# Assessing and Supporting Collaboration among Early Childhood Programs: Title V MCH, ECCS, MIECHV

Association of Maternal & Child Health Programs
Project team:
Anna Corona, Maura Leahy, Kate Taft, Paige Bussanich, Ellisa Alvarez, and Vickie Lee

# Project Team

**Ellisa Alvarez**
Public Health Associate
Child & Adolescent Health

**Sehyun Vickie Lee, MPH, CPH**
Population Health Scholar
Georgetown Medical School

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

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

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

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# Today's Presentation

- **Background:** Shared priorities across investments

- **Overview:** AMCHP's Early Childhood Collaboration and Coordination project history

- **Sharing:** Coordinated Intake and Referral System (CIRS) Survey Results
  - ✓ CIRS characteristics
  - ✓ Barriers/Facilitators to collaboration for CIRS
  - ✓ Strategies and barriers: equity in CIRS
  - ✓ Self-assessment of the presence of "10 recommendations for collaboration"

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# Background: Shared Priorities
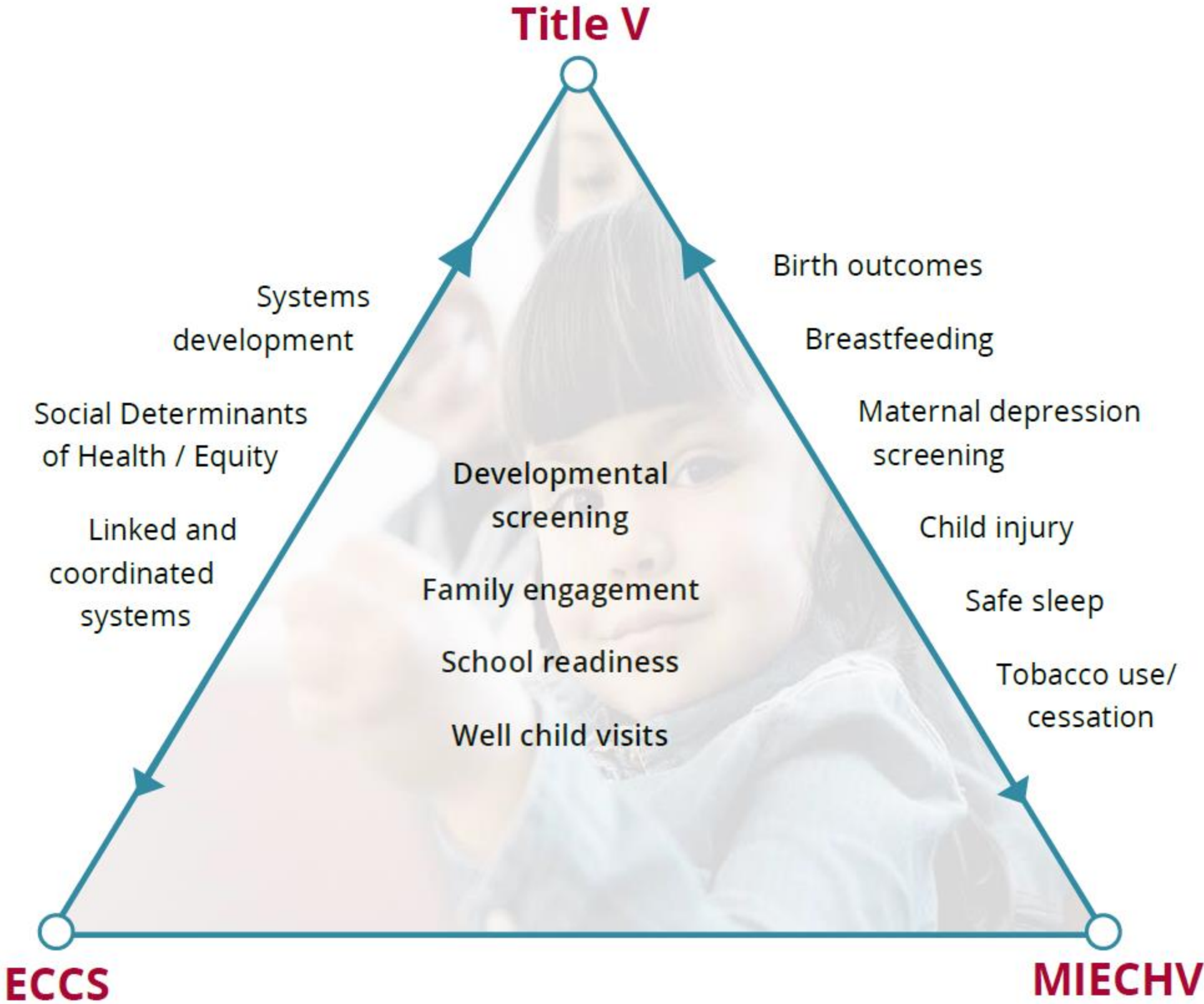
# Background: Relevant Title V Measures

**Linked National Outcome Measures**

## NPM 4: Breastfeeding
42 states
- Infant mortality rate
- Post neonatal mortality rate
- Sudden infant death syndrome rate

## NPM 5: Safe Sleep
36 states
- Infant mortality rate
- Post neonatal mortality rate
- Sudden infant death syndrome rate

## NPM 6: Developmental Screening
38 states
- School readiness (in development)
- Children in excellent or very good health

## NPM 7: Injury Hospitalization
5 states
- Child mortality rate

## NPM 11: Medical Home
39 states
- Receive care in a well-functioning system
- Children w/ mental/behavioral condition who receive treatment or counseling
- Children in excellent or very good health
- Unable to attain needed healthcare in the past year

## NPM 14: Household Smoking
3 states
- Children in excellent or very good health
- Severe maternal morbidity
- Maternal, perinatal, preterm-related, neonatal, post neonatal and infant mortality
- Low birth weight deliveries
- Preterm birth and early term births
- Sudden infant death syndrome

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# Project History

AMCHP is awarded funding to examine collaboration among Title V, MIECHV, and ECCS programs

AMCHP develops Collaboration Framework and pilot tests with 2 states/jurisdictions; LA + IN

2nd round of collaboration framework pilot testing: Guam and MS

Development and Dissemination of CIRS survey

AMCHP partners with ECS expert consultants to conduct a qualitative analysis of key data sources: what helps and hinders collaboration?

AMCHP publishes results of qualitative analysis, 10 recommendations for improved collaboration, framework for improving collaboration, and case studies

Updates lessons learned to collaboration framework, updates to IN and LA case studies, new case studies added (MS and Guam)

Develop 20 individualized asset maps + high-level descriptive results

Throughout the project: Partnership building w/ Nat'l TA Centers & Dissemination of Resources

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# 10 Recommendations for Improved Collaboration

1.  Establish a shared state/jurisdiction vision of early childhood

2.  Promote agency structure, leadership, and governance that supports early childhood systems building

3.  Map and align current and future funding opportunities

4.  Enhance partnerships with and optimize the role of Medicaid

5.  Use partnerships to support systems building

6.  Use systems-level initiatives to enhance alignment/ collaboration

7.  Align measures and data systems to promote shared accountability

8.  Invest in family leaders and engagement at all levels

9.  Strengthen state-local coordination

10. Commit to advancing health equity and take action

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# Roadmap to Collaboration: Framework



Prepare for the Journey

1st Stop: Plot the Course

Fuel Up: Gather Feedback

2nd Stop: Action Planning

Plan a Maintenance Schedule

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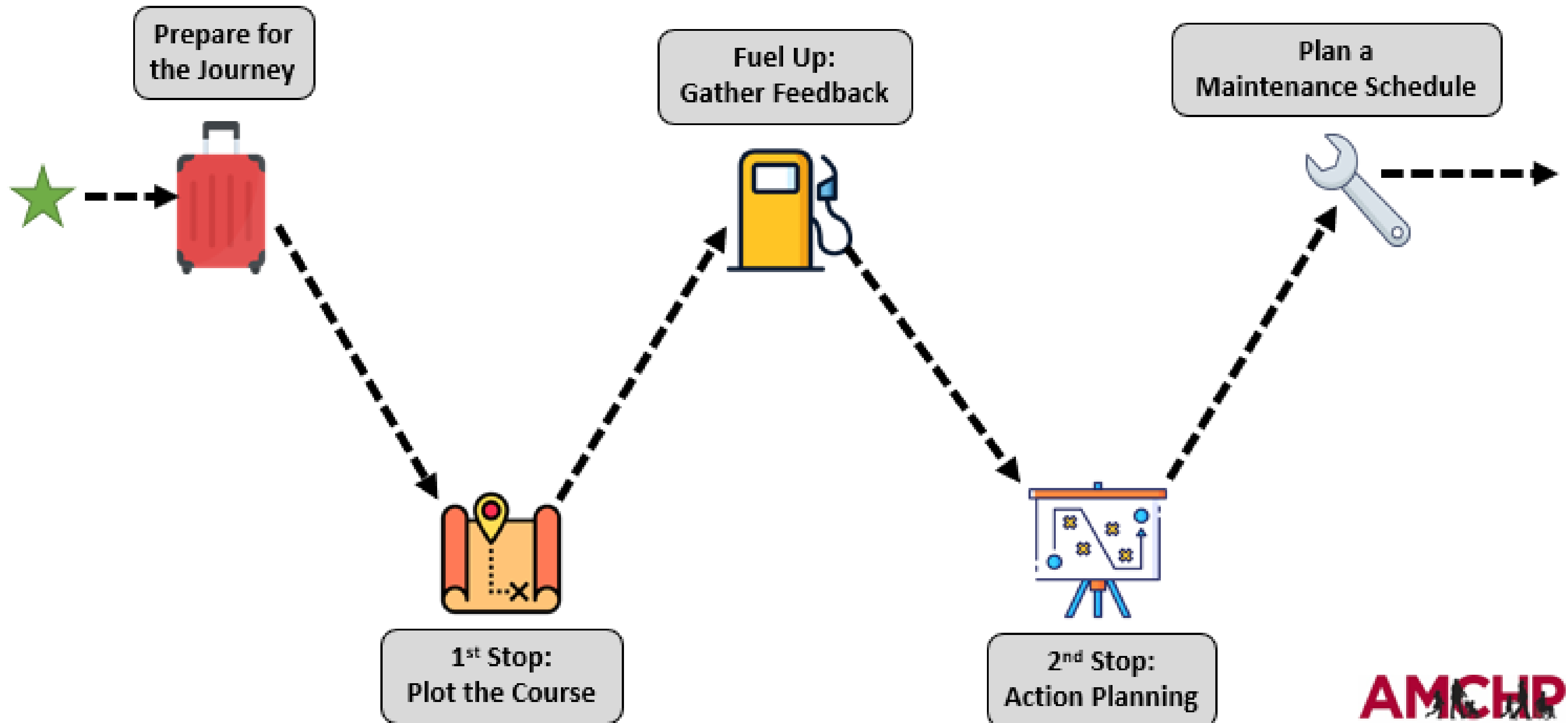
# After the Roadmap:
## Survey – Collaboration for & Characteristics of CIRS

Roadmap findings and technical assistance illuminated that many programs within a state were working on CIRS with similar aims—but in siloes.

