

Home Visiting Systems Coordination Systems Survey Summary Year 6 Cross-Region

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Center for Improvement of Child & Family Services

Portland State University

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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

The Home Visiting Systems Coordination (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. Regions include counties served by First 5 Siskiyou, California; the South Central Early Learning Hub in Douglas, Klamath, and Lake counties in Oregon; and the South Coast Regional Early Learning Hub in Coos, Curry, and coastal Douglas counties in Oregon. The long-term goal for the project is to improve outcomes for families and expand each region’s capacity to serve more families.

As part of the HVSC project evaluation, members of the Portland State University (PSU) evaluation team at the Center for Improvement of Child & Family Services (CCF) worked with coordinators in each of the project’s three regions. The CCF evaluation team distributed the electronic survey to HV System Coordinators, who invited their stakeholders to participate. The survey was available in English and Spanish. The CCF evaluation team also invited survey participants to opt-in to receive a \$20 Amazon or Target e-gift card as a thank you for their time.

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 thereafter.

Survey Participants

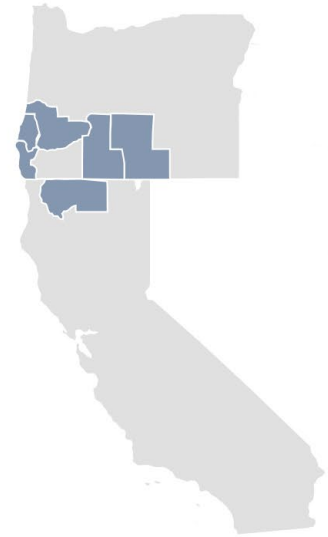
As shown in Table 1a, 69 stakeholders from the three regions participated in the Systems Survey in 2022.

Table 1a. Count of survey participants in each HVSC region

HVSC Region	Number of Respondents						
	2016 (Baseline)	2017 (Y1)	2018 (Y2)	2019 (Y3)	2020 (Y4)	2021 (Y5)	2022 (Y6)
Siskiyou, CA	10	21	29	19	19	11	19
South Central, OR Lake, Klamath, Douglas Counties	27	32	42	38	33	28	27
South Coast, OR Curry, Coos, coastal Douglas Counties	20	12	17	17	14	13	23
Total	57	65	88	74	66	52	69

As shown in Table 1b, the project achieved an overall estimated 70% response rate, based on the number of stakeholders who were invited to participate. The response rate is, however, only an estimate since coordinators know how many people they send the survey to, but the survey can also be forwarded to others to complete, without the coordinator’s knowledge.

HVSC Project Counties



Backbone Organizations



Funding Organization



Table 1b. Response Rates by Region

HVSC Region	Response Rate						
	2016 (Baseline)	2017 (Y1)	2018 (Y2)	2019 (Y3)	2020 (Y4)	2021 (Y5)	2022 (Y6)
Siskiyou, CA	NR	NR	74%	68%	59%	37%	68%
South Central, OR	NR	NR	81%	75%	87%	62%	52%
South Coast, OR	NR	NR	81%	89%	82%	46%	>90%
Total	NR	NR	79%	76%	76%	50%	70%

*“NR” indicates that Response Rate was not reported for 2016 and 2017.

Survey participants worked in organizations with early childhood programs across sectors. Over a third of participants (35%) worked in organizations delivering early childhood home visiting supports, and nearly another third (32%) worked in organizations delivering early learning programming. Nearly one in five participants (17%) also worked in County, Hub, or regional organizations.

Table 1c. Type of Program or Organization Represented by Survey Respondents

Type of Program / Organization ¹	Number of Respondents	% of Respondents (n=69)
Early childhood home visiting program	24	35%
Early Learning Head Start, preschool, child care	22	32%
County, Hub, or regional organization	12	17%
Parenting education	10	10%
Health care, including public health, hospitals, coordinated care organizations	7	10%
Additional types of organizations ² :		
Human Services (self-sufficiency, child welfare); Public elementary school or district	7	25%

For more information about participants, find additional details in Appendix B.

Overall Home Visiting Systems Coordination

A total of 40 respondents (63%) reported that they participate in the HVSC project leadership, steering committee, or advisory group for their region, representing a similar rate compared to prior years.

Table 1d. Leadership & Governance Participation	Number of Respondents	% of Respondents
2016 Survey Participants (n=57)	37	65%
2017 Survey Participants (n=65)	49	75%
2018 Survey Participants (n=86)	62	72%
2019 Survey Participants (n=73)	44	60%
2020 Survey Participants (n=60)	39	65%
2021 Survey Participants (n=52)	34	67%
2022 Survey Participants (n=64)	40	63%

¹ Totals do not equal 100% because respondents can endorse more than one category.

² These types of organizations are combined because they had fewer than 5 respondents each.

“We are incredibly lucky to work with all the HV partners – together everyone achieves more!”

– Survey Respondent

Figure 1. In 2022, more survey participants (60%) report being involved in home visiting systems coordination work for longer periods.

