Regional Home Visiting Coordination & System Building
Year 1 Cross-Region Systems Survey Summary
July 2017

Context

Beginning in early 2016, The Ford Family Foundation began funding a Regional Home Visiting Systems Coordination (HVSC) project. The vision for the project is for Douglas, Coos, and Siskiyou counties, and their affiliated counties, 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 the region's capacity to serve more families.

The HV Systems Survey was developed to gather information about key aspects of the current HV systems, project governance, communication, and collaborative partnerships. The information summarized here shows survey results at baseline and one year into the project. The project evaluation team[1] distributed the survey at the HV Collaborative convening in Roseburg on July 12, 2017 and distributed an electronic survey to HV System Coordinators in each region, who invited stakeholders not present at the convening to participate electronically.

Survey Participants

Sixty-five (65) stakeholders from the three regions participated in the Systems Survey: 21 from Siskiyou County California, 32 from South Central Oregon (Douglas, Klamath and Lake counties), and 12 from South Coast Oregon (Coos, Curry, and western Douglas counties). Table 1 shows the counties served by organizations represented by

survey respondents. Fewer survey respondents at Year 1 served Coos County, but more respondents reported serving Douglas and Siskiyou counties.

Table 1. Counties Served by Respondent Organizations

County Served	Respondents Represented (Baseline)	Respondents Represented (Y1)
Coos	17	11
Curry	9	9
Douglas	14	18
Klamath	11	13
Lake	9	12
Siskiyou	10	21

As shown in Table 2, survey respondents represented a range of organizations and roles.

Table 2. Respondent Organization & Role Types[2]

Role → Org ↓	Direct Service Provider	Super-visor/ Manager /Director	Coordinator /Navigator	Other [3]
HV program	17	18		3
County, "Hub", regional org.	1	2	5	1
Other early childhood program	1	6		1
Health care	1	3		1
Tribe				1
Other[4]	3			1

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[1] Beth Green, Ph.D., Callie Lambarth, M.S.W., & Diane Reid, M.S.W. (Portland State University).
[2] Three respondents provided an organization type but not a role.

[3] Other Roles include "administrator", "Hub partner", "Payer", program assistant, "school representative", and Missing.
[4] Other Organizations include "Children's Service Agency", "Developmental Disability Services", Self-Sufficiency, and "State".
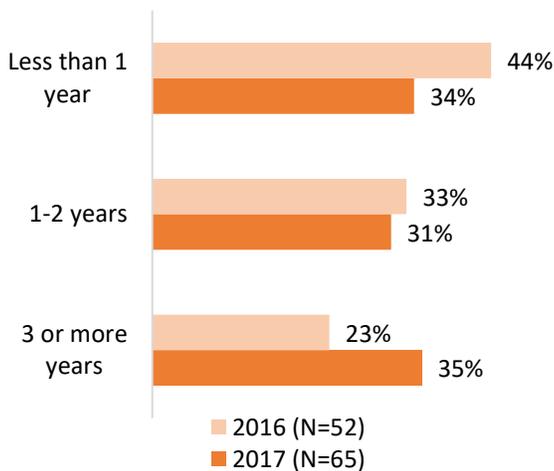
Current Level of HV Coordination

Strengths

A total of 49 respondents (75%) reported that they participate in cross-program HV or early childhood collaborative or governance groups. This is slightly higher compared to baseline, where 37 of 52 respondents (71%) reported they participate in these types of groups.

Compared to baseline, a larger share of respondents in Year 1 said they had been working on improving HV coordination for 3 or more years. This could be a result of continued involvement of stakeholders in the HVSC project over the past year.
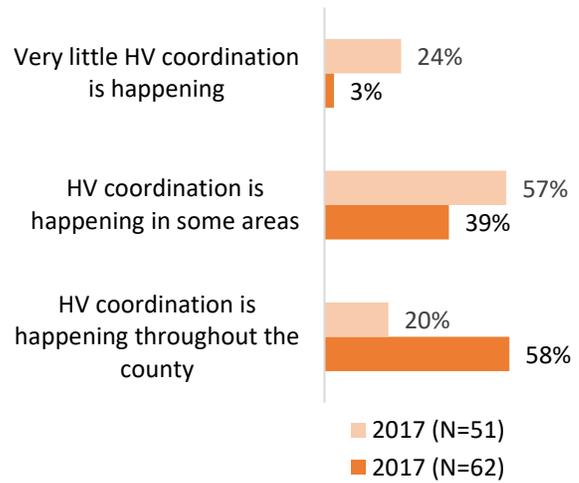
Figure 1. Length of Time Respondents Have Been Working on Improving HV Coordination

