**HOME VISITING**
Supporting Parents and Child Development

*Powered by Generate Health*
FLOURISH STL

**Home Visitation Collaborative**
**Convening Workshop #3**
**Wednesday, July 15, 2020**
**9:00 am to 11:30 am**

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# Workshop Outcomes

❖ Learn about project's progress from February to July 2020

❖ Overview of Phase 1 Action Plan, based on results from specific audience sessions

❖ Review and discuss the collaborative structure to support the Collaborative's core functions and its Phase 1 Action Plan

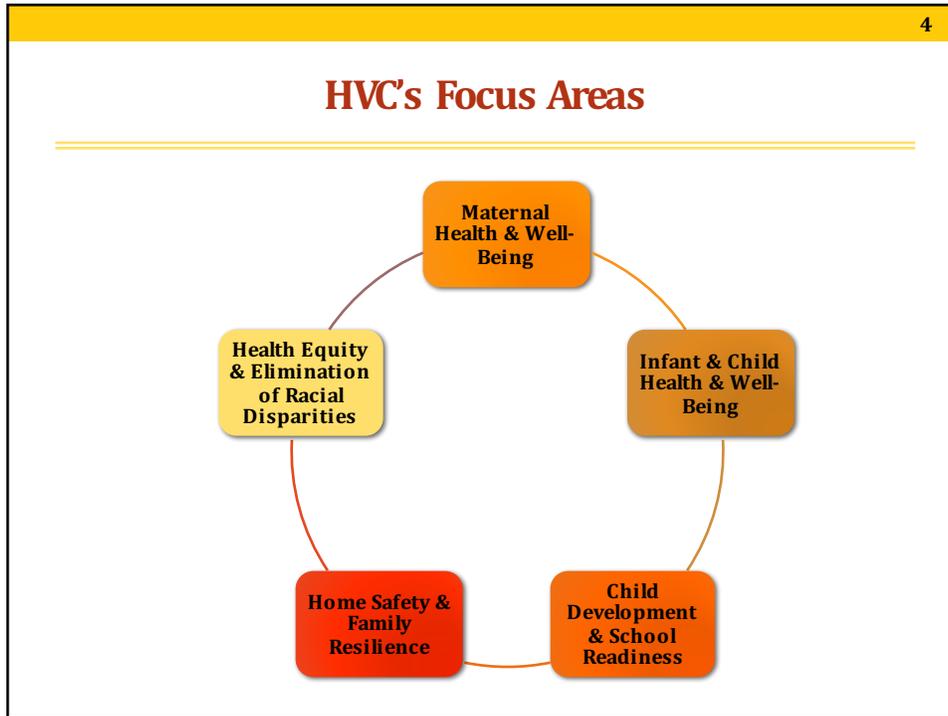❖ Develop decision-making guidelines for executing the Phase 1 Action Plan

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# PROJECT OVERVIEW & PROGRESS UPDATE

