



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.