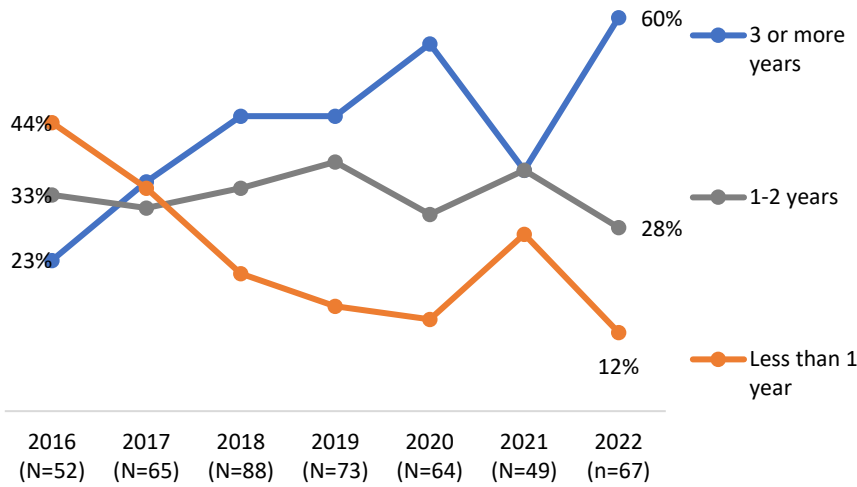
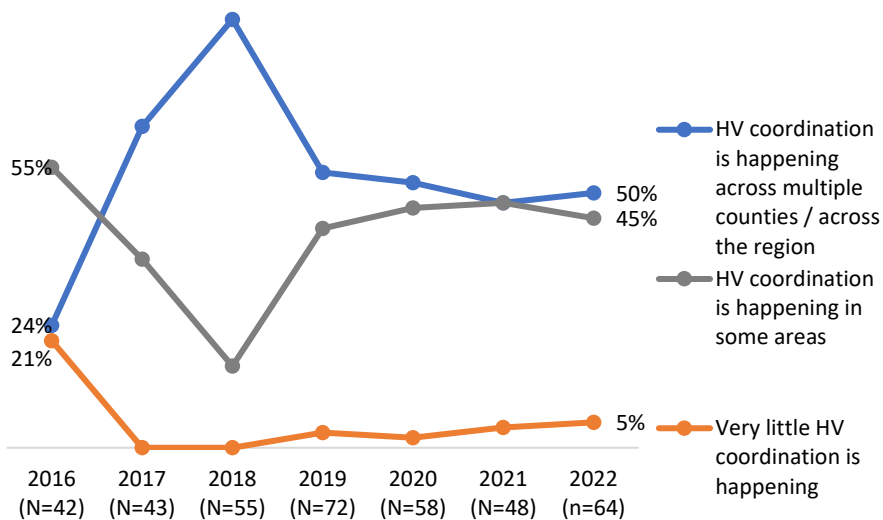


Figure 1 shows the percent of survey respondents who report being involved in home visiting systems coordination. At the start of the HVSC project, nearly half (44%) reported being involved for less than a year, while 23% reported being involved in systems coordination work for 3 or more years.

By 2022, 60% of survey respondents report being involved in home visiting systems coordination work 3 or more years. At the same time, 12% of respondents newer to systems coordination work were also involved during the past year.

In 2022, this suggests that more survey participants have been involved in home visiting systems coordination work for a longer period, compared to more prior years.

Figure 2. Survey participants continue to report regional coordination, while change has occurred unevenly over the course of the project so far.



Compared to the first year of the project, when 24% of survey respondents reported that home visiting coordination was happening across multiple counties or their region overall, this has doubled, to 50% of survey respondents in 2022.

Similar rates of respondents report home visiting coordination happening within some areas within the region, while very few respondents reported only a little coordination happening regionally. These results suggest improved overall home visiting coordination in regions involved in the project.

