

Insights from Title V on Partnering with Federally Funded Programs Webinar Transcript

Jennifer Leonardo, CSN at EDC: Welcome everybody. Thank you for joining us. We're going to be discussing insights from Title 5 on partnering with federally funded programs. And this webinar is sponsored by the Children's Safety Network.

The Children's Safety Network is supported by the Health Resources and Services Administration of the U.S. Department of Health and Human Services under the Child and Adolescent Injury and Violence Prevention Resource Center's cooperative agreement.

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I'm now going to hand this slide over to Jenny Stern Carusone, before I introduce our speakers so that she can go over some technical tips with you.

Jenny Stern-Carusone, CSN: Hello, welcome everyone. A few technical tips today: if you are unable to join audio or are having difficulty with your computer audio, you are able to join by phone. All participants are muted, but you can submit questions throughout the event using the Q&A button at the bottom of your screen, and we will address those questions during the discussion portion of our webinar later on.

We will be sharing our resources, recording, and slides within the next two weeks, posted on our website for you to access as well.

Back to you, Jennifer.

Jennifer Leonardo, CSN at EDC: Thank you, Jenny. I'm Jennifer Leonardo, and I am the Director of the Children's Safety Network and the Interim Director of the Children's Safety Now Alliance. I'm very happy to be introducing our panel of speakers today.

But before I do that, I'll tell you a little more about Children's Safety Network. Our panel of speakers are going to be representing two of the areas shown on the slide in front of you. Two of them are members of our National Alliance, and all have participated in one of our learning collaboratives at CSN. Our mission is to ensure that all children are happy and healthy in the United States—in Washington, DC, and across all our jurisdictions. We work

to advance child safety in order to reduce injuries and fatalities that are injury- and violence-related among children who are infants to age 19.

Today we are going to spend time defining Title 5 federally funded partnerships. We're going to define what we mean by partnership and how we align with partners. We're going to provide examples from the field. You'll have a chance to hear from all of our presenters and then ask them questions of your own. Then we will share out some resources with you.

What is Title 5?

Title 5 is a federal block grant established in 1935 to create federal and state partnerships to address health service needs of mothers, infants, and children. It is funded by the Health Resources and Services Administration's Maternal and Child Health Bureau. States apply annually for these funds and proportionally match them. The grant amount awarded is based on the state's population size and need. It is available for all 50 states and 9 jurisdictions.

In 2023, the Title 5 Maternal and Child Health Services Block Grant helped provide services for an estimated 59 million people, including 94% of all pregnant women, 98% of infants, and 59% of children nationwide, including children with special healthcare needs.

Title 5 agencies work in injury and violence prevention across the nation to address a broad range of topics across various populations. They are committed to increasing reach and achieving impact. They do this across topics such as fire and burn prevention, suicide and self-harm prevention, drowning prevention. You can explore all of these areas on the Children's Safety Network website, and also find them on HRSA's website.

We also know that while Title 5 is doing this wonderful, broad, and deep work, there are challenges—most often with funding and staffing. This is why it's critical we have this discussion today to talk about how Title 5 can establish and leverage partnerships to address these challenges and reach infants, children, and adolescents in our country.

So let's talk a bit about partnerships. Partnering can take on many different forms. It can look like data sharing to facilitate data-driven decision making. Communicating complex public health information, developing and testing interventions and sharing data for various audiences. We often talk about smart aims, smart aims help to organize our partners, and they help us to keep focused on intended outcomes. When we talk about what we want to achieve, we ask all of our partners to be very specific to have measurable aims, to have aims that are going to be attainable. They have to be relevant and time bound. This helps everybody to stay on track and aligned throughout the partnership.

We want to assess potential partners. And this is a tool that we use. To do this. We 1st clarify our goals we clarify the population that we are trying to reach. We can ask, What is the age? Where are they geographically located? What is going to be the child safety topic that we want to be addressing.

We then identify any gaps. Where are we going to come together with these partners to be able to fill these gaps. We brainstorm who the partners are going to be?

How are we going to reach our priority populations? Who has the needed resources to do this? What are the related outcomes that all the partners are working toward? With written agreements. If we look over on the left-hand side of the slide, we're looking at a level of partnership networking that is more informal. This is where partners are sharing information and talking with one another for mutual benefit. There are loosely defined roles. There's more flexible relationships and informal communication taking place. Typically, minimal decision-making and low risk.

