

Cross-Region Regional Home Visiting Coordination & System Building Year 1 Key Stakeholder Interview Summary Summer 2017

Introduction

In May through July 2017, members of the Portland State University (PSU) evaluation team¹ with the Home Visiting Systems Coordination (HVSC) project, funded by The Ford Family Foundation (TFFF), conducted a series of key stakeholder interviews by telephone. The project aims to create 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.

Key stakeholders represented HV program and partner agency directors, managers, and coordinators involved with the project 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. These interviews collected information about HV system accomplishments, challenges, needs, and strengths one year into the project.

Seven stakeholders from the South Central region (4 who serve Douglas County, 4 who serve Klamath County, and 3 who serve Lake County, Oregon)²; 4 stakeholders from the South Coast region (who serve Coos and Curry County, Oregon); and 4 stakeholders from Siskiyou County, California were asked a series of questions about each of the four major project goals:

(1) Building strong internal communication systems (within and between HV programs);

(2) Developing a shared intake and referral system for HV programs in the region;

(3) Establishing a coordinated system of professional development for home visitors; and

(4) Building community awareness about HV.

Interviews explored to what extent stakeholders perceived change in their region over the past year with respect to these four goals, what challenges the region has faced, what is helping to address those challenges, and what else might be needed to move work forward in each area. Interview participants were also asked about any benefits to participating in HVSC regional meetings, any value of having a HVSC project coordinator in their region, and any lessons they feel they have learned from the past year of the project. This report summarizes themes that emerged from across the three regions.

Interview Participant Involvement in the HVSC Project

All interview participants were involved in monthly to quarterly HVSC leadership committees, advisory groups, and/or networking meetings in their county or region. Each region had a mix of perspectives represented including a total of 4 direct service providers (home visitor, teacher, screener) and 9 supervisors or managers. Programs represented included Healthy Families Oregon, Early Head Start and Head Start; Early Intervention/Early Childhood Special Education; community action, family support and public health organizations, and county or regional organizations administering the HVSC project.

Benefits to participating in HVSC meetings

Participants described the primary benefits to participating in HVSC meetings as:

- Building relationships and networking with peers

¹ Callie Lambarth, M.S.W. & Diane Reid, M.S.W. (Portland State University).

² Stakeholders may be in roles or organizations that serve multiple counties within their region.

- Sharing program information with other HV programs as well as non-HV partners
- Sharing information about family support resources and training opportunities
- Engaging new partners in HVSC work

Most important things they do to promote HVSC

Participants described how they promote home visiting systems coordination through their roles:

- Participating in the HVSC project and working together through the HV collaborative groups.
- Building community awareness of the HVSC project, its goals, and HV in general.
- Bringing a “systems lens” to the collaborative work in order to build and strengthen supports for all children, families, and communities.

Value of HVSC Coordinator Role

Participants shared various ways the HVSC coordinator role has benefitted their work and the project overall:

- Coordinators support collaboration among HV programs and other community partners by facilitating relationship-building, convening meetings, and making introductions between stakeholders.
- Coordinators share information among HV programs and community partners by disseminating information to work group advisory group members.
- Coordinators keep the work moving forward by facilitating discussions with decision-points in mind, doing follow-ups with partners to ensure work is being done between HVSC meetings, and documenting the work.
- Some saw the coordinators as neutral conveners; they are someone outside of a specific HV program who can help participants find common ground.

Building Strong Internal Communication Systems

Internal communication refers to the information-sharing that occurs within and among HV programs about services, trainings, families, or other resources that might be pertinent to HV.

Accomplishments

- Establishing and expanding HV networks, advisory, and leadership groups.
- Convening regular, facilitated HVSC meetings.
- Building and strengthening trusted relationships.
- Increasing understanding of each other’s HV programs.
- Sharing information about training opportunities.
- Creating and using group email distribution lists.
- Formalizing planning and implementation processes.

“We thought everybody knows what everybody is doing, but we didn’t. We got to learn what everybody does in their programs.”

Challenges & Solutions

- Finding shared and sufficient time for partners to meet.
- Balancing drawbacks and limitations of utilizing technology tools, with costs of long distance travel time.
- Clarifying purpose of meetings in order to avoid duplicating work of other groups that might be working on similar or aligned initiatives.
- Engaging some key partners, bringing new partners up to speed, and addressing ongoing turnover of staff.
- Wanting to make faster progress and acknowledging that systems work takes time.

