

Home Visiting Systems Coordination Key Stakeholder Interview Summary Year 4 Siskiyou Region

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The Center for Improvement of Child & Family Services (CCF) at Portland State University integrates research, education and training to advance the delivery of services to children and families. The CCF research team engages in equity-driven research, evaluation and consultation to promote social justice for children, youth, families and communities.

Introduction & Background

As part of the Home Visiting Systems Coordination (HVSC) project, funded by The Ford Family Foundation (TFFF), members of the Portland State University (PSU) evaluation team at the Center for Improvement of Child & Family Services (CCF) conducted a series of key stakeholder interviews by telephone in August through October 2020.

The HVSC 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.

Purpose of Interviews in 2020

These interviews collected information about HV system accomplishments, challenges, needs, and strengths three years into the project. Participants 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 (PD) for home visitors, and
- (4) Building community awareness about home visiting.

Interviews explored the extent to which stakeholders perceived change in their region over the past year with respect to these four goals, what challenges the region has faced broadly and in relation to adapting to conditions under COVID-19, what is helping to address those challenges, and what else might be needed to move work forward in each area.

Additionally, participants were asked about overall HV systems coordination efforts and changes. This report summarizes themes that emerged from the Siskiyou County, California region.

Participants

Key stakeholders represented HV program and partner agency directors, managers, coordinators, and direct service providers involved with the project. Nine stakeholders were interviewed from the Siskiyou County, California region, which includes programs serving Modoc, Shasta, and Siskiyou Counties.

Siskiyou County, CA



Regional Context

In 2020, the Siskiyou County region collectively dealt with significant hardships, including COVID-19, increased visibility of racial justice movements, and large wildfire affected areas.

Backbone Organization



Contact Info

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Most Important Accomplishments of the HVSC Project During 2020

Stakeholders were asked to describe what they considered the most important accomplishment of the HVSC project in their region during the past year.

The primary accomplishment that stakeholders highlighted was the work done on a drafting a coordinated referral form, outlining a process, and piloting the form with community partners.

Stakeholders also commented on the continued relationship-building that happens through Advisory and Network meetings, so that providers understand each other's services, and know who to reach out to if they or families they work with, have questions about available supports.

HVSC Project Impacts on Stakeholders

Stakeholders were also asked to describe how being involved in the HVSC project has impacted their work. Overall, stakeholders appreciated knowing who other providers were in referral organizations, and they felt more knowledgeable about available community resources for families.

Stakeholders also highlighted the ability of the home visiting and early childhood system of supports to adapt under changing COVID-19 conditions, in part, as a result of being involved in the HVSC collaborative work.

Bucket of Work: Internal Communication

Stakeholders were asked a set of questions to describe progress made in the area of internal communication. This relates to the information sharing that occurs within and across home visiting and family support programs about services, trainings, families, or other resources.

Internal Communication: Progress

Stakeholders emphasized some of the structures that the regional coordinators have helped put and keep in place, that allow stakeholders to stay connected to and involved in the HVSC work, build and maintain relationships with one another, and share information about each other's programs. These include Advisory Group meetings and Networking events.

These meetings and events helped stay aware of changing resources available in the community for families. Participants were also able to coordinate getting resources, such as food boxes, diapers, and wipes, out to families better together.

"We've been working out a whole coordinated referral approach for the home visiting systems inside our county. So that we have a solidified way to refer families to what's the best fit for their needs in terms of home visiting services."

"[As a result of coordinated referral] I do think that family needs can be met sooner. If we don't have any openings or if the family doesn't qualify for us, then we can refer them to places that can meet their needs."

"The meetings provide us with a lot of community resources. We've been able to strengthen and really make some good partnerships with other service providers in our community."

Internal Communication: Challenges

The primary challenge around communication over the past year has been adjusting to COVID-19 conditions and stay at home orders that required following new health and safety guidelines. Participants described missing being able to gather together in person for meetings or networking events.

For some providers who were required to work from home or provide services without meeting face-to-face with families, they talked about feeling overwhelmed with new demands and stressors, making it a challenge to stay connected to the HVSC project, while trying to continue to offer services virtually.

Communication Strategies Under COVID-19

Stakeholders described ways that their work has adapted and changed under COVID-19 conditions. This applies both to their work with each other as providers, as well as with their work with families. Communication tools have included more reliance on email to share program updates and training opportunities, and convening meetings and providing services through web-based video platforms.

Stakeholders commented on what they missed during the months that Advisory Group was on pause, which made them realize how much they grew to value the regular meeting time.

Bucket of Work: Coordinated Referral

Stakeholders were asked a set of questions to describe progress made in the area of coordinated referral. This relates to connecting families to the best match home visiting program, as well as to supplemental support services like parenting education, play groups, and other resources.