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**3**

## Provider Engagement and Planning Process

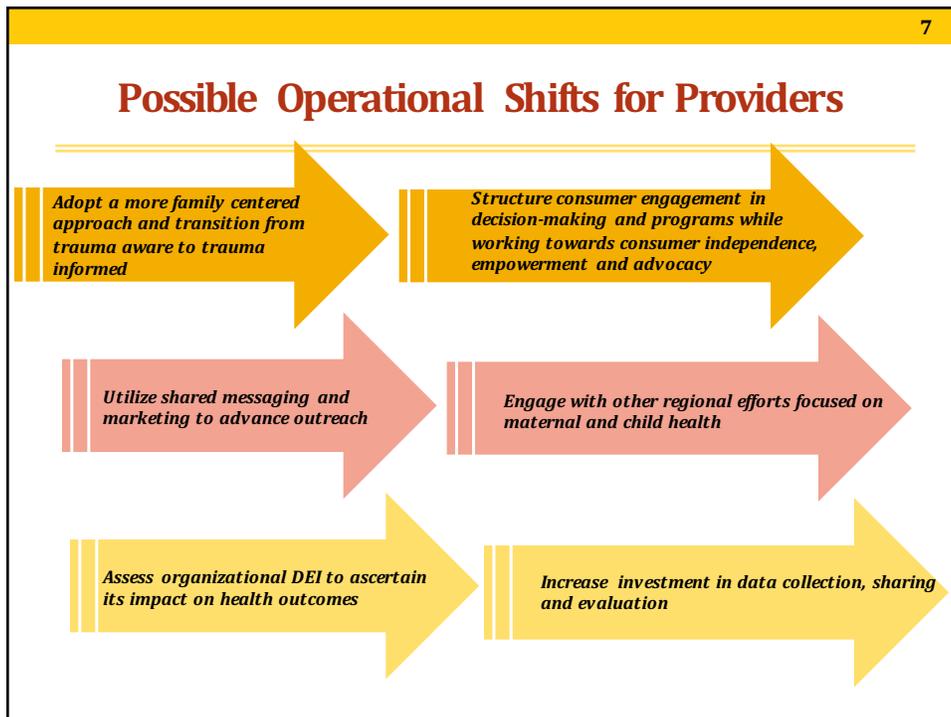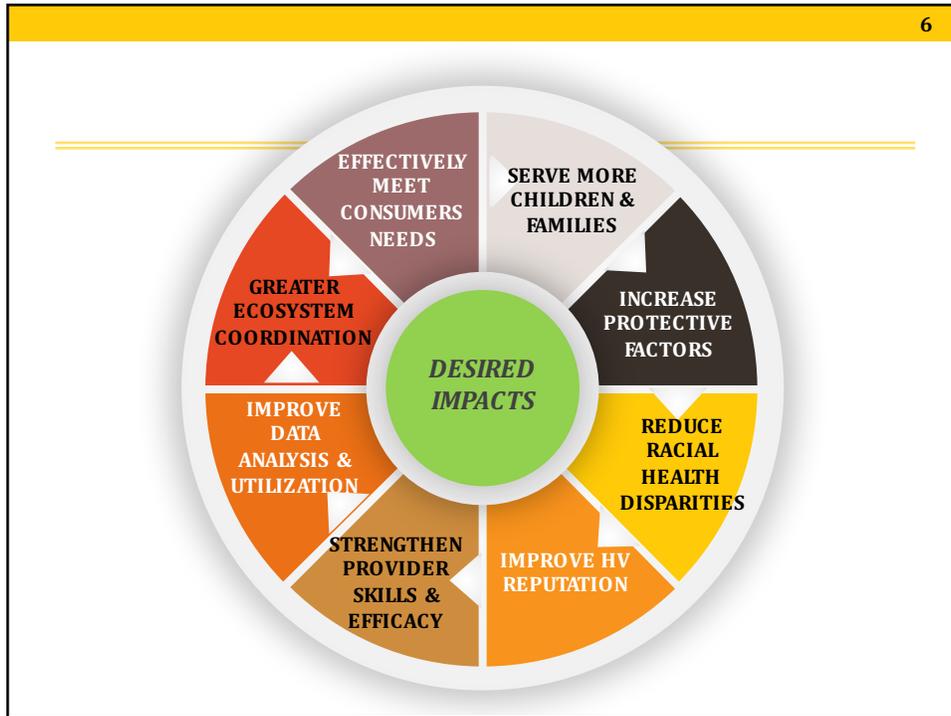| ENGAGEMENT FOR HV PARTNERS, PROVIDERS, CONSUMERS & TECHNICAL EXPERTS | | | | |
|---|---|---|---|---|
| *Convening 1*<br>*Dec 2019* | *Convening 2*<br>*Feb 2020* | *Unique Audience Discussions*<br>*June 2020* | *Convening 3*<br>*July 2020* | *Convening 4*<br>*August 2020* |
| **Collective Kickoff**<br><br>❖ Understand current state of HV<br>❖ Establish vision of success<br>❖ Generate community agreements and shared values<br>❖ Orientation to racial equity | **Strategic Priorities**<br><br>❖ Generate strategic priorities for training, intake, data sharing, membership and culture<br>❖ Identify initial actions (early wins)<br>❖ Apply racial equity lens | **Reinforcing Activity Focus**<br><br>❖ Share best practice ideas for training, intake and data sharing<br>❖ Understand operational support requirements<br>❖ Review initial actions and generate additional actions by area | **Actions and Chartering the Way Forward**<br><br>❖ Review project progress and Phase I Action Plan<br>❖ Establish HVC structure & decision-making guidelines<br>❖ Discuss racial equity focus relative to structure and decision-making | **Action Plan Approval**<br><br>❖ Finalize HVC's mission, core functions and Phase I Action Plan<br>❖ Solicit member participation to support each facet of HVC's structure |
| ❖ Planning Consultants<br>❖ HV Providers and Partners | ❖ Planning Consultants<br>❖ HV Providers and Partners | ❖ Planning Consultants<br>❖ HV Providers and Partners<br>❖ Intake, Training and Data Experts | ❖ Planning Consultants<br>❖ HV Providers and Partners | ❖ Planning Consultants<br>❖ HV Providers and Partners |