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# Goals of the Survey

- A snapshot of the current (as of April 2022) levels of alignment among Title V MCH, ECCS, MIECHV and CCDF programs across 20 states
- Understand facilitators and barriers for collaboration and operationalization of equity in CIRS efforts
- Understand opportunities to support better alignment for CIRS at the federal, state and local levels
- Understand the variety in how CIRS are conceptualized and operationalized across states

# Survey Design

## Types of information collected:

- Involvement with CIRS & phase of CIRS development
- Specific characteristics of CIRS
- Resources allocated to CIRS
- Partnerships for CIRS and broadly
- Barriers and facilitators to collaboration around CIRS
- Status of the ten recommendations

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# Survey Design
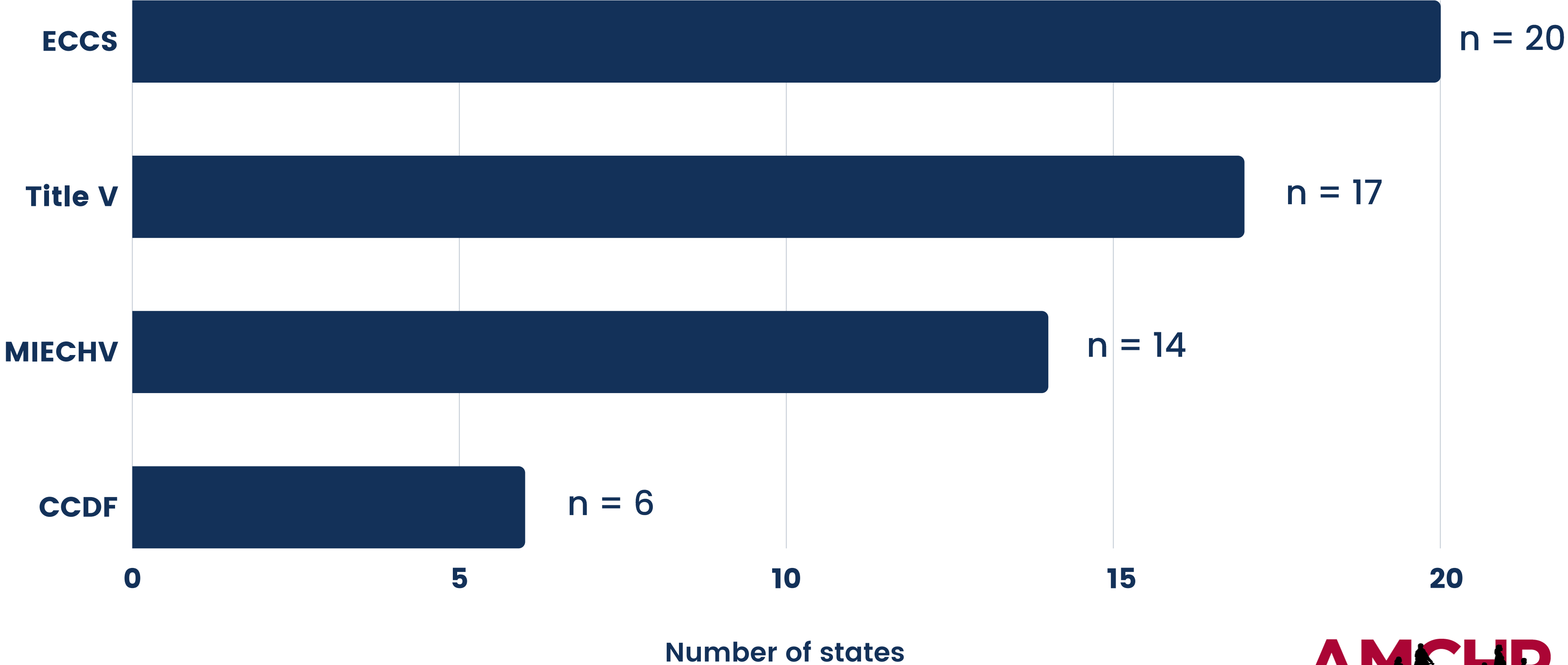
## Input on draft survey from:

- Division of Home Visiting and Early Childhood Systems staff
- AMCHP's Epidemiology, Evaluation and Equity Team
- Partners: ECCS TACC, MIECHV TARC, NCECQA
- Select representatives from each program across 6 states pilot tested the survey

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# Methods

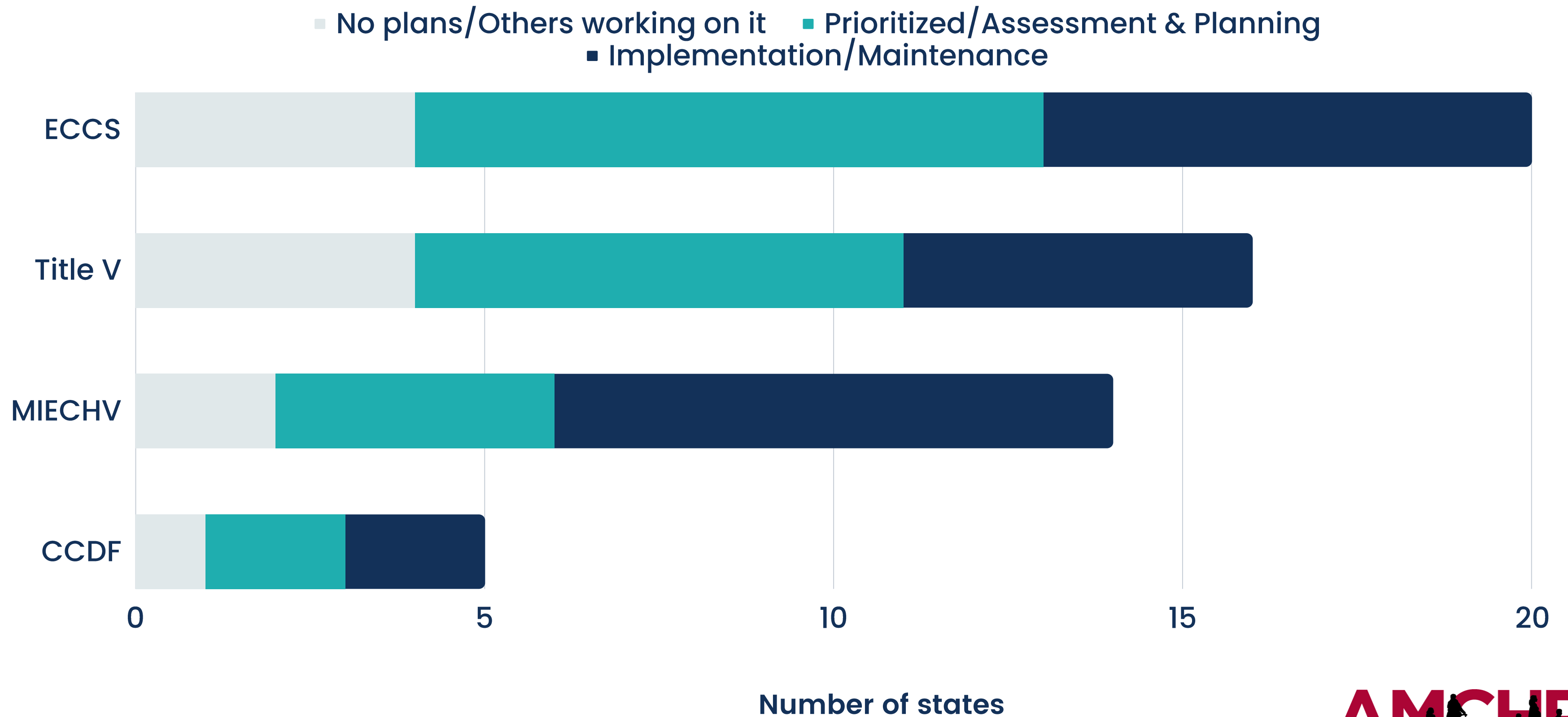- Disseminated to Title V MCH, MIECHV, ECCS and CCDF program leads across the 20 ECCS awardee states and collected responses (March – April 2022)

- Reviewed data for responses from more than one representative from each program; removed duplicates; combined complimentary responses [per state staff instructions] (May 2022)

- Utilized SurveyMonkey tool to produce descriptive statistics and crosstabulations (May-June 2022)

# Aggregate Survey Results

# Number of States that Responded, by Program



ECCS — n = 20
Title V — n = 17
MIECHV — n = 14
CCDF — n = 6

Number of states

# Self-Reported Involvement in CIRS

■ No plans/Others working on it   ■ Prioritized/Assessment & Planning
■ Implementation/Maintenance



Number of states

# State-Specific CIRS Definitions:
## Observations

# CIRS Definitions: Responses

- About half of respondents didn't provide a definition

- Several respondents referenced ECCS/MIECHV grant definitions or the HRSA-provided definition at the beginning of the survey

# For those that provided a definition, common elements included:

- "Intake" mechanisms (via screening, calls, and/or websites)

- Interconnected or centralized services

- Collaborative process

- Referral/connection to resources

- Maintenance of resource/service directories

- Care coordination/system navigation services

# For those that provided a definition, there were variations in the following:

- **Priority age range**
  - Prenatal - 8 (some P-3, some P-5)
- **Scope**
  - Local-County-Regional-Statewide
- **Services referred to**
  - Single service vs. multiple services
- **System build (and by extension, entry points)**
  - Single systems vs. multiple systems connected
- **Desired outcomes**
  - Early childhood development, general family/child/parent/caregiver wellness, and family-centered processes and experiences
- **Whether there was an expressed focus on equity**
  - Access to the CIRS, culturally relevant services

# Respondent Feedback:
## HRSA Definition of CIRS

# HRSA Provided Definition: CIRS

A single place or process (centralized system), or set of interconnected processes, through which 1) an individual or family seeks information and supports, 2) screening helps to identify specific needs, and 3) facilitators generate referrals to programs and services that are the best fit for those needs.

CIRS also connects families to services and facilitates care coordination and other information exchange across service providers/organizations. CIRS often carries out common shared tasks across organizations, including community outreach and recruitment, screening and assessment, determination of fit, and referral to comprehensive services.

They vary in scope and reach and may be focused on one service system such as home visiting or childcare or they may include a more comprehensive set of services to meet whole child and family needs. Additionally, they are housed either within one central entity that screens and refers all individuals or throughout various agencies with connected referral systems.

# What resonates?

- **Acknowledges the variety across CIRS**
  - Design (centralized vs. interconnected)
  - Scope (referral to single service or multiple)

- **Characteristics :**
  - Centering family/caregiver needs via:
    - Screening
    - Care Coordination/Navigation
  - Single entry point (whether centralized or interconnected)
  - Referrals offering connections (vs. just offering information)

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# What's missing?

- **A vision for what equity and inclusion looks/feels/sounds like for CIRS**
- **Clearly defined goals and expected outcomes of CIRS**
  - Is the expectation that CIRS efforts focus on referrals to single service or multiple? Which health outcomes should be prioritized?
- **The role of health services/systems in CIRS**
  - Particularly for ECCS grantees
- **Desired characteristics**
  - Feedback loops for referrals
  - Continuously updated resource databases
  - Which programs should be included
  - Processes
    - Using data for CQI
    - Inclusion of family and consumer voices
    - Agreed upon frameworks/principles/procedures across systems

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# Suggestions for Improvement

- **Articulate a vision for equity and inclusion**

- **Define and articulate the expected outcomes for CIRS**
    - Particularly the scope (single vs. multiple services)
    - Include global benefits of investing in CIRS (i.e. reduce duplication)
    - Include example of what CIRS look like along a spectrum

- **Specify the role of health care providers in CIRS**
    - Particularly for ECCS grantees

- **Language:**
    - Shorten/use plain language so it can be shared broadly
    - Refer to "PN-3 serving programs" as opposed to calling out Home Visiting
    - Consider the use of the word "and" in the first sentence -are all three components listed required to be classified as a CIRS?
    - "Resource connection" vs. "referral"
    - Where does "integration" fit when talking about CIRS as centralized or interconnected?

# Reported characteristics of CIRS among respondents implementing & maintaining CIRS in their state
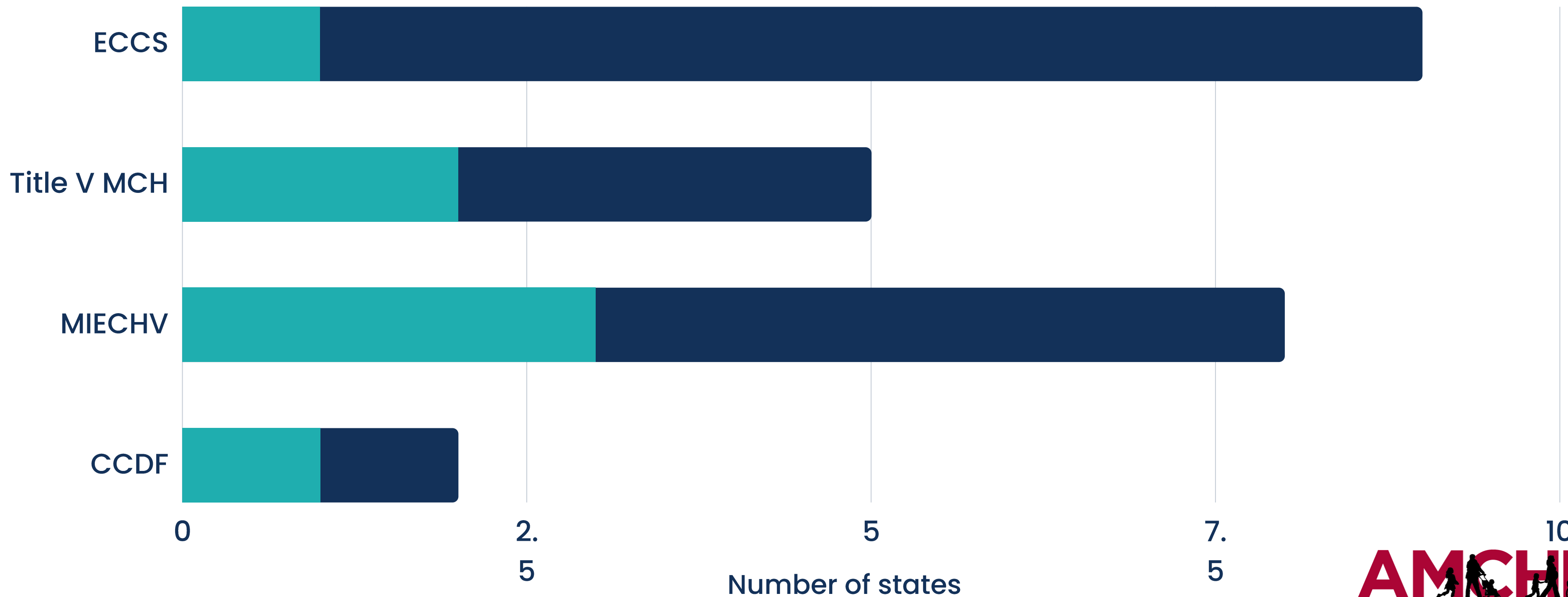
# Level of Implementation, by Program