Less than 1 year: 44% (2016), 34% (2017)
1-2 years: 33% (2016), 31% (2017)
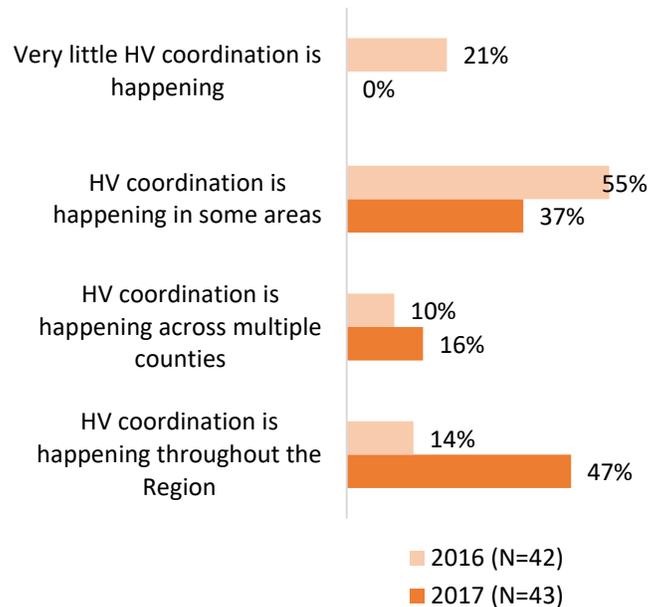3 or more years: 23% (2016), 35% (2017)

2016 (N=52)
2017 (N=65)

As shown in Figures 2 and 3, respondents rated the current level of HV coordination work at two levels: 1) within each county, based on their organization's service area; and 2) within the region overall. Siskiyou respondents, however, were not asked about their region since their region is comprised of a single county.

Overall, respondents reported increased coordination within the counties they serve, as well as within the region at large.

Figure 2. Current Level of HV Coordination in the County

Very little HV coordination is happening: 24% (2017 N=51), 3% (2017 N=62)
HV coordination is happening in some areas: 57%, 39%
HV coordination is happening throughout the county: 20%, 58%

2017 (N=51)
2017 (N=62)

Figure 3. Current Level of HV Coordination in the Region

Very little HV coordination is happening: 21% (2016), 0% (2017)
HV coordination is happening in some areas: 55%, 37%
HV coordination is happening across multiple counties: 10%, 16%
HV coordination is happening throughout the Region: 14%, 47%

2016 (N=42)
2017 (N=43)

Opportunities

Respondents from the three regions provided the names of programs and organizations that they believed should be included in their HV collaborative groups but are not currently represented. Organizations that were mentioned most frequently included medical providers and organizations, e.g., Coordinated Care Organizations (CCOs), and Court-Appointed Special Advocates (CASAs).

Survey Domains

The following figures show the percent of respondents in each region who, on average, "Agree" or "Strongly Agree" with the items that make up each domain. Survey items are grouped into different domains that comprise effective HV collaborative groups and a coordinated HV system.

Although there were 65 total respondents, the number of valid responses for each region and domain may vary due to respondents skipping items or reporting they "Don't Know." For details on percent of respondents who Agree or Strongly Agree with each item by region, please refer to the Appendix at the end of this summary.

Figure 4. Percent Agree/Strongly Agree at Baseline and Year 1 by Survey Domain

Effectiveness of Communication & Collaboration — 42% / 81%
Effectiveness of Governance & Planning — 49% / 92%
Understanding of Roles & Responsibilities — 63% / 90%
Attending to Issues of Equity — 44% / 54%
Engaged in Continuous Program Improvement & Data Use — 50% / 91%
Achieving Systems Outcomes: Community Awareness — 20% / 20%
Achieving Systems Outcomes: Referral Process — 20% / 22%
Achieving Systems Outcomes: PD Domain — 39% / 64%
Addressing Sustainability Issues — 18% / 43%

■ 2016 ■ 2017

Overall, the areas that showed the largest improvements among respondents from baseline to Year 1 were related to Governance and Planning (43% increase), Continuous Program Improvement and Data Use (41% increase), and Communication and Collaboration (39% increase).

Areas that showed the least amount of movement from baseline to Year 1 were related to Community Awareness (0% change), Referral Process (2% increase), and Equity (10% increase).

The following tables display the cross-region results at baseline and Year 1, highlighting overall HVSC project strengths and opportunities for future work.

Communication & Collaboration

Strengths

- There is strong agreement that there is effective communication among HV leaders within counties.
- There is a higher level of respect and understanding amongst HV stakeholders.