**We are here!**

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# HVC's Focus Areas



- Maternal Health & Well-Being
- Infant & Child Health & Well-Being
- Child Development & School Readiness
- Home Safety & Family Resilience
- Health Equity & Elimination of Racial Disparities

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# HVC's Core Functions

| Functions | Sample Actions to Support Functions |
|---|---|
| **Enable Coordinated Service Delivery & Expansion** | • Standardize intake and referral processes<br>• Automate referral process with a newly developed assessment tool<br>• Pursue operational efficiencies to optimize providers' capacity and facilitate quicker consumer service |
| **Facilitate Enhanced Data Sharing & Collection** | • Implement data collection practices that advance referral and service delivery<br>• Establish a centralized provider information repository to share projects, activities and resources |
| **Conduct Shared Marketing, Education & Outreach** | • Increase consumer awareness about home visitation programs through a shared messaging and marketing<br>• Increase medical professionals' awareness about home visitation's positively impact infant and maternal health |
| **Support Consumer Empowerment & Self-Advocacy** | • Promote and implement a consumer centered approach to home visitation that encourages sustained participation over time<br>• Expand peer support for mothers and caretakers |
| **Advance Ecosystem Alignment** | • Foster shared knowledge and understanding about critical issues by routinely convening and engaging different ecosystem stakeholders<br>• Engage funders to help advance change in HV programs, systems and funding that leads to improved maternal and child health outcomes |
| **Advocate for Policy & Systems Change** | • Undertake joint policy advocacy and influence efforts to secure increased state and local support for women, children and families |

EFFECTIVELY MEET CONSUMERS NEEDS

SERVE MORE CHILDREN & FAMILIES

GREATER ECOSYSTEM COORDINATION

INCREASE PROTECTIVE FACTORS

DESIRED IMPACTS

IMPROVE DATA ANALYSIS & UTILIZATION

REDUCE RACIAL HEALTH DISPARITIES

STRENGTHEN PROVIDER SKILLS & EFFICACY

IMPROVE HV REPUTATION

# Possible Operational Shifts for Providers

*Adopt a more family centered approach and transition from trauma aware to trauma informed*

*Structure consumer engagement in decision-making and programs while working towards consumer independence, empowerment and advocacy*

