



innovation hub

AMCHP | *Explore. Build. Share.*



MCH Innovations Database
Practice Summary & Implementation
Guidance

Missouri Maternal Health Action Network

The Missouri Maternal Health Action Network, grounded in the Strengthening Families Framework, is committed to developing a sustainable statewide infrastructure that coordinates, strengthens, and supports services that improve behavioral health outcomes for mothers, children, and families affected by perinatal substance use.

Cutting-Edge

Emerging

Promising

Best



Location

Topic Area

Setting

Missouri

Mental Health & Substance Use

Community



Population Focus

Date Added

Women & Maternal Health

November 2025

Contact Information

Danielle Chiang, University of Missouri-Kansas City, Institute for Human Development
816-235-6427, chiangd@umkc.edu

Section 1: Practice Summary

PRACTICE DESCRIPTION

In 2021, stakeholders first convened around Missouri's application for the HRSA Emerging Issues grant. Through participation in the PRISM (Promoting Innovation in State & Territorial MCH Policymaking) Learning Community, led by AMCHP and ASTHO, Missouri received targeted technical assistance, including a comprehensive Landscape Analysis and strategic recommendations. These efforts revealed the urgent need for a sustainable, coordinated, and statewide infrastructure to support families affected by perinatal substance use and behavioral health challenges. In response, the Missouri Maternal Health Action Network (MHAN) was formally launched in 2022, with funding from the Department of Health and Senior Services (DHSS).

Missouri faces significant gaps in services and care coordination for mothers, children, and families affected by perinatal substance use and mental health conditions. Many women encounter complex barriers, such as social misconceptions, fragmented care, and limited access to trauma-informed services, that prevent them from receiving timely and appropriate support. Addressing these challenges requires a multi-sector, cross-system approach informed by community voice.

MHAN focuses on supporting pregnant and parenting women of childbearing age who are affected by substance use and behavioral health challenges, with particular attention to those navigating recovery, child welfare involvement, and other social drivers of health. MHAN also engages a broad coalition of professionals and community members, including public health experts, behavioral health providers, local public health agencies, and women with experience of substance use and mental health issues.

MHAN's primary aim is to strengthen behavioral health outcomes for mothers, children, and families through a unified system of care. Key objectives include:

- Advancing cross-system collaboration among state and local partners
- Developing and implementing strategic action plans based on community-informed priorities
- Expanding access to a full continuum of behavioral health services, from prevention to treatment
- Empowering mothers as leaders and advocates through training and capacity-building

The design and implementation of MHAN are informed by the Strengthening Families Framework, viewed through a life-course perspective. This framework emphasizes the promotion of a coordinated, multidisciplinary system of care for women of childbearing age, as well as pregnant and parenting mothers, particularly those affected by substance use disorders (SUD) and mental health challenges. This approach was chosen to promote health while providing a comprehensive continuum of care that addresses both prevention and treatment for mental health and SUD. The focus is on key protective factors, including parental resilience, social connections, knowledge of parenting and child development, and access to concrete supports, with the goal of empowering mothers and strengthening family dynamics.

The use of the Strengthening Families Framework guides MHAN in shaping its priorities, goals, and strategies, targeting both risk and protective factors that contribute to health disparities in families and communities. MHAN involves a multidisciplinary team of maternal and child health (MCH) professionals, public health experts, mental health and behavioral health practitioners, SUD treatment providers, social services, and community partners, including local public health agencies (LPHAs). Feedback mechanisms have been implemented to gather input from stakeholders and individuals with personal experience, ensuring that initiatives are responsive to the needs of the communities they serve.



The project team at the University of Missouri – Kansas City’s Institute for Human Development (UMKC-IHD) reviewed past meeting notes, discussion summaries, and insights from the 2023 Annual Summit. This framework led to the creation of five core priority area workgroups, each addressing Missouri-specific emergent issues. Mothers collaborate with workgroup members to pinpoint specific objectives and address these issues. The workgroups focus on overcoming (1) barriers to cross-system collaboration and (2) challenges in accessing, navigating, and delivering support services to mothers, children, and families affected by substance use and mental and behavioral health challenges.

