
California Home Visiting Coordination Learning Network Session 4

September 27, 2021





Participation Reminders



Please use the chat feature to engage in discussion and to reach our support team with any technology questions.

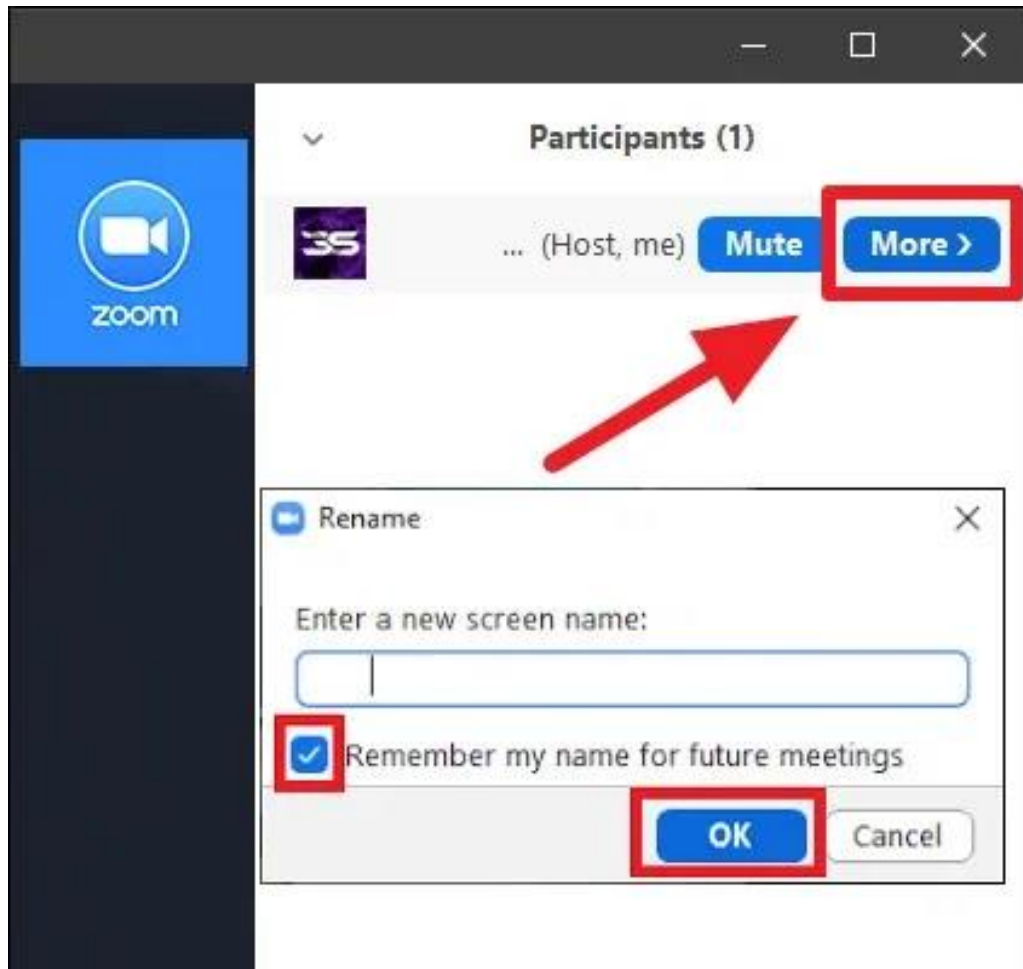


Please mute your computer speakers if you joined by phone and hear an echo.

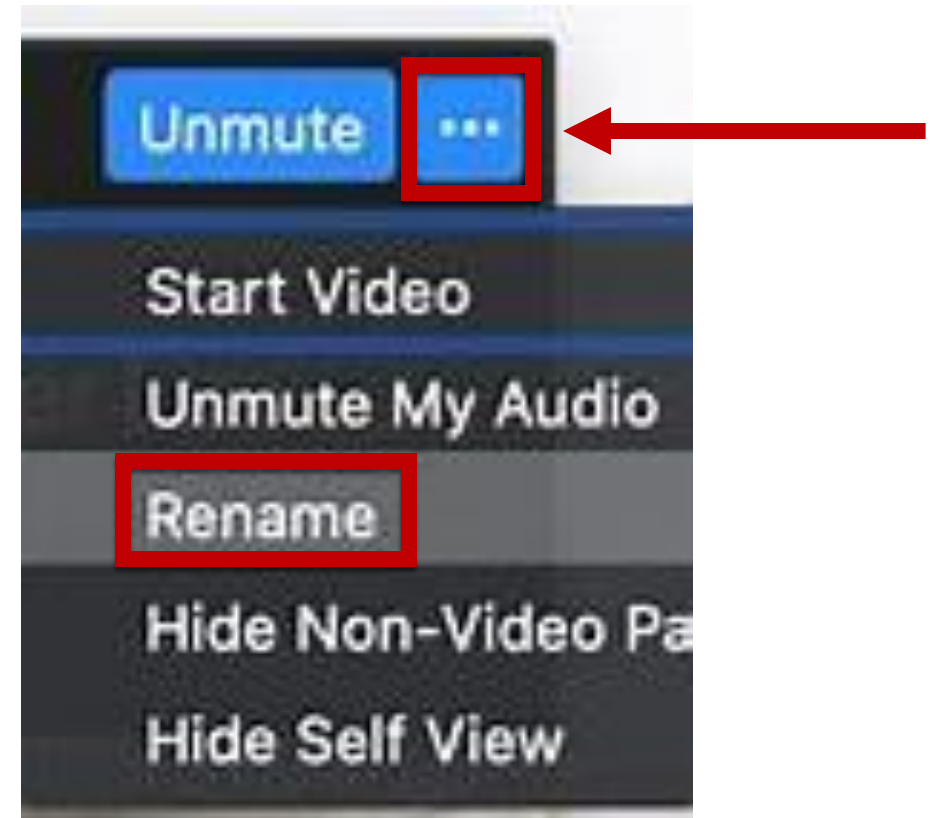


If available, please turn your video on.