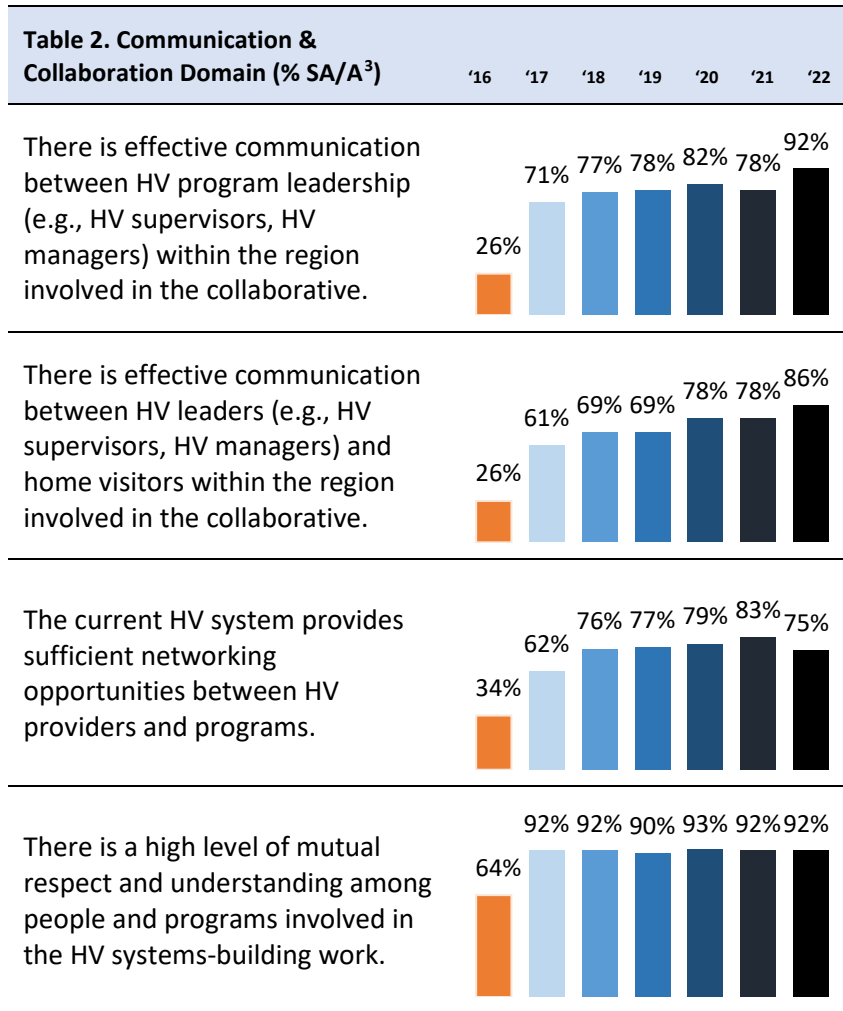
Survey Domains

The following tables show the percent of respondents across regions 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 69 total survey respondents in 2022, 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 Appendix A.

Communication & Collaboration

Table 2. Communication & Collaboration Domain (% SA/A³)



Communication & Collaboration Highlights

Home visiting system communication was rated more positively than any previous year.

This may be a result of sustained communication strategies and regular opportunities to convene HV program partners in collaborative work.

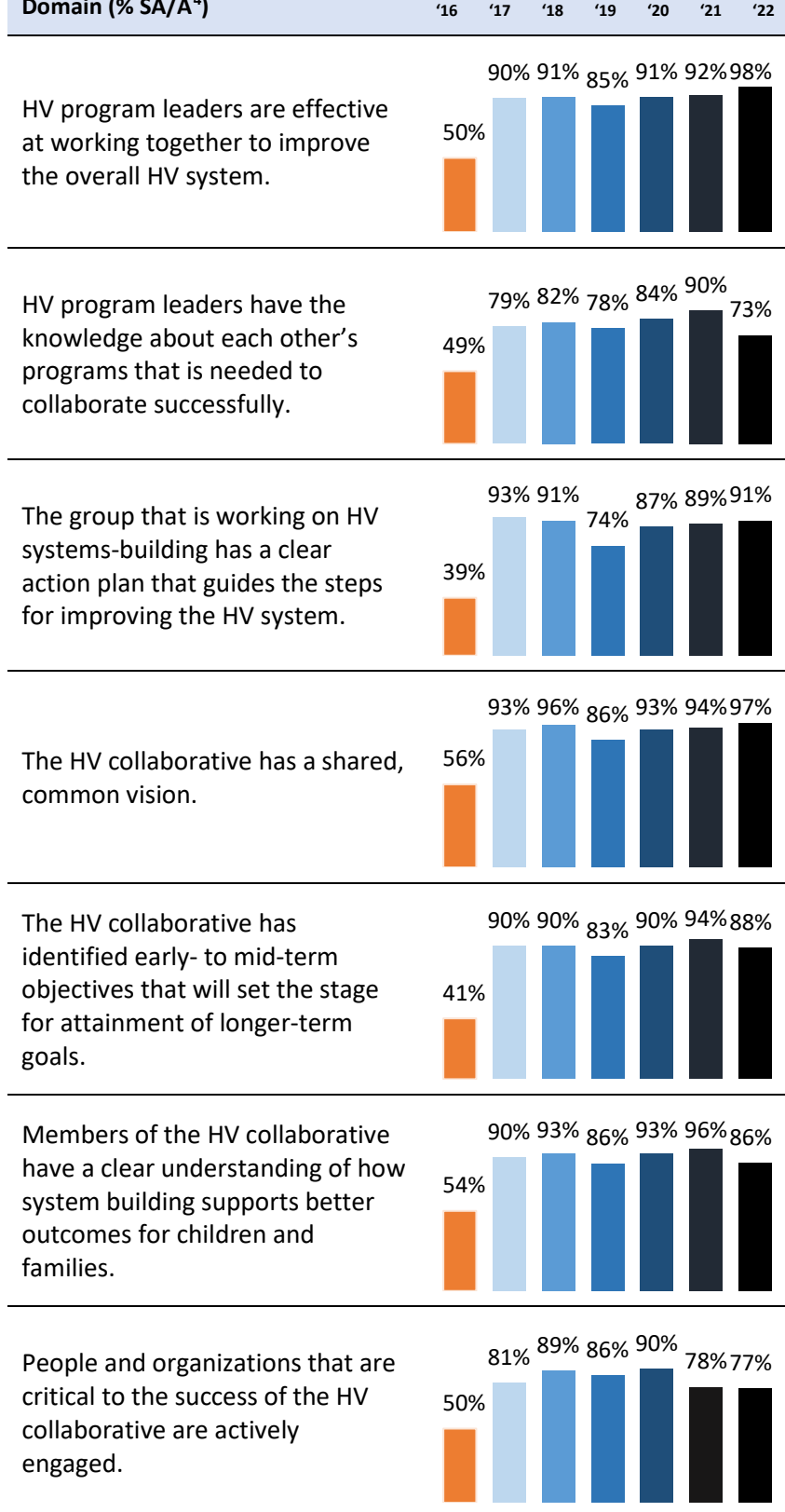
At the same time, fewer respondents felt that the HV system provides sufficient networking opportunities, compared to recent prior years. This may be due, in part, to the timing of the survey in 2022, which was slightly earlier in the summer compared to recent prior years. Regions often plan new networking opportunities that take place in the autumn.