MHAN adopts a person-centered approach that prioritizes health and well-being, integrating trauma-informed and stigma-free care practices. This approach recognizes the intergenerational impacts of substance use and mental/behavioral health challenges, all viewed through the life-course perspective. We are committed to creating a welcoming and safe environment where the voices of individuals with experience are valued and included at all levels of our work.

CORE COMPONENTS & PRACTICE ACTIVITIES

Guided by the Strengthening Families Framework and a life-course perspective, MHAN promotes protective factors, including parental resilience, social support, and concrete resources. Since its launch, MHAN has engaged over 550 stakeholders across the state. In FFY25, more than 175 professionals and 20 mothers with experience actively participated, reflecting a strong and diverse coalition. Feedback mechanisms ensure that the voices of those directly affected continue to shape priorities and solutions.

The goal of MHAN is to build a sustainable, statewide infrastructure to improve behavioral health outcomes for mothers, children, and families affected by perinatal substance use and mental and behavioral health challenges. At its core is the integration of real people’s experience into decision-making. MHAN’s core components include:

- The Moms’ Advocacy Network, a leadership and self-advocacy group made up of affected mothers.
- The Leadership and Self-Advocacy Academy, which equips mothers with the skills and confidence to engage in systems and policy-level advocacy.
- Core Priority Workgroups, which develop targeted action plans to address service gaps and cross-system collaboration barriers.
- Continuous stakeholder engagement and intentional collaboration.

The **Moms’ Advocacy Network** and its **Leadership & Self-Advocacy Academy**, launched in FFY23, equips mothers in recovery (two or more years) with skills in leadership, peer mentorship, and systems-level advocacy. Co-developed and co-facilitated with mothers that have experience with substance use, the Academy builds upon existing family leadership programs and is continuously refined based on participant feedback.



Core Components & Practice Activities

Core Component	Activities	Operational Details
Stakeholder Engagement	Member intake meetings, regular MHAN and Workgroup sessions, Planning Committee meetings, ongoing Leadership & Self-Advocacy Academy check-ins, and continuous communication through Facebook groups and weekly snapshots	Engage collaborators, including providers and individuals with lived experience, statewide to strengthen cross-system collaboration, using the member intake form to capture essential contact, service, collaboration, and demographic information.
Integration of Participants' Experience	Moms' Advocacy Network, Leadership & Self-Advocacy Academy, and integration of participants' experience across workgroups, quarterly meetings, and the annual summit	Identify service barriers for mothers and ensure their experience informs decisions through two-way communication and equal participation.
Identification of Gaps/Barriers	Project team and MHAN quarterly meetings, ongoing evaluations, and data review to identify gaps and barriers	Identify and assess cross-system barriers and service gaps, continuously evaluate with stakeholder input, and strengthen partnerships and coordination.
Development of Recommendations/Action Plans	Weekly project team, monthly Workgroup, and quarterly MHAN and Planning Committee meetings	Stakeholders identify cross-system barriers and explore strategies, policy recommendations, and system-level changes throughout the year; Core Priority Workgroups then turn these findings into actionable plans.
Intentional Collaborations	Identify key contributors and champions across systems and communities, and foster collaborations	MHAN fosters collaboration by connecting stakeholders, sharing statewide updates, and supporting Workgroups in creating action plans to enhance cross-system coordination and service delivery.
Evaluation	Ongoing process evaluation, continuous quality improvement, and outcome assessment	The project team uses qualitative methods, surveys, and testimonials to assess barriers and disparities, track changes, and inform work plans, practice improvements, and cross-system coordination.



COMMUNITY WELLNESS

The Missouri Maternal Health Action Network (MHAN) is working to improve overall health by building a stronger, more coordinated system of care for mothers, children, and families affected by perinatal substance use and mental and behavioral health challenges. We achieve this by engaging a range of partners, including service providers, agencies, and mothers, to identify gaps in care and develop practical solutions that enhance access to essential services.

One way we address overall community health is through the Moms' Advocacy Network, launched in 2023. This group was created to make sure that mothers who have experienced substance use and mental health challenges during or after pregnancy have a meaningful voice in decisions about programs, policies, and services. Their feedback helps us better understand what works, what doesn't, and what needs to change to improve care for others in similar situations.

