

Regional Home Visiting Coordination & System Building Year 1 Cross-Region Stakeholder Focus Group Summary July 2017

Context

On July 12, 2017, The Ford Family Foundation convened a second annual meeting for participants in the Regional Home Visiting Systems Coordination (HVSC) project. Participants represented HV program and partner agency staff from each of the three project regions: (1) South Central Oregon (Douglas, Lake and Klamath counties); (2) South Coast Oregon (Coos and Curry counties), and (3) Siskiyou County, California.

The vision for the HVSC project is for each region to have a coordinated home visiting (HV) system that strengthens and benefits all home visiting models as part of each region's birth-to-five early childhood development system. The long-term goal for the project is to improve outcomes for families and expand each region's capacity to serve more families.

During the convening, the project evaluation team¹ had an opportunity to gather information from each regional HV team about their efforts and progress towards achieving key project goals, changes that they are seeing, resources needed to move the work forward, and remaining challenges now that they have completed year one of the project.

Four focus groups were held, including the following participants:

- 9 stakeholders from Siskiyou County, California
- 8 stakeholders from Douglas County, Oregon
- 16 stakeholders from Klamath and Lake counties, Oregon
- 10 stakeholders from Coos and Curry counties, Oregon

Participants were asked a series of questions about each of the four major project goals:

- (1) Building strong internal communication systems (within and between home visiting programs);
- (2) Developing a shared intake and referral system for home visiting programs in the region;
- (3) Establishing a coordinated system of professional development for home visitors; and
- (4) Building community awareness about home visiting.

This cross-region summary describes the results in each project area, drawing on the combined feedback shared by the three HVSC project regions. The following tables list the issues that focus group participants identified as necessary to make progress in each area of work, at the start of the project in 2016. Based on what focus group participants shared in 2017, progress across the regions as a whole is summarized using the one of three descriptions: (1) Not Yet Initiated, (2) Initiated/Partially In Place, or (3) In Place.

Building Strong Internal Communication Systems

At the start of the HVSC project in 2016, focus group participants at that time identified six major areas of work that would improve communication within and between HV programs. When focus group participants in 2017 were asked to describe what has helped them make progress towards a strong internal communication system, they talked about work that has been initiated in each of these areas.

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Table 1. Building strong internal communication systems

Issues identified at baseline as necessary to move work forward in this area	Summary of Progress in 2017
Creating space to develop trusting relationships	In Place
Building on existing community partnerships	In Place
Raising shared awareness of each others' HV programs	Initiated/Partially in Place
Identifying key points of contact within HV programs and for the region overall to maintain a flow of information and facilitate meetings	Initiated/Partially in Place
Establish specific communication mechanisms, e.g., face-to-face meetings, using technology tools	Initiated/Partially in Place
Cultivating buy-in among agency leadership	Initiated/Partially in Place

In addition, Douglas County participants emphasized that they have been able to build a foundation for their collaborative work by keeping families at the center; ultimately, the reason for their collective efforts are to ensure that families are served best.

What has changed?

Participants identified things they felt had changed over the past year in the area of improved internal communication. These changes include:

- Increased confidence and trust among HV program staff, through deepened relationships.
- Increased awareness and understanding of one another's programs in order to help families connect with best fit services.
- Increased knowledge about who to call or talk to within different HV programs for questions and/or warm hand-off referrals.
- Increased trust and buy-in from organizational leadership who see the value of their HV staff participating in regular meetings and ongoing HVSC work.

- Stronger sense that the HV partners are a larger, collective team. In Siskiyou, participants noted that HV staff has experienced reduced isolation and increased peer support as a result of participating in networking opportunities.
- Increased comfort using technology tools to participate in meetings across long distances.
- The Coos-Curry region had worked with one of their Coordinated Care Organizations (CCO) to develop a website to house information about HV programs.

What else is needed to continue making progress?