“Over the past year, we have been collaborating with other partnerships in the community.”
– Survey Respondent

³ “% SA/A” is the percent of respondents who reported they Agreed or Strongly Agreed with the item.

Governance & Planning

Table 3. Governance & Planning Domain (% SA/A⁴)



Governance & Planning Highlights

Home visiting leadership collaboration effectiveness was rated more positively than any previous year. Similarly, a shared, common vision was rated more positively than previous years as well.

Two areas where respondents in 2022 reported lower rates compared to recent prior years were related to program leaders having the knowledge about each other's programs to collaborate successfully, and that the people and organizations critical to the success of the collaborative are actively engaged.

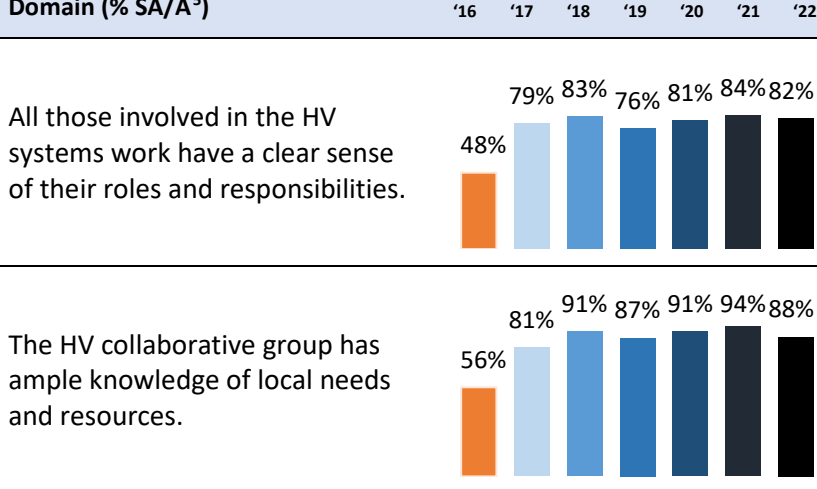
This may be a result of new programs and leadership transitions that occurred over the past year, as well as limited capacity for people to engage in the collaborative work due to ongoing challenges around workforce retention, staffing, and continued shifting responses to COVID-19 conditions.

"We have been working together and supporting each other in issues that we all are facing with the COVID restrictions, stress and dealing with families that are overwhelmed with the constant change to how services can be provided." – Survey Respondent

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

Roles & Responsibilities

Table 4. Roles & Responsibilities Domain (% SA/A⁵)