*Utilize shared messaging and marketing to advance outreach*

*Engage with other regional efforts focused on maternal and child health*

*Assess organizational DEI to ascertain its impact on health outcomes*

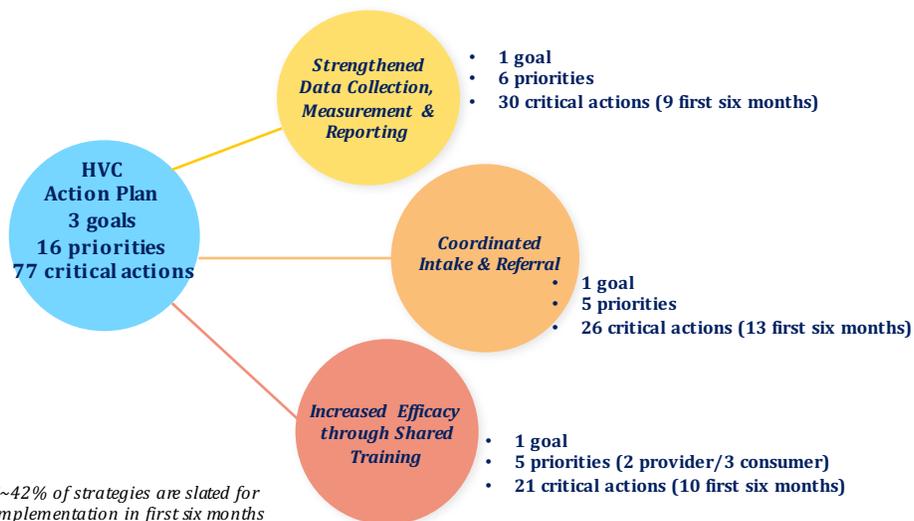*Increase investment in data collection, sharing and evaluation*

# GOALS, PRIORITIES & CRITICAL ACTIONS

## Overview: Functional Focus Areas, Goals, Priorities and Action Steps

**Strengthened Data Collection, Measurement & Reporting**
- 1 goal
- 6 priorities
- 30 critical actions (9 first six months)

**HVC Action Plan**
**3 goals**
**16 priorities**
**77 critical actions**

**Coordinated Intake & Referral**
- 1 goal
- 5 priorities
- 26 critical actions (13 first six months)

**Increased Efficacy through Shared Training**
- 1 goal
- 5 priorities (2 provider/3 consumer)
- 21 critical actions (10 first six months)

*~42% of strategies are slated for implementation in first six months*

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# Shared Data Collection, Measurement & Reporting Priorities

*GOAL: Implement a shared data system that measures the effectiveness of service delivery and identifies areas for program and quality improvements.*

**Priority A:** Build a universal, web-based data system with agreed upon definitions, outputs and outcomes from the HVC

**Priority B:** Establish the administrative and technical infrastructure necessary to support, maintain and improve the shared data system

**Priority C:** Determine data analysis and reporting protocols for all HV partners and for the Collaborative as a whole

**Priority D:** Train Collaborative staff and HV partners on system functions, data collection requirements and reporting protocols

**Priority E:** Utilize data findings to assess both the Collaborative's and participating organizations' performance and to advance improvements

**Priority F:** Develop solutions and innovations around collecting and measuring data within virtual environments

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# Shared Data Collection, Measurement & Reporting Priorities & Initial Actions

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| Priority A | Priority B | Priority C |
|---|---|---|
| ❖ Evaluate the assessment tools HV organizations currently use to understand what is required, tracked and measured | ❖ Form Redcap Infrastructure Committee to help operationalize HVC's data infrastructure | ❖ Identify the existing reporting protocols and requirements of HV partners |
| ❖ Review PBHI and Safe Sleep Measurement Systems to identify areas of intersection and possible alignment | | ❖ Engage HV funders around aligning and streamlining reporting requirements and utilizing data for decision-making |
| ❖ Research best practices for shared data measurement and systems in the field | | |