(Reported by those in implementation or maintenance phase)



■ Locally   ■ Statewide

Number of states
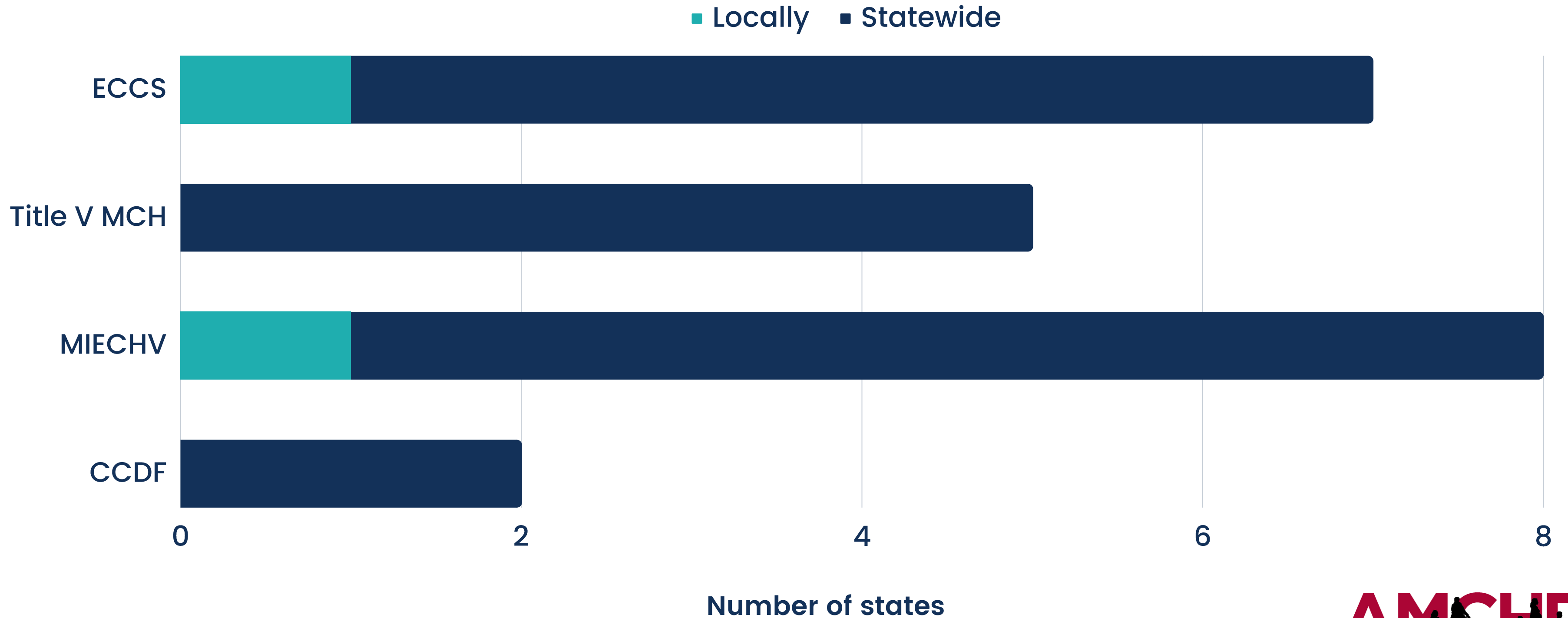
# Scope of Referrals, by Program
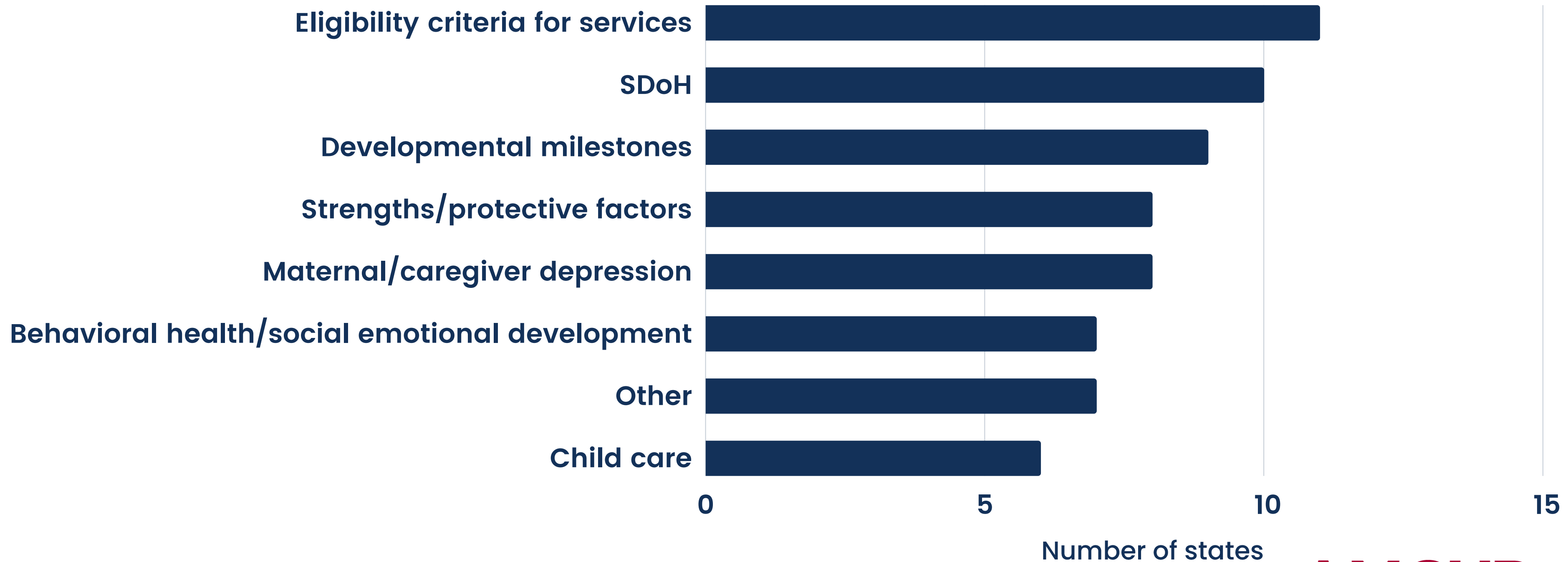## (Reported by those in implementation or maintenance phase)

■ Referral to single service   ■ Referral to multiple services
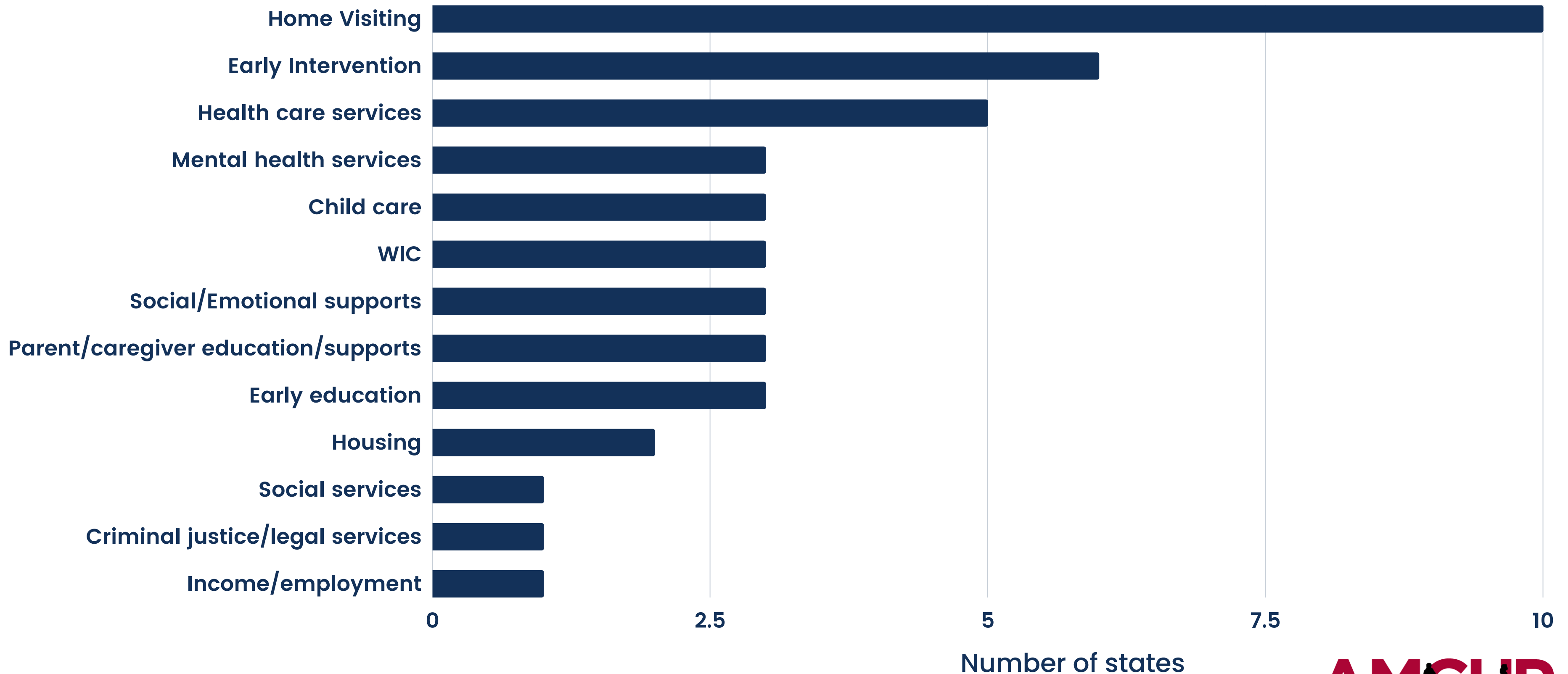
ECCS

Title V MCH

MIECHV

CCDF

0        2.5        5        7.5        10

Number of states

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# Screenings for Entry, Aggregate
## (Reported by those in implementation or maintenance phase)

# Types of Services Referred to, Aggregate

(Reported by those in implementation or maintenance phase)



| | Number of states |
|---|---|
| Home Visiting | 10 |
| Early Intervention | 6 |
| Health care services | 5 |
| Mental health services | 3 |
| Child care | 3 |
| WIC | 3 |
| Social/Emotional supports | 3 |
| Parent/caregiver education/supports | 3 |
| Early education | 3 |
| Housing | 2 |
| Social services | 1 |
| Criminal justice/legal services | 1 |
| Income/employment | 1 |