Rename Yourself in Zoom



OR



Example: Hannah, Fresno

Agenda

- Coordination framework
- Partnership domain
- Peer Spotlight – Siskiyou
- Peer Spotlight – Fresno
- Group breakout discussions
- Full group sharing
- Next steps



Coordination Framework

Early Childhood System of Care





Service Coordination

Coordination between:

- HV programs
- HV and other family-serving organizations

Coordination is on a Continuum



Partnerships

Reflections



Nurturing Partnerships

- Jointly host forums and retreats
- Share trainings and professional development opportunities
- Celebrate successes and progress to date, brainstorm how to address challenges
- Take time to attend partner events
- Build buy-in among all levels of staff
- Acknowledge varied priorities and highlight areas of agreement
- Listen and seek out feedback
- Acknowledge stresses and promote well-being

Subcommittees

- Accelerate progress on objectives between meetings
- Align tasks with interests and expertise
- Promote shared accountability
- Foster relationships among stakeholders
- Offer multiple opportunities to participate
- Advance on concurrent tasks
- Facilitate scheduling with fewer people



Memorandum of Understanding

- Describe clearly-defined relationships between partners
- Specify each party's roles and responsibilities
- Promote continuity when staff turnover occurs
- Contribute to shared accountability
- Increase buy-in among staff

Memorandum of Understanding: What?

Vision

- What is the partnership trying to achieve?

Purpose and scope

- What is the intended outcome?

Responsibilities of each party

- What is expected of each party, including timeline?

Plan for assessing performance

- How and when will progress be evaluated?

Terms of understanding

- What is the start and end date, process for modifying or terminating the MOU, parameters of confidentiality?

Chat In

***What strategies have worked for you to
increase the effectiveness of partnerships
as part of your efforts to advance coordination ?***

Peer Spotlights



Presentation Overview

About Siskiyou County

History and key strategies

- ▶ Generate buy-in and build relationships at the management or mid-management level
- ▶ Overcome the feeling of competition for clients between HV programs and gain mutual commitments to refer families
- ▶ Share the work of coordination and resources between agencies (i.e., subcommittees, MOUs, etc.)

