Mississippi ECC team noted opportunities to develop partnerships that could inform their action plans. For example, they sought to build upon their existing partnership with the Mississippi Department of Education to reach teachers and engage early intervention providers.

Assessing the internal and external conditions for systems change.

On the final day of the “first stop” series, the Mississippi ECC team critically assessed the conditions in the systems that contribute to the disconnect between services, providers, and families. This process allowed them to identify what would need to change to address what families need in real time to increase their children’s school readiness. The team identified the three conditions cementing this “disconnect” in place: resource flows, relationships and connections, and power dynamics. The team then discussed conditions that contributed to:

- A lack of connections and coordination across programs, including lack of trust from certain organizations based on past experiences
- The lack of resources available to families due to gaps in neighborhood resources, the frequency of changes in service providers, and other challenges for families experiencing poverty
- The lack of resources and time for programs to focus on systems building and connections
- The need for diverse leadership and emphasis on health equity, as well as more accomplices (defined below) that promote equity in this work.



Fueling up for Action Planning.

The concept of being an **accomplice in health equity** as an approach to action planning resonated with the Mississippi ECC Team. The team wanted to unpack what it means to be an “accomplice” and how that approach can instill a shared sense of responsibility towards achieving their shared priority. AMCHP staff collaborated with Christy Pruitt-Haynes from *Our Truths* to provide the Mississippi team a “Moving from Ally to Accomplice” training session to prepare for their action planning. The training focused on how an accomplice can fuel teamwork, trust, and confidence among individuals that make up a collaboration, particularly when tackling issues related to inequities. The training helped the Mississippi team consider which actions to take as individuals and with their programs’ resources as they collaborate to improve the realities of their colleagues, clients, and Mississippi children and families.

Where the Rubber Meets the Road—Action Planning for Next Steps.

The Mississippi team then began to build a concrete action plan to increase their collaboration around the shared priority. Before drafting the action plan, the team identified their individual commitments (grounded in their recent training) for how they will show up at the team as an accomplice. These commitments and understanding of the accomplice concept framed the approach they would apply to their action plan. Throughout the action planning process, the team discussed resources available within their individual programs to review which individuals and organizations should lead and which should support each of the drafted activities. Team members also determined the work must focus on systems-level change. They referred to the previous assessment of the systems conditions during the “first stop” series as framing for their action planning.

The major areas of the action plan include:

- **Streamline Title V, MIECHV, and Mississippi Thrive! efforts through asset mapping, alignment, and enhanced communication.** This step aims to map out what each program is doing to contribute to progress on the shared priority. The objective was to review specific program activities, partnerships, resources, and how each program interfaces with parents, early childhood providers, and health care providers to educate, identify, and treat trauma in children and other family members. This will help identify ways to achieve better alignment across programs. Activities for this area of the action plan include:

 - Creating a visual asset map
 - Establishing regular, streamlined communication processes to share updates across the collaborative
 - Elevating the voices of those with lived experience by inviting parents to local advisory board meetings
 - Looking for joint funding opportunities (such as requests for proposals) the group can respond to in order to increase alignment
 - Establishing memorandums of understanding among the programs for data sharing and analysis
- **Build trusting relationships for collaboration.** In this step, the team identified and uses tools to prioritize equity and continues to build internal relationships and serve as accomplices for each other. These actions help solve trust and equity issues and they organically build time to foster personal connections.
- **Identify opportunities to convene partners.** This step includes building upon the asset mapping activity to identify existing partnerships with communities to support gaps in resources for families, children, and schools. It also involves reaching out to new community partners to determine services and resources they provide for families and young children.

Maintaining the Collaborative Momentum.

During the action planning meeting, the Mississippi ECC team also identified action steps to manage their continued collaboration and ensure effectiveness. (See table 1.)

Table 1. Action Steps for Continuing Collaboration

Establish regular meetings (at least monthly) of the core team and additional people identified in their action plan.	Align the action plan with the regular duties of those people identified to carry out tasks.	Continue to learn and practice using systems building tools.	Schedule regular learning sessions to review what has been done, where the team is going, and what adjustments need to be made.
---	--	--	---

In the 30 days after drafting the action plan, the Mississippi team:

- Recruited additional Mississippi Thrive! staff to manage the logistics of the collaboration, develop outreach activities for relationship building among the group, and conduct the asset mapping.
- Held an internal Mississippi Thrive! meeting to discuss these roles.
- All three groups met to discuss next steps.
- Recruited additional members of the Title V MCH Program to join the collaboration.
- Created a collaboration timeline and will focus upcoming workgroup meetings on relationship building/prioritizing equity; and developing a streamlined communication system.