Number of states

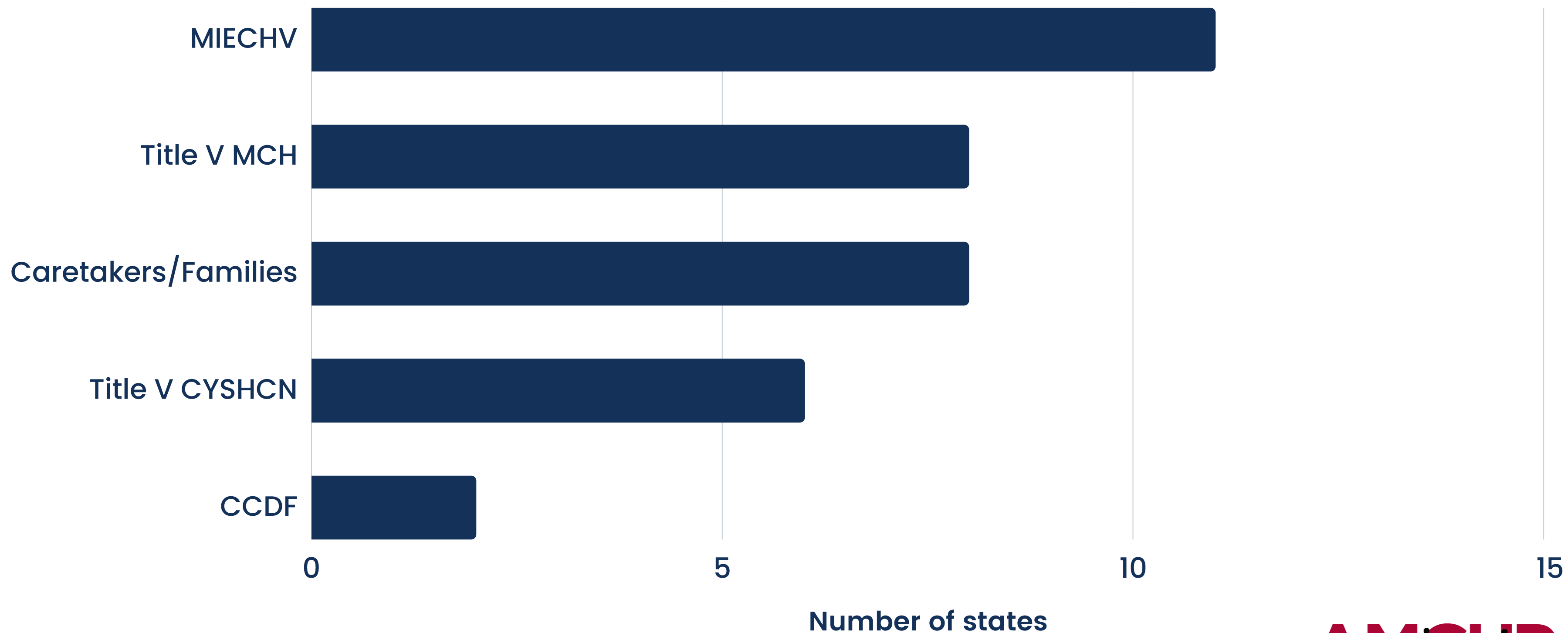# Components of CIRS, Aggregate
## (Reported by those in implementation or maintenance phase)

Number of states
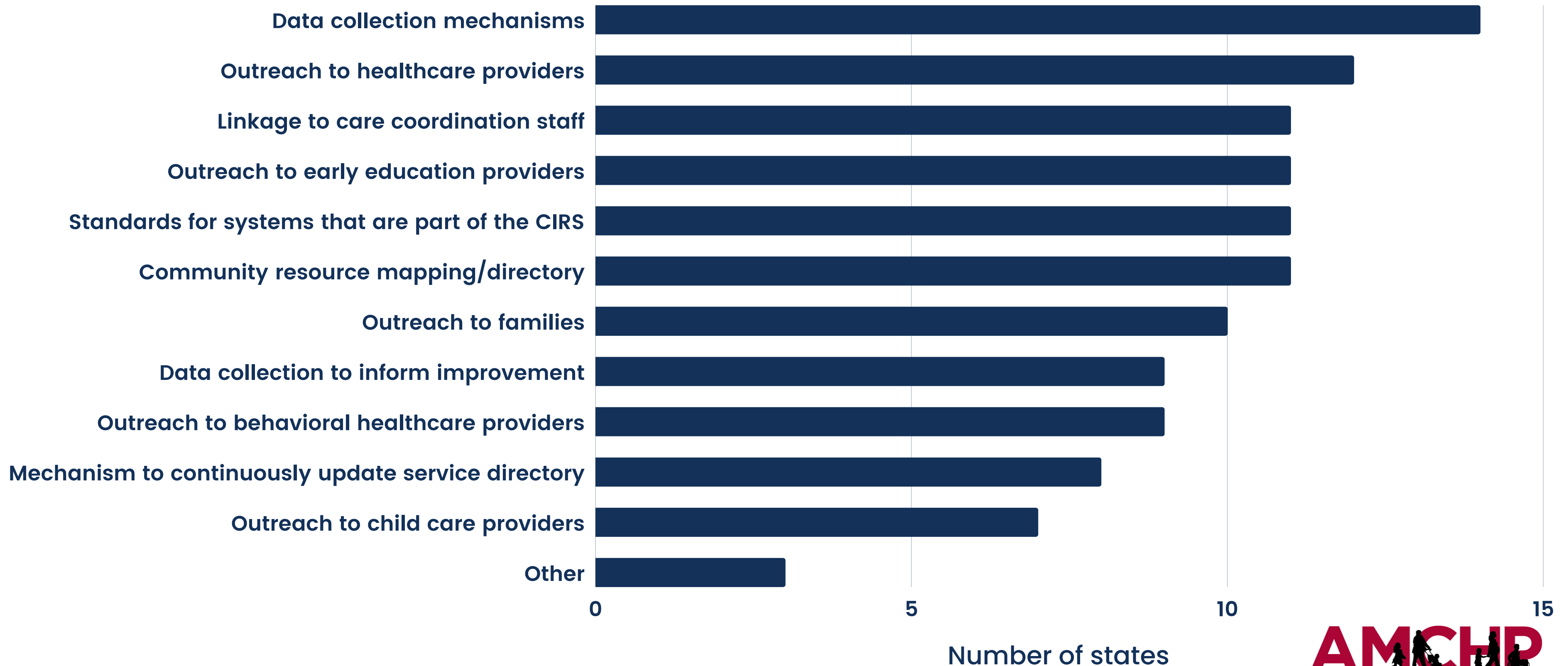
# How often did the programs of focus report partnerships with one another, CCDF, and families/caretakers?

# ECCS: Self-Reported Partnerships for CIRS

## (Assessment/Planning, Implementation and Maintenance; n = 13)



Bar chart showing the number of states reporting partnerships by program. Horizontal axis labeled "Number of states" ranging from 0 to 15.

- MIECHV: ~11
- Title V MCH: ~8
- Caretakers/Families: ~8
- Title V CYSHCN: ~6
- CCDF: ~2

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# Title V: Self-Reported Partnerships for CIRS
## (Assessment/Planning, Implementation and Maintenance; n = 8)
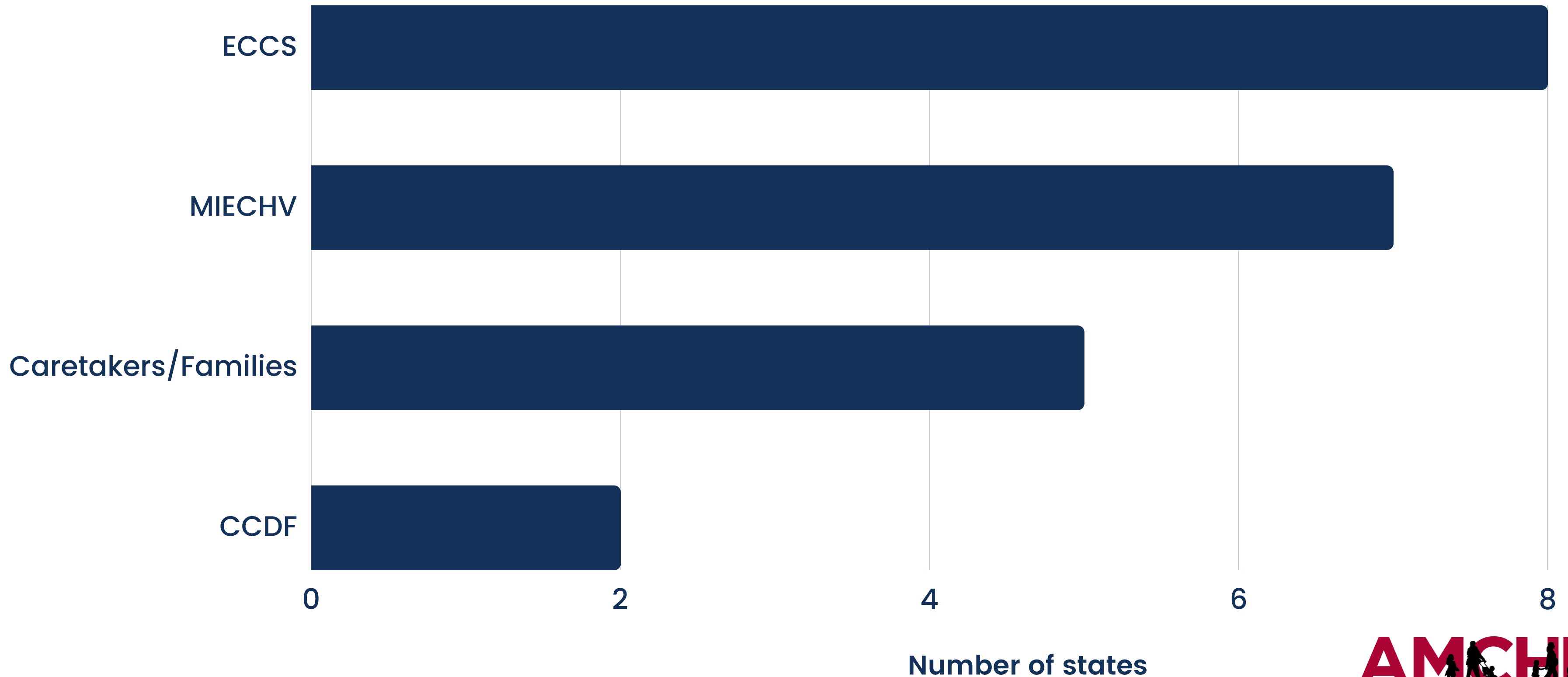
**Number of states**

# MIECHV: Self-Reported Partnerships for CIRS
## (Assessment/Planning, Implementation and Maintenance; n = 9)

# CCDF: Self-Reported Partnerships for CIRS
## (Assessment/Planning, Implementation and Maintenance; n = 4)

Number of states

# Reported Barriers to Collaboration for CIRS Efforts

- **COVID response**
- **Lack of a unified vision**
  - Siloed programs and systems
    - Difficulty identifying a system that meets all needs
  - Lack of buy-in across necessary stakeholders
  - Unclear roles for each stakeholder
- **Competition: for resources and prioritization**
  - Limited funding/difficult to braid funds
  - Staff turnover, limited person capacity
- **Data challenges**
  - Integration, sharing, infrastructure
- **Challenging grant structures**
  - Not enough $ for scope; different timelines across programs

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What are the reported facilitators to collaboration for CIRS efforts?

# Reported Facilitators for Collaboration on CIRS

- **Interagency agreements**
  - For data-sharing and more generally
- **Programs being housed in the same agency**
- **Regular communications and meetings with stakeholders**
  - Staff person whose responsibilities include managing collaboration and partnerships
- **A unified statewide vision**
- **Shared priorities across grants**
- **Braided funding**
- **Windows of opportunity**

# Equity in CIRS Efforts:
## Strategies and Barriers

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# Equity in CIRS Development

- **Several respondents reported no current progress and expressed a need for support in operationalizing equity for CIRS**

- **Many reported working on developing a health equity plan/strategy**
  - Particularly ECCS grantees

- **For those currently implementing equity strategies, they report:**
  - Equity-specific trainings and workgroups
  - Collecting demographic data to monitor for inequities in experiences and outcomes
  - Compensating lived and professional experience
  - Parental and community advisory groups
  - Prioritizing working with diverse consultants and contractors
  - Ensuring care coordinators are representative of the communities they serve
  - Allowing families to self-refer to services
  - Building partnerships with culturally relevant stakeholders and communities
  - Translated and culturally relevant materials

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# Equity in CIRS Development: Barriers

- Perceiving a lack of tools and frameworks for equity in CIRS
- Limited funding and staff capacity/competency
- Lack of support for advancing equity
- Difficulty building trust with cultural brokers because of historical context
- Disconnected or incomplete data for monitoring inequities