Lessons Learned

Contact Us

Siskiyou County

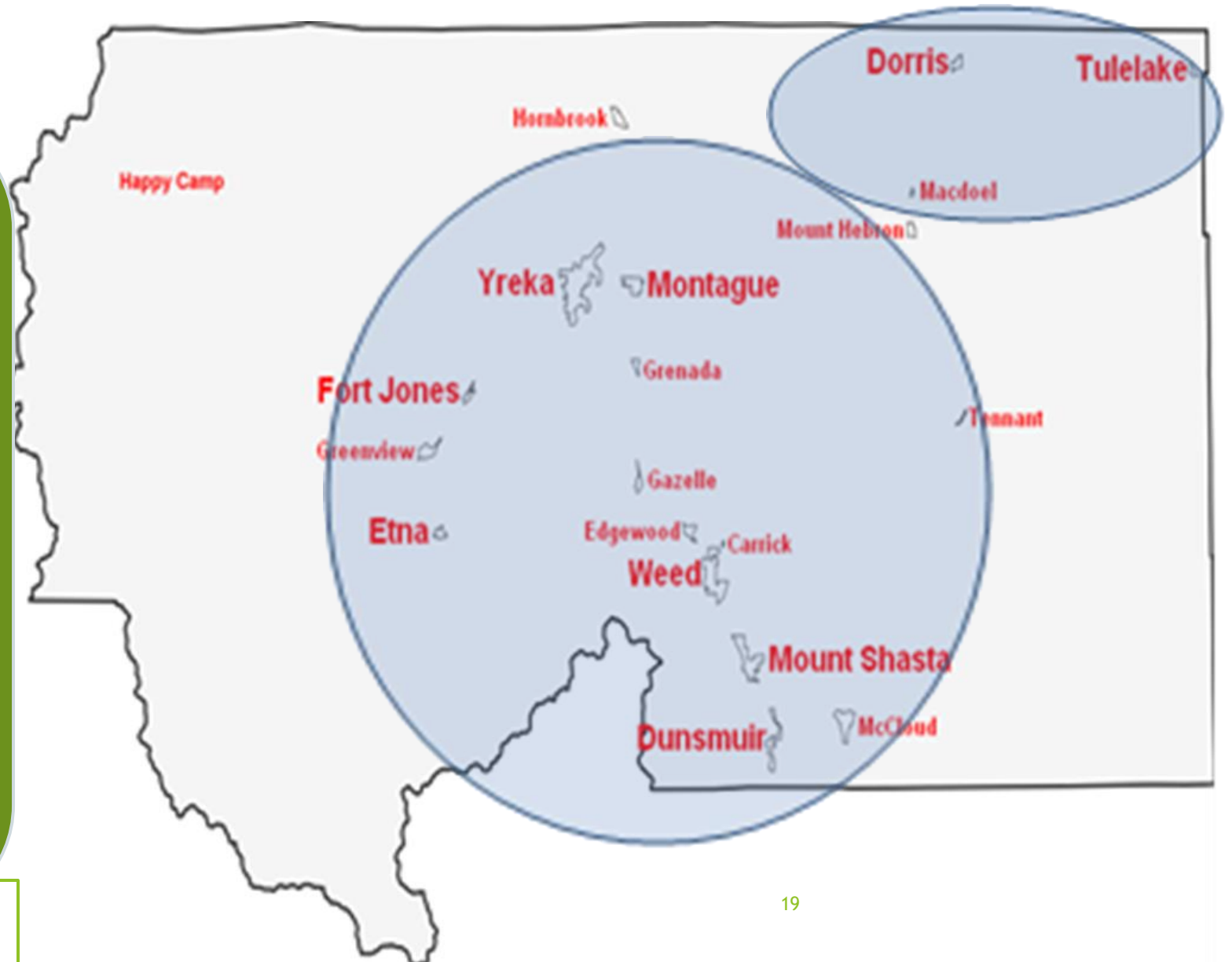
Frontier County

Home to 2500 Children
Birth through 5

About 167 Children
Served through 3 Home
Visiting Models

*Early Head Start - Healthy Families -
Local Model*

What is PCT



Siskiyou Home Visiting Coordination History

Extensive discussions and assessment of current capacity and interest by the ECE Community to work on HV Systems Coordination

First 5 Unanimously Selected by all HV/ECE partners to be the neutral back bone organization

2016 - Funding from The Ford Family Foundation

Agreed upon Theory of Action

Collective Vision, Trust and Supportive Relationships a Priority

Foundation of Collective Impact was based on the work of Brene Brown

“Trust is earned not through heroic deeds, or even highly visible actions, but through paying attention, listening, and gestures of genuine care and connection.” - Brene Brown

Siskiyou Home Visitation Systems Coordination “Buckets” of Work

Governance & Planning



Internal
Communication

Coordinated Intake
& Referral

Professional
Development

Community
Awareness

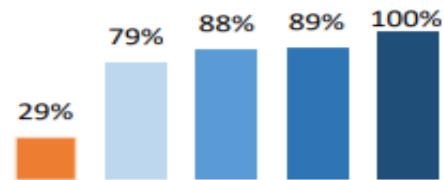
Portland State University = Siskiyou HVSC Evaluator

Communication and Collaboration

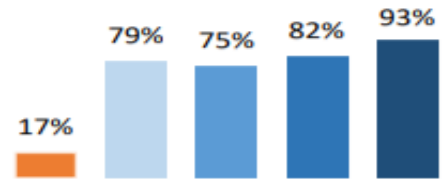
Significant Improvement At ALL Levels

Table 2. Communication & Collaboration Domain (% SA/A²)

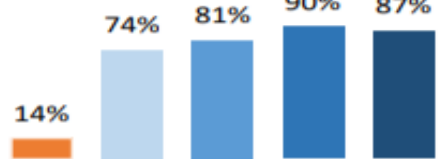
There is effective communication between HV program leadership (e.g., HV supervisors, HV managers) within the **county** involved in the collaborative.



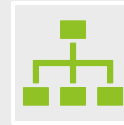
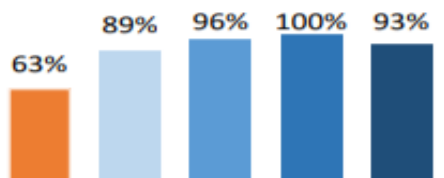
There is effective communication between HV leaders (e.g., HV supervisors, HV managers) and home visitors within the **county** involved in the collaborative.



The current HV system provides sufficient networking opportunities between HV providers and programs.



There is a high level of mutual respect and understanding among people and programs involved in the HV systems-building work.



Generate buy-in and build relationships at the management or mid-management level



Overcome the feeling of competition for clients between HV programs and gain mutual commitments to refer families



The Light Bulb Moment: Home Visitor Provider Convening

Components of Gatherings

- ▶ Fun, Food, Comradery and Meaningful Connections and Learning
- ▶ Resource sharing opportunities
- ▶ Engaging HV as leaders in areas of expertise
- ▶ Case conferencing and collective problem solving
- ▶ Sharing local resources and accessing resources
- ▶ Time for reflection on how professional development training is implemented



Together Stronger!