Eighteen months after drafting the action plan, the Mississippi team has:

- Held several meetings with MS Thrive, MIECHV, & Title V team members in the 12 months since action planning. Transitions in staff across programs has created a road bump in continued meetings, but the team is working on reconnecting with new staff.
- Regularly discussed and prioritized goals and shared resources on equity, engaged in relationship-building exercises, and decided to meet monthly in a virtual setting. The team rotated who was responsible for facilitation and administrative roles.
- Created a summary of the collaboration to-date and a visualization of the team's overarching goals and commonalities. These documents are used to inform the work of team and to communicate about our group with others.
- Compiled data on kindergarten readiness at the county level that included relevant resources in each county. The data has been passed on to [Mississippi Early Learning Alliance](#), which is working toward the goal to achieve a state of the art childcare system in MS by 2030.
- Invited the Mississippi Early Learning Alliance (MELA) members to attend a meeting to discuss how the work of MS Thrive aligned with theirs and to collaborate on possible next steps.
- Began collaborating with staff from the Part C IDEA program.

What's next?

Members of the team are working to connect with new staff in each of the programs that have undergone staff transitions. The MS team has documented a summary of their progress towards collaboration and will lean on those resources to bring new staff up to speed.

STATE PERSPECTIVE:

The Value of Collaboration.

Having stronger relationships with other groups promoting early childhood in Mississippi moves the state closer to the broader integrated-system collaboration model all partners know is needed. Team members provided the following feedback on the collaboration:

- "I enjoyed spending time with lovely people I might not have otherwise gotten a chance to know."
- "The collaboration opens up new opportunities for all involved."
- "We can have a broader reach [and] larger impact [by aligning] multiple groups."
- "A broader range of perspectives in planning will improve the quality of the work."





CASE STUDY

Partnering with Purpose:

Strengthening Alignment between Guam's Maternal and Child Health Programs and the Child Care Sector

Guam Early Childhood Collaboration (ECC) Team Members:

Guam's ECC team included representatives from the following organizations:

- [Title V Maternal and Child Health](#) (MCH) and [Maternal, Infant and Early Childhood Home Visiting](#) programs (one team member represented both programs)
- [Preschool Development Grant](#) Birth to 5 program
- [Guam's Family Health Information Resource Center](#)
- [Guam Early Learning Council](#)

Background:

Guam's Title V MCH; Maternal, Infant and Early Childhood Home Visiting (MIECHV); Guam Preschool Development Grant, Birth-5 (PDG B-5); and the Family Health Information Resource Center (FHIRC) programs are all housed within Guam's Department of Public Health and Social Services. The Guam Early Learning Council (GELC) was established through Guam Public Law 31-62 to provide a coordinated framework involving all child-serving agencies and families representatives to develop a comprehensive system of supports for young children and their families. The Council is comprised of members appointed by the Governor of Guam that represent various government agencies and private organizations. The Council provides recommendations on effective policies supporting young children and has articulated the following jurisdiction-wide vision for early childhood systems:

All of Guam's young children will have healthy minds, bodies, and spirits as the foundation for lifelong success.

Journey to Accelerate Improvements in Early Childhood Outcomes through Enhanced Collaboration

Due to the COVID-19 pandemic, the Guam ECC team completed the entire intensive technical assistance opportunity virtually. To be mindful of online meeting fatigue, the “first stop” was split into a series of three, two-and-a-half hour meetings.

Deciding on a shared destination (priority).

The members of the Guam ECC team embarked on this journey with the advantage of having a history of close collaborative relationships across their respective programs. The team decided to leverage this existing strength and focus on building partnerships with stakeholders outside of their immediate MCH network. They also came to a consensus on their priority: to build MCH program partnerships with Guam’s child care sector.

