Siskiyou County
Regional Home Visiting Coordination & System Building
Year 2 Systems Survey Summary
November 2018

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 annually at one and two years after project start. The project evaluation team[1] distributed the most recent survey at the HV Collaborative convening in Roseburg on September 29, 2018 and distributed an electronic survey to HV System Coordinators in each region, who invited stakeholders not present at the convening to participate electronically. The survey was available in English and Spanish.

Survey Participants

Twenty nine (29) stakeholders from Siskiyou County,

California participated in the Systems Survey at Year 2. This is a 74% response rate, based on the number of stakeholders who were invited to participate. 14 respondents (48%) had not participated in any HVSC convenings before.

Table 1 shows the counties served by organizations represented by survey respondents.

Table 1. Counties Served by Respondent Organizations

| County Served | Respondents | | |
	2016 (Baseline)	2017 (Y1)	2018 (Y2)
Klamath	0	0	1
Lake	0	0	1
Siskiyou	10	21	29

As shown in Table 2, respondents represented the following types of organizations and roles.

Table 2. Respondent Organization & Role Types

Role → Org ↓	Direct Service Provider	Super-visor/ Manager /Director	Coordinator /Navigator	Other[2]
HV program	13	7		
County or regional org.		1	1	
Health care, public health		2		
Other early childhood provider	1			
Other[3]	1	1	1	1

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[1] Diane Reid, M.S.W., Callie Lambarth, M.S.W., Beth Green, Ph.D. (Portland State University).
[2] Other Role = Parent

[3] Other Organizations include "CCR&R", "Non Profit", "Public Health", & "First 5".

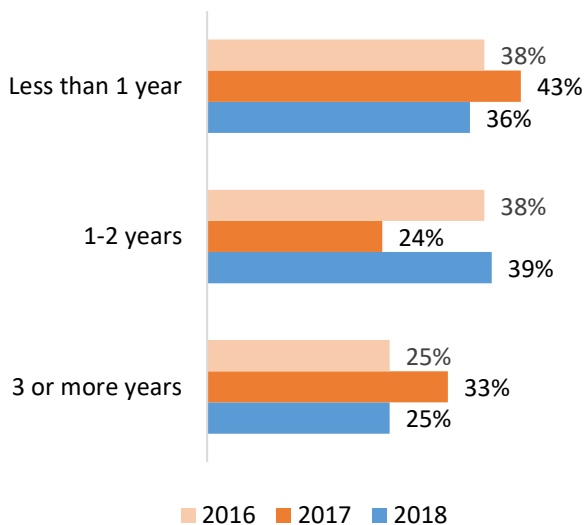## Current Level of HV Coordination

Strengths

A total of 13 respondents (46%) reported that they participate in cross-program HV or early childhood collaborative or governance groups. This is lower compared to baseline (80%) and Y1 (67%). Examples of county or regional collaborative and governance groups respondents reported participating in include:

- Childcare Planning Council
- Far Northern Regional Center
- First 5 IMPACT
- HVSC Advisory, Leadership & Network groups
- Oregon Parenting Education Collaborative (OPEC)
- QRIS/Quality Counts California
- Siskiyou Early Childhood Team (SECT)

Similar proportions of survey respondents have been working on improving HV coordination, compared to baseline. This could suggest that new stakeholders have been engaged in this work over the past year, as well as those who have been engaged in an ongoing way.
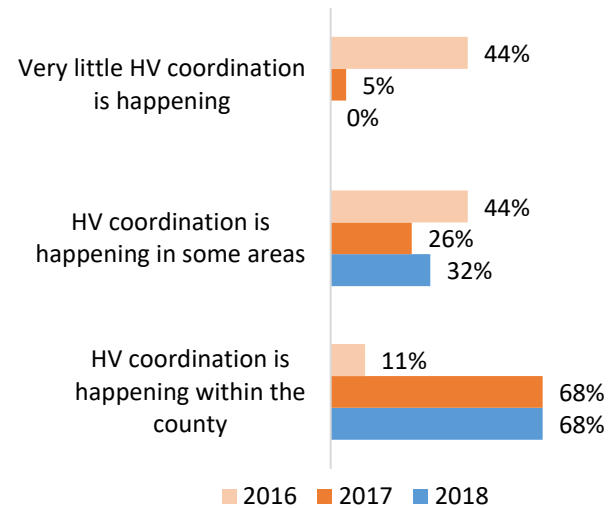
Figure 1. Length of Time Respondents Have Been Working on Improving HV Coordination

Less than 1 year: 38% (2016), 43% (2017), 36% (2018)
1-2 years: 38% (2016), 24% (2017), 39% (2018)
3 or more years: 25% (2016), 33% (2017), 25% (2018)

2016 · 2017 · 2018

Respondents rated the level of HV coordination work in Siskiyou County as shown in Figure 1. The

majority of respondents (68%) continue to report that coordination is happening throughout the county at Year 2 of the project.