Significant Improvement in Sustainability



Significant Improvement in Governance & Planning as well as Systems Outcomes

Table 3. Governance & Planning Domain (% SA/A³)

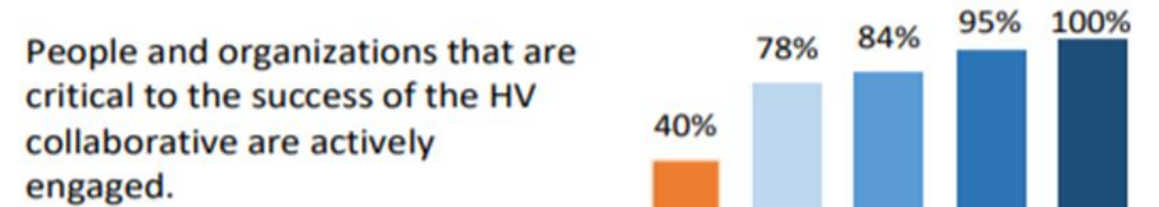
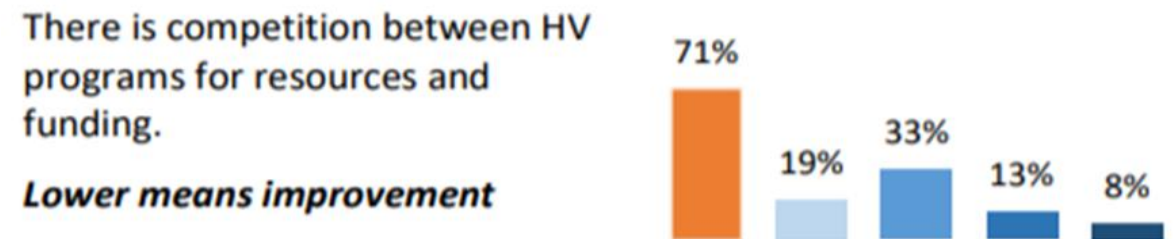


Table 10. Sustainability Domain (% SA/A¹⁰)



- ▶ Hire the Right Person - Servant Mindset
- ▶ Start with an Evaluation Plan
- ▶ Build Community
- ▶ Be Intentional in Relationship and Systems Building Efforts (understand current challenges)
- ▶ Memorialize the Agreements Together - Memorandum of Agreements
- ▶ Think and Plan Bigger than the Current Effort
- ▶ Listen Deeply - Communicate Kindly - Use Empathy
- Heal - Be Aware - Champion - Have Foresight

Lessons Learned and Key Strategies for Sustainable Partnerships



Final Thoughts:

*A Message From Home Visiting
Systems Coordination Partner...*

- “It (HVSC) is a work in progress and there is a lot of good work happening. The partners are all committed to make it the best it can be for the benefits of families.” - Siskiyou HV Partner

First 5 Siskiyou Home Visitation Systems

<https://first5siskiyou.org/>



Michelle Harris, Initiative Leader

Siskiyou Home Visiting System Coordination
First 5 Siskiyou Children and Families Commission

mharris@first5siskiyou.org

(530) 340-3227



Karen Pautz, Executive Director

First 5 Siskiyou Children and Families Commission

karenpautz@first5siskiyou.org

(530) 261-1297



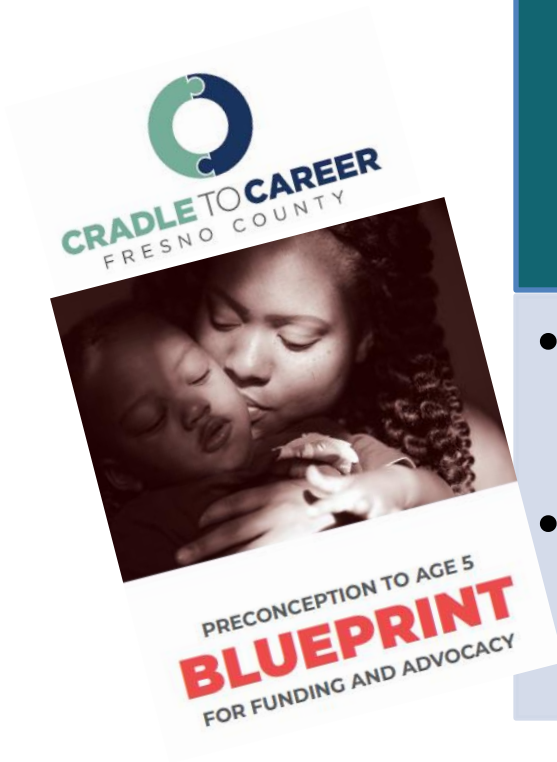
Reflection



Integrating Home Visitation for Shared Equitable Results



Home Visitation – A Cross Cutting Strategy



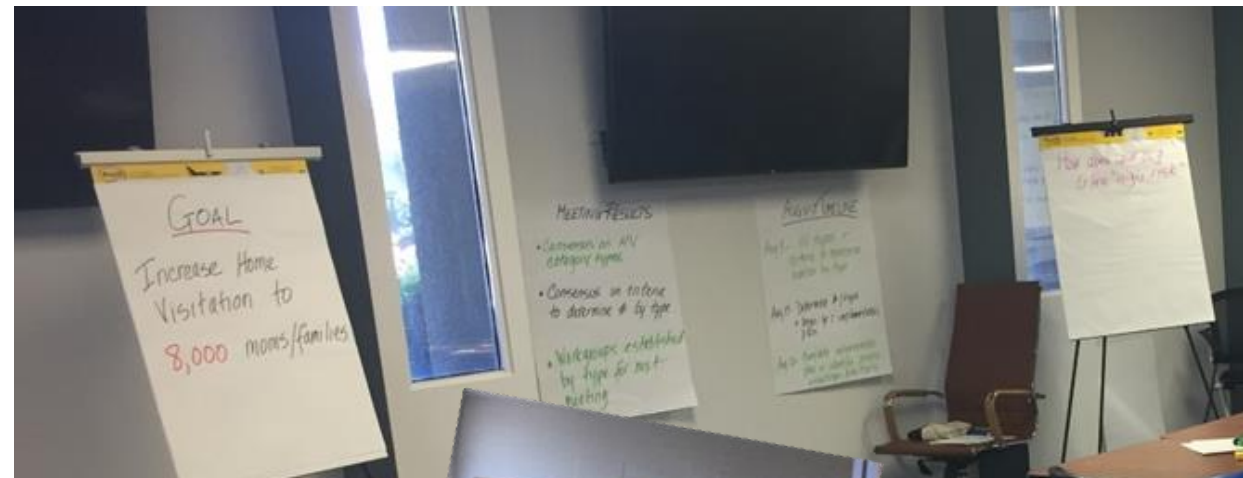
Preconception to Age 5 Blueprint for Funding and Advocacy identified home visitation in multiple areas