The team selected this priority because it was closely aligned with Guam’s jurisdiction-wide vision for early childhood systems promoting equitable access to high quality child care across all settings, including geographically remote areas of the island. After selecting this priority, the team strategically chose to focus on strengthening their partnership with Guam’s Child Care Development Fund (CCDF) program. A partnership with CCDF is a logical choice because CCDF priorities are centered on equitable access to high quality child care. Guam’s CCDF is also housed under the Department of Public Health and Social Services, making this shared priority more feasible. The CCDF program is administered by the Office of Child Care (OCC) and provides funding to state, territory, and tribal governments to support children and their families who are juggling work schedules and struggling to find child care programs that fit their needs and prepare their children to succeed in school. For more information on the CCDF program, visit the [OCC’s website](#).

Identifying and mapping the early childhood system actors.

Once the Guam ECC team decided to focus their priority on building a partnership with Guam’s CCDF program, they plotted the network of Guam’s early childhood stakeholders and focused on identifying those that might serve as a bridge to key CCDF program staff. After completing the exercise, the Guam ECC team identified specific allies to engage in their efforts to partner with Guam’s CCDF program.

Assessing the internal and external conditions for systems change.

Moving into the third day of the “first stop” series, the Guam ECC team analyzed the systems conditions impeding their ability to partner with the CCDF program. Two specific conditions rose to the top of their concerns: relationships/connections and resource flows. During the system actor mapping activity, the Guam ECC team recognized that recent leadership and staff transitions within the CCDF program adversely impacted the level of connectivity that MCH programs previously enjoyed with CCDF program staff and agency heads. Regarding the flow of resources, the Guam ECC team recognized that a challenge for the CCDF program is implementing many complex activities with finite resources, including time and funding. The Guam team discussed at length the need to frame the value of a partnership with CCDF by underscoring the potential for MCH programs and their associated resources to contribute to and accelerate the achievement of CCDF program’s priorities.

Fueling up for Action Planning.

Recognizing the need to understand the overall goals and purpose of CCDF funding, the Guam ECC team requested a “CCDF 101” training session to learn more about how they could frame their MCH work in terms of CCDF program priorities. AMCHP staff collaborated with staff at the [National Center on Early Childhood Quality Assurance](#) to deliver a webinar for the Guam ECC team on the basics of CCDF programs, including the goals and benchmarks that all CCDF programs must achieve. The National Center on Early Childhood Quality Assurance priorities include advancing strong health and safety standards and licensing regulations that align with CCDF and Head Start Programs. For more information on CCDF programs, visit the [“Fundamentals of CCDF Administration”](#) website.

Where the Rubber Meets the Road—Action Planning for Next Steps.

Once the Guam ECC team had a better understanding of CCDF program priorities, they began to build a concrete action plan, affectionately titled “Welcome to the Neighborhood” (as an ode to Mr. Rogers) for initiating a partnership with the CCDF program over the next several months. The action plan includes timelines and person(s) responsible for advancing each activity. A major aim of the draft action plan is to cultivate a relationship with CCDF program staff. The ultimate goal for the ECC team is to provide input and implementation support for Guam’s 2022–2025 CCDF Plan.

The major areas of work for the “Welcome to the Neighborhood” action plan include:

- **Creating a blueprint for establishing relationships.** This step includes planning initial outreach to CCDF program staff and finalizing logistical details for a first meeting between the Guam ECC team and CCDF. The Guam ECC team decided that a meet-and-greet style meeting is appropriate for an initial touchpoint. The team also planned to spend time during this phase of the action plan to identify outcome goals for this partnership.
- **Laying the foundation for partnership.** This step includes hosting the meet-and-greet with key CCDF staff. During the meeting, the Guam ECC team envisioned an agenda as follows:
 - Share the reason for convening and the goal of partnership
 - Present short overviews of each program represented at the meet-and-greet
 - Reach a consensus on the next steps for moving the partnership forward in a way that is mutually beneficial and streamlines and creates more efficiency across programs
- **Opening the doors to a BBQ and fiesta.** In Guam, BBQs and fiestas are a common way to gather; they often serve as a space to grow and nurture community. The Guam ECC team believed that the next step in relationship building included focusing on how they could support the CCDF program, their early childhood system “neighbor.”