Coordinated Referral: Progress

Stakeholders, especially those who had been involved in the HVSC project for multiple years, were excited and proud of the work that went in to getting a referral form ready for piloting, and testing it out during the year. Many noted that the process not only helped them deepen their understanding of available resources, but also to feel more confident that they understood the process for connecting families with needed supports.

In addition to starting a pilot process with a smaller set of programs in the region, stakeholders were eager and excited about the possibilities of expanding the scope of potential referral partners. They noted that health care providers made up a group of additional referral partners they saw being included in a next round of outreach and engagement to utilize the referral form and process.

“COVID has been a challenge with keeping communication going. We haven’t been able to meet in person.”

“With COVID, a nice thing that has come out of this is now the Advisory is on Zoom meetings. Because for our program, we travel up to an hour and a half, so sometimes we weren’t able to attend.”

“We didn’t have meetings and it was hard because you do feel disconnected. I was happy when we started the meetings back up.”

“If one home visiting program is full or at capacity then we refer to somebody else. But then, it’s not just home visiting, but if a family requests other resources. That universal referral relates to getting to Dolly Parton library, WIC, or another provider.”

Stakeholders also commented that additional key partners had become increasingly involved in and connected to the HVSC project work, including working on the coordinated referral process. This included strengthened relationships with Advisory Group members representing public health, WIC, resource centers, and additional Early/Head Start representatives from adjacent counties.

Coordinated Referral: Challenges

Stakeholders primarily described challenges associated with developing the form and outlining a referral process. Stakeholders noted the amount of time spent in meetings over multiple years, for review and revision of a proposed referral form that could finally be ready to pilot.

Another challenge was related to identifying the agencies who were interested in piloting the referral form and process. Stakeholders felt that providers were invested in seeing the referral process work, but many agencies were reluctant to be among the first to pilot its use for fear of further burdening overworked and overwhelmed staff with a new process and expectations.

Stakeholders also spoke to the need for program staff to increasingly reflect the racial/ethnic and language communities in the Siskiyou region, including Modoc and Shasta Counties as well. Primarily, stakeholders noted the need for additional staff who speak Spanish, and who identify as Latinx. However, stakeholders noted that in some parts of the region through some agencies, there is strong culturally-specific programming for Spanish-speaking, Latinx, and Native American families.

Coordinated Referral Strategies Under COVID-19

Stakeholders noted that even if agencies are not yet using the universal referral form, they are still contacting each other when families express a need for additional or different types of supports. Because piloting the referral form and process started around the same time that COVID-19 restrictions were being put in place, stakeholders thought that the changing context likely slowed the use of the form and changed the types of programming available to families. Further, they noted that agencies who might have been willing to be involved in the pilot process were not able to participate due to COVID-19 communication challenges and additional stressors on families.

One stakeholder expressed a desire for eventually moving the referral form and process to an online format, which was thought could potentially be even more effective during COVID-19.

“I think one challenge was trying to get the form out into the community, and who is willing to pilot this with us? I think that when we are getting these referrals, there not enough staff sometimes to reach out and get to those families in a timely manner.”

“Had we been a little bit farther in the process and not just gotten to the point where we had finalized the form, it was about right before we came to shut down that we actually implemented the form. I don’t know that a lot of outside referring agencies had been trained on the process and to use the form.”

“I think that we’re on the right path. I would like to see us using more electronic platforms, especially when we’re talking about coordinated referral. I’d love to see that go online.”

Bucket of Work: Coordinated Professional Development

Stakeholders were asked to describe progress made in the area of coordinated professional development (PD) and planning. This relates to developing a regional home visiting professional development plan and promotion of shared training opportunities.

Professional Development: Progress

Stakeholders described sustained progress in terms of ways that providers can engage in and share professional development opportunities by attending trainings online during COVID-19. Stakeholders felt that they were able to give input on the topics that they wanted to see prioritized for themselves or their staff based on the needs of families they are working with.

Professional Development: Challenges

Stakeholders described feeling burned out on virtual/online training opportunities and miss having the face-to-face gatherings. Although the quality and content of online trainings was applauded, stakeholders overall prefer face-to-face opportunities.

Other stakeholders emphasized the challenges of building workforce capacity in remote, rural areas to meet the local needs of families and children. In particular, they emphasized the need for additional mental health professionals who can serve remote, rural communities.

Stakeholders also described the need for professional development and training opportunities to be delivered in Spanish as well as English, and for materials to be translated.

Professional Development Strategies Under COVID-19

Stakeholders described all professional development opportunities moving online after COVID-19 shelter-in-place guidelines when into effect. What surprised some stakeholders was that this actually allowed some providers to access training opportunities they wouldn't otherwise have been able to access, due to transportation time and costs to travel to in-person events. Although some providers still couldn't access online opportunities due to lack of reliable Internet access or lack of adequate technology devices, other providers were able to access trainings that they otherwise would have missed.