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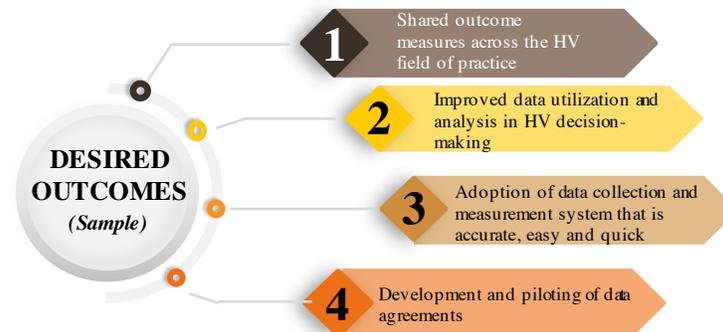## Shared Data Collection, Measurement & Reporting Priorities & Initial Actions

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**Priority D:**
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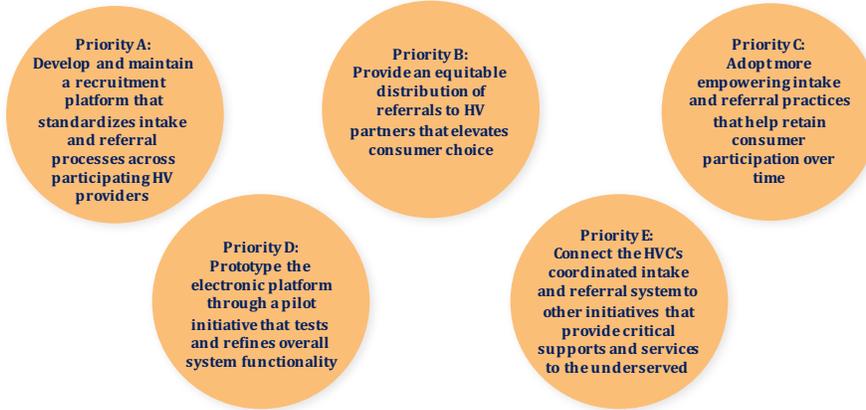| | | |
|---|---|---|
| No 1-6 month actions | ❖ Research "pay-for-performance" models that incentivize continuous quality improvements among HV organizations | ❖ Catalogue virtual data collection challenges among HV partners. Identify most common problems and most effective resolutions |
| No 1-6 month actions | | ❖ Share learning and effective interventions within HV models |
| No 1-6 month actions | | |

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## Shared Data Collection, Measurement & Reporting

*GOAL: Implement a shared data system that measures the effectiveness of service delivery and identifies areas for program and quality improvements.*

**DESIRED OUTCOMES**
*(Sample)*

**1** Shared outcome measures across the HV field of practice

**2** Improved data utilization and analysis in HV decision-making

**3** Adoption of data collection and measurement system that is accurate, easy and quick
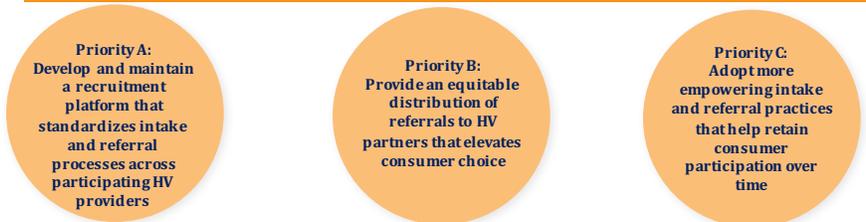
**4** Development and piloting of data agreements

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# Coordinated Intake & Referral Priorities

**GOAL: Establish a coordinated intake and referral platform that maximizes consumer choice and ensures families are served by the most appropriate home visiting program to meet their needs.**

**Priority A:**
Develop and maintain a recruitment platform that standardizes intake and referral processes across participating HV providers

**Priority B:**
Provide an equitable distribution of referrals to HV partners that elevates consumer choice

**Priority C:**
Adopt more empowering intake and referral practices that help retain consumer participation over time

**Priority D:**
Prototype the electronic platform through a pilot initiative that tests and refines overall system functionality

**Priority E:**
Connect the HVC's coordinated intake and referral system to other initiatives that provide critical supports and services to the underserved