Opportunities

- Continue to build on strengthening communication among HV leadership and between leadership and home visitors at the regional level.
- Continue to foster networking opportunities for HV providers and programs.

Table 3. Communication & Collaboration Domain (% SA/A)	2016	2017	Change
There is effective communication between HV program leadership (e.g., HV supervisors, HV managers) within the *county* involved in the collaborative.	50%	84%	34%
There is effective communication between HV program leadership (e.g., HV supervisors, HV managers) within the *region* involved in the collaborative.	26%	71%	45%

Table 3. Communication & Collaboration Domain (% SA/A) [5]	2016	2017	Change
There is effective communication between HV leaders (e.g., HV supervisors, HV managers) and home visitors within the *county* involved in the collaborative.	50%	75%	25%
There is effective communication between HV leaders (e.g., HV supervisors, HV managers) and home visitors within the *region* involved in the collaborative.	26%	61%	35%
The current HV system provides sufficient networking opportunities between HV providers and programs.	34%	62%	27%
There is a high level of mutual respect and understanding among people and programs involved in the HV systems-building work.	64%	92%	28%
Overall Domain % SA/A	42%	81%	39%

Governance & Planning

Strengths

- There is strong agreement that HV program leaders are seen as effective at working together.
- Shared, common vision has been cultivated over the past year.
- Regions have worked to establish clear action plans and identify early- to mid-term objectives to achieve longer-term goals.

Opportunities

- HV program leaders may continue to benefit from ongoing opportunities to learn about each other's programs to collaborate successfully.
- There may be ongoing opportunities to bring additional stakeholders to the table to further advance the HV collaborative's work over time.

Table 4. Governance & Planning Domain (% SA/A)	2016	2017	Change
HV program leaders are effective at working together to improve the overall HV system.	54%	90%	36%
HV program leaders have the knowledge about each other's programs that is needed to collaborate successfully.	49%	79%	30%
The group that is working on HV systems-building has a clear action plan that guides the steps for improving the HV system.	39%	93%	54%
The HV collaborative has a shared, common vision.	56%	93%	37%
The HV collaborative has identified early- to mid-term objectives that will set the stage for attainment of longer-term goals.	41%	90%	49%
People and organizations that are critical to the success of the HV collaborative are actively engaged.	50%	81%	31%
Members of the HV collaborative have a clear understanding of how system building supports better outcomes for children and families.	54%	90%	36%
Overall Domain % SA/A	49%	92%	43%

Roles & Responsibilities

Strengths

- HV collaborative groups are much more knowledgeable about local needs and resources.

Opportunities

- Clarifying roles and responsibilities may need to be an ongoing process with stakeholders.

Table 5. Roles & Responsibilities Domain (% SA/A)	2016	2017	Change
All those involved in the HV systems work have a clear sense of their roles and responsibilities.	48%	79%	31%

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[5] "% SA/A" is the percent of respondents who reported they Agreed or Strongly Agreed with the item.

Table 5. Roles & Responsibilities Domain (% SA/A)	2016	2017	Change
The HV collaborative group has ample knowledge of local needs and resources.	56%	81%	25%
Overall Domain % SA/A	63%	90%	27%

Equity

Opportunities

- HV programs could continue work to effectively prioritize services to families.
- The HV systems could benefit from increased capacity-building to meet cultural and linguistic needs of families.

Table 6. Equity Domain (% SA/A)	2016	2017	Change
HV programs have effective ways to prioritize services to families.	60%	63%	3%
HV programs currently have the capacity to meet the needs of culturally and linguistically diverse families in our community.	26%	43%	17%
Overall Domain % SA/A	44%	54%	10%

Continuous Program Improvement & Data Use

Strengths

- HV collaborative groups have benefited from learning from other similar initiatives to share information about effective practices.
- HV collaborative groups have been much more reflective on learnings and effectiveness of their collaborative group structures and processes.

Opportunities

- HV collaborative work may benefit from periodically collecting and assessing data about community needs.

Table 7. Continuous Program Improvement & Data Use Domain (% SA/A)	2016	2017	Change
The HV collaborative has sought out information from similar initiatives in other communities and continues to gather and share information about effective practices.	42%	89%	47%
The HV collaborative takes time periodically to reflect on what we are learning, including the effectiveness of our collaborative structures and processes.	50%	91%	41%
The HV collaborative has collected and assessed data about the needs and resources for children and families in our region.	51%	76%	25%
Overall Domain % SA/A	50%	91%	41%

Systems Outcomes

Strengths

- HV collaborative groups have improved MOUs/MOAs and formal agreements between HV programs.
- HV collaborative groups are more effectively sharing professional development and training resources.