When asked to describe supports or resources that would help participants to continue making progress in the area of improved internal communication, they identified the following:

- Continue to convene regular meetings with strong facilitators.
- Engage additional community partners to raise their awareness of HV programs and build trusting relationships across a wider range of young child serving organizations, such as CCOs.
- Continue to explore and invest in technology tool options to facilitate information sharing, e.g., websites, social media.
- In Siskiyou, participants wanted to spend additional time documenting and updating more specific information about the HV program/s in the County in the midst of funding changes, e.g., program guidelines and requirements, client eligibility qualifications, and availability of services.
- Plan for sustainability of efforts in this area, e.g., how to fund the coordinator role after grant funding ends, how to maintain up-to-date website information.

Developing a Shared Intake & Referral System

At the start of the HVSC project in 2016, focus group participants identified several major areas of work that would lead to the development of a shared intake and referral system. When focus group participants in 2017 were asked to describe what has helped them make progress in this area, they largely talked about work that has begun over the past year and is currently in progress.

Table 2. Developing a shared intake and referral system

Issues identified at baseline as necessary to move work forward in this area	Summary of Progress in 2017
Creating a universal intake/referral form	Initiated/Partially in Place
Creating a family-centered universal intake/referral process	Initiated/Partially in Place
Developing MOUs or other agreements to allow information sharing	Initiated/Partially in Place
Developing a shared electronic referral data system	Initiated/Partially in Place

What has changed?

Participants identified things they felt had changed over the past year in the area of a shared intake and referral system. These changes include:

- HV partners collected examples of shared intake/referral forms and reviewed their individual and collective program requirements to identify key questions to be included on their regional forms.
- In Coos-Curry, they piloted the Oregon Family Support Questionnaire (FSQ) to test out questions with families currently enrolled in HV services.
- HV partners have been committed to identifying ways to better share information about family referrals and have begun establishing and/or renewing memoranda of understanding (MOUs).

- HV partners are doing more warm hand-offs between programs as a result of being more knowledgeable about the HV service array in the region.



What else is needed to continue making progress?

When asked to describe supports or resources that would help participants to continue making progress in the area of a shared intake and referral system, they identified the following:

- Complete a draft of a universal intake/referral form to pilot and collect feedback from stakeholder partners and/or families to inform potential changes to the form.
- Clarify intake/referral process, identifying steps and points of contact. Pilot the process along with the form to collect feedback from stakeholder partners and/or families to inform potential changes.
- Continue exploring options and/or development and testing of a shared referral database.
- In Oregon regions, they want to invite additional partners to be involved in pilot of their referral process, and/or inform potential changes after the pilot is complete, e.g., CCOs.
- Oregon regions also want to continue exploring funding opportunities for paid staff to connect families with HV services, e.g., Systems Navigators.

- In Siskiyou County, they want to continue to hold regular HV networking meetings for case conferencing and peer support to best match families with services.

Developing Coordinated Professional Development for Home Visitors

At the start of the HVSC project in 2016, focus group participants at that time identified areas of work that would help the region develop coordinated professional development (PD) for home visitors. When focus group participants in 2017 were asked to describe what has helped them make progress towards coordinated professional development, they largely talked about work that has started and that they hope will continue to emerge over the coming year.

Table 3. Developing coordinated professional development

Issues identified at baseline as necessary to move work forward in this area	Summary of Progress in 2017
Communicating regularly about PD opportunities	In Place
Developing a shared training calendar	Initiated/Partially in Place
Identifying shared training needs through an inventory of program needs and/or using HV core competencies as a guide	Initiated/Partially in Place
Learning about other PD systems to inform HV coordinated PD system	Initiated/Partially in Place
Investing in ongoing supports, e.g., coaching, mentoring	Not Yet Initiated
Developing a regional PD/training plan	Not Yet Initiated

What has changed?

Participants identified things they felt had changed over the past year in the area of coordinated professional development (PD). These changes include:

- Wider distribution of information about PD opportunities to include additional HV program staff.

- Increased participation of HV staff in PD offered by other programs.
- More training opportunities offered through increased coordination of program funding.
- Improved centralized communication about trainings through HVSC project regional coordinators.
- In Coos-Curry, there was sharing of curricula across HV programs that had not happened in the past.
- Also in Coos-Curry, participants felt that they had begun to develop shared language around child development, parenting education, and HV training goals.



What else is needed to continue making progress?