A higher level of partnership would be cooperation, where partners are supporting one another's activities. But there isn't a formal agreement in place. There are somewhat defined roles, informal and supportive relationships. There would be more frequent communication than with the networking, but there's still limited decision-making that is taking place, and it's relatively low risk.

If you start to become more established in a formal manner, you may have coordination. This is where partners are engaged in mutual projects and initiatives. They may modify their own activities to benefit the whole vision. There are more defined roles. There are formalized links, but every group is still retaining a level of autonomy. You have more regular communication taking place and shared decision-making around joint work. There are often decision-making processes that are being followed, and they're well known. They're still low to moderate risk, and you're sharing some of your resources.

Then you have a level of collaboration that is much more formal. And this is where you're going to have an agreement in place. Your partners are working for developing enhanced capacity to achieve their shared vision. And they're going to formalize what each person is doing. What is your role? What are your formal links? How are you going to be communicating with one another? And you're going to be typically writing this out. It could look like a memorandum of understanding, or a memorandum of agreement between your partners. Your communication is frequent, it's well known, your communication channels are established. You have equally shared ideas and decision-making. And there is a higher

risk, typically. But you have a higher level of trust with these partners and protections in place with your formal agreement. You're also oftentimes pooling your resources.

The take-home message here is that relationships are key for effective partnerships to take place. What we see is that the expectations need to be very clear. You have to have a shared vision. You have to know what the value of each of the partners is, what they're bringing to the table, and what gaps are being filled. There are often established communication styles and standards. There aren't a lot of surprises. People know what their role is, what they're expected to do.

You identify all the different ways in which you can link, and you can work together. You also determine how you are going to know that you're making progress. What will those process measures and outcome measures be that you'll be working to understand and to implement? You'll be asking, where are we pulling our data from? How are we going to be ensuring that we have all the connections in place, that we are communicating out to those who we are serving, and we are respecting the memorandum of understanding or the memorandum of agreement that we have in place?

In solidifying our partnerships, we want to ensure that we gather and share opportunities. One way to do this is through funding applications, setting up regular meetings. You want to be able to have open discussions, be transparent in what the challenges are that you're facing. You also want to share the successes and the lessons learned, so that we're not reinventing the wheel. You want to have a high level of trust in order to do this, and you want to maximize all of your opportunities, so you can be able to move from that networking to the more established and effective partnerships, so that you can be cooperating, collaborating, and building off one another's work.

So now I would like to be able to have us have a robust discussion with all of our presenters today. I want to thank all of them for joining us, and I'd like to take the time to go through some of their achievements and introduce them to you.

So we have Peg O'gea Ginsberg, who is here with us. She is the Injury Prevention Program Manager for the Nebraska Department of Public Health and Human Services. She's also a Children's Safety Now Alliance Member. Peg has over 35 years of experience in public health. She has held her role as IVP Program Manager for the past 20 years. She oversees CDC Core SIPP grants and the Rape Prevention and Education grant. She's also a child passenger safety technician. She remains active in a number of partnerships and in Safe States Alliance. She served on the Safe States Alliance Executive Committee as Secretary, Member at Large, Vice President, and President. Thank you, Peg, for being here today.

Next, I would like to introduce Jennifer Miller. She is the State Maternal and Child Health Title V Director at the Kansas Department of Health and Environment. Dr. Miller directs Title V block grant investments across her state and is responsible for drafting and implementing five-year state action plans. She also serves on the Kansas Maternal Review, Kansas Perinatal Quality Collaborative, and Kansas Maternal Health Task Force. She's involved with the Association of Maternal and Child Health Programs Legislative Affairs and Policy Committee and the American Public Health Association. Thank you so much for being with us today, Jennifer.

I'd now like to introduce Terry Love. Terry is the Injury Prevention Director at the Tennessee Department of Health. Terry is a community leader with over 25 years in community-based prevention. He has worked in multiple settings to develop leaders and motivate stakeholders to facilitate population-level change in schools, communities, and statewide settings. Terry uses data, evidence-based methods, and policies. He has assisted many communities with identifying and mitigating root causes of behavioral health problems and implementing population-level strategies. Terry is also a member of the National Safe States Alliance Executive Board. He serves on the Safe States Alliance Special Interest Group and Safe States Policy Committee. He's also active in the Southeastern and Southwestern Regional Injury Prevention Networks and other Tennessee multisectoral injury prevention coalitions. Thank you, Terry, for joining us.