This advocacy group creates a two-way conversation between mothers and system leaders. It also provides members with leadership and advocacy training, empowering them to share their experiences with social misconceptions and systemic barriers while working alongside providers and policymakers to promote more inclusive, respectful, and effective services. This process is crucial for identifying ongoing barriers and ensuring our work remains grounded in real community needs.

We also support workforce development by creating opportunities for mothers in the group to take on leadership roles or work in the MCH field. In addition, we partner with programs such as the Maternal Health Access Project to provide training for providers in areas including anti-stigma practices, trauma-informed care, and culturally responsive approaches to addressing perinatal substance use.

Our Core Priority Area Workgroups, which comprise both professionals and individuals with relevant experience, collaborate to develop action plans that address barriers, such as a lack of coordination between systems, systemic barriers compounded by misconceptions and misunderstandings, and difficulties navigating available services. Together, we are working to break down silos, build trust, and create a support system that meets the needs of all Missouri families.

EVIDENCE OF EFFECTIVENESS

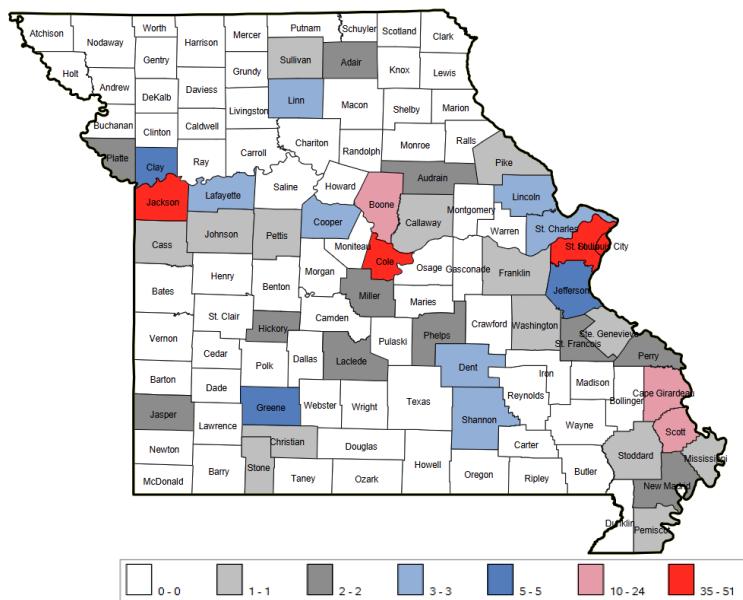
Our overall evaluation plan employs a mixed-methods design, combining both qualitative and quantitative approaches to assess the efficacy and impact of our work. This design allows us to capture both measurable outcomes and personal experiences and insights from those directly affected by MHAN's efforts. We have included a few early gains from FFY24 and FFY25 below.

Project Reach

The Network has grown to 555 members, comprising 465 professionals and 90 mothers with subject background, accounting for various levels of engagement. During FFY 2025, the Network strengthened its engagement through standing meetings and one-on-one stakeholder interactions. The project achieved broad statewide reach, engaging partners and participants from all five Missouri regions and representing both urban and rural communities. During FFY 2025, the Network brought together approximately 175 active members, who participated in monthly workgroup meetings and quarterly convenings, with representation from every region across all 114 counties (see Figure 1).



Figure 1. Geographic Locations of Active MHAN Members and Partners in FFY25



Note. Not all members are mapped; locations do not represent overall program coverage.

Building Maternal Capacity and Leadership

Empowering and Capacity Building. Since FFY23, MHAN has been successfully hosting an 8-week capacity-building series designed for mothers. Facilitated by the UMKC-IHD project team, this series equipped participants with tools to share their stories, understand their rights, and advocate for themselves and their families. A key success was the appointment of a Mom Advocacy Leader, someone further along in their recovery journey, to co-facilitate trainings and meetings. This peer leadership model fostered engagement and inspired other mothers to pursue advocacy and professional development opportunities. A few of the post-curriculum evaluation results indicated:

- 100% felt a strong sense of belonging within the group.
- 100% gained knowledge and skills in self-advocacy.
- 100% felt more confident practicing self-advocacy in their daily lives.
- 88% felt prepared to serve on boards or partner with organizations.