- Parenting Supports, Health/Mental Health, Aligning Resources
- Preterm births for African-Americans were similar to developing nations

Developing the Region's Inclusive & Vibrant Economy (DRIVE) planning process for a 10-year plan added momentum in Pre-5 Portfolio Initiative

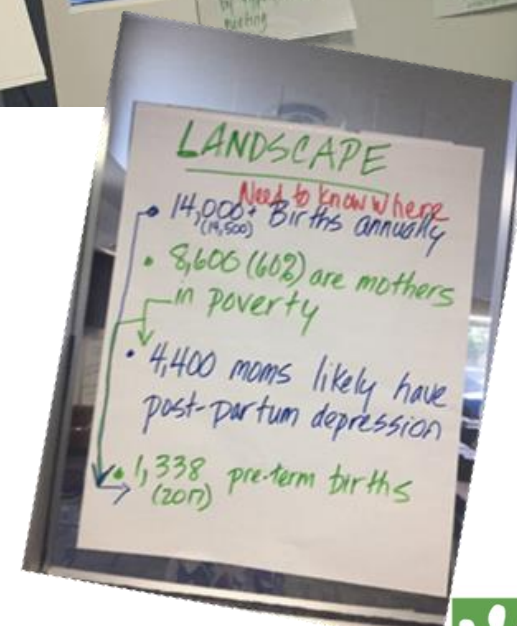


2019 - Data Review, Shared Goals, Outcomes, Inventory



Organization	DPH	DPH	DPH	DPH	DPH	DPH	DPH	DPH	DSS - Cal Work	EPU	EPU
PROGRAM Name	PEI-Maternal Wellness	Nurse Liaison Program	Nurse Family Partnership - Site #1	NFP-CA Home Visitation - Site #2	High Risk Infant Program	Black Infant Health	Babies First - Nursing case mgmt	Babies First - Care Coordination	Healthy Families of America	Learning About Parenting First 5 Home	LAP Intensive
TYPE											
Prevention			1	1			1	1	1		
Intervention		1			1						
Hybrid	1	1	1	1	1	1				1	1
No. Served	75	110	150	100	50	114	87	35	780 target	60	100
HV target total Length of service	18 months	6 months	30 months	30 months	5 months	14 months	26 months	24 months	2-5 years	8-12 months	6-8 months
TRUE COST			\$3000 per NFP	\$3000 per NFP					\$5430 over 17 months		
TARGET					Infants & children born at high risk, congenital anomaly, premature, etc.	Pregnant African American women over age 18 and before 32 weeks gestation	A.A. pregnant women		CalWorks recipients with children 36 months & younger, enrolled preferably prior to 3 months old child	Parents with children ages 0-5 who are overburdened.	DSS families under Voluntary Maintenance Program
	Pregnant & Post-partum women w/ MH issue	Infants & children at high risk for developmental delays	First time pregnant women in poverty before 28 6/7 weeks gestation	First time pregnant women in poverty before 28 6/7 weeks gestation				A.A. pregnant women			
	Race					1- African-American	1- African American	1- African American			
	Low Income	1	1	1	1	1	1	1			
	High Risk	1	1	1	1	1	1			1	1
	Medium Risk			1	1					1	1
	Lower Risk							1			
	Child primary		1								
	Mother/Parent primary										
	Other								1		
								Reside in Fresno, previous		Referrals from DPH, DSS,	