And we also have Becky Majdoch. Becky is the Data to Action Team Lead for the Louisiana Department of Health Office of Public Health Bureau of Family Health. She's held this role since September 2023. She leads teams who are responsible for analyzing data related to pregnancy, birth, violence and injury, and unexpected deaths to children and pregnant women. She makes recommendations to prevent injury and death, and she works through policy, systems, and communities. She partners to implement recommendations to prevent future injuries and deaths. She's been with the Bureau of Family Health, which administers Title V, since 2013. She most recently served as a Senior Advisor and Chief of Staff to the Director of the Bureau of Family Health. She joined the Bureau of Family Health as a Health Education and Communications Manager. We want to thank you, Becky, for joining us today. I hope everyone has a sense of the depth of experience that all of our presenters have in partnering and working with Title V.

So now we'd like to get into a discussion about effective partnerships. I also want to provide a reminder that you should see, in your Zoom icons at the bottom of the screen for most of you, the Q&A section. Please feel free, as we're having this discussion, to add in your own questions that we can also ask our presenters about.

We're going to start here with the first question: What defines an effective partnership between federally funded agencies?

I'm going to invite our presenters to respond to this, and perhaps I will start with asking Jennifer for your thoughts.

Jennifer Miller, KS: I think for me, when I think about effective partnerships between those federally funded agencies, it's really having an understanding of what the expectations are for each of the partners. I work with a lot of other grant-funded agencies, and even just with other grants across our organization. A lot of them have very specific requirements and expectations of those grants and how they can invest those dollars, whereas with my Title V funding, we have a lot more flexibility. So it kind of provides us a little bit more freedom to engage with our partners in different ways.

I think it's just really setting those clear expectations, having an understanding of what each member is bringing to the table, as well as making sure that you're not there just to get what you need, but you're also there to help support the other organizations—your other partners—with what they need. We're currently working on our new State Action Plan for Title V, and we'll be submitting that this July.

One of the things that we've been real intentional about is partnering with a lot of different organizations—like local public libraries—to host community events to get feedback from our general population. And so, being intentional about how we now share this information, how we use it, and how we ensure the community understands what's happening with the input they've given us. We want them to come back and say either, "Yes, this is a great direction," or, "That's not exactly what we were saying." So that's what I view as really important for those partnerships.

Jennifer Leonardo, CSN at EDC: Thank you, Jennifer. And our other presenters—do you have some thoughts on what Jennifer is speaking to? Becky?

Terry Love - TN: I can add.

Jennifer Leonardo, CSN at EDC: Oh, Terry! Excellent.

Terry Love - TN: Yeah, I think one of the things when I think about partnerships is really commitment—your own commitment to the folks you want to partner with. Relationships, I think you mentioned in your presentation, are key. That ability to quickly form relationships with folks, find ways your goals align with theirs, and try to be a helpful person from the start—someone people want to work with. That reputation precedes you.

The other thing is showing up. Be where they are. If you're invited to a meeting, show up, participate, bring some value, and share your talents. Literally ask, "How can I help you meet your goals?" and then hopefully find some ways to help each other.

Another point is always try to say good things about people. I'll talk to someone and say, "Gosh, if you've worked with Peg, she's great," or "Let me email your supervisor and tell them how great you are." These are little things that make you a good partner and help attract other good partners.

Becky Majdoch - Louisiana: Yeah, Terry, you brought up some really good points, especially about partnerships and relationships. It's so important to know what your partner's goals are and not always frame things just from your own perspective.

For us, we've had challenges over the years with Medicaid. We are required to have a partnership with Medicaid under Title V and to have an interagency agreement. But we were speaking different languages. Public health messaging didn't resonate with Medicaid. When we learned how to frame things around quality improvement, beneficiaries, and value-based payment systems, it became easier and more effective.

About letters of support—people often send us drafts that are exaggerated. We pull that language back and get specific about what support we can realistically provide. If a letter over-promises, it can backfire. Being specific makes for a stronger and more credible partnership.

Peg Ogea Ginsburg - Nebraska: A lot of great points have already been made. Simply, it's about being at the table. The partner tool is really helpful in assessing partnerships and identifying shared goals. Even though our objectives may vary slightly, we're ultimately working toward the same big goals. Finding that overlap can make a partnership more successful.

Jennifer Leonardo, CSN at EDC: Wonderful points. I'd like to shift to a question about key elements in your agency or system that support effective partnerships with other federally funded programs.