Figure 2. Current Level of HV Coordination in the County

Very little HV coordination is happening: 44% (2016), 5% (2017), 0% (2018)
HV coordination is happening in some areas: 44% (2016), 26% (2017), 32% (2018)
HV coordination is happening within the county: 11% (2016), 68% (2017), 68% (2018)

2016 · 2017 · 2018

Opportunities

Six respondents provided the names of programs and organizations that they believed should be included in their HV collaborative group but are not currently represented. These included Child Protective Services (4), Behavioral Health, Preschools, Probation, Courts, the local Midwives group, and faith-based non-profits.

Survey Domains

The following tables present the percent of respondents who "Agree" or "Strongly Agree" with each of the survey items. Survey items are grouped into different domains that comprise effective HV collaborative groups and a coordinated HV system:

- Communication and collaboration
- Governance and planning
- Roles and responsibilities
- Equity
- Continuous program improvement and data use

- Systems outcomes in the areas of (a) community awareness, (b) referral process, and (c) professional development
- Sustainability

Although there were 29 total respondents, the number of valid responses for each item may vary due to respondents skipping items or reporting they "Don't know"; these cases are omitted in the calculation of percentages.
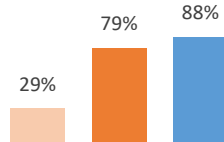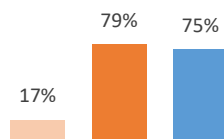
Communication & Collaboration

Strengths

- There is a high level of respect and understanding amongst HV stakeholders.
- There was substantial growth in effectiveness of communication among HV program leadership, and between leadership and home visitors.
- Respondents increasingly felt that there were sufficient networking opportunities between HV providers and programs.
- The HV collaborative provides ongoing networking opportunities.

| Table 2. Communication & Collaboration Domain (% SA/A)[4]	2016	2017	2018
There is effective communication between HV program leadership (e.g., HV supervisors, HV managers) within the **county** involved in the collaborative.	29%	79%	88%
There is effective communication between HV leaders (e.g., HV supervisors, HV managers) and home visitors within the **county** involved in the collaborative.	17%	79%	75%

Table 2. Communication & Collaboration Domain (% SA/A)[4]	2016	2017	2018
The current HV system provides sufficient networking opportunities between HV providers and programs.	14%	74%	81%
There is a high level of mutual respect and understanding among people and programs involved in the HV systems-building work.	63%	89%	96%
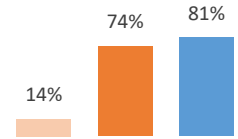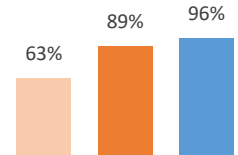
Governance & Planning

Strengths

- Respondents agreed that HV program leaders work together effectively and that the HV collaborative group has strengthened its shared, common vision.
- 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.
- Increasingly, members of the HV collaborative group report understanding how the HVSC project can support improved outcomes for children and families.
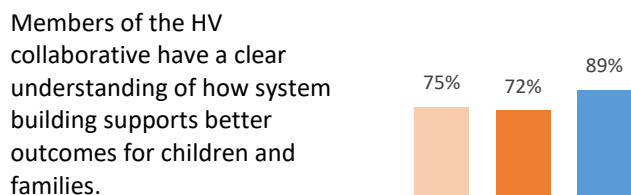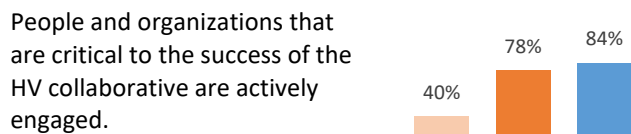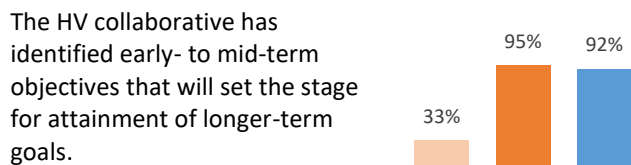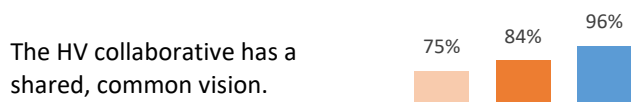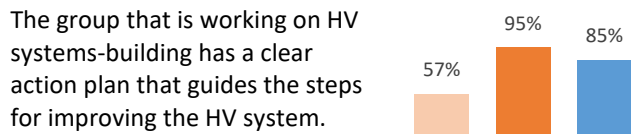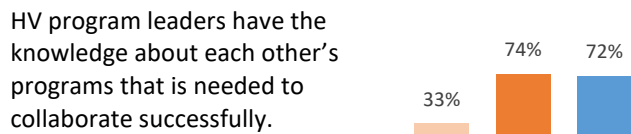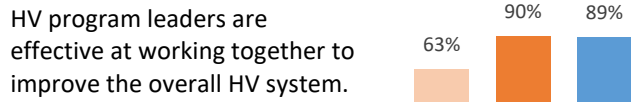
Opportunities