More specifically, the Guam ECC team chose to focus this next step on analyzing how their respective MCH programs could contribute to Guam’s upcoming 2022–2025 CCDF Plan activities. This included planning for and implementing a follow-up to the meet-and-greet. Initial thoughts for an agenda for the follow-up meeting included:

- A deep dive into the Guam CCDF’s program initial thoughts for their 2022–2025 CCDF Plan to uncover opportunities for alignment with MCH programs moving forward.
- Learning the unique needs of the Guam CCDF program and areas MCH programs might be able to support.
 - For example, the CCDF program has requirements for family partnership, and MCH programs in Guam have established strong family partnerships that the CCDF program could leverage.
- **Looking to other opportunities—the next street over.** Once a partnership has been established, the Guam ECC team plans to welcome and invite the CCDF team to the Guam Early Learning Council (GELC) to connect and align Guam’s CCDF program with Guam’s broader early childhood vision and state plan. Doing so is a way to continue collaboration not just with MCH, but with all stakeholders represented on the Guam Early Learning Council.

Maintaining the Collaborative Momentum.

During the action planning meeting, the Guam ECC team agreed on several mechanisms for continued collaboration:

- Leverage the first 30 minutes of an established weekly meeting to review progress on the drafted action plan
- Re-establish a previously set up WhatsApp group chat to allow for real-time communications
- Request time on the quarterly GELC meeting agendas to engage GELC members in this work.

In the 30 days since drafting the action plan, the Guam team met with the acting CCDF program coordinator. As a result of this meeting, a “think tank” was formed that includes MCH, Guam’s Family Health Information Resource Center, and other early childhood program administrators. The purpose of the think tank is to work collaboratively on Guam’s CCDF State Plan for 2022–2025. This think tank meets biweekly and reviews input provided to the draft Guam’s 2022-2025 CCDF State Plan.



STATE PERSPECTIVE:

The Value of Collaboration.

From the perspective of Guam’s MCH programs, focusing on improving collaboration with their CCDF colleagues is essential for striving toward a seamless system of services and supports for Guam’s young children, their families, and the providers that care for them.



In the eighteen months since drafting the action plan, Guam’s Governor signed an executive order that created a new Division of Children’s Wellness (DCW) within the Department of Public Health and Social Services (DPHSS). The new DCW houses two Bureaus within Public Health – the Bureau of Social Services Administration (BOSSA) / Child Protective Services (CPS) and the newly created Bureau of Child Care Services (BCCS) / Child Care Development Fund (CCDF) Block Grant program, and the Preschool Development Grant, Birth-5 (PDG B-5), an original member of the Guam ECC team. Since the creation of the new DCW, collaborative meetings between the DCW leadership team and the GELC have resulted in the discussion, planning, and decisions on several important issues including professional development, coordinated enrollment and eligibility, data collection, policies and procedures, and more. Notably, it was agreed that coordination of the use of CCDF training and professional development funds for childcare centers would be coordinated by GELC’s chairperson with support from the PDG B-5 program. This collaboration is happening now as BCCS and PDG B-5 work together to provide the evidence-based Teaching Strategies Creative Curriculum training for the child care centers and the Early Childhood Care and Education (ECCE) programs of Guam Early Intervention System (GEIS) and Early Childhood Special Education (ECSE). Guam’s MCH program also partners to promote increased knowledge of the early childhood service providers and child care center teachers and staff, to identify opportunities for alignment and collaboration, and assists in seeking additional revenue sources to sustain the programs. The Guam ECC team continues to build on their partnership with the CCDF program and enjoys a strong working relationship with consistent communication via WhatsApp, telephone call, messenger apps, and an interagency calendar for all early childhood programs.

Acknowledgements

The AMCHP authors would like to extend thanks and appreciation to the following contributors of this resource:

David Willis, MD, FAAP, Senior Fellow at the Center for the Study of Social Policy, **Kay Johnson**, President of Johnson Consulting Group, and **Selena Chavez**, Program & Research Assistant at the Center for the Study of Social Policy for their expertise and efforts in the qualitative analysis portion of this work

The Title V, MIECHV, ECCS program staff, and family representatives who participated in the Guam, Indiana, Louisiana, and Mississippi teams for their willingness to test out the framework outlined in this roadmap and for their assistance with summarizing their case studies

The participants of focus groups and key informant interviews who dedicated their time and expertise to contribute to the qualitative data that ultimately informed the themes and recommendations shared in this resource

Dina Lieser, MD, FAAP, Early Childhood Systems Programs Director and Team Lead at the Division of Home Visiting and Early Childhood Systems at MCHB, for guidance on this effort

AMCHP staff, Caroline Stampfel, MPH and Jessica Stieger, MPH, MSW, IBCLC, CD(DONA), who contributed their expertise for the environmental scan and the design and pilot of the roadmap described in this resource

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U01MC0001 – Partnership for State Title V MCH Leadership Community Cooperative Agreement (\$1,738,864). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. government.