Terry Love - TN: I'm fortunate that our block grant folks are in our division at the Department of Health in Tennessee, which encourages a culture of partnership and minimizes silos. There's an expectation of partnership.

A great example this year: We worked on firearm safety and storage with the Be SMART program. Then our evidence-based home visiting staff wanted to partner, so we trained

their staff and collected data, which showed positive results. It grew into more collaboration with the CHANT program.

These kinds of things happen when you're open to partnership. Also, doing a little bit of program evaluation along the way helps show value to others. I like connecting people—"You should talk to so-and-so"—and helping people find each other.

Peg Ogea Ginsburg - Nebraska: Being at the table is key. For example, we contributed to the Maternal and Child Health needs assessment recently. Our epidemiologist provided data to help determine priorities. Being present and helpful matters, as does follow-through.

Becky Majdoch - Louisiana: It's both formal and informal. When I think of someone as a true partner, I can text them a quick question and get an immediate response. We're priorities for each other. We know each other's professional goals and skills, so we link each other to resources. That kind of responsiveness and understanding defines a strong partnership.

Terry Love - TN: I love getting those quick texts like "I need this data point by 3:30." That kind of interaction shows real trust and closeness. That's when you know you have more than a partnership—you have a friendship.

Jennifer Leonardo, CSN at EDC: I hear a lot about people skills and relationship building. That's critical, especially in times of staffing shortages. Let's move to a question from the chat. Joanne Miles asks: "When writing the MCH Block Grant section about partnerships, do you ask your partners to write about their activities or submit a success story?"

Jennifer Miller, KS: Yes. We use a process called Aid to Local to fund local health departments and FQHCs. We ask them to share success stories, and we highlight their achievements in each domain. For example, if they've increased the number of well-woman visits, we showcase that.

We also engage our statewide partners like the Kansas Breastfeeding Coalition and the Kansas Infant Death and SIDS Network to contribute their own narratives. These stories go not just to federal partners but also on our public websites.

Becky Majdoch - Louisiana: We're more centralized than Kansas. Our team writes most sections, but we do collect feedback and highlight wins from contractors and staff managing those programs. It's important to celebrate success, but in our model, we don't ask partners to write the sections.

But you'll see Title V varies so much from state to state that when you've seen one Title V program, you've really just seen one Title V program.

Jennifer Leonardo, CSN at EDC: Thank you. I think this fits well with another question we received. Could you briefly talk about how your agencies are partnering with Title V grantees, whether public or private?

Terry Love - TN: I think we've covered some of that already with our work in home visiting and CHANT. We try to weave our programs into the block grant work. In the past, we've worked with local school districts to help with injury reduction—for example, the "Battle of the Belt" contest to increase seat belt use among students. That was written into the block grant.

We've also promoted videos about Adverse Childhood Experiences (ACEs) and provided them to home visitors and others. We're always looking for ways to align activities with block grant priorities, even if they aren't specifically funded. If someone calls about drowning prevention, for example, even if it's not grant-funded, we'll still try to help.

You've got to get out of your building and into multisectoral groups like the Committee on Pediatric Emergency Care, the Trauma Care Advisory Council, and injury prevention coalitions. Connect with folks or become a connector yourself. That's how you form relationships and find ways to address problems together.

Peg Ogea Ginsburg - Nebraska: One example—our child passenger safety training runs through our program. We partner with Highway Safety for funding but organize the training ourselves. We worked with our MCH folks to get home visitors trained. It felt like low-hanging fruit and was really beneficial.

We also tried to work with our home visiting program on ACEs. These are just a few examples of how we're working both internally and with the community.

Jennifer Leonardo, CSN at EDC: That's great, Peg. Terry, you mentioned earlier working with schools. We have another question from viewers: What are some examples of Title V partnerships with school districts?

Becky Majdoch - Louisiana: In Louisiana, our Adolescent School Health Program is housed under our bureau. We've been exploring how to partner more effectively on injury and violence prevention.

We have 57 different schools that run school-based health centers, supported by technical assistance from the state. We offer office hours and technical assistance and participate in initiatives like the Adolescent School Health Initiative and the School-Based Health Center Alliance.

For example, our epidemiologists did a study on timing of suicidal ideation during the school year. We're planning to roll out findings so schools know when risk is highest, like early in the school year or during unexpected times, and what behaviors to look for.

Terry Love - TN: Great work, Becky. Our ESSENCE data confirms similar trends: early in the school year and in spring, when school starts back, are high-risk times for suicidal ideation and attempts.