Testimonial quotes from FFY205 cohort:

- *"I have learned that healthy communication is very important, and healthy relationships don't just happen. They are grown, from understanding, communication, and compromise. You always have to consider your partner, their feelings. The same way they should you."*
- *"Using my voice today helps take away the stigma of substance abuse. It gives it a face and a story. It helps other moms see they can overcome the obstacles they are facing."*

Professional Visibility. MHAN's project team, members, and moms with experience saw growing presence and influence through its participation and presentations at major conferences in FFY24 and 25, including:

- The Missouri Behavioral Health Conference
- The annual Uplift Connection Convening in St. Louis



- The Association of Maternal & Child Health Programs (AMCHP) 2024 Conference (in-person and virtual presentations)
- 2025 Bootheel Babies & Families (BBF) ELEVATE Conference
- Perinatal Quality Collaborative (PQC) Neonatal Abstinence Syndrome (NAS) Summit
- Missouri Substance Use Prevention Conference

Leadership Growth. Since FFY23, MHAN has provided leadership, capacity building, and career opportunities to over 15 mothers. Key achievements of these mothers include (More details and updates can be found at <https://moactionnetwork.org/moms-adnetwork/>):

- One mother earned a Certified Peer Specialist credential through the Missouri Credentialing Board (MCB).
- One completed Missouri Associate Alcohol and Drug Counselor II (MAADC II) certification requirements through the MCB.
- One gained employment with Queen of Peace Center in St. Louis, Missouri, supporting women and families impacted by substance use.
- One is serving on the Executive Leadership Board for The Naloxone Project (TNP) of Missouri in partnership with the Missouri Hospital Association (MHA).
- One is actively advocating for the Safe Babies Court in Jackson County to promote family-centered approaches to child welfare.
- Two are collaborating with Missouri Appleseed to develop and deliver Medication-Assisted Treatment (MAT) training.
- One is pursuing a bachelor's degree in psychology with a dual major in Addiction Studies and Child Adolescent Development.
- One is serving on the statewide Maternal and Child Health Alliance sponsored by DHSS.
- One developed SUD training with Korédé House.
- One served as a trainer for MCB's Pregnant and Parenting Families Credential.
- One is working on an overdose strategic plan with DHSS and the Department of Mental Health.
- Over 10 distinct mothers were served as featured speaker(s) and panelist at multiple statewide conferences, including:
 - Annual Maternal & Infant Health Convening (4 mothers)
 - Annual MHAN Summit (5 mothers)
 - Bootheel Babies & Families - ELEVATE Conference (3 mothers)
 - Perinatal Quality Collaborative (PQC) - NAS Summit (3 mothers)
 - University of Missouri-Kansas City (UMKC) Law Class guest lecture on their experience and maternal health advocacy (1 mother)

Fostering Collaboration

The UMKC-IHD project team has been conducting ongoing process evaluations. This year, the team distributed an annual member survey to assess levels of collaboration among Network members and gather feedback on their experiences with the Network. The survey aimed to identify how the Network could improve members' experiences and asked questions about its effectiveness in reducing silos, increasing collaboration, keeping members informed and connected, and validating and inspiring their work through stories.

A notable result from the member survey is the increased level of engagement among Network members, as shown by 2025 data compared to 2024. Participation has grown across multiple engagement strategies, with a higher percentage of partners now interacting with the Network "at least monthly," and in many cases, "weekly".



Furthermore, when comparing measures of Network impact between 2025 and 2024, two areas showed notable positive changes: members reported that the Network helps them stay connected to valuable resources, and their understanding of their experience has deepened through participation. These findings demonstrated the Network's expanding reach, relevance, and role in strengthening connections and shared learning across Missouri.