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# & Initial Actions

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| | | |
|---|---|---|
| ❖ Audit the intake and referral process of participating organizations | ❖ Develop HV partner profiles that describe organizations' services, programs and specialties | ❖ Survey consumers to determine what shapes their intake and referral experience |
| ❖ Determine the eligibility requirements for the HV services provided by participating organizations | ❖ Collaborate with CAB to identify barriers to consumer choice and to devise effective interventions | ❖ Learn from HV partners their most effective consumer engagement and retention strategies |
| ❖ Identify the minimal necessary info required for HVC to meet partners' needs; access consumer eligibility and ensure an easy consumer experience | ❖ Develop selection criteria for differentiating, selecting and processing non-centralized and centralized referrals | ❖ Partner with CAB in message and material development and in redressing consumers' most common concerns |

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## Coordinated Intake & Referral Priorities
## & Initial Actions

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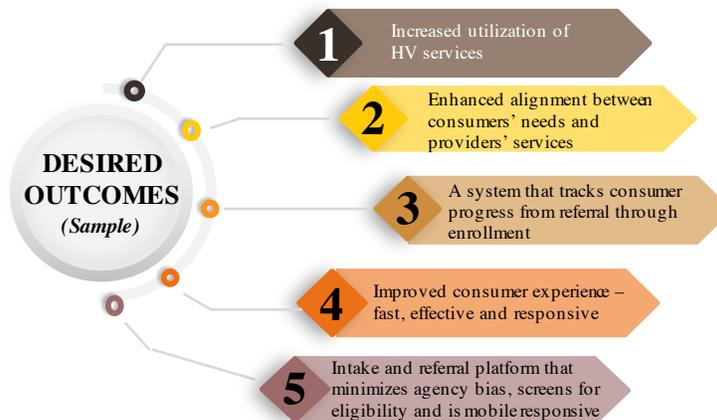
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| | |
|---|---|
| ❖ Develop a partner journey/process map for the entire system that explains functionality, and partner requirements from referral to outcomes reporting | ❖ Identify community-based and government initiatives whose work and target populations intersect with HVC |
| | ❖ Engage with initiative stakeholders to determine how best to link and align with their existing efforts |

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## Coordinated Intake & Referral

*GOAL: Establish a coordinated intake and referral platform that maximizes consumer choice and ensures families are served by the most appropriate home visiting program to meet their needs.*

**DESIRED OUTCOMES** *(Sample)*

**1** Increased utilization of HV services

**2** Enhanced alignment between consumers' needs and providers' services

**3** A system that tracks consumer progress from referral through enrollment

**4** Improved consumer experience – fast, effective and responsive

**5** Intake and referral platform that minimizes agency bias, screens for eligibility and is mobile responsive

## Efficacy Through Shared Training Priorities & Initial Actions

**GOAL: Develop highly skilled HV providers and empowered consumers who advance efficacy and advocacy in the field.**
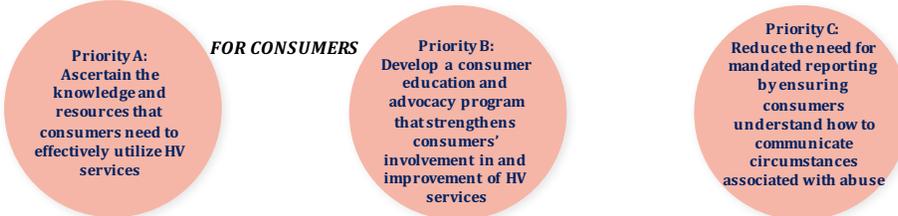
*FOR PROVIDERS*

**Priority A:** Establish a standard training and professional development program for HV providers serving within and beyond the Collaborative

**Priority B:** Consider the development of a HV certification or credential that sets competency standards for HV education, expertise and consumer engagement