We're using ESSENCE alerts to inform schools. Also, we have a sports injury prevention program called Safe Stars. It's a reward program for schools adopting policies to reduce injuries. Social-emotional learning is built in—if coaches sign a Code of Conduct promoting psychologically safe coaching practices, we count that as contributing to adolescent mental health.

So far, 77 schools have completed the program, with hundreds of coaches signing on. We document this as progress toward adolescent mental health goals. You can be creative with block grant work—that's the beauty of it.

Jennifer Leonardo, CSN at EDC: That's fantastic. Another viewer question: How are you partnering with Title X (family planning)?

Terry Love - TN: That's outside my direct area in injury prevention, so I don't have examples.

Becky Majdoch - Louisiana: We administer both Title V and Title X in Louisiana, so we automatically partner. We also fund some Title X efforts using Title V dollars. So it's not a separate partnership—it's all under the same roof here.

Jennifer Leonardo, CSN at EDC: Great. Let's talk now about common challenges you face in partnerships and how you address them.

Becky Majdoch - Louisiana: We laughed about this while prepping, because many challenges are shared. We're all in government, and our federal partners are too. So, bureaucracy—levels of approval, endless forms—is one.

Terry Love - TN: Contract approvals take forever. I'd love to see reform. Another challenge is spreading myself too thin—wanting to be in everything, and then overpromising and feeling stressed. People should watch for that.

Also, with so much uncertainty in funding and direction right now, keeping partners motivated is hard. Hopefully, that stabilizes soon.

Peg Ogea Ginsburg - Nebraska: I'd add that sometimes it's hard to find common ground because funding streams can be siloed and prescriptive. We might be charged with specific deliverables that don't align exactly with our partners'.

Another challenge is when a partner drops off a project unexpectedly—it may still be your priority, but no longer theirs. That's where good communication and clear expectations help.

Terry Love - TN: Keep a sense of humor. I take my job seriously, but not myself. We need young public health professionals to know this work is fun and rewarding. If your partners feel your enthusiasm, they'll want to work with you.

Becky Majdoch - Louisiana: Another challenge: when something's close to your mission but not aligned, it can pull resources away from key priorities. You have to assess the tradeoff. We use a tool at our agency to evaluate new opportunities—do they align? Will they require match? Who needs to be involved? That helps keep us focused.

Jennifer Leonardo, CSN at EDC: That's very helpful. Let's turn to frameworks. What resources or frameworks do you recommend for Title V agencies building partnerships?

Becky Majdoch - Louisiana: The "Framework for Action" for children and youth with special healthcare needs is a great tool. It's applicable across systems and helps build strong partnerships. Even if you're not working directly in CYSHCN, the principles help everyone.

Terry Love - TN: Definitely utilize Children's Safety Network trainings and resources. Frameworks help track progress. But frameworks only go so far—you also need courage to make calls, attend meetings, and engage new people.

I worry about the shift to virtual—it makes it harder to build relationships. Younger professionals especially should find ways to attend in-person meetings, have parking lot chats, and network intentionally.

It's okay to be ambitious—join a coalition board, run for a leadership role, put yourself out there. That gives you more to offer others.

And finally, model the way. Be the kind of partner you want to have. I'm not perfect—I forget to call people back—but I try to be the kind of colleague who follows through and lifts others up.

Jennifer Leonardo, CSN at EDC: Wonderful. We're almost out of time. I want to sincerely thank all of our presenters. You've shown how critical leadership, relationships, and clarity of vision are to this work. Your motivation, courage, and spirit are inspiring—especially in challenging times.

Jennifer Leonardo, CSN at EDC: Let's move to our final slides.

We'll be sharing a list of additional resources when we archive this webinar, including partnership tools and materials from a range of organizations involved in injury and violence prevention and public health.

One resource to highlight: the **Children's Safety Network Alliance** guide for Title V agencies. It lists national organizations working in child safety, the topics they cover, and their activities. This might help you identify potential partners or opportunities for collaboration.

Also, we have another **Child Safety Learning Collaborative** cohort launching soon. We've extended the application deadline. This is a national quality improvement initiative using an all-teach, all-learn model to reduce serious and fatal injuries among children and youth. If you're interested, scan the QR code shown on the slide and learn more.

Thank you all for joining us. Please visit our website and follow us on social media. If you have additional questions, feel free to reach out to the Children's Safety Network—we'll pass them on to our presenters. Thank you again, and be well.