Sheet1



HOME VISITATION EXPANSION MEASURES

Core Component (repeat from above)	Inputs		Outputs		Outcomes	
	Description	Measurement	Description	Measurement	Description	Measurement
1	Description Increase Home Visitation enrollment from approx 4,000 families with ages 0-5 children to 10,000 served annually by 2030	1. # ACE parent screenings administered 2. \$ invested in initiative 3. # Nurses hired, # para-professionals hired, # peer parents hired 4. # Families enrolled in HV 5. Demographics of those served and of professionals. ■ <u>Technique:</u> 1. Survey input 2. Dollars received, HV agency report 3. Employment # from HV agency report 4. HV program report 5. HV program report ■ <u>Owner:</u> 1. DPH (possibly UCSF/CMRC) 2. DPH collects 3. DPH collects 4. DPH collects 5. DPH collects ■ <u>Frequency:</u> 1. Monthly 2. Semi-Annually 3. Semi-Annually 4. Monthly 5. Monthly	1. # At-risk women identified (3 or more ACE, past preterm birth, or Black women (who are all at risk,) 2. # Women and children enrolled in HV by race/ethnicity and other identified populations 3. Retention rate in HV (months and rate per program length allowed) 4. # visits per program 100% visit # 5. # referrals for special education by age 3 <u>Technique:</u> 1. ACE score, birth record past history indication, race identity from birth record form. 2. HV program enrollment report 3. HV program retention rate report 4. # visits by individual (unnamed but with zip and race/ethnicity/language info) per 100% visit # and then average # by HV program 5. Special ed referral report from school districts or Fresno Co Office of Ed ■ <u>Owner:</u> 1. DPH 2. DPH (and DSS?) 3. DPH with CBOs 4. DPH with CBOs	1. Decrease in preterm birth rate and low birth weight, especially African-American moms. 2. Reduction in substantiated child abuses and neglect 3. % of 3-4 year olds in high quality childcare and pre-K 4. Change in # children in Special Ed 5. Improvement in positive parenting practices ■ <u>Technique:</u> 1. DPH 2. Child Welfare Services report 3a. # kids in QRIS homes/centers by race/ethnicity 3b. # kids in all homes/centers by race/ethnicity 4a. ASQ Developmental screenings 4b. Enrollment into SPED ■ <u>Owner:</u> 1.DPH 2. DSS 3. FCSS/EC LPC 4. FCSS, CVRC, school districts 5. CSN (not yet confirmed) ■ <u>Frequency:</u> 1. Annually 2. Monthly and Annual rate 3. Annually 4. Semi-annually		

Outcomes Developed in 2019

- Decreased **preterm birth rate**, esp. among Black moms
- Reduced substantiated **child abuse**
- Increased **high quality child care and pre-K**
- Decreased # of children in **Special Education**
- Improvement in **positive parenting practices**

2019

2	Develop HV Medi-Cal reimbursement legislation for providers	<p>1. HV benefit data collected</p> <p>2. Similar legislation reviewed</p> <p>3. Team formed</p> <p>■ <u>Technique:</u></p> <ol style="list-style-type: none"> 1. Secondary source collection 2. CA Legislation reviewed 3. Contact Health Plans, CBOs, HV programs <p>■ <u>Owner:</u></p> <p>1-3: DPH</p>	<p>1. Case developed</p> <p>2. Process of similar legislation understood</p> <p>3. Legislation proposal developed and bill sponsor found</p> <p>4. Advocacy campaign developed</p> <p>Possible federal waiver requested, if needed</p> <p>■ <u>Technique:</u></p> <ol style="list-style-type: none"> 1. Communications support 2. Policy contractor 3. Policy contractor <p>■ <u>Owner:</u></p> <p>1-3 DPH</p> <p>4. CA DPH</p> <p>■ <u>Frequency:</u></p> <p>1-3 Year 2-3</p> <p>4-5. Years 4-5</p>	<p>■ Legislation passed and implemented</p> <p>■ <u>Technique:</u></p> <p>Advocacy locally and educating statewide partners for additional advocacy</p> <p>■ <u>Owner:</u></p> <p>DPH, Health plans, HV programs</p> <p>■ <u>Frequency:</u></p> <p>Planning begins year 3, and advocacy years 4-5</p>
---	---	---	---	---

Policy goal planning in year 3 or 4

- Develop HV Medi-Cal reimbursement legislation for providers

2020 – Two Year ACTION PLAN (linked)

- Training for home visitors
- Parent focus groups
- Data Sharing MOUs
- IDS for referral/care coordination.

Policy

1.) Dev. list of benefits of HV (measurable) i.e. well child visits, prenatal birth outcomes, hospitalizations, (EX visits)

• Benefits to Health Plan

- Physical Health
- Behavioral/Emotional Health

2.) Data list:

- Race/Ethnicity
- Education
- SE Status
- Outcomes measured

3.) Research legislation on Medi-Cal Reimbursing certain programs

4.) Create Team to work on issues: Health Plan, CBOs, HV programs

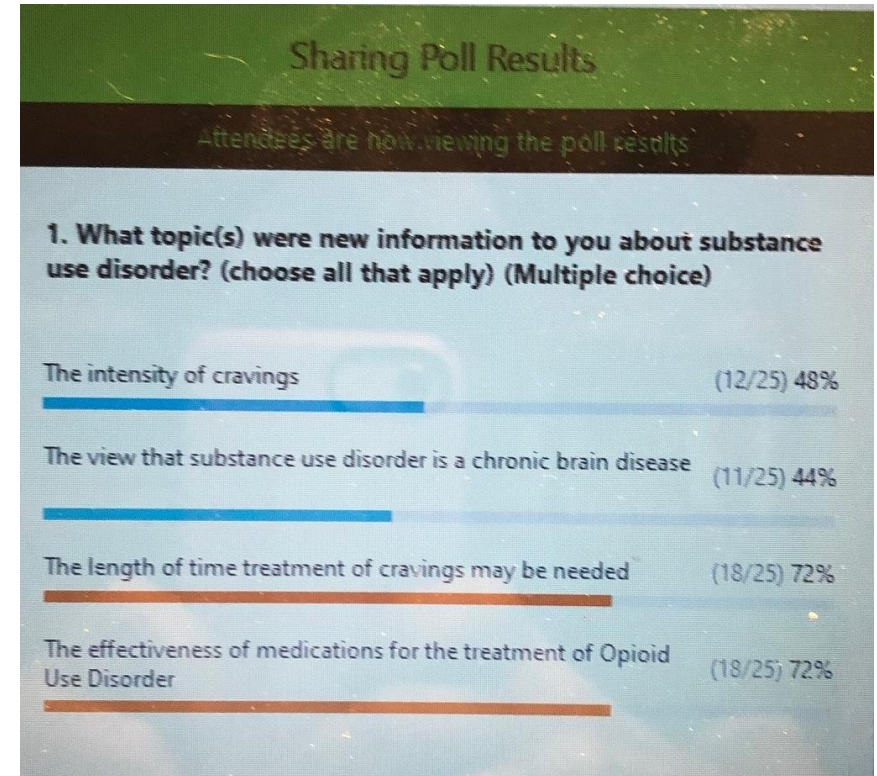
HV Programs Pivoted for COVID. So Did the Network.