*FOR CONSUMERS*

**Priority A:** Ascertain the knowledge and resources that consumers need to effectively utilize HV services

**Priority B:** Develop a consumer education and advocacy program that strengthens consumers' involvement in and improvement of HV services

**Priority C:** Reduce the need for mandated reporting by ensuring consumers understand how to communicate circumstances associated with abuse

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| | |
|---|---|
| ❖ Review training requirements and professional development programs of participating HV organizations. | ❖ Review college credit and credentialing prospects using IAFSP, HFA and other existing professional development options |
| ❖ Research evidence-based training and development models for HV providers | |

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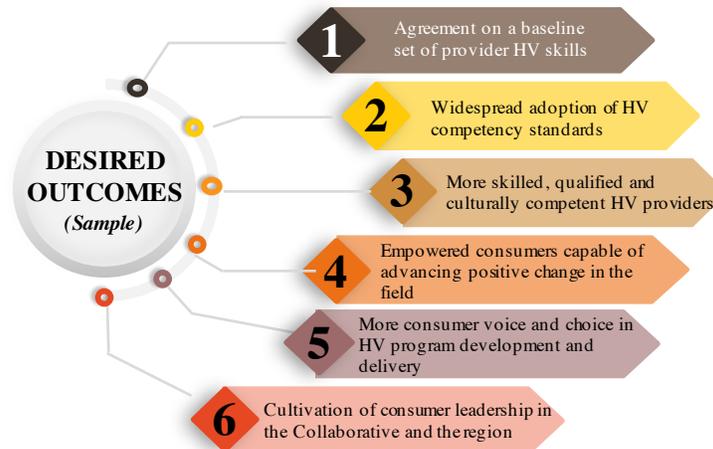# Efficacy Through Shared Training Priorities & Initial Actions

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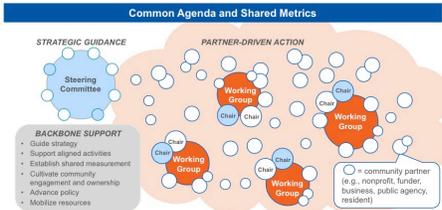| | | |
|---|---|---|
| ❖ Review consumer education, empowerment and advocacy efforts of participating HV organizations | ❖ Review statewide parent advisory council as a model for infrastructure and training needs | ❖ Invite child neglect and abuse representatives to join HVC so providers and consumers can understand how abuse and neglect are detected, prevented and addressed. |
| ❖ Research promising practices for consumer education, empowerment and advocacy | | ❖ Understand Signs of Safety concept and share information and possible implementation with HVC |
| ❖ Query consumers about their desires for empowerment and advocacy training. | | ❖ Research virtual engagement models, especially with a focus on observing possible abuse, neglect or unsafe environments |

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# Efficacy Through Shared Training

**GOAL:** *Develop highly skilled HV providers and empowered consumers who advance efficacy and advocacy in the field.*

**DESIRED OUTCOMES** *(Sample)*

1. Agreement on a baseline set of provider HV skills
2. Widespread adoption of HV competency standards
3. More skilled, qualified and culturally competent HV providers
4. Empowered consumers capable of advancing positive change in the field
5. More consumer voice and choice in HV program development and delivery
6. Cultivation of consumer leadership in the Collaborative and the region

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# HV COLLABORATIVE SUGGESTED STRUCTURE

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## Creating a Structure for Results & Efficacy



| Steering Committee<br>*(Leadership Team)* | Working Groups<br>*(Community Action or Strategy Teams)* |
|---|---|
| Responsibility:<br>❖ Guidance, vision and oversight<br>❖ Connections with WG<br>❖ Interacts with backbone on strategy, measurement and engagement<br><br>Leadership:<br>❖ Usually chaired by multiple people (6-8 hour time commitment)<br>❖ Collaborative leaders and facilitators, committed to the effort<br><br>Members:<br>❖ Cross-sector representation (based on community focus)<br>❖ Usually comprised of one WG chair<br>❖ Can commit time to meetings every 4