- HV program leaders may continue to benefit from ways to continue learning about each other's programs in order to collaborate successfully.

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

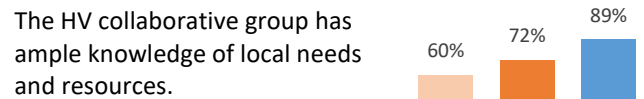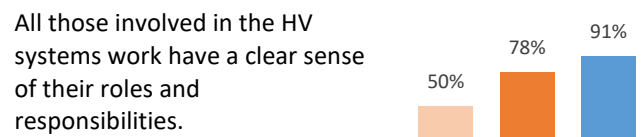| Table 3. Governance & Planning Domain (% SA/A)	2016	2017	2018
HV program leaders are effective at working together to improve the overall HV system.	63%	90%	89%
HV program leaders have the knowledge about each other's programs that is needed to collaborate successfully.	33%	74%	72%
The group that is working on HV systems-building has a clear action plan that guides the steps for improving the HV system.	57%	95%	85%
The HV collaborative has a shared, common vision.	75%	84%	96%
The HV collaborative has identified early- to mid-term objectives that will set the stage for attainment of longer-term goals.	33%	95%	92%
People and organizations that are critical to the success of the HV collaborative are actively engaged.	40%	78%	84%
Members of the HV collaborative have a clear understanding of how system building supports better outcomes for children and families.	75%	72%	89%

Roles & Responsibilities

Respondents in Year 2 largely agree that the collaborative has made progress bringing clarity to participant's roles and responsibilities as well as building individual knowledge of local needs and resources.

| Table 4. Roles & Responsibilities Domain (% SA/A)	2016	2017	2018
All those involved in the HV systems work have a clear sense of their roles and responsibilities.	50%	78%	91%
The HV collaborative group has ample knowledge of local needs and resources.	60%	72%	89%

Equity

Strengths

- Increasingly, respondents felt HV programs had effective ways to prioritize services to families.
- Respondents at Year 2 feel more confident in their ability to meet the needs of culturally and linguistically diverse families

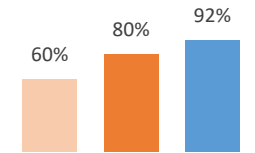| Table 5. Equity Domain (% SA/A)	2016	2017	2018
HV programs have effective ways to prioritize services to families.	72%	78%	87%
HV programs currently have the capacity to meet the needs of culturally and linguistically diverse families in our community.	29%	50%	75%
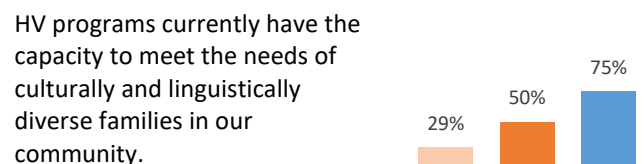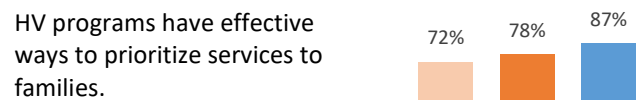
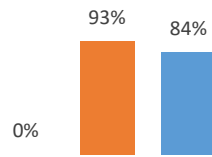## Continuous Program Improvement & Data Use

Strengths

- The HV collaborative group has 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.

- The HV collaborative group has collected and assessed data about needs and resources for children and families.

Table 6. Continuous Program Improvement & Data Use Domain (% SA/A)	2016	2017	2018
The HV collaborative has sought out information from similar initiatives in other communities and continues to gather and share information about effective practices.	60%	80%	92%
The HV collaborative takes time periodically to reflect on what we are learning, including the effectiveness of our collaborative structures and processes.	0%	93%	84%
The HV collaborative has collected and assessed data about the needs and resources for children and families in our region.	25%	81%	88%
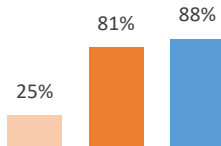
Systems Outcomes

Strengths

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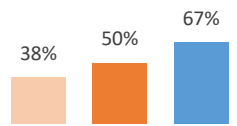
Opportunities

- The HV collaborative group 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.