When asked to describe supports or resources that would help participants to continue making progress in the area of coordinated professional development, they identified the following:

- Continue to improve consistency, frequently/timing, and reach of communication about training and PD opportunities.
- Explore effectiveness and utility of different communication methods, such as shared online training calendar or regular e-blasts.
- Identify process and contact person/s responsible for regularly updating PD information and opportunities.
- Continue to explore and understand how different modes of PD can be beneficial for staff and how they can be funded, e.g., web-

based trainings, remote/distance learning, and ongoing coaching/mentoring.

- Continue to provide supports for staff to participate in high quality trainings, (food, travel costs) but also aim for trainings to be offered locally whenever possible.
- Develop a regional PD plan that accounts for common training requirements and shared interests across HV programs.
- Look at how families could be involved in PD alongside HV staff.

Strengthening Community Awareness

At the start of the HVSC project in 2016, focus group participants identified areas of work that would help the region strengthen community awareness of HV. When focus group participants in 2017 were asked to describe what has helped them make progress towards stronger community awareness, they talked about some early successes in these areas.

Table 4. Strengthening community awareness

Issues identified at baseline as necessary to move work forward in this area	Summary of Progress in 2017
Addressing misconceptions about HV	Initiated/Partially in Place
Cultivating champions of HV, including parents/caregivers	Initiated/Partially in Place
Leveraging communications and marketing expertise	Initiated/Partially in Place
Developing unified messaging about HV	Initiated/Partially in Place
Creating a centralized online presence	Initiated/Partially in Place

What has changed?

Participants identified things they felt had changed over the past year in the area of strengthened community awareness. These changes include:

- Increased use of technology tools to house and share information more widely about HV programs.

- Several large, community events were held where HV partners participated and shared information about specific HV programs as well as about HV more generally.
- Relationship-building with additional stakeholders; the medical community in particular, has increased their awareness of HV services. This has also led to medical providers sharing information about HV with their patients and the community at-large.
- More “champions” of HV are generating increased enthusiasm in the community and among HV staff on the value of HV and their unique skills in working with families.

What else is needed to continue making progress?

When asked to describe supports or resources that would help participants to continue making progress in the area of strengthened community awareness, they identified the following:

- Do additional outreach to connect with other providers, families, and the community in general to get the word out about the benefits of HV. This outreach could be accomplished through panel presentations, direct universal mailings, video clips and social media, and print materials.
- Partner with other community stakeholders to pair information about HV programs with other resources or supports, e.g., health services, WIC, pregnancy testing.
- Understand parents’ motivation for participating in HV programs, potentially through focus groups, in order to address misconceptions and normalize participation.
- Cultivate deeper relationships with families involved with HV programs to champion the work and value of HV. Ensure that families are supported adequately to do this, e.g., stipends, food, child care.
- Continue to draw on marketing and communications expertise to develop materials and messaging.

- In Coos-Curry, they voiced concern about being thoughtful as they plan community awareness strategies, anticipating that they may see increased demand for services as a result of successful community awareness efforts. They want to be sure they can adequately respond to an increased demand for HV services, by connecting families with other family support services.
- Overall, any efforts in this area could be more targeted if there was a community awareness plan, drawing on the many ideas already generated.



Remaining Challenges

Overall, participants felt that they had experienced successes in multiple areas of the HVSC project over the past year. At the same time, they identified existing and remaining challenges to be addressed over the course of the project.

At the start of the HVSC project in 2016, focus group participants identified key challenges that would need to be addressed. Focus group participants in 2017 described ways they were working on these challenges in an ongoing way through the different project focus areas.

- Building relationships requires opportunities to build and maintain trust.
- Managing time and distance constraints to participate in meetings.
- Addressing technology gaps that make it difficult to participate in meeting remotely.

- Engaging families in HVSC project work.
- Balancing short-term work and longer-term goals, focusing on sustainability of efforts.

What additional challenges were identified?

One year into the HVSC project, participants identified additional challenges as:

- Having sufficient time to take on additional pieces of HVSC work, such as strengthening community awareness and coordinated professional development.
- Addressing remaining resistance among some partners to being more collaborative and doing work differently, e.g., utilizing shared intake/referral form and process.
- For Oregon regions, working at both county and regional (multi-county) levels remains a challenge to both honor county-level differences in approaches to HVSC work, while aiming for regional consistencies.