

Regional Home Visiting Coordination & System Building Siskiyou County - Year 1 Summary¹

Context

Beginning in 2016, The Ford Family Foundation began funding a Regional Home Visiting Systems Coordination (HVSC) project. The vision for the project is for Siskiyou county 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 children and families and expand the region’s capacity to serve more families. The work is primarily focused on:

- Improving **internal communication** between and among home visiting providers;
- Increasing **community awareness** about the availability and benefits of home visiting;
- Development of a **shared intake & referral system** to connect families to the best match home visiting program; and
- Development of a regional **home visitor professional development plan** to promote shared training opportunities.

In year 1, Siskiyou County HV partners focused on building strong governance and internal communication systems, developing a shared intake and referral system, and improving their access to regional professional development.



To assess changes over the first year of the project, a systems survey was administered with 21 respondents, 4 stakeholders were interviewed, and 9 people participated in a focus group.

Home Visiting Domains

Table 1 presents the percent of respondents who, on average, “Agree” or “Strongly Agree”, with the survey items that make up the domain at project start (baseline, 2016) and Year 1 (2017). The survey domains reflect components of effective HV leadership/governance and a coordinated HV system.

Table 1. Project Domains (% A/SA) ²	Example Question from Each Domain	2016	2017	Change
Communication & Collaboration	There is effective communication between HV program leadership within the county involved in the collaborative.	25%	84%	↑59%
Governance & Planning	The HV collaborative has a shared, common vision.	56%	90%	↑46%
Roles & Responsibilities	The HV collaborative group has ample knowledge of local needs and resources.	71%	83%	↑12%
Equity	HV programs currently have the capacity to meet the needs of culturally and linguistically diverse families in our community.	50%	78%	↑28%
Program Improvement & Data Use	The HV collaborative has collected and assessed data about the needs and resources for children and families in our region.	50%	94%	↑44%
Community Awareness	Families in our community understand the benefits of home visiting.	44%	44%	0%
Referral Process	Our community uses a shared/common referral form to facilitate family access to HV services.	25%	32%	↑7%
Professional Development	The HV system effectively shares professional development and training resources.	43%	94%	↑51%
Sustainability	HV programs work together to increase funding and support all home visiting programs.	14%	71%	↑57%

¹ For the full systems survey report, stakeholder interview summary, or focus group report, please contact Callie Lambarth at lambarth@pdx.edu

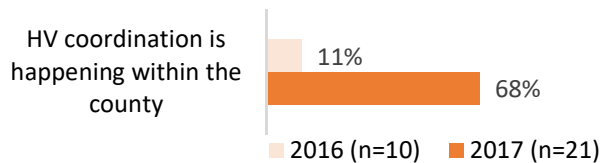
² “% A/SA” is the percent of respondents who Agreed or Strongly Agreed, on average, with the survey items that make up the domain.

Current Level of HV Coordination

The majority of survey respondents (67%) reported that they participate in cross-program HV or early childhood collaborative or governance groups.

Survey respondents rated the level of HV coordination in Siskiyou County as shown in Figure 1. The majority of respondents (68%) report that increased coordination is happening throughout the county at Year 1 of the project, over only 11% at baseline.

Figure 1. Current Level of HV Coordination in the County



Accomplishments

Below are the major accomplishments in year 1 in the primary areas of work:

Governance & Planning

- The HV collaborative group has established a clear action plan and identified early- to mid-term objectives to achieve longer-term goals.
- The HV collaborative group has actively engaged essential stakeholders as partners.

Internal Communication

- Increased confidence and trust among HV program staff, through deepened relationships.
- Stronger sense that the HV partners are a larger, collective team.
- Substantial growth in effectiveness of communication between and among HV programs, leadership, and home visitors.

“It’s a great collaboration. It’s a time when [the project coordinator] brings all the players together. It’s a great way to bring everybody together and share the wealth of information.”

Community Awareness

While community awareness was not the main focus of year 1 activities, there have been development of critical partnerships outside of the HV system, such as the health sector.

“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.”

Referral Process

- The HV collaborative group has built stronger formal and informal referral agreements, and worked to address issues of family confidentiality to help establish a HV referral system.
- They have drafted a shared intake & referral form.

Professional Development

The HV collaborative has strengthened the sharing of professional development training resources, and is working towards developing a cross-program professional development plan.

Opportunities for Year 2

- Increase capacity to meet cultural and linguistic needs of families.
- Maintain ongoing opportunities for HV program leaders to learn about each other’s programs to collaborate successfully.
- Continue to develop a range of strategies to help families and the community at large learn about the HV services available, understand the benefits of HV.
- Build trust with families so that they feel comfortable accessing HV services.
- Finalize and pilot a new shared intake/referral form to strengthen the HV referral system.
- Develop a regional HV professional development and training plan.