These anecdotes support the continued relevance of the Roadmap's 10 Recommendations
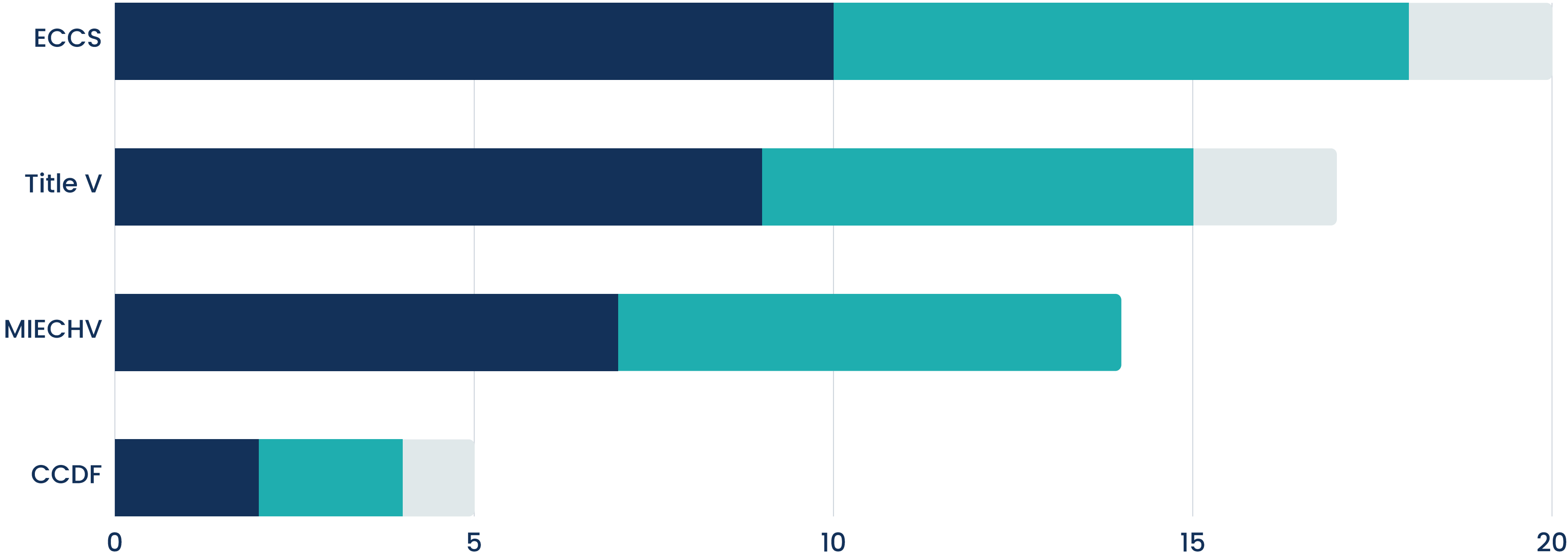
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When considering their early childhood efforts, in general (*<u>not</u> specific to CIRS*), how do the focus programs self-report the status of the 10 recommendations in their states?

# Recommendation 1:

## Establish a shared state/jurisdiction vision of early childhood

# Self-reported presence of Statewide Vision



Legend: ■ In Place ■ In Progress ▫ Not Started

(Bar chart showing number of states by program)

- ECCS: In Place ~10, In Progress ~7, Not Started ~3 (total 20)
- Title V: In Place ~9, In Progress ~6, Not Started ~2 (total 17)
- MIECHV: In Place ~7, In Progress ~7 (total 14)
- CCDF: In Place ~2.5, In Progress ~1.5, Not Started ~1 (total 5)

**Number of states**

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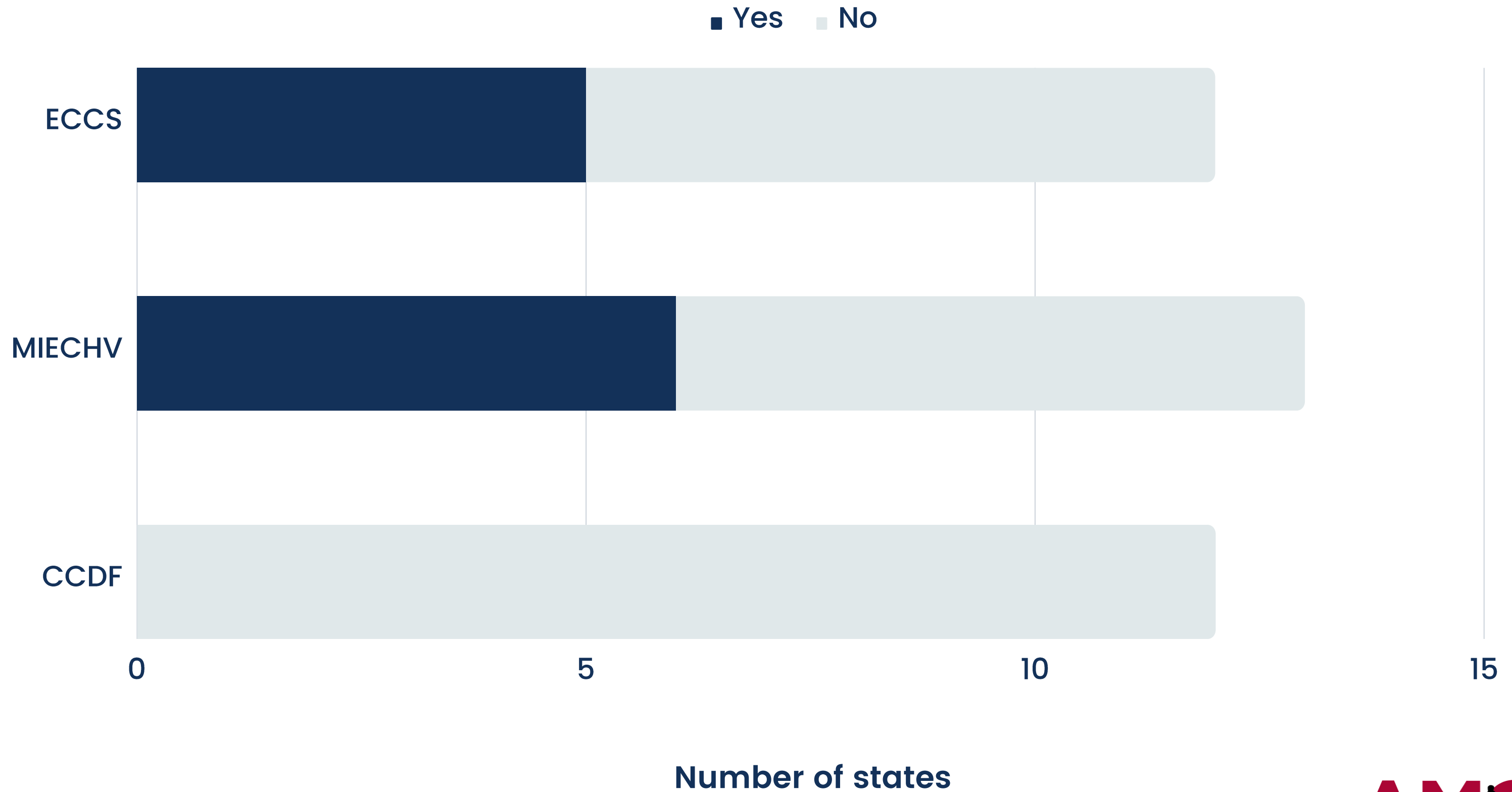
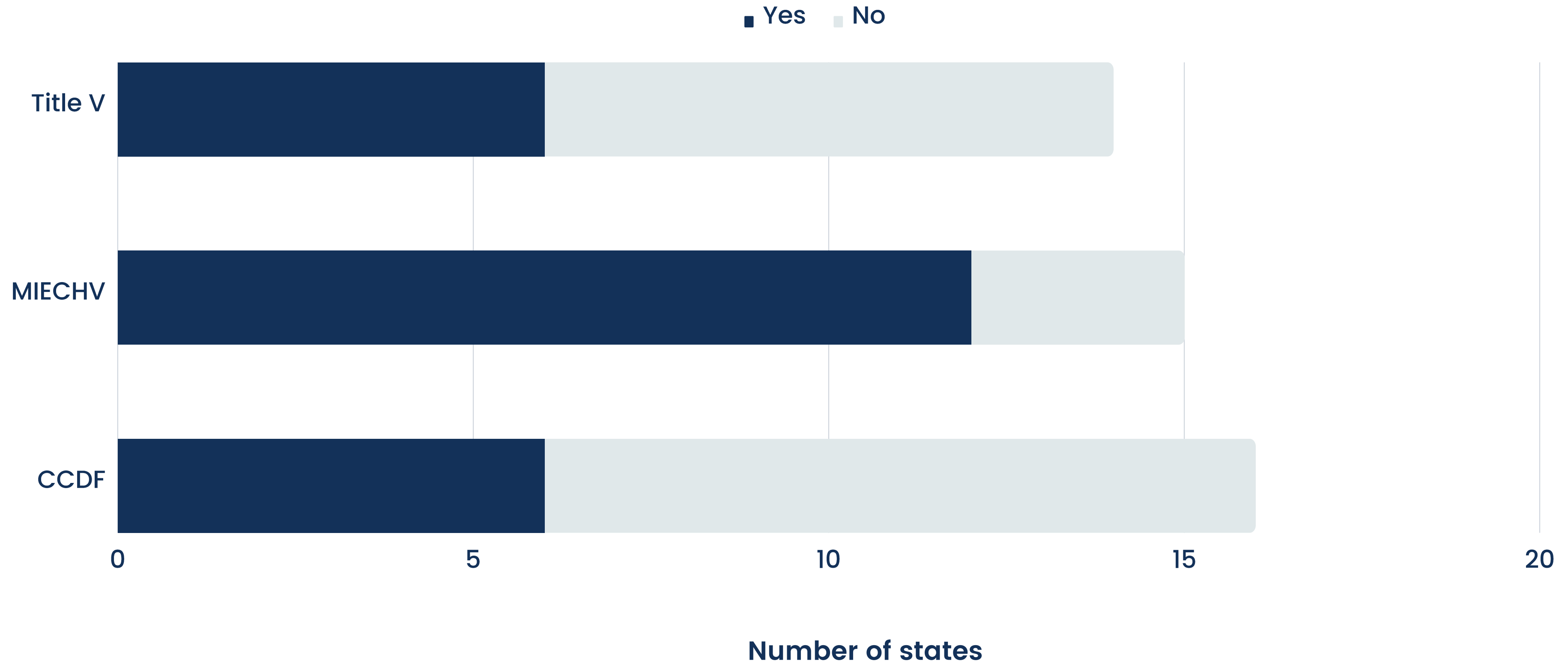# Recommendation 2:

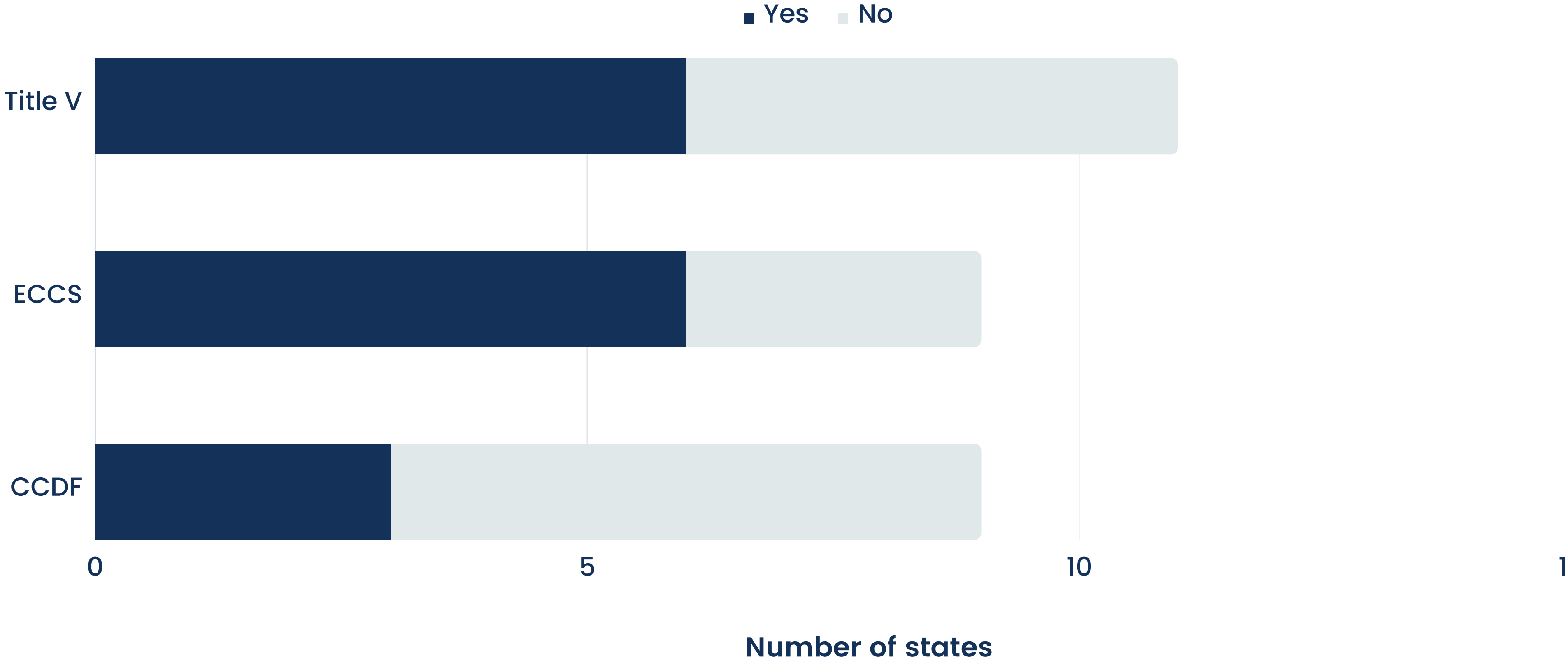**Promote state/jurisdiction agency structure, leadership, and governance that supports early childhood systems building**