Question (Strongly Disagree=1, Strongly Agree=5)	Mean		Unpaired t-test P-Val
	2024	2025	
Increased my knowledge of maternal behavioral health (e.g., SUD).	4.14	4.47	0.19
Kept me connected with other professionals in the field.	3.95	4.38	0.06
Keep me current.	4.24	4.34	0.62
Increased ways for me and my organization to align efforts with other organizations.	4.00	4.38	0.13
Increased opportunities for collaboration.	4.05	4.38	0.17
Made me or my organization less siloed.	3.71	4.03	0.19
Improved my understanding of person's experiences.	4.10	4.53	0.08
Made me realize that my work makes a real impact on people's experiences.	4.10	4.53	0.11

The MHAN has demonstrated several early indicators of success, suggesting strong progress toward its goals and fidelity to its intended implementation approach. These achievements indicate strong early progress in empowering mothers, aligning work with key public health priorities, and establishing MHAN as a leader in maternal health advocacy grounded in people's personal experience.



Section 2: Implementation Guidance

COLLABORATORS AND PARTNERS

MHAN is a collaborative partnership that comprises key stakeholders and strategic partners, including service providers, organizations, and mothers from across the state of Missouri.

Practice Collaborators and Partners			
Partner/ Collaborator	How are they involved in decision-making throughout practice processes?	How are you partnering with this group?	Does this collaborator have lived experience/come from a community impacted by the practice?
Missouri Department of Health and Senior Services (DHSS)	DHSS, as the Network's core funder, provides guidance and insight through regular bi-monthly meetings.	DHSS actively engages in the Network via bi- monthly meetings, the Planning Committee, and other key activities.	The core funder, while outside the primary target population, contributes critical feedback necessary for project success.
Mothers with Personal experience	Mothers are equal partners in the Network, offering insights on access and service gaps and helping map how social drivers of health affect mothers across Missouri.	Mothers partner with MHAN as equal members, contributing to meetings, panels, and events to inform recommendations, address SUD misconceptions, and promote access to services.	MHAN centers mothers' experience while also providing resources for children and families, using a person- centered approach that considers intergenerational trauma and life-course impacts. Its work influences families, communities, service providers, and state and federal systems.
Stakeholders, agencies, organizations, providers (clinical, non- clinical)	Stakeholders share insights on barriers to cross-system collaboration that affect services for mothers, children, and families impacted by perinatal substance use and behavioral health challenges.	Stakeholders on advisory boards actively collaborate with the Moms' Advocacy Leader to identify emerging issues and shape Workgroup recommendations.	While these stakeholders typically don't have the same experience as mothers affected by perinatal substance use, they represent the communities and systems supporting those impacted.



REPLICATION

Since its inception in 2022, MHAN's infrastructure was revamped in 2024 and has been continuously monitored for fidelity. While the guiding principles and core elements have remained consistent, the project has evolved in response to feedback from mothers, stakeholders, and community needs. Workgroups target emerging issues informed directly by the needs of these communities, ensuring that any action plans and recommendations reflect accurate, community-driven solutions.

Successful replication requires training, a strong community, and buy-in from the target population, as well as the empowerment of personal experience through opportunities to lead the work. It also requires dedicated and passionate staff skilled in working with those that have personal experience, building networks, and maintaining engagement with multi-sector stakeholders. MHAN can be replicated at varying scales, from statewide initiatives to local-level implementations, with strong potential for impact and spread.

By centering experience, fostering collaboration, and maintaining flexibility in a complex environment, the Network deepened its ability to drive systems change and improve maternal and child health outcomes across Missouri. Key lessons learned include:

- Centering Experience: Engaging experience in program design, policy, and advisory roles leads to more culturally responsive, and family-centered initiatives.
- Partnering not Competing: Encouraging and modeling collaboration across sectors—public health, hospitals, universities, and advocacy groups—for the purpose of reducing silos, improving service delivery, and enhancing system-level change.
- Supporting Capacity-Building: Investing in leadership and skill-building for experience to empower them and ensure the long-term strength and continuity of the project.
- Communicating Regularly: Consistent updates, meetings, and networking opportunities maintain momentum, shared understanding, and peer support across stakeholders.
- Evaluating and Pivoting: Continuous assessment and feedback from lived experience and partners allow strategies to remain responsive, relevant, and effective.
- Being Flexible: Adapting to changing maternal and child health challenges and leveraging emerging opportunities enables the project to respond effectively in dynamic environments.
- Actively Participating: Actively participating in conferences, summits, and public campaigns raises awareness, strengthens advocacy, and reinforces the Network's role in shaping policy and systems change.