“Slowly barriers are breaking down...we still have more work to do together. Everyone values working together, we just need more time to strengthen that level of trust.”

What else is needed to move work forward?

Interview participants described additional factors to keep moving internal communication work forward:

- Continuing to convene regular HVSC work groups and/or advisory meetings.
- Developing shared meeting calendars, program newsletters, email distribution lists, or websites.
- Formalizing additional processes to regularly share information about program eligibility and capacity.
- Capitalizing on opportunities to learn from one another, across HVSC project regions.

Developing a Shared Intake & Referral System

A shared intake and referral system would connect families to the best match home visiting program, as well as to supplemental support services like parenting education, play groups, and other resources.

Accomplishments

- Establishing formal agreements like memoranda of understanding (MOUs) to share information about families between programs.
- Drafting a shared intake/referral form for piloting.
- Beginning to come to agreement about the pilot process, e.g., who should be involved and identifying specific steps.

“We agreed on everything that’s going to be on the intake form. Next meeting we’ll have a rough draft. This is very exciting. It sounds so easy but it’s really not.”

Challenges & Solutions

- Coming to agreement about the essential components of the shared intake/referral form.
- Addressing territoriality and competition between programs for families.
- Understanding differing waitlist/referral requirements and procedures of specific programs.
- Defining data security protocols.
- Clarifying roles, responsibilities, and logistics of the intake/referral process.
- Staying aware of what the State is doing in this area.

“Because everybody is protective of their own program and making sure that there are enough families and children to go around. It’s coming up with a plan that’s going to be fair and balanced for everybody.”

What else is needed to move work forward?

Interview participants described additional factors to keep moving shared intake and referral work forward:

- Laying out more concrete steps in the referral process, in order to pilot the form and process out on a smaller scale.
- Engaging additional partners to be involved in the process, e.g., medical providers, community-based family navigators.

Supporting Coordinated Professional Development for Home Visitors

Coordinating professional development includes the development of regional plan and promoting shared training opportunities.

Accomplishments

- Inventorying training needs of individual HV programs.
- Sharing information about trainings offered through individual HV programs, opening these opportunities up to other HV programs.

- Offering trainings on relevant topics, e.g., structural racism, poverty and parenting, social emotional development and parenting styles.
- Continuing existing coordinated training opportunities.

“We’ve been having discussions as to what people would like and what would be helpful, and what people are already doing.”

Challenges & Solutions

- Sharing information about opportunities far enough in advance that HV staff can make arrangements to participate.
- Systematizing communication about training opportunities so information goes out on a regular basis.
- Having enough time dedicated to work on this area of the HVSC project.

“I look forward to seeing more opportunity for growth in this area.”

Strengthening Community Awareness

Strengthening community awareness is about sharing information about HV programs and their benefits with families, other non-HV programs, and the community at-large.

Accomplishments

- Building relationships with new partners outside of HV programs, especially in the medical community.
- Sharing successes of specific programs and discussing how to expand efforts across the wider regional HV system.
- Developing new resources, including videos and print materials.
- Increasing participation in family and community events to share information about HV programs, such as at community baby showers.

“Where in the past we’ve had a difficult time having our pediatricians push our programs, it has been beneficial for them to have a better

understanding of what these programs do and how they can benefit the families they work with.”

Challenges & Solutions

- Figuring out effective messaging for new stakeholder partners, and how to make HV relevant to their work.
- Moving beyond efforts of specific programs to become system-wide.
- Having enough time dedicated to work on this area of the HVSC project.

“I know that we’ve talked about [community awareness], the importance of it. I know it’s a goal, but we don’t have a formalized plan as far as I know.”

Lessons Learned

One year into the HVSC project, interview participants highlighted several key lessons learned in the process to advance HVSC work:

- Build trusting relationships and engage key stakeholders who can carry the work forward, as well as prioritize their staff time to collaborate on project goals.
- Cultivate HV system champions who can rally other providers and the community at-large to support HVSC work and the value of HV overall.
- Develop a shared vision and purpose so stakeholders are clear how they can contribute to the HVSC project and systems change efforts.
- Communicate that an effective, coordinated HV system has benefits above and beyond any single HV program for children, families, and communities.
- Recognize that systems change takes time, and commit to a long-term effort, beyond the length of the grant.