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# Title V: Self-reported Housed in Same Agency



Legend: ■ Yes ■ No

Number of states

# ECCS: Self-reported Housed in Same Agency

Yes    No

| | |
|---|---|
| Title V | |
| MIECHV | |
| CCDF | |

Number of states

# MIECHV Self-reported Housed in Same Agency

■ Yes   ■ No

Title V

ECCS

CCDF

Number of states

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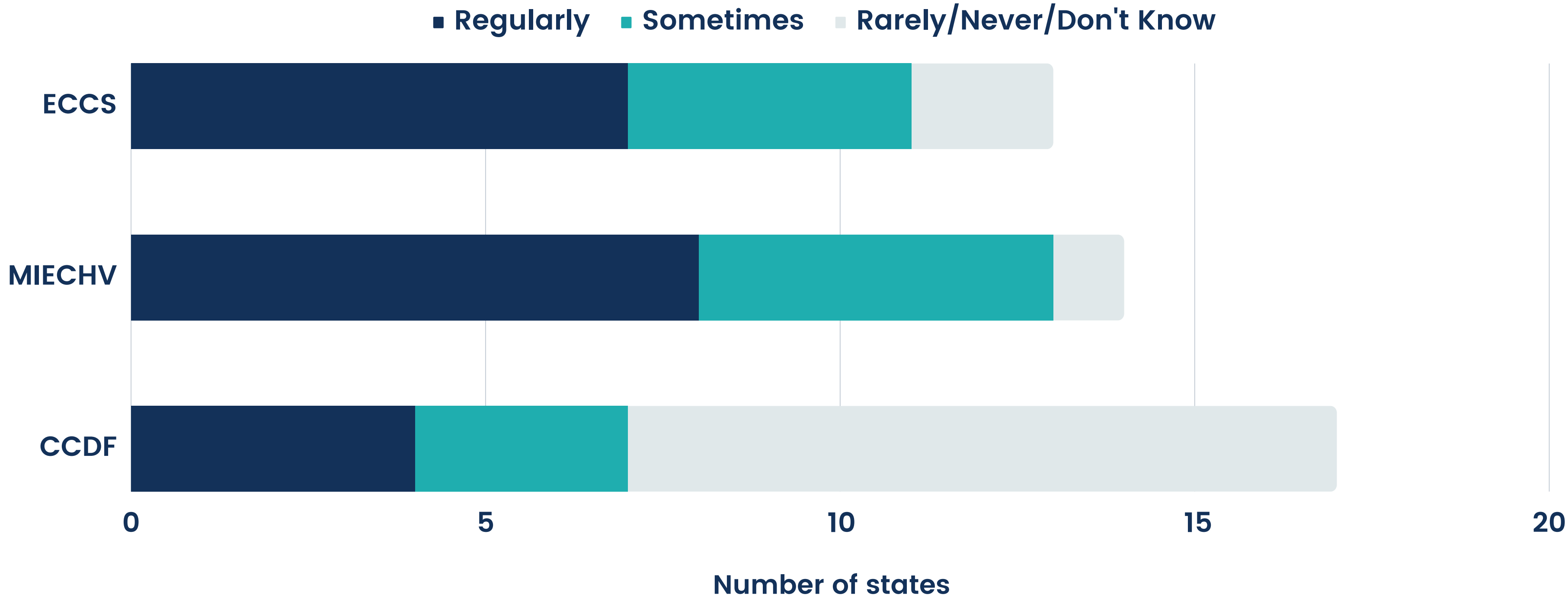
# Recommendation 3:

## Map and align current and future funding opportunities

# ECCS: Self-Reported Alignment of Current and Future Funding Opportunities w/ Other State-Level Programs

■ Regularly  ■ Sometimes  ■ Rarely/Never/Don't Know

Title V

MIECHV

CCDF

| 0 | 5 | 10 | 15 | 20 |

Number of states

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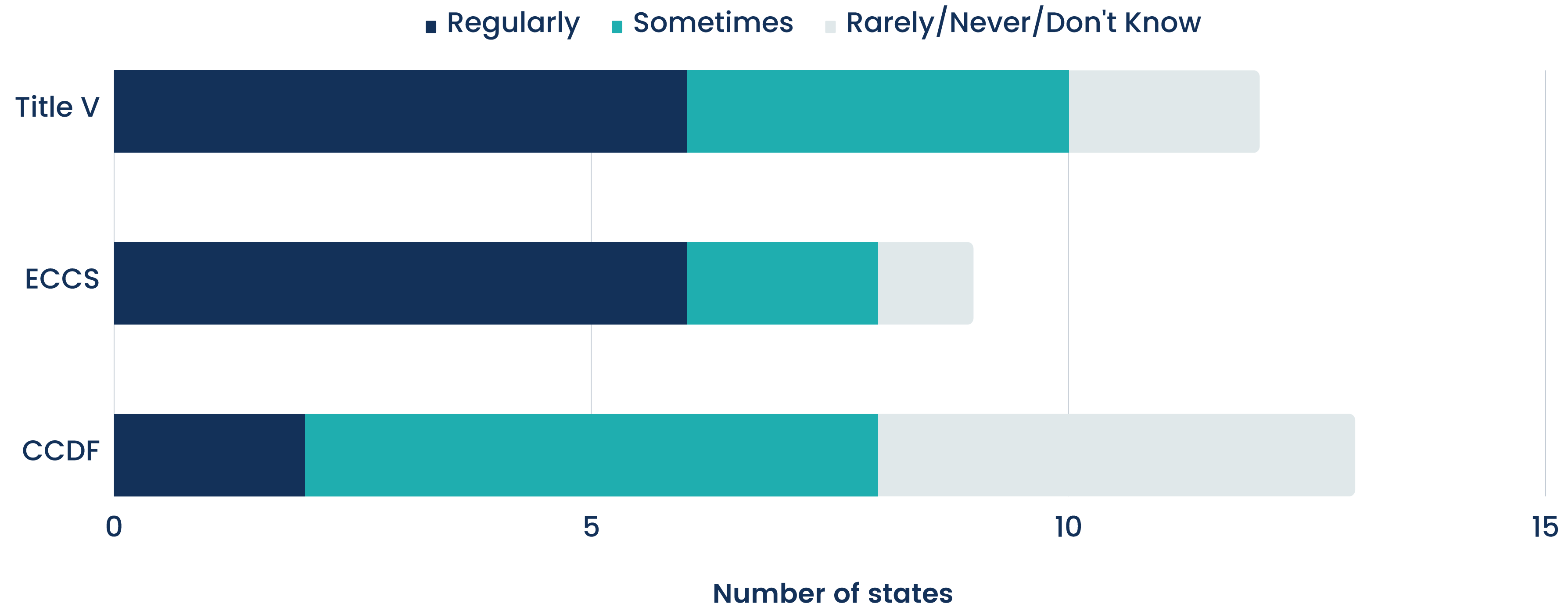ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

# Title V: Self-Reported Alignment of Current and Future Funding Opportunities w/ Other State-Level Programs

# MIECHV: Self-Reported Alignment of Current and Future Funding Opportunities w/ Other State-Level Programs

Legend:
- Regularly
- Sometimes
- Rarely/Never/Don't Know
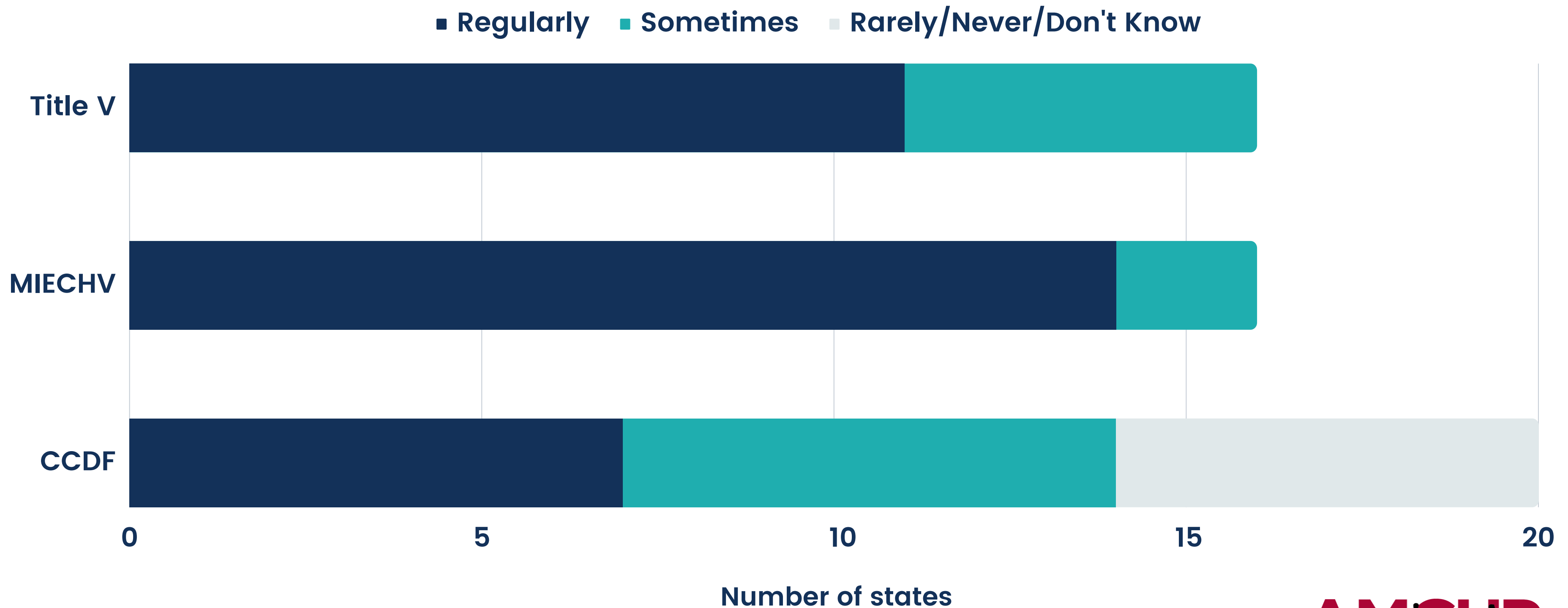


Number of states

# Recommendations 4 and 5:

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

**+**

**Use partnerships to support systems building**

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# Title V MCH:
# Self-Reported Partnerships for Early Childhood Efforts

[Table on the next slide]

| # of States | Partners Reported by Title V Respondents |
|---|---|
| 8 | **ECCS** |
| 7 | Early Intervention (Part C), **MIECHV** |
| 6 | **Medicaid**, WIC |
| 5 | Other HV Programs, Caretakers/Families, State Behavioral Health, State Child Welfare Agency |
| 4 | Early Head Start, Head Start, Preschool Development Grant, |
| 3 | Federally Qualified Health Centers, Community-Rooted Organizations, Help Me Grow, Child Care Resource & Referral Centers, |
| 2 | **CCDF**, State Education Agency |
| 1 | State Housing Agency, State Transportation Agency, Tribes/Tribal Organizations, Infant/Toddler Court Programs |
| 0 | Private Health Care |