INTERNAL CAPACITY

Significant internal capacity is required to successfully implement this project, including establishing the necessary infrastructure, implementing and managing day-to-day operations, engaging multi-sector stakeholders, recruiting and mentoring mothers with experience, collecting feedback and data, conducting continuous quality improvement, and utilizing an innovative approach to measure ultimate impact. The MHAN consisted of a core team of four individuals: the Principal Investigator/Project Director, the Project Manager, a part-time Project Support Coordinator, a Moms' Advocacy Leader, and the project sponsor: the Missouri



Department of Health and Senior Services. Administrative and communications staff were also involved to ensure smooth operations, managing logistics, outreach, and data across the Network.

UMKC-IHD, as Missouri's University Center for Excellence in Developmental Disabilities (<https://ihd.umkc.edu/>), also houses several statewide and national training and technical assistance centers, including the Charting the LifeCourse Nexus Center (<https://www.lifecoursetools.com/>) and the Family-to-Family Resource Center (<https://mofamilytofamily.org/>), which provide support to individuals and families affected by Intellectual developmental disabilities (IDD) or DD. The organizational capacity, expertise, and experience of UMKC-IHD's highly skilled staff have been invaluable to MHAN, serving not only as a resource but also as mentors and consultants to the project team. Their guidance has strengthened MHAN's approach to cross-system collaboration, stakeholder engagement, and capacity-building, enhancing the project's ability to implement evidence-informed practices and improve outcomes for mothers, children, and families affected by perinatal substance use and behavioral health challenges.

PRACTICE TIMELINE

Implementing this infrastructure at the state level or smaller regional or system levels can vary significantly. The timeline below details the timeframe needed to fully implement this project and its core components on a large statewide scale. Considerable time should be spent onboarding the appropriate personnel, recruiting folks that have personal experience, identifying partners, and securing their buy-in, as well as obtaining sustainable funding. A minimum of six months of planning and a year of implementation should be considered to carry out all core components and activities with fidelity checks.

Phase: Planning/Pre-Implementation		
Activity Description	Time Needed	Responsible Party
Recruit stakeholders and those with experience	1-2 Months	Project Team, Sponsor
Conduct gap analysis	2-3 months	Project Team
Define project plan, scope, and goals	1-2 months	Project Team, Project Sponsor
Develop Workgroup Structure & Roles	1 month	Project Team



Develop a communication & branding packet	1-2 months	Project Team, Administrative Communications, Project Sponsor
Develop an implementation and evaluation plan	1 month	Project Team, Project Sponsor

Phase: Implementation

Activity Description	Time Needed	Responsible Party
Hold quarterly meetings	12 months	Project Team, Project Sponsor
Launch Moms' Advocacy Network	1 month	Project Team, Project Sponsor
Launch Leadership & Self-Advocacy Academy	12 months	Project Team
Launch workgroup infrastructure & monthly meetings	12 months	Project Team
Engage stakeholders and foster collaboration	12 months	Project Team
Conduct evaluation	12 months	Project Team
Develop and disseminate information and resources	12 months	Project Team



Phase: Sustainability		
Activity Description	Time Needed	Responsible Party
Maintain continuous quality improvement	12 months	Project Team
Invest in capacity building	12 months	Project Team, Project Sponsor, MHAN partners
Formalize partnerships	12 months	Project Team
Secure funding from diverse sources	12 months	Project Team, Project Sponsor
Disseminate findings and best practices	12 months	Project Team, Communications, Project Sponsor
Sustain system-level advocacy and promote the impact of MHAN	12 months	Project Sponsor, Project Team
Continue delivering core components and practice activities	12 months – indefinitely	Project Team

PRACTICE COST

The cost of implementing this project could vary based on the scale of implementation. UMKC-IHD has been leveraging in-kind support and resources to ensure the smooth operation of this project. That said, consider doubling the funding to increase the level of staff support for day-to-day operations. Major costs will be incurred for personnel, travel, and stipends for a true partnership. MHAN also hosts an annual summit, providing an in-person opportunity for stakeholders to engage with those with personal experience and connect with other professionals in the same space. For more information on the costs and budgets of this practice, please contact us at moactionnetwork@umkc.edu.