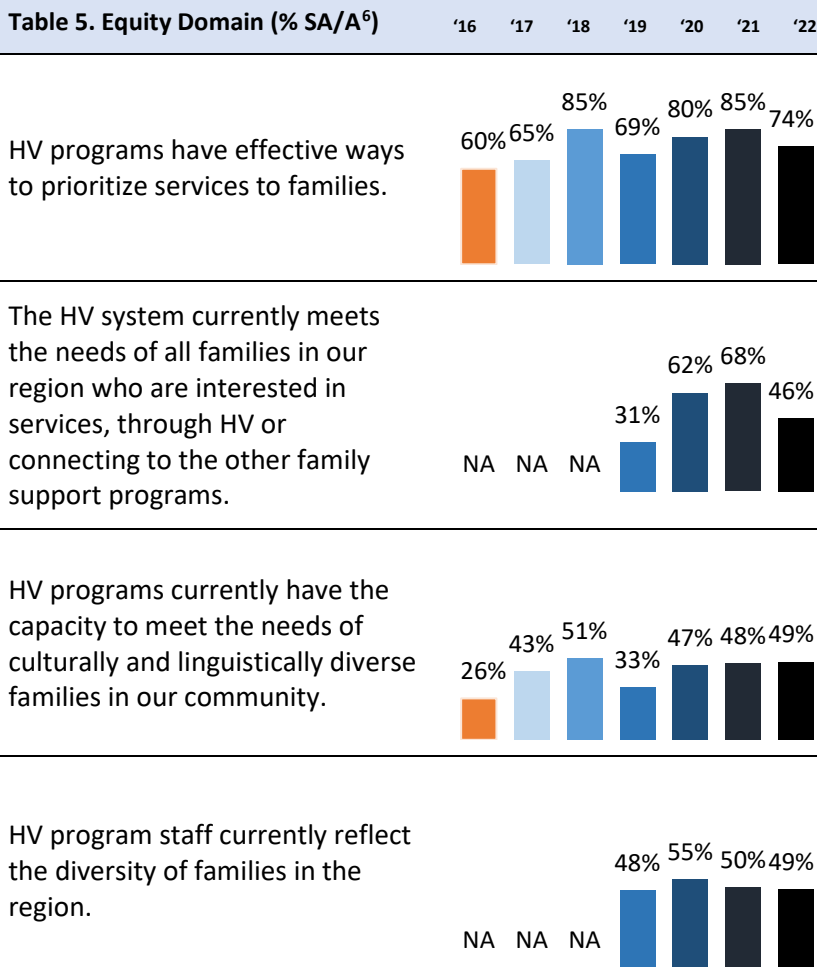


Roles & Responsibilities Highlights

Most participants agreed there is a clear sense of roles and understanding of local needs and resources, among those involved in the collaborative.

Equity

Table 5. Equity Domain (% SA/A⁶)



Equity Highlights

Many participants feel that HV programs can effectively prioritize services.

However, fewer than half of participants feel that HV programs currently have capacity to meet the needs of families in the region.

This could be related to ongoing work in each region to address challenges around workforce capacity, retention, and diversity.

“I appreciate the referrals we receive. I believe the system is a great relief to families who are connected.” – Survey Respondent

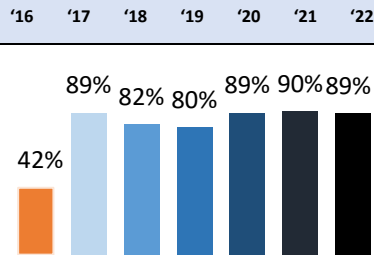
⁵ “% SA/A” is the percent of respondents who reported they Agreed or Strongly Agreed with the item.

⁶ “% SA/A” is the percent of respondents who reported they Agreed or Strongly Agreed with the item.

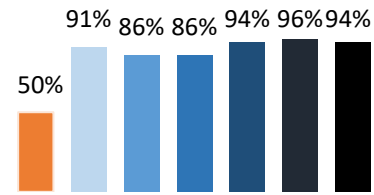
Continuous Program Improvement & Data Use

Table 6. Continuous Program Improvement & Data Use Domain (% SA/A⁷)

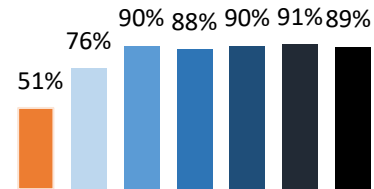
The HV collaborative has sought out information from similar initiatives in other communities and continues to gather and share information about effective practices.



The HV collaborative takes time periodically to reflect on what we are learning, including the effectiveness of our collaborative structures and processes.



The HV collaborative has collected and assessed data about the needs and resources for children and families in our region.



CPI & Data Use Highlights

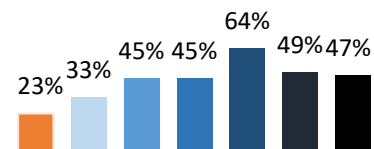
Home visiting collaboratives were rated positively in their ability to gather, reflect on, and use data.

“In the past year the most important accomplishment of the HV collaborative work in our county has been staying connected and reporting out children who need services and collaborating on who can serve those children and families.” – Survey Respondent

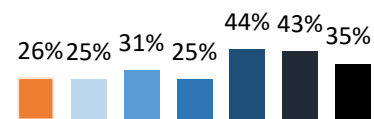
Systems Outcomes

Table 7. Systems Outcomes, Community Awareness Domain (% SA/A⁸)

Families in our community know about HV programs and services.



Families in our community understand the benefits of home visiting.



Community Awareness Highlights

Participants largely reported room for growth and improvement in the areas of community awareness of HV, both among families and other providers.

This is also an area of work that regions largely have not yet tackled in the creation of coordinated regional strategies.

⁷ “% SA/A” is the percent of respondents who reported they Agreed or Strongly Agreed with the item.

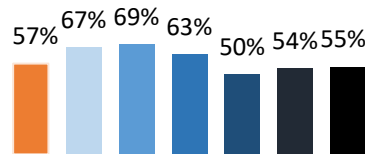
⁸ “% SA/A” is the percent of respondents who reported they Agreed or Strongly Agreed with the item.