Opportunities

- HV collaborative groups could continue to develop a range of strategies to help families learn about the HV services available, understand the benefits of HV, and build trust with families to feel comfortable accessing HV services.
- Developing and piloting a new shared intake/referral form and addressing issues of family consent and confidentiality could help continue to strengthen the HV referral system.
- Building on current communication about specific opportunities could be a foundation from which to develop a regional HV professional development and training plan.

Community Awareness

Table 8. Systems Outcomes, Community Awareness Domain (% SA/A)	2016	2017	Change
Families in our community know about HV programs and services.	23%	33%	10%
Families in our community understand the benefits of home visiting.	26%	25%	-1%
Families in our community are skeptical about the idea of HV services. *Lower is better*	57%	67%	10%
Our community has effective ways of "getting the word out" to families about home visiting services.	25%	29%	4%
Overall Domain % SA/A	20%	20%	0

Referral Process

Table 9. Systems Outcomes, Referral Process Domain (% SA/A)	2016	2017	Change
Our community uses a shared/common referral form to facilitate family access to HV services.	16%	19%	3%
There are clear policies and procedures for obtaining family consent and releases for HV programs.	54%	59%	5%
Issues around family confidentiality are a barrier to a shared HV referral system. *Lower is better*	41%	52%	9%
There are effective *informal* referral agreements between/among HV and other programs in our community.	56%	61%	5%
There are effective *formal* referral agreements (i.e., MOU's, MOA's, contracts) between/among HV and other programs in our community.	34%	44%	10%
Current HV program MOUs/MOAs need improvement. *Lower is better*	72%	50%	-22%
Overall Domain % SA/A	20%	22%	2%

Professional Development

Table 10. Systems Outcomes, Professional Development Domain (% SA/A)	2016	2017	Change
The HV system effectively shares professional development and training resources.	48%	82%	34%
The HV system has a cross-program professional development and training plan.	28%	25%	-3%
Overall Domain % SA/A	39%	64%	25%

Sustainability

Strengths

- Collaboration among HV programs to increase funding and support has increased somewhat over baseline.

Opportunities

- HV collaborative groups could benefit from continuing to work together to reduce competition between programs over the course of the project. However, this remains difficult as different counties and region may experience reductions in available funding over time.

Table 11. Sustainability Domain %SA/A	2016	2017	Change
HV programs work together to increase funding and support all home visiting programs.	17%	39%	22%
There is competition between HV programs for resources and funding.	69%	44%	-25%
There are multiple sources (e.g., state, federal, private, foundation) of HV program funding in our community.	58%	65%	7%
Overall Domain % SA/A	18%	43%	25%

Reflections on Year 1 of the Project

Finally, survey respondents were invited to share their thoughts on key accomplishments of Year 1 of the HVSC project, as well as what they thought was most important to accomplish in the coming year. This feedback is summarized below.

Key Accomplishments

- Increased and stronger relationships among staff and between programs.

- A clearer vision for a HV system.

- Improved understanding of one another's HV programs.

- Improved communication between programs through regular, organized meetings.

- Collaborative efforts to work on developing a shared intake/referral form. One region completed development of a form and outlined a pilot process.

- Having a dedicated HVSC coordinator to move forward.

- Building excitement and hope for continued, regional collaborative work.

Hopes for Coming Year

- Formalize MOUs and data sharing agreements.

- Two regions hope to finalize a shared intake/referral form and implement a process for use. One region is ready to pilot their form and process and hopes to learn what changes to make.

- Build professional development plan and increase shared training opportunities.

- Work on a marketing plan, including development a HV system website.

- Improve families' access to best-match HV programs.

- Increase involvement of stakeholders across the region and sectors.

- Respond effectively to changes in programs and funding.

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Appendix: % Agree/Strongly Agree for Items & Domains by Region, Year 1

Although there were 65 total respondents, the number of valid responses for each region and domain may vary due to respondents skipping items or reporting they "Don't Know"; these cases are omitted in the percent calculations.

