During the past year, the South Dakota Maternal, Infant, and Early Childhood, Home Visiting (MIECHV) team undertook efforts to deepen their work related to systems integration. For example, they worked to create collaborative relationships between MIECHV and the Great Plains Tribal Chairmen’s Health Board (GPTCHB), the Early Childhood Comprehensive Systems (ECCS) grantee. With support of the Early Head Start Association, they also engaged the five MIECHV sites in conducting an early childhood needs assessment to identify opportunities for integration across home visiting, early childhood, and other systems. Findings from the assessment are now shaping new data-informed planning activities. Finally, new collaborative efforts between MIECHV and ECCS are underway to address toxic stress in the Sisseton community.

A federal site visit conducted September 16-18, 2014 provided an opportunity for state leaders, site supervisors, federal representatives, and technical assistant experts to review the progress and plan for next steps. According to Tammy Brown, Region VIII Project Officer, “Federal sites visits are an opportunity to ensure grantees are in compliance with the programmatic, legislative, and fiscal requirements of their MIECHV and ECCS grants, to monitor progress, and to provide technical assistance. I feel there is so much more that is learned by being onsite and witnessing the context in which the grantees are implementing their programs. It allows the Health Resources and Services Administration (HRSA) and the MIECHV Technical Assistance and Coordinating Center (TACC) to better tailor the technical assistance provided to grantees to further advance program activities. In addition, grantees share their best practices that we can then pass along to other state MIECHV and ECCS grantees.”

A Collaborative Effort to Plan the Site Visit

Planning for the site visit was a collaborative effort between the South Dakota MIECHV team, the Federal Project Officer, and the TACC. Petra Smith of the TACC developed an agenda for learning that built upon current knowledge and areas identified for growth.
According to Carrie Churchill, Home Visiting Program Manager, "South Dakota has had a home visiting program for many years. But with the expansion to new sites we now have a mixed team with members who are new and others with many years of experience. This means that in some sites we are focused on embedding home visiting into existing early childhood systems, and in other sites, we are playing the role of catalyst for systems change. The site visit and the dedicated technical assistance were well-timed to help address these unique needs. We are now at the point where the expanded sites have been operating long enough to identify their needs and how to integrate into their communities."

Technical Assistance Topics

Technical assistance focused on five core topics of interest to the South Dakota team. These included:

1. **Collective Impact:** Previously, the South Dakota team participated in discussions of collective impact at an introductory level. With facilitation by Liz Weaver of Tamarack – An Institute for Community Engagement – participants were able to deepen their understanding of collective impact using the Sisseton community as a case study. They examined the collective impact strategies in use in Sisseton, including: a common agenda; shared measurement; mutually reinforcing activities; continuous communication; and a backbone infrastructure. The goals were to increase knowledge and awareness of collective impact; to learn how Sisseton used collective impact to build their collaborative; and to be introduced to myriad tools and techniques that help to put collective impact to practice. According to Weaver, "The Collective Impact workshop was an opportunity for everyone to reflect on the progress they have made to date. The adaptation of a SWOT analysis (strengths, weaknesses, opportunities, threats) on the Sisseton Nation’s GONA (Gathering) helped to build a culturally appropriate and shared common agenda for the early years project. An important lesson learned is that tools and processes in collective impact have to adapt to local conditions."

2. **Continuous Quality Improvement:** With co-facilitation by Julie Morales of Design Options for Home Visiting Evaluation (DOHVE) and Smith, participants reviewed the current South Dakota continuous quality improvement (CQI) teams and processes. "The South Dakota team had done an excellent job
implementing the CQI process on a state and district level and now the team was ready to strengthen the work at the local level,” said Smith. Time was dedicated to increasing understanding of the components of the “Plan, Do, Study, Act” (PDSA) cycle, and the creation of problem and aim statements. It was agreed that for follow-up, the TACC and DOHVE would facilitate group training sessions to solidify understanding of PDSA, and support local level CQI teams in completing a full PDSA cycle from January to August 2015.

3. **Staff Retention and Support:** With facilitation by Smith, participants discussed the current support system for home visitors and the particular challenges to supporting home visitors in rural settings. It became clear that the supervisory team wanted an opportunity for an on-going dialogue that would enable them to address staff support long-term. Going forward, Churchill will facilitate a monthly learning community with all site supervisors to engage the group in adaptive problem solving, resource sharing, and mutual support. Some topics that may be discussed as part of the learning community include: how to work with team members you do not supervise; group cohesiveness and team building; and secondary trauma. “Our site supervisors truly understand the value of home visiting for clients and communities. They also recognize that it is challenging work that requires mutual support. They do a great job supporting each other to lead their teams, encourage the nurses to have pride in their work, and offer each other new ideas. Regular supervisor meetings help make this possible for the team,” said Churchill.

4. **Building Local Collaborations:** A roundtable discussion was facilitated by Smith to consider the roles and expectations of advisory boards, and strategies to strengthen collaboration and integration in MIECHV communities. Participants brainstormed individual solutions about how to apply the collective impact strategies and tools with each of the five community groups. Reflecting on the discussion, Churchill notes, “The South Dakota sites are excited to develop stronger Community Advisory Boards with the application of collective impact elements. Liz Weaver’s presentation was invaluable in helping us find strategies that will work in each individual community. We are looking forward to working with the South Dakota Head Start Association, the Great Plains Tribal Chairman’s Health Board,
other local agencies to build strong local systems of support for early childhood priority issues.”

5. **Leadership Development:** Smith introduced the five practices of exemplary leadership as measured by the Leadership Practices Inventory: model the way; inspire a shared vision; challenge the process; enable others to act; encourage the heart. All participants were encouraged to identify their leadership strengths and areas for improvement and then commit to specific actions they can take in the next three months to become a better leader. Smith will facilitate a follow-up leadership development session to review the plans and discuss progress toward goals.

Reflecting on the site visit, Brown notes that, “The collaborative effort that was put into planning the site visit paid off. The visit was a great success, effectively integrating sessions that focused on grantee updates with a variety of targeted technical assistance sessions for the home visiting and ECCS staff. A valuable outcome of the site visit is a technical assistance plan that will continue to support the grantees’ efforts to implement high-quality home visiting services that are integrated into an early childhood system at the community and state level.”