- The HV collaborative group could benefit from the development of effective referral agreements and improved MOUs.

- Finalizing a new shared intake/referral form could help strengthen the HV referral system.
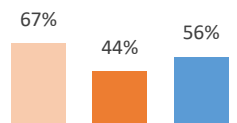
Community Awareness

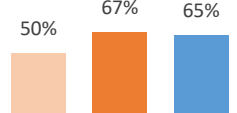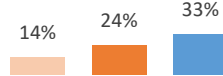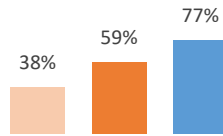| Table 7. Systems Outcomes, Community Awareness Domain (% SA/A)	2016	2017	2018
Families in our community know about HV programs and services.	38%	50%	67%
Families in our community understand the benefits of home visiting.	67%	44%	56%
Families in our community are skeptical about the idea of HV services. *Lower is better*	50%	67%	65%
Our community has effective ways of "getting the word out" to families about home visiting services.	33%	56%	65%
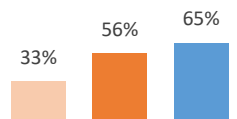
Referral Process

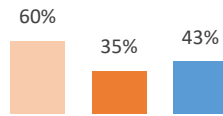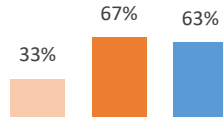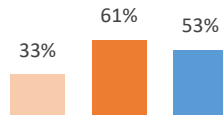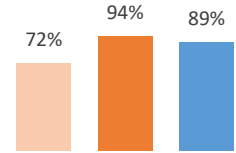| Table 8. Systems Outcomes, Referral Process Domain (% SA/A)	2016	2017	2018
Our community uses a shared/common referral form to facilitate family access to HV services.	14%	24%	33%
There are clear policies and procedures for obtaining family consent and releases for HV programs.	38%	59%	77%
Issues around family confidentiality are a barrier to a shared HV referral system. *Lower is better*	60%	35%	43%
There are effective *informal* referral agreements between/among HV and other programs in our community.	33%	67%	63%
There are effective *formal* referral agreements (i.e., MOU's, MOA's, contracts) between/among HV and other programs in our community.	33%	61%	53%
Current HV program MOUs/MOAs need improvement. *Lower is better*	37%	41%	56%
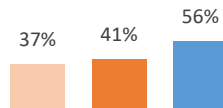
Professional Development

Table 9. Systems Outcomes, Professional Development Domain (% SA/A)	2016	2017	2018
The HV system effectively shares professional development and training resources.	72%	94%	89%
The HV system has a cross-program professional development and training plan.	17%	75%	74%
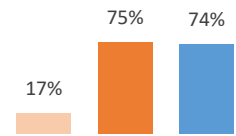
Sustainability

Strengths

- Collaboration among HV programs to increase funding and support has increased over baseline, but decreased since Y1.

Opportunities

- While the HV collaborative group has worked to reduce competition between HV programs, 1 in 3 respondents still agree/strongly agree that this is an issue.

- Decreased number of funding sources, and/or decreased funding overall, of HV programs may be a critical issue the HV collaborative group will continue to address.
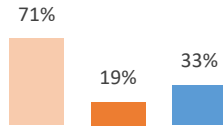
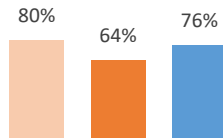| Table 10. Sustainability Domain (% SA/A)	2016	2017	2018
HV programs work together to increase funding and support all home visiting programs.	17%	67%	50%
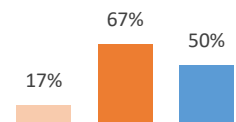
There is competition between HV programs for resources and funding. *Lower is better*

71%

19%

33%

There are multiple sources (e.g., state, federal, private, foundation) of HV program funding in our community.

80%

64%

76%

Reflections on Year 2 of the Project

Finally, survey respondents were invited to share their thoughts on key accomplishments of Year 2 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

- Collaborative efforts to work on developing a shared intake/referral form

- Shared professional development opportunities

Hopes for Coming Year

- Finalize the shared intake/referral form and implement a process for use

- Continue to build relationships to expand collaboration

- Identify, document, and share data on needs and resources

- Work towards greater community awareness of the value of home visiting

- Expand services available in very rural areas