About AMCHP:

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.

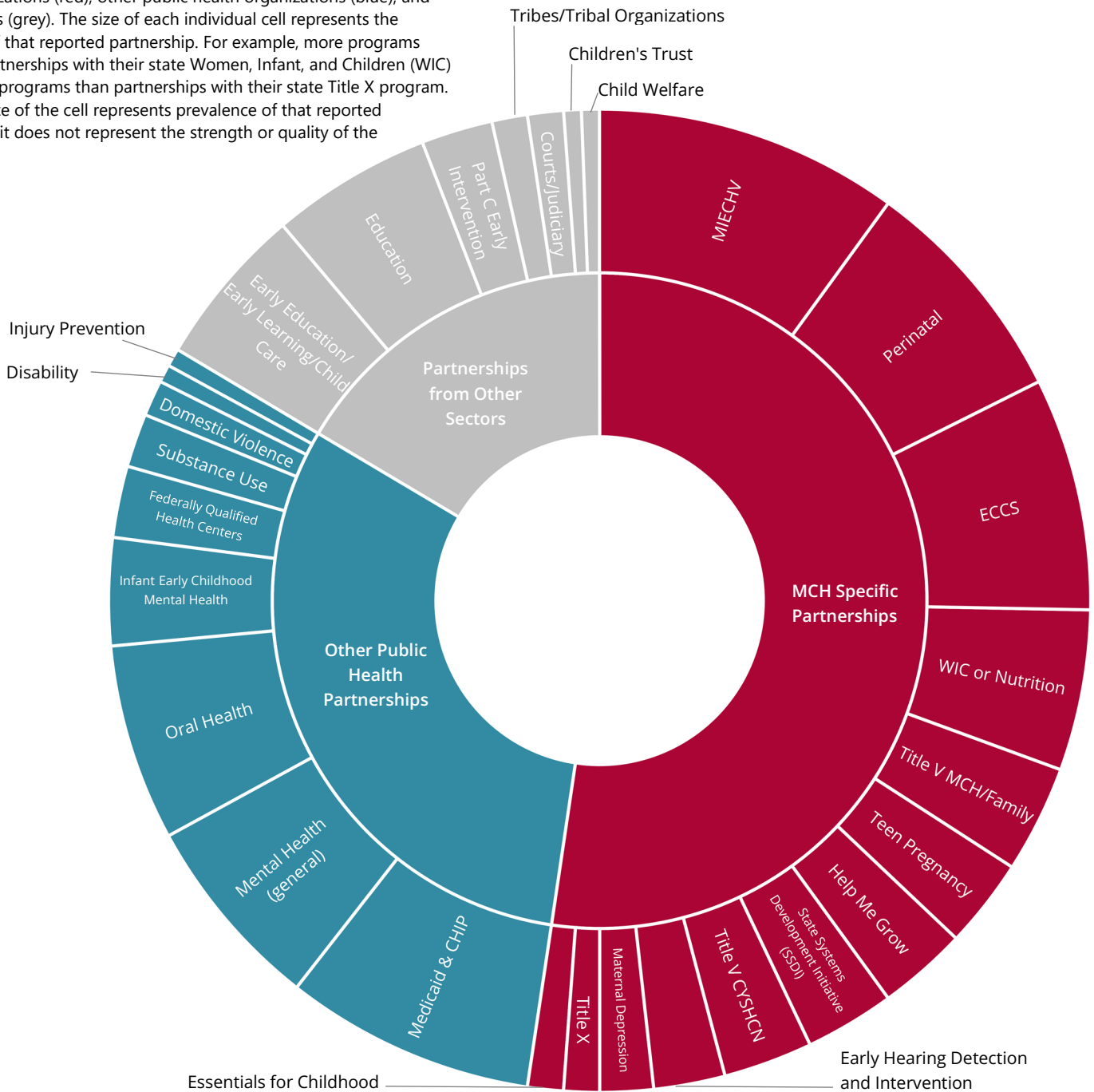
For more information, visit www.amchp.org or connect with AMCHP on [f](#) | [t](#) | [i](#)

Pronoun Disclaimer: AMCHP understands gender identity goes beyond the binary. Any mention throughout the Roadmap of maternal health and maternal care are relevant to all pregnant and birthing people.