# MIECHV: Self-Reported Partnerships for Early Childhood Efforts

| # of States | Partners Reported by MIECHV respondents |
|---|---|
| 7 | **ECCS** |
| 6 | Other Home Visiting Programs, **Title V MCH** |
| 5 | **CCDF**, Child Care Resource & Referral Centers, Caretakers & Families |
| 4 | Help Me Grow, Early Head Start, Early Intervention (Part C), Preschool Development Grant, Community-Rooted Organizations, **Medicaid,** State Children & Families Agency, State Education Agency |
| 3 | State Housing Agency, Private Health Care, Federally Qualified Health Centers, WIC, Head Start |
| 2 | **Title V CYSHCN,** Tribes/Tribal Organizations, State Behavioral Health Agency |
| 1 | State Housing Agency, State Transportation Agency, Infant-Toddler Court Program |

# ECCS:
# Self-Reported Partnerships for Early Childhood Efforts

[Table on the next slide]

| # of States | Partners Reported by ECCS Respondents |
|---|---|
| 11 | **MIECHV** |
| 8 | Caretakers and Families**, Title V MCH** |
| 7 | Help Me Grow, Early Intervention (Part C), Preschool Development Grant, **Medicaid,** State Education Agency |
| 6 | Other Home Visiting Programs, Child Care Resource & Referral, Early Head Start, State Child Welfare Agency, **Title V CYSHCN** |
| 5 | WIC, Federally Qualified Health Centers |
| 4 | Head Start, Private Health Care, State Behavioral Health Agency |
| 3 | Tribes/Tribal Organizations, State Housing Agency |
| 2 | **CCDF**, Infant-Toddler Court Program |
| 1 | State Transportation Agency |

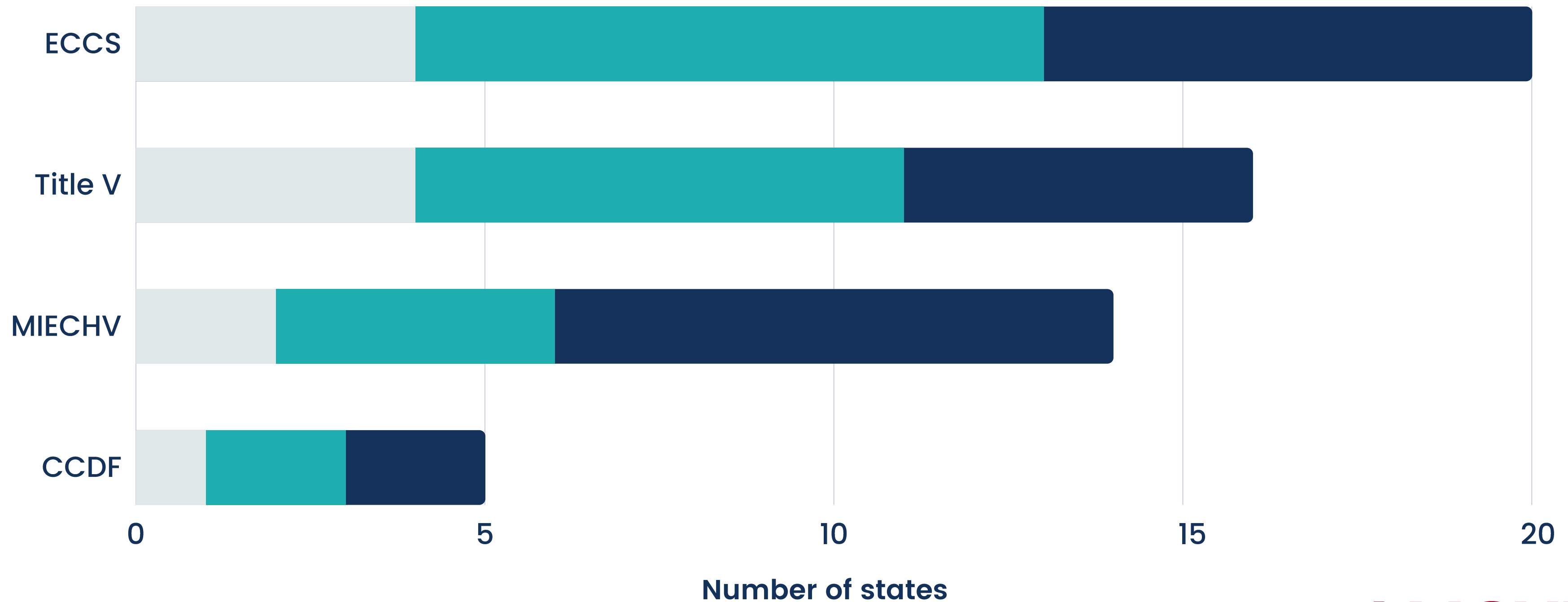# CCDF: Self-Reported Partnerships for Early Childhood Efforts

| # of States | Partners Reported by CCDF Respondents |
|---|---|
| 3 | **ECCS, MIECHV,** Caregivers/Families, Child Care Resource & Referral Centers, Early Head Start, Head Start, Early Intervention, Preschool Development Grant, State Child Welfare Agency, State Education Agency |
| 2 | **Title V MCH, Title V CYSHCN,** Other Home Visiting Programs, Help Me Grow, Tribes/Tribal Organizations, WIC, Community-Rooted Organizations, Federally Qualified Health Centers, |
| 1 | State Transportation Agency, State Housing Agency, State Behavioral Health Agency, Private Health Care, **Medicaid** |

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# Recommendation 6:

## Use systems-level initiatives to enhance alignment and collaboration

# Self-Reported CIRS Implementation Phase



Legend:
- No plans/Others working on it
- Prioritized/Assessment & Planning
- Implementation/Maintenance

ECCS
Title V
MIECHV
CCDF

Number of states

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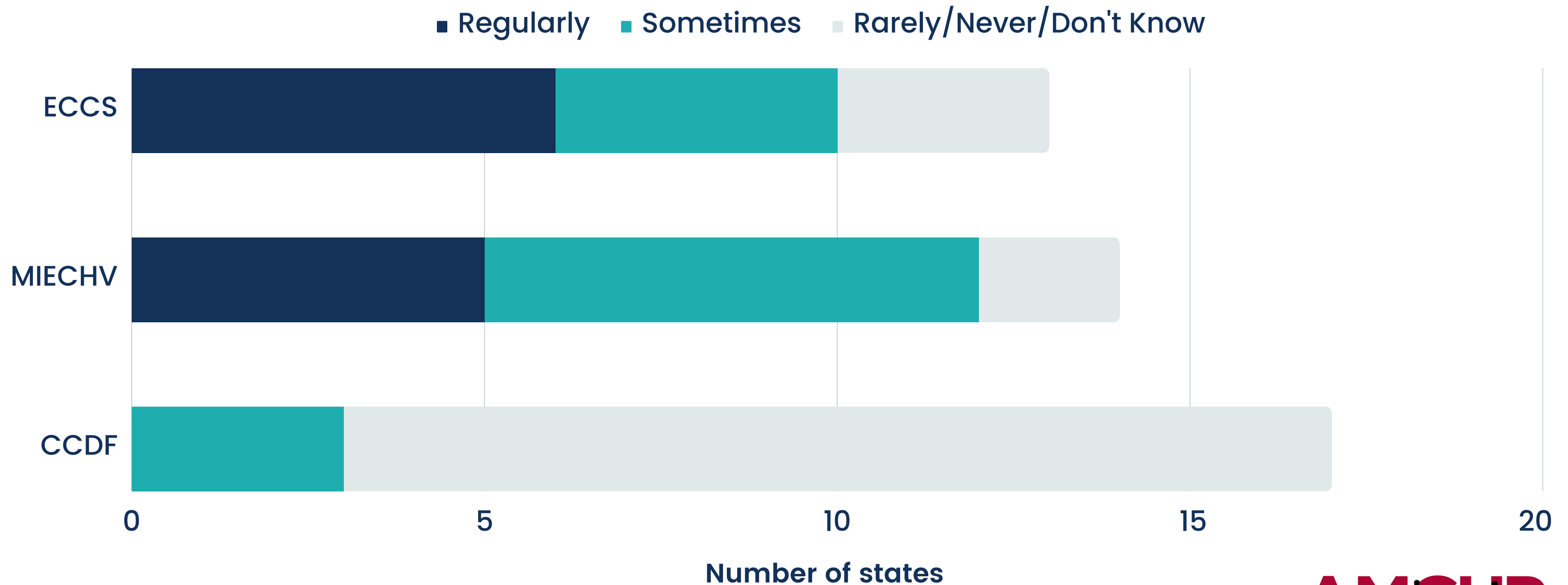
# Recommendation 7:

## Align measures and data systems to promote shared accountability

# ECCS: Self-Reported Alignment of Measures and Data Systems w/ Other State-Level Programs
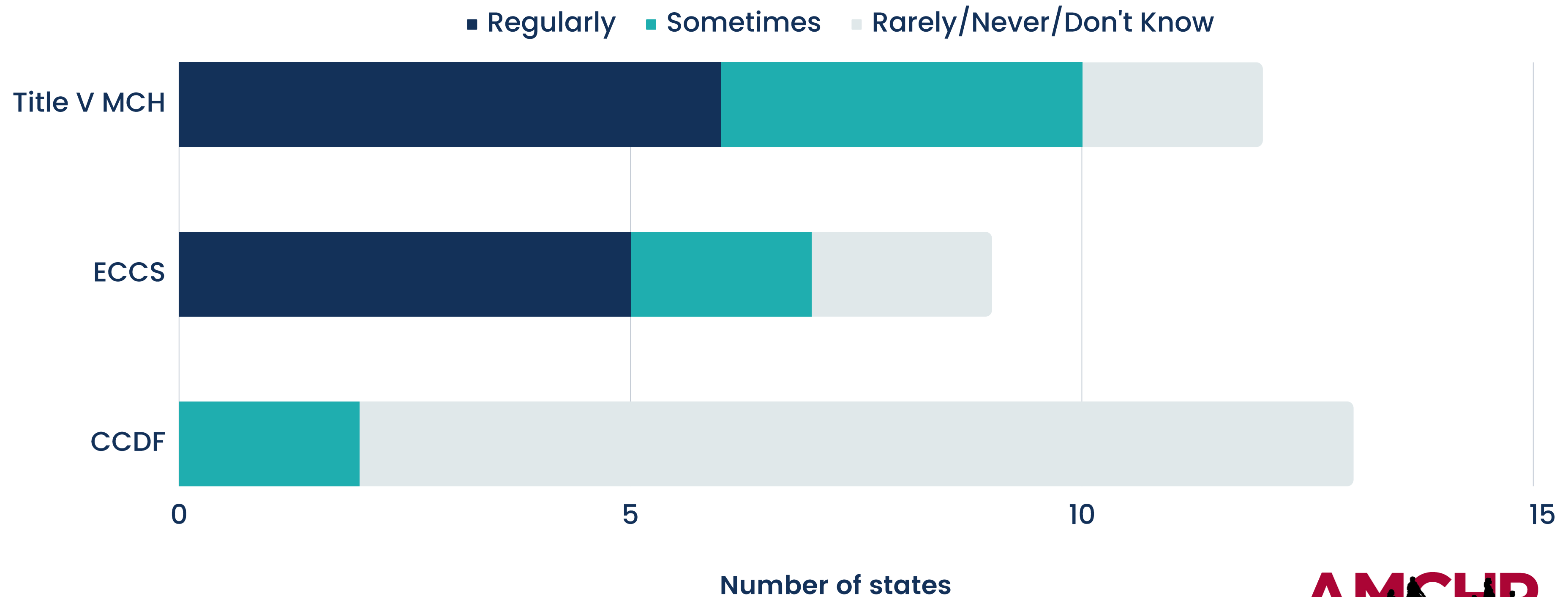
Title V: Self-Reported Alignment of Measures and Data Systems w/ Other State-Level Programs