Table 7. Systems Outcomes, Community Awareness Domain (% SA/A⁸)

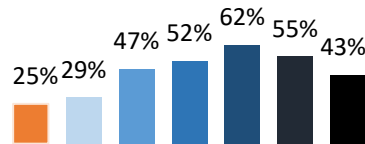
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Families in our community are skeptical about the idea of HV services.

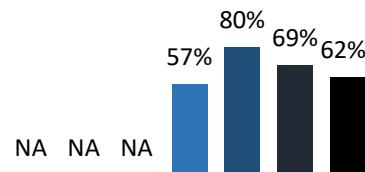
Lower means improvement



Our community has effective ways of "getting the word out" to families about home visiting services.



Staff in other agencies know about HV programs and services.*

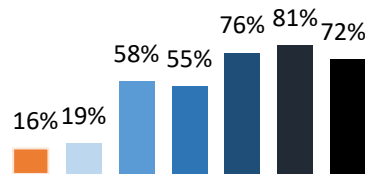


*"NA" indicates that the survey item was not included in prior years, so we report Not Applicable for those time points.

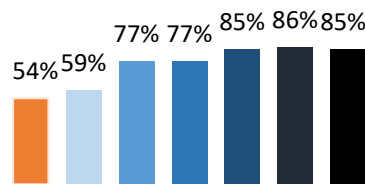
Table 8. Systems Outcomes, Coordinated Referral Domain (% SA/A⁹)

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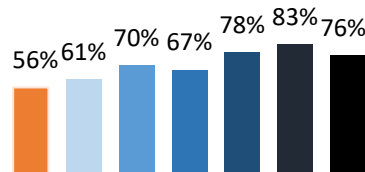
Our community uses a shared/common referral form to facilitate family access to HV services.



There are clear policies and procedures for obtaining family consent and releases for HV programs.



There are effective *informal* referral agreements between/among HV and other programs in our community.



"We have been striving to inform all families regarding available home visiting services in the area."
– Survey Respondent

Coordinated Referral Highlights

Referral processes to connect families with HV and other services were rated positively by a majority of participants.

A slight drop in some areas over the past year could, in part, be a result of a larger share of survey participants who work in the South Coast region, which does not currently have a widely-utilized shared common referral form or data system among community partners.

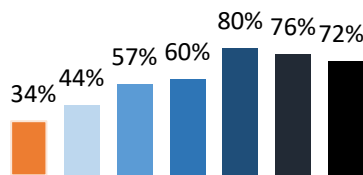
"I think it has helped that with the referral system, families have been able to be connected to services they may not have been aware of."
– Survey Respondent

⁹ "% SA/A" is the percent of respondents who reported they Agreed or Strongly Agreed with the item.

Table 8. Systems Outcomes, Coordinated Referral Domain (% SA/A⁹)

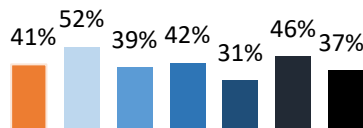
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There are effective **formal** referral agreements (i.e., MOU's, MOA's, contracts) between/among HV and other programs in our community.



Issues around family confidentiality are a barrier to a shared HV referral system.

Lower means improvement



Current HV program MOUs/MOAs need improvement.

Lower means improvement

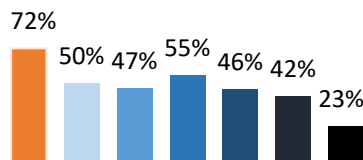
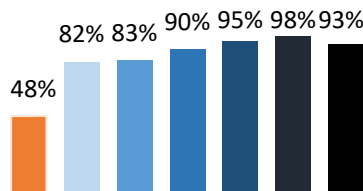


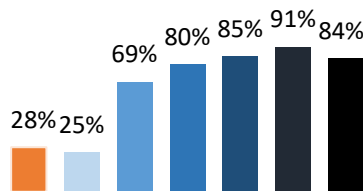
Table 9. Systems Outcomes, Professional Development Domain (% SA/A¹⁰)

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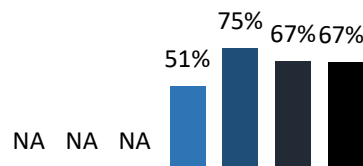
The HV system effectively shares professional development and training resources.



The HV system has a cross-program professional development and training plan.



There are effective formal professional development and training agreements (i.e. MOU's, MOA's, contracts) between HV programs in our community.*



*"NA" indicates that the survey item was not included in prior years, so we report Not Applicable for those time points.

¹⁰ "% SA/A" is the percent of respondents who reported they Agreed or Strongly Agreed with the item.

An area of growth during the past year was around improvements to MOUs/MOAs that facilitate referrals between programs.

Regions overall invested time and effort into establishing, renewing, and expanding MOUs/MOAs among community partners during the past year.

"Extra effort has been focused on filling all available HV openings across the county and increasing awareness of the programs available to the community...given that HV program efforts were hindered by COVID for some time."

– Survey Respondent

Professional Development Highlights

Nearly all participants in 2022 agreed that the HV system was effective at sharing professional development resources.

This continues to be an area that regions focus on to deliver and coordinate professional development opportunities to the HV and family support workforce.