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”

Past Collaborative Successes	Current Collaborative Efforts	Vision for Future Collaboration

Source: brown, a. m. (2017). Emergent strategy: Shaping Change, Changing Worlds. Chico, CA: AK Press.

C: Links to key documents referenced throughout this resource

Impact Matrix Worksheet

Mind Tools. (n.d.). *The Action Priority Matrix*. Retrieved August 8, 2023, from https://www.mindtools.com/pages/article/newHTE_95.htm

FSG's Guide to Actor Mapping

Gopal, S. & Clarke, T. (n.d.). *Guide to Actor Mapping*. Retrieved August 8, 2023 from <https://www.fsg.org/tools-and-resources/guide-actor-mapping>

Asset Mapping Tool

National MCH Workforce Development Center (n.d.) *Asset Mapping Tool*. Retrieved August 8, 2023 from <https://www.mchneeds.net//documents/Needs-Assessment/Asset%20Mapping%20FINAL.pdf>

FSG's Water of Systems Change Framework

Kania, J., Kramer, M., & Senge, P. (June 2018). *The Water of Systems Change*. Retrieved August 8, 2023 from https://www.fsg.org/publications/water_of_systems_change

FSG's Water of Systems Change Action Learning Exercise

Kania, J., Garfunkel, D., & Price, H. (n.d.). *The Water of Systems Change: Action Learning Exercise*. Retrieved August 8, 2023 from <https://www.fsg.org/blog/new-resource-water-systems-change-action-learning-exercise>

Institute of Cultural Affairs' Technology of Participation Action Planning Framework

Institute of Cultural Affairs. (n.d.). *Technology of Participation Action Planning Framework*. Retrieved August 8, 2023 from <http://www.ica-international.org/top-facilitation/>

Endnotes

1. Health Resources and Services Administration. (June 2023). *Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program*. Retrieved August 8, 2023 from <https://mchb.hrsa.gov/programs-impact/programs/home-visiting/maternal-infant-early-childhood-home-visiting-miechv-program>.
2. Health Resources and Services Administration. (October 2021). *Early Childhood Comprehensive Systems Health Integration Prenatal-to-Three Program Awards*. Retrieved August 8, 2023, from <https://mchb.hrsa.gov/early-childhood-comprehensive-systems-health-integration-prenatal-three-eccs-program-awards>.
3. Willis, D., Johnson, K. (April 2020). *The collaboration and alignment of MCHB's early childhood investments through Title V, MIECHV, and ECCS Impact programs: A qualitative analysis*. Prepared for AMCHP by the Center for the Study of Social Policy and Johnson Group Consulting, Inc.
4. Neuendorf, K. A. (2002). *The content analysis guidebook*. Thousand Oaks, CA: SAGE Publications.
5. Crabtree, B. F. & Miller, W. L. (1999). "Using codes and code manuals: A template organizing style of interpretation." In *Doing qualitative research* (2nd edition). Crabtree, B. F. and Miller, W. L. (eds.). Thousand Oaks, CA: SAGE Publications.
6. Ulin, P. R. & Robinson, E. T. (2005). *Qualitative methods in public health: A field guide for applied research*. Tolley EE (eds.). San Francisco, CA: Jossey-Bass.
7. Pope, C., Ziebland, S., & Mays, N. (2000). Qualitative research in health care: Analysing qualitative data. *BMJ*. 320, 114–116.
8. Miles, M. B., & Huberman, M. A. (1994). *Qualitative data analysis: An expanded sourcebook*. (2nd Edition). Thousand Oaks, CA: SAGE Publications.
9. While there are many facilitation methods available for action planning, in this project, AMCHP staff used the [Institute of Cultural Affairs' Technology of Participation Action Planning Framework](#).