



CHANGE IDEA: Facilitate face-to-face meetings with community partners to build relationships.

STEP 1: GET READY (TASKS)

- A. Identify community health center staff to serve as spokespeople and determine roles for community-building activities.
- B. Clarify the potential benefits that the health system can bring to community partners and how meetings will benefit partners and families.
- C. Explore existing community partnerships (e.g., community referral networks, young child coalitions, early childhood service councils) and request to join. If no groups exist:
 - a. Invite one or more key community partners to a face-to-face meeting for focused relationship-building.
 - b. Conduct broad outreach to many formal and informal community partners (e.g., host an open house to introduce your practice and assess interest in strengthening relationships, invite potential partners to an all-staff meeting).
 - c. Use both focused and wide-ranging approaches.
- D. Plan for staff time and related costs in organizing and participating in extra meetings.
- E. Determine short-term objectives for the initial meeting and plan an agenda and group activities aligned with those goals. Reserve long-term objectives for shared planning with partners.

STEP 2: PLAN AND PRACTICE

Identify your implementation process and test it. Consider starting small. If joining an existing network, attend one meeting to introduce your practice and assess interest and partnership “fit.” If establishing a new meeting, begin with the partner most likely to improve support for families in your practice.

SAMPLE PROCESS:

- A. Reach out to designated community partners. Choose accessible meeting times and locations. Include clear messaging about the mutual benefits of strengthening relationships and complementary expertise.
- B. Hold the initial meeting. Include a brief “getting to know you” icebreaker. Review short-term objectives and invite participant additions to the agenda.
- C. Identify the key decision-makers and champions needed to maximize the partnership.
- D. Schedule follow-up communications and/or meetings to clarify shared objectives, each partner’s roles and responsibilities, communication processes, procedures for cross-referrals and, if appropriate, shared service plans. Explore cross-training opportunities and shared, systematic feedback from families.
- E. Use a low-burden method to gather partner feedback (e.g., time during regular meetings to quickly assess how each participant is feeling using emojis, standardized poll following each meeting, feedback loop to ensure partners receive information as intended).

STEP 3: REVIEW AND REFINE

Participants in Step 2 huddle, look at the results, and adapt process steps as warranted.

STEP 4: EXPAND

Once the review is complete and any adaptations are made, the team can begin to scale implementation with additional community partners. Continue brief huddles to ensure the process works across formal and informal partners and benefits families.

STEP 5: SUSTAIN

Once the process has been tested and is ready to be adopted by your community health center, ensure relationships are maintained and remain beneficial to the practice, families, and community partners. Ensure staff understand the partnership-building processes and agreements (e.g., referral pathways, joint service plan agreements). Consider using the [Partnership Assessment Tool for Health \(PATH\)](#) to self-assess partnership quality and opportunities for ongoing improvements. PATH's service delivery and workflow section includes service alignment, workflow processes, service delivery capacity, and engaging the community. The data and outcomes section includes data collection, data usage, and demonstrating outcomes.

Key Partnerships:

Identify formal and informal resource partners that support family well-being and healthy development, including services related to parent behavioral health, substance misuse, family trauma, early relational health, and other community factors. Start with the partnerships that are most critical for your patient population.

Sample Lists:

- **Physical development:** Early intervention, sub-specialty care, neighborhood/county parks and recreation, home visiting, congregational activities, early care and education, school-based family resource centers and/or early childhood, and nutrition programs
- **Language development:** Early intervention, sub-specialty care, home visiting, early care and education, school-based family resource centers and/or early childhood (including Child Find partners), HealthySteps, Reach Out and Read, other early literacy initiatives like Dolly Parton Imagination Libraries, and local library programs
- **Academic skills/cognitive development:** Early care and education, school-based family resource centers and/or early childhood, early intervention, sub-specialty care, home visiting, and early literacy programs
- **Adaptive behavior and family strengthening:** Infant early childhood mental health (IECMH), child welfare, parent support groups, sub-specialty assessment, early care and education, school-based family resource centers and/or early childhood, and family/neighborhood group programs
- **Social and emotional development:** Caregiver behavioral health, substance misuse, parent support groups, child-focused early intervention, autism services for early interventions, IECMH, sub-specialty care, and school, neighborhood, and congregational programs specific to your patient population