"We have been providing a space for growth and development, building relationships and creating networking opportunities."

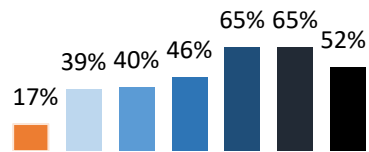
– Survey Respondent

Sustainability

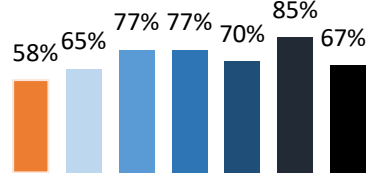
Table 10. Sustainability Domain (% SA/A¹¹)

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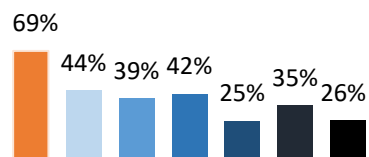
HV programs work together to increase funding and support all home visiting programs.



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



There is competition between HV programs for resources and funding.



Lower means improvement

Sustainability Highlights

Survey participants reported a much reduced sense of competition among HV programs.

This could be a result of continued work of programs to advocate for increasing home visiting funds broadly, rather than focusing on resourcing only specific programs.

“This project is so appreciated and builds collaboration and partnerships!”

– Survey Respondent

Reflections on Year 6 of the Project

In addition to the series of scaled survey items, participants also shared their thoughts on key accomplishments from Year 6 of the HVSC project, hopes for the future, and challenges that will need to be addressed.

Key Accomplishments

- Building new and maintaining existing relationships among staff and between programs across sectors.
- Expanding use of referral data systems and processes.
- Sharing and accessing professional development opportunities, and engaging new community partners through the process.
- Increasing awareness of families and community partners of the availability and benefits of HV programs.

Hopes for Coming Year

- Continuing work to engage new partners in the collaborative process on shared work.
- Continuing to build awareness with community partners and families to understand the availability and benefits of HV.
- Working to build, support, and retain an effective, skilled workforce as well as building back programs that had previously closed or experienced reductions.

Project Contact Info

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Beth Green beth.green@pdx.edu

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

¹¹ “% SA/A” is the percent of respondents who reported they Agreed or Strongly Agreed with the item.

Appendix A: % Agree/Strongly Agree for Items & Domains by Region, Year 6

Although there were 69 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.

	Siskiyou CA (N=19)	South Central OR (N=27)	South Coast OR (N=23)	Cross- Region (N=69)
Table 11. Communication & Collaboration Domain				
There is effective communication between HV program leadership (e.g., HV supervisors, HV managers) within the <i>region</i> involved in the collaborative.	88%	92%	94%	92%
There is effective communication between HV leaders (e.g., HV supervisors, HV managers) and home visitors within the <i>region</i> involved in the collaborative.	88%	84%	89%	86%
The current HV system provides sufficient networking opportunities between HV providers and programs.	77%	71%	79%	75%
There is a high level of mutual respect and understanding among people and programs involved in the HV systems-building work.	91%	92%	90%	92%
Communication & Collaboration Domain (% SA/A¹²)	94%	88%	95%	92%

	Siskiyou CA (N=19)	South Central OR (N=27)	South Coast OR (N=23)	Cross- Region (N=69)
Table 12. Governance & Planning Domain				
HV program leaders are effective at working together to improve the overall HV system.	100%	96%	100%	98%
HV program leaders have the knowledge about each other’s programs that is needed to collaborate successfully.	81%	79%	56%	73%
The group that is working on HV systems-building has a clear action plan that guides the steps for improving the HV system.	87%	96%	87%	91%
The HV collaborative has a shared, common vision.	100%	100%	88%	97%
The HV collaborative has identified early- to mid-term objectives that will set the stage for attainment of longer-term goals.	87%	92%	83%	88%
Members of the HV collaborative have a clear understanding of how system building supports better outcomes for children and families.	94%	92%	72%	86%
People and organizations that are critical to the success of the HV collaborative are actively engaged.	88%	79%	65%	77%
Governance & Planning Domain (% SA/A)	100%	96%	83%	93%

¹² “% 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. Each item can be rated on a scale from 1 to 5. If the sum of the two items is a total of 3.5 or higher, the respondent is coded as “Agreeing/Strongly Agreeing” with the Domain. The percent reported for each Domain is the percent of respondents for whom this is true.