Domain	Siskiyou CA (N=21)	South Central OR (N=32)	South Coast OR (N=12)	Cross-Region (N=65)
There is effective communication between HV program leadership (e.g., HV supervisors, HV managers) within the *county* involved in the collaborative.	79%	87%	82%	84%
There is effective communication between HV program leadership (e.g., HV supervisors, HV managers) within the *region* involved in the collaborative.	na	69%	64%	71%
There is effective communication between HV leaders (e.g., HV supervisors, HV managers) and home visitors within the *county* involved in the collaborative.	79%	74%	73%	75%
There is effective communication between HV leaders (e.g., HV supervisors, HV managers) and home visitors within the *region* involved in the collaborative.	na	68%	36%	61%
The current HV system provides sufficient networking opportunities between HV providers and programs.	74%	66%	30%	62%
There is a high level of mutual respect and understanding among people and programs involved in the HV systems-building work.	89%	97%	80%	92%
Communication & Collaboration Domain (% SA/A[6])	**84%**	**84%**	**64%**	**82%**
HV program leaders are effective at working together to improve the overall HV system.	90%	90%	91%	90%
HV program leaders have the knowledge about each other's programs that is needed to collaborate successfully.	74%	84%	64%	79%
The group that is working on HV systems-building has a clear action plan that guides the steps for improving the HV system.	95%	97%	78%	93%
The HV collaborative has a shared, common vision.	84%	97%	89%	93%
The HV collaborative has identified early- to mid-term objectives that will set the stage for attainment of longer-term goals.	95%	90%	90%	90%
People and organizations that are critical to the success of the HV collaborative are actively engaged.	78%	87%	64%	81%
Members of the HV collaborative have a clear understanding of how system building supports better outcomes for children and families.	72%	94%	67%	90%
Governance & Planning Domain (% SA/A)	**90%**	**94%**	**91%**	**95%**
All those involved in the HV systems work have a clear sense of their roles and responsibilities.	78%	86%	60%	79%
The HV collaborative group has ample knowledge of local needs and resources.	72%	83%	90%	81%
Roles & Responsibilities Domain (% SA/A)	**83%**	**90%**	**100%**	**90%**
HV programs have effective ways to prioritize services to families.	78%	66%	22%	63%
HV programs currently have the capacity to meet the needs of culturally and linguistically diverse families in our community.	50%	38%	44%	43%
Equity Domain (% SA/A)	**78%**	**45%**	**40%**	**54%**

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[6] "% SA/A" is the percent of respondents who reported they Agreed or Strongly Agreed with the item. Domain rates reflect the percent who on average, Agree/Strongly Agree for the items comprising that domain.

Domain	Siskiyou CA (N=21)	South Central OR (N=32)	South Coast OR (N=12)	Cross-Region (N=65)
The HV collaborative has sought out information from similar initiatives in other communities and continues to gather and share information about effective practices.	80%	93%	89%	89%
The HV collaborative takes time periodically to reflect on what we are learning, including the effectiveness of our collaborative structures and processes.	93%	93%	78%	91%
The HV collaborative has collected and assessed data about the needs and resources for children and families in our region.	81%	76%	67%	76%
Continuous Program Improvement & Data Use Domain (% SA/A)	**94%**	**93%**	**80%**	**91%**
Families in our community know about HV programs and services.	50%	31%	9%	33%
Families in our community understand the benefits of home visiting.	44%	21%	0	25%
Families in our community are skeptical about the idea of HV services.	67%	70%	60%	67%
Our community has effective ways of "getting the word out" to families about home visiting services.	56%	18%	10%	29%
Systems Outcomes, Community Awareness Domain (% SA/A)	**44%**	**13%**	**0**	**24%**
Our community uses a shared/common referral form to facilitate family access to HV services.	24%	23%	0	19%
There are clear policies and procedures for obtaining family consent and releases for HV programs.	59%	70%	22%	59%
Issues around family confidentiality are a barrier to a shared HV referral system.	35%	47%	91%	52%
There are effective *informal* referral agreements between/among HV and other programs in our community.	67%	61%	50%	61%
There are effective *formal* referral agreements (i.e., MOU's, MOA's, contracts) between/among HV and other programs in our community.	61%	37%	33%	44%
Current HV program MOUs/MOAs need improvement.	41%	41%	100%	50%
Systems Outcomes, Referral Process Domain (% SA/A)	**32%**	**23%**	**0**	**31%**
The HV system effectively shares professional development and training resources.	94%	53%	82%	71%
The HV system has a cross-program professional development and training plan.	75%	31%	25%	44%
Systems Outcomes, Professional Development Domain (% SA/A)	**94%**	**50%**	**55%**	**64%**
HV programs work together to increase funding and support all home visiting programs.	67%	27%	30%	39%
There is competition between HV programs for resources and funding.	19%	54%	60%	44%
There are multiple sources (e.g., state, federal, private, foundation) of HV program funding in our community.	64%	59%	82%	65%
Sustainability Domain (% SA/A)	**71%**	**33%**	**27%**	**42%**