Focused on initial testing of referral system

Training for Home Visitors kept network engaged

Small cultural focus groups by phone/Facetime

Review of plan by equity expert



DRIVE Equity Consultant Review

DRIVE TOC Alignment Scorecard: Pre-Conception to Five

Domains & Criteria	Status
Strategic Alignment	
❖ Initiative\project is aligned with DRIVE overall commitment to racial equity\inclusion	
❖ Strategy(ies) prioritize both inclusive economic growth and prosperity for all	
Shared Analysis\Cultural Competence Mindset & Capacity	
❖ Has access to and used current data and information on racial equity in Fresno	
❖ Engaged\consulted experts\expertise on diversity	
Program\Project Design & Development	
❖ Engaged diverse communities in design & development of initiative\project	
❖ Plans include explicit efforts\interventions to address racial inclusion	
❖ Plan includes explicit focus on addressing policy barriers to racial inclusion	
❖ Includes focus on building\strengthening capacities of individuals\institutions for addressing racial equity	
Program Management & Operations	
❖ Management and operations include explicit commitment\plan to diversity (e.g., hiring, contracting, etc.)	
❖ Management teams\staffs\contractors are diverse	
Monitoring and Evaluation	
❖ M&E includes specific plans, systems, and indicators to monitor performance against RE outcome\targets	
❖ Plans to engage diverse community groups in ongoing monitoring and feedback	

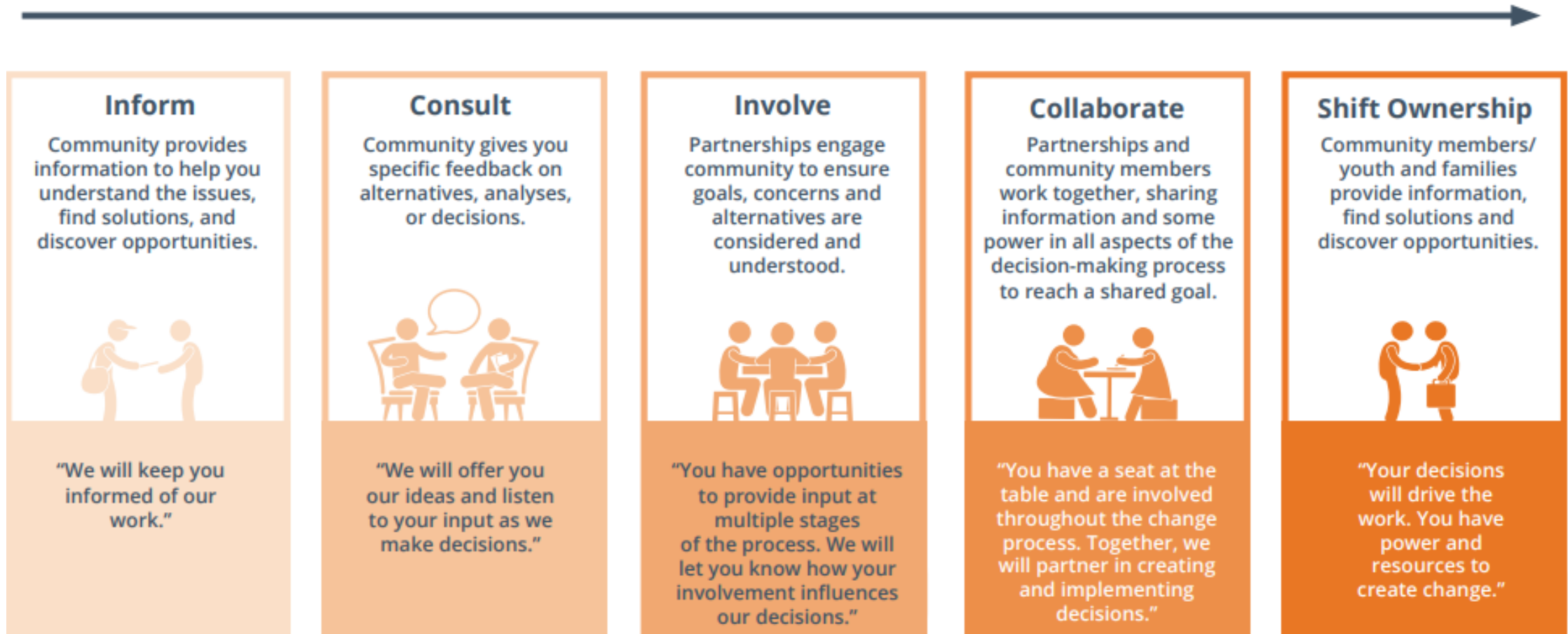
Status Key		Meets or Exceed Criteria		Does Not Meet Criteria		Planned but not yet realized		Unable to tell
-------------------	--	--------------------------	--	------------------------	--	------------------------------	--	----------------