	Siskiyou CA (N=19)	South Central OR (N=27)	South Coast OR (N=23)	Cross- Region (N=69)
Table 13. Roles & Responsibilities Domain				
All those involved in the HV systems work have a clear sense of their roles and responsibilities.	73%	86%	82%	82%
The HV collaborative group has ample knowledge of local needs and resources.	87%	91%	84%	88%
Roles & Responsibilities Domain (% SA/A)	87%	96%	90%	91%

	Siskiyou CA (N=19)	South Central OR (N=27)	South Coast OR (N=23)	Cross- Region (N=69)
Table 14. Equity Domain				
HV programs have effective ways to prioritize services to families.	58%	91%	63%	74%
New Item for 2019-2020, not included in Domain calculation: The HV system currently meets the needs of all families in our region who are interested in services, through HV or connecting to the other family support programs.	54%	44%	44%	46%
HV programs currently have the capacity to meet the needs of culturally and linguistically diverse families in our community.	67%	52%	29%	49%
New Item for 2019-2020, not included in Domain calculation: HV program staff currently reflect the diversity of families in the region.	50%	53%	42%	49%
Equity Domain (% SA/A)	77%	55%	56%	61%

	Siskiyou CA (N=19)	South Central OR (N=27)	South Coast OR (N=23)	Cross- Region (N=69)
Table 15. Continuous Program Improvement & Data Use Domain				
The HV collaborative has sought out information from similar initiatives in other communities and continues to gather and share information about effective practices.	91%	100%	69%	89%
The HV collaborative takes time periodically to reflect on what we are learning, including the effectiveness of our collaborative structures and processes.	92%	100%	88%	94%
The HV collaborative has collected and assessed data about the needs and resources for children and families in our region.	73%	96%	92%	89%
Continuous Program Improvement & Data Use Domain (% SA/A)	92%	100%	8%	94%

	Siskiyou CA (N=19)	South Central OR (N=27)	South Coast OR (N=23)	Cross- Region (N=69)
Table 16. Systems Outcomes, Community Awareness Domain				
Families in our community know about HV programs and services.	25%	52%	56%	47%
Families in our community understand the benefits of home visiting.	50%	29%	33%	35%
Families in our community are skeptical about the idea of HV services.	50%	59%	53%	55%
Our community has effective ways of "getting the word out" to families about home visiting services.	42%	50%	35%	43%
New Item for 2019-2020, not included in Domain calculation: Staff in other agencies know about HV programs and services.	42%	74%	59%	62%
Systems Outcomes, Community Awareness Domain (% SA/A)	42%	35%	33%	36%

	Siskiyou CA (N=19)	South Central OR (N=27)	South Coast OR (N=23)	Cross- Region (N=69)
Table 17. Systems Outcomes, Coordinated Referral Domain				
Our community uses a shared/common referral form to facilitate family access to HV services.	67%	83%	60%	72%
There are clear policies and procedures for obtaining family consent and releases for HV programs.	79%	95%	77%	85%
There are effective <i>informal</i> referral agreements between/among HV and other programs in our community.	77%	82%	64%	76%
There are effective <i>formal</i> referral agreements (i.e., MOU's, MOA's, contracts) between/among HV and other programs in our community.	58%	85%	64%	72%
Issues around family confidentiality are a barrier to a shared HV referral system.	54%	29%	35%	37%
Current HV program MOUs/MOAs need improvement.	23%	13%	33%	23%
Systems Outcomes, Coordinated Referral Domain (% SA/A)	53%	79%	50%	63%

	Siskiyou CA (N=19)	South Central OR (N=27)	South Coast OR (N=23)	Cross- Region (N=69)
Table 18. Systems Outcomes, Professional Development Domain				
The HV system effectively shares professional development and training resources.	92%	92%	94%	93%
The HV system has a cross-program professional development and training plan.	82%	82%	88%	84%
New Item for 2019-2020, not included in Domain calculation: There are effective formal professional development and training agreements (i.e. MOU's, MOA's, contracts) between HV programs in our community	64%	75%	60%	67%
Systems Outcomes, Professional Development Domain (% SA/A)	92%	92%	94%	93%

	Siskiyou CA (N=19)	South Central OR (N=27)	South Coast OR (N=23)	Cross- Region (N=69)
Table 19. Sustainability Domain				
HV programs work together to increase funding and support all home visiting programs.	50%	58%	46%	52%
There are multiple sources (e.g., state, federal, private, foundation) of HV program funding in our community.	62%	68%	73%	67%
There is competition between HV programs for resources and funding.	23%	35%	15%	26%
Sustainability Domain (% SA/A)	31%	64%	47%	56%

Appendix B: Survey Participants, Year 6

Table 20. Type of Roles Represented by Survey Respondents	Number of Respondents	% of Respondents (n=69)
Direct service provider, home visitor, services coordinator, family advocate	31	45%
Program manager	13	19%
Program director	13	19%
Supervisor	13	19%
Additional types of roles ¹³ : Parent/caregiver or program consumer; Program assistant	3	4%

Table 21. HVSC Project Convenings Attended by Survey Respondents	Number of Respondents	% of Respondents (n=69)
2021 Annual Leadership Gathering	27	39%
2021 Family Voice Journey Mapping Event	19	28%
2020 Annual Leadership Gathering	22	32%
2019 Annual Leadership Gathering	21	30%
2018 Annual Leadership Gathering	16	23%
2017 Annual Leadership Gathering	17	25%
2016 Annual Leadership Gathering	13	19%
2016 Kick-Off Gathering	11	16%
All of the Leadership Gatherings, including Kick-Off	9	13%
2018 Regional professional development gatherings	21	30%
None of the gatherings listed	25	36%

¹³ These types of roles are combined because they had fewer than 5 respondents each.