Budget			
Activity/Item	Brief Description	Quantity	Total
Personnel	A full-time master level staff, a part-time bachelor-level staff, and a small portion of the PI	1.5	Approx. \$120,000
Travel	Travel to conferences for the project team; travel for Summit speakers	-	Approx. \$7,500
Stipend for mothers	Stipends for mothers to go through the Leadership and Self-Advocacy Academy and attend workgroup and other MHAN meetings.	10-15	Approx. \$13,000
Other expenses	Annual summit venue, food, AV equipment, printing, communications, office supplies, etc.	-	Approx. \$14,000
		Total Amount:	\$154,500

LESSONS LEARNED

Through the implementation of the Missouri Maternal Health Action Network, several lessons, both positive and challenging, have emerged that may benefit others seeking to replicate or adopt this practice:

Centering the Experience of Mothers and Families

- Real systems change occurs when all collaborators share a common vision and mission for the populations we serve.
- Mothers must be intentionally engaged as leaders, not just participants. Their leadership is essential to driving meaningful change.
- To support this leadership, mothers must be equipped with the skills, confidence, and tools needed to participate as equal partners at decision-making tables.



Stakeholder Engagement & Communication

- Gaining stakeholder buy-in is directly tied to how well the project's mission and goals are understood. It is essential to clearly and consistently articulate the project's purpose across all engagement points.
- Respecting stakeholders' time and capacity is critical. Offering multiple levels of engagement ensures opportunity and sustained participation.

Collaborative Culture

- Early on, some stakeholders, particularly within provider sectors, misunderstood MHAN's role, viewing it as a competing initiative rather than a collaborative effort. This misconception led to confusion about MHAN's goals and limited initial buy-in from key partners.
- Sustained impact requires a commitment to collaboration over competition. Building and nurturing authentic partnerships strengthens both process and outcomes.
- To address this, the project team increased communication efforts to clarify its mission and reinforce the value of multi-level engagement. We acknowledged partners' competing priorities and emphasized flexible participation options. This transparency helped foster trust, resulting in more positive feedback and stronger connections among members.

Engaging Rural Communities

- Recruiting professionals and mothers from rural areas has been an ongoing challenge, limiting the representation within the Network.
- To expand rural outreach, we are strengthening partnerships with local public health agencies (LPHAs) and identifying community champions who can help raise awareness and promote participation in health initiatives. These efforts are ongoing, and we remain committed to ensuring rural voices are meaningfully included in the Network's work.

Together, these lessons continue to shape MHAN's approach and may serve as helpful considerations for others aiming to implement similar, community-driven initiatives.

NEXT STEPS

Looking ahead, the Missouri Maternal Health Action Network will focus on strengthening its infrastructure, deepening stakeholder engagement, and expanding leadership and career opportunities for mother. The Network will continue to refine its structure, align workgroup efforts, and maintain regular meetings across the Action Network, planning committees, and workgroups to promote shared goals and strong collaboration. At the same time, MHAN will form a strong partnership with MHAN stakeholders to develop and implement the action plans generated by the workgroups. For example, the Education Access Workgroup is partnering with Missouri Appleseed to create a continuing education training for law and medical professionals on medically assisted treatment.

We will continue to amplify the voices of mothers with personal experience by connecting them to new leadership opportunities and supporting their advancement. Discussions with multiple funders are underway to develop a career pathway for mothers in recovery—an effort designed to support long-term recovery, promote family stability, and reduce the likelihood of involvement with child welfare and judicial systems. Through these efforts, MHAN aims to strengthen systems, uplift families, and sustain lasting change across Missouri.



RESOURCES PROVIDED

- Harper Browne, C. (2016). The strengthening families approach and protective factors framework™: A pathway to healthy development and well-being. In *Innovative approaches to supporting families of young children* (pp. 1-24). Cham: Springer International Publishing.
- <https://moactionnetwork.org/>
- <https://ihd.umkc.edu/>
- <https://www.lifecoursetools.com/>
- <https://mofamilytofamily.org/>