# MIECHV: Self-Reported Alignment of Measures and Data Systems w/ Other State-Level Programs



Legend: ■ Regularly ■ Sometimes ■ Rarely/Never/Don't Know

Categories: Title V MCH, ECCS, CCDF

X-axis: Number of states (0, 5, 10, 15)
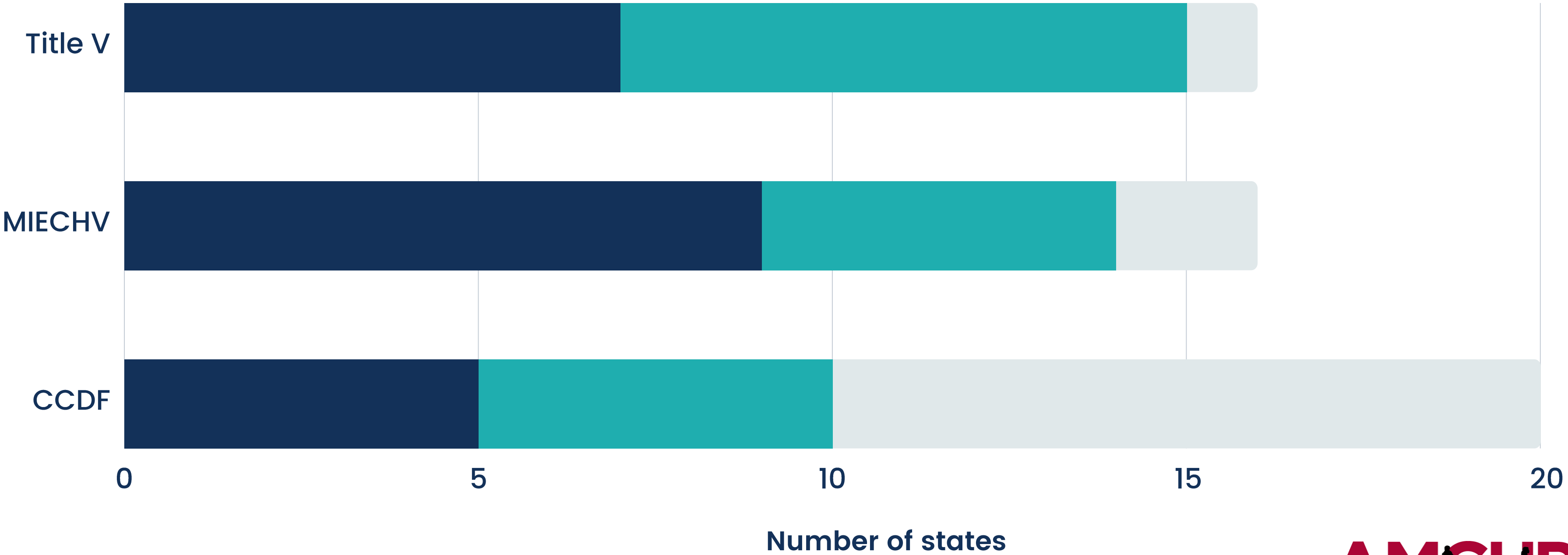
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# Recommendation 8:

## Invest in family leaders and family engagement at all levels

# Self-reported Investment in Family Leaders and Engagement at all Levels



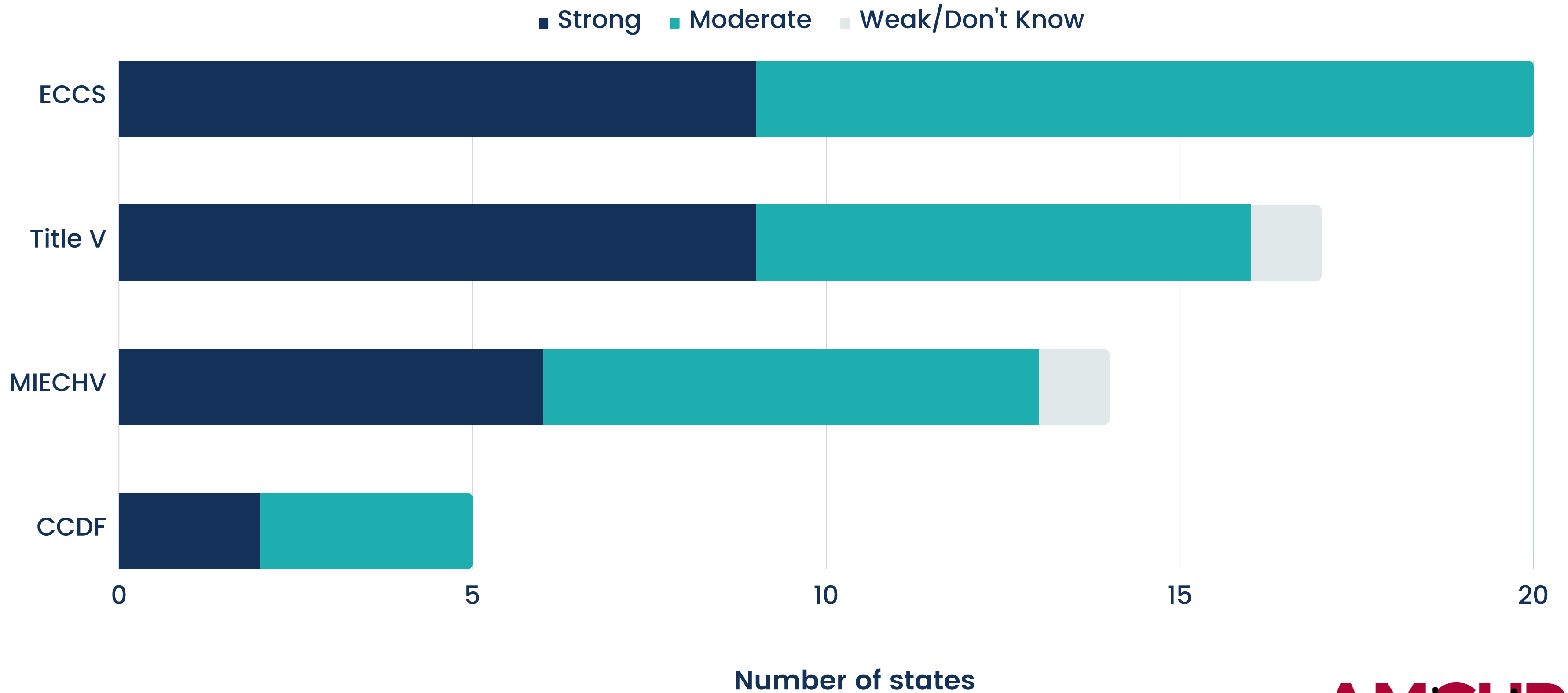Legend: ■ Regularly  ■ Sometimes  ■ Rarely/Never/Don't Know
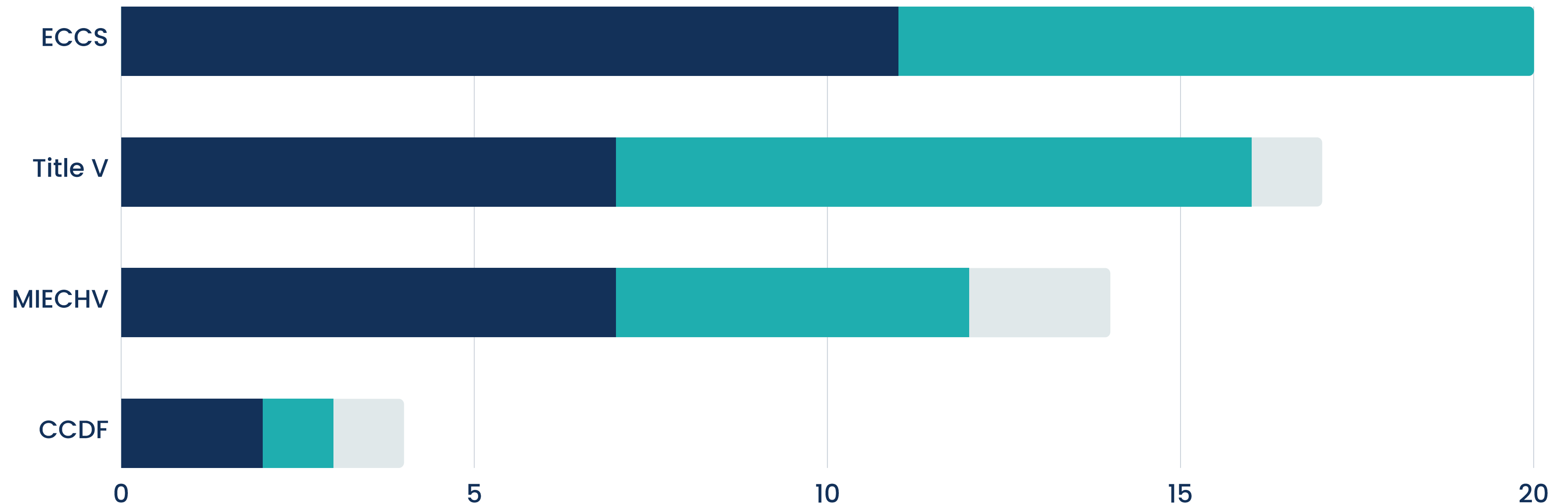
Number of states
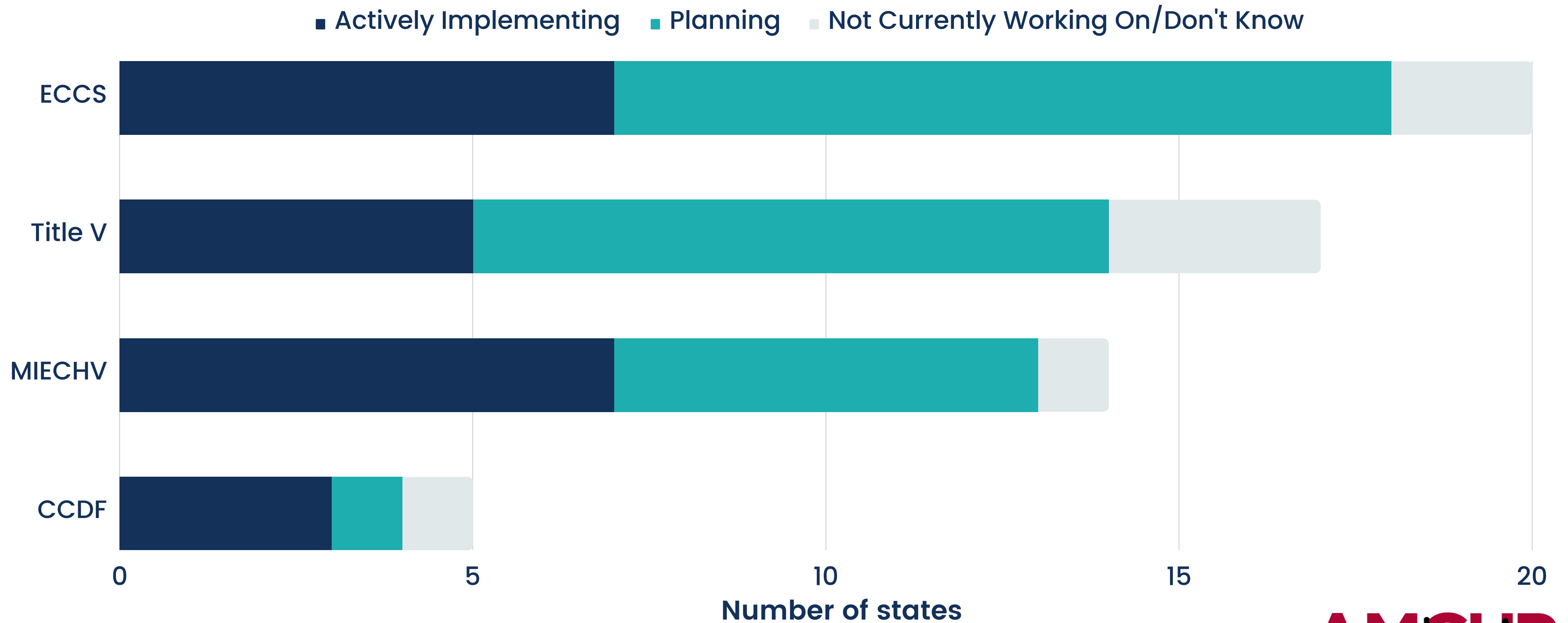
# Recommendation 9:

## Strengthen State-Local Coordination

# Self-reported State-Local Coordination

■ Strong  ■ Moderate  ■ Weak/Don't Know



Number of states

# Recommendation 10:

## Commit to Advancing Health Equity and Take Action

# Self-reported Level of Action for Health Equity and Social Justice



Legend: ■ Actively Implementing ■ Planning ■ Not Currently Working On/Don't Know

Categories (y-axis): ECCS, Title V, MIECHV, CCDF

X-axis: Number of states (0, 5, 10, 15, 20)

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# Themes: Equity in Early Childhood Efforts

- **Many reported working on developing a health equity plan/strategy**
- **Many reported utilizing state-level equity goals, strategies, and plans to guide their early childhood efforts**
- **For those currently implementing equity strategies, they report:**
  - Equity-specific trainings and workgroups
    - Internal organizational audits on systemic inequities (policies, processes, etc.); conducting needs assessments with an equity lens
  - Implementing a targeted universalism framework
  - Community/family Advisory Boards mechanisms
  - Compensating lived and professional experience
  - Building partnerships with culturally relevant stakeholders and communities
  - Disaggregation of demographic data
  - Translated materials/translation services

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