HOME VISITATION OUTCOMES AND INDICATORS CHART

May 14, 2021

Outcome from TOC	Indicators	Definition	Unit of Measurement	Level of Disaggregation	Data Source	Method of Data Collection	Frequency	Responsible Entity
Short/Intermediate-term Outcomes								
Decreased maternal depression	Maternal depression score	Change in depression from beginning to end of participation	Number PHQ9s and scores by individuals completing	By race and ethnicity, by program	PHQ9/Edinburgh	Instrument collected at beginning and end of participation	Annual	HV programs
Participants increase in WIC use	Enrollment in WIC	Household enrollment in WIC for those with children ages prenatal -5	Number	By race and ethnicity	Participant self-report	Interview beginning/end participation	Annual	HV programs
Preterm birth rate of those in projects decreases	Births less than 37 weeks	Births of participants at/beyond 37 weeks and less than 37 weeks	Number of pregnant women, number who birth, number of weeks of baby at birth in utero	By race and ethnicity, by ACE score (if known)	Participant self-report or birth record	Program records	Annual	HV programs
Retention rate in programs increase	Program retention	Weeks participating of total program minimum required	Number weeks, at exit, the percent of program required weeks	By race and ethnicity, by program	Program report	Program tracks	Annual	HV Program

COMMUNITY ENGAGEMENT SPECTRUM



Fresno County HV Network between "Consult" and "Involve."

Most Trusted Referral Source for HV by Ethnic Groups

BLACK

MOST

**Trusted
Organization**

LEAST

**Doctor's Office
School**

LATINX

MOST

Child's Doctor

LEAST

Police Officer

HMONG

MOST

**Child's
Doctor**

LEAST

**Anyone
without an
existing
relationship**

LAO

MOST

**Trusted
Organization**

**Someone
who speaks
the language**

**Child's
Doctor**

LEAST

Anyone else

SLAVIC

MOST

**Child's
Doctor**

LEAST

**School nurse
or teacher
(strongly)**

**Police
Officer**

Conducted by culturally congruent facilitators of Home Visitation Network partners Fall 2020

Comfort with Information Being Shared

BLACK

- Majority comfortable with referral questions
- Important not to feel judged
- Don't assume they need help
- Network sharing not as comfortable, but understood it might be needed

LATINX

No concerns if meant to be used to get help and confidentiality is maintained.

- Name/Address
- # children
- Race/Ethnicity
- Language
- Income
- Child ED visits in past 6 mos
- Worry of eviction or eviction in past 6 mos

HMONG

Nothing specifically shared or presented
Similar to Lao

LAO

None, due to privacy and family safety
They will complete the information just so they can receive the benefit or services

SLAVIC

100% ok with:

- Name, address, # children, language

Over 50% ok with:

- ER and eviction questions

Less than 50% ok with:

- Race, ethnicity, and income
- Race because are white and ability to indicate refugee/services

Challenges



Data sharing MOUs – legal issues, COVID impact, a key partner unwilling



The closer we get to using a shared data system, the scarier it becomes, and roadblocks develop



Overworked and burning out partners due to COVID and uncertainty on fully re-opening



Lack of CBO data infrastructure capacity

Questions?

Contacts

- Hannah Norman, First 5 Fresno County, hnorman@first5fresno.org
- Brooke Frost, Fresno Cradle to Career, brookefrost@live.com

Home Visitation Network Co-Leads

- Rose Mary Rahn, PHN, Fresno County Department of Public Health
- Lowell Ens, CEO, Exceptional Parents Unlimited



Reflection



Breakout Group Discussions

Breakout Room Instructions

- Click the Google doc link
- Navigate to group page
- Identify a notetaker
- Elect a group speaker



Group Discussion Topics

- What challenges have you had formalizing and sustaining partnerships?
- What strategies are you using to nurture partnerships?
- What resources or support might you need to strengthen effectiveness and sustainability of your partnerships?

Full Group Sharing



Next Steps

HVC TA Liaisons



Heather Johnson

johnson@jbassoc.com

Southern Region



Leah Childress

childress@jbassoc.com

Sacramento Region

Northwest Region



Hannah Simmons

simmons@jbassoc.com

Central Region



Colleen Morrison

morrison@jbassoc.com

Bay Area Region

Northeast Region



Katie Brennan

brennan@jbassoc.com

Select counties in Central,
Northwest, and Southern
Regions

Next Steps

- Follow-up email with:
 - Post-session survey
 - Slide deck and breakout discussion notes
- Session 5 on Oct 25th
 - Topic: Infrastructure (fiscal planning and flexible funding mechanisms)
 - Please email simmons@jbassoc.com with any questions you have in advance

Thank You!

Hannah Simmons

(703) 247-2623

simmons@jbassoc.com

www.jbassoc.com