Bucket of Work: Community Awareness

Stakeholders were asked a set of questions to describe progress made in the area of community awareness. This relates to raising awareness about the availability and benefits of home

“Continuing referrals with WIC, and that they have relationships with different community members, and fostering those. So they’re aware, and then if they’re seeing someone else like at a doctor’s office, they can talk about the options.”

“We need to get the word out that just because you have someone in your home, it doesn’t mean that there’s something wrong with your family.”

“I think it’s just hitting it from so many ways, between social media, flyers, we do those tear-off flyers at the post office and the bank. Word of mouth, just whatever way we can get information out.”

visiting programs with families, community partners, and the community at large.

Community Awareness: Progress

Through the development and piloting of a coordinated referral process, and through shared professional development, stakeholders described gains in raising awareness of community partners about the benefits and availability of home visiting programs in their communities. Resource Centers were also described as being important sources of information about home visiting for families.

Community Awareness: Challenges

The primary challenge that stakeholders raised was the importance of ongoing and regular communication with community partners to talk about available resources in the community, and to keep reinforcing the relationship beyond an introductory presentation.

Stakeholders also raised the ongoing issue of working to combat stigma or fear that families attach to home-based services. Some families worry that they will be perceived as deficient parents, and some may also worry about home-based services leading to child welfare involvement.

One stakeholder specifically spoke to the need for tailoring outreach and engagement strategies and materials for families who speak languages other than or in addition to English, and in particular, for Spanish-speaking and Latinx families in the region.

Community Awareness Strategies Under COVID-19

Some stakeholders were relying more heavily on social media and other web-based platforms to distribute information about available services. Other stakeholders described organizing materials to be dropped off with families directly, including information about home visiting and other available resources. Stakeholders emphasized their efforts to ensure that families are aware that services are still available to them during COVID-19, and some were employing multiple types of outreach methods to reach families and the community.

Sustaining Work into the Future

Stakeholders emphasized the importance of maintaining governance and decision-making structures, such as the Advisory Group. They noted that these provide needed opportunities for building and maintaining relationships and regular planning and monitoring of implemented strategies, as

“Continued communication and understanding in what each program provides. Really building up our referral, continue implementing that process and then making those changes we need to based on what we find from WIC. And continue providing the professional development.”

“I’d love to see more community buy-in. And I’d love to see us promoting the parents who are reaping the benefits of home visiting. I’d love to see parents speaking at Advisory meetings, or with home visitors.”

well as an ongoing process for staying updated on available programming and contact people.

Stakeholders want to continue working on learning from the coordinated referral process pilot, as well as expanding to additional referral partners. This will require more regular meetings with stakeholder partners, as well as understanding what is working and what could improve with the agencies currently involved in the pilot process.

Stakeholders also want to see professional development opportunities continue to be offered in response to workforce needs. Ideally, these would return to in-person events when possible, but even having the ongoing support online has been beneficial.

One stakeholder also described wanting to prioritize the development of a process or structure for parents to be able to share insights about their experience with home visiting services, and to inform strategies to improve the early childhood system of supports.

Summary & Implications

Based on noted accomplishments, challenges, benefits, and next steps identified by stakeholders in the three regions, the following provides a summary of implications for future work through the HVSC project.

Internal Communication

Relationship building among stakeholder partners requires ongoing and intentional work to cultivate trust. With foundational relationships, partners are able to share and learn more about the individuals and programs within the home visiting system.

Stakeholders see a value in spending time to get to know one another and each other's programs, which also lays a foundation for deeper collaboration on other areas of work such as coordinated referral, professional development, or community awareness.

Due to COVID-19 restrictions, continuing to meet virtually for regular Advisory meetings remains important to stakeholders and their ability to stay connected to each other and HVSC work.

Coordinated Referral

Stakeholders want to continue working on learning from the coordinated referral process pilot, as well as expanding to additional referral partners.

Programs & Organizations Represented by Interview Participants

- Maternal, Child & Adolescent Health, Public Health Division
- Modoc Early Head Start
- Shasta Head Start
- Siskiyou Community Resource Collaborative
- Siskiyou County Public Health
- Siskiyou Early Head Start

Thank you to each interview participant for sharing your perspectives and your time.

Although programs continue to make referrals to one another as a result of the relationships and trust they have established through their HVSC work, they still see opportunities to improve the coordinated referral process. They also highlighted the need for ensuring that bilingual staff work within programs and are able to facilitate referrals as well.

Professional Development

Stakeholders miss being able to meet in person for shared learning, but most appreciated that information about available trainings is shared widely. Stakeholders felt that the professional development work through the HVSC project is an area of strength, and would benefit from continued support, but that this was not an area where significant changes need to occur.

Community Awareness

Stakeholders described the availability of some tools that assist in raising community awareness about available supports, while also acknowledging a need for additional strategies, especially under COVID-19 conditions.

Addressing families' concerns about home visiting, including real and perceived stigma will continue to need to be part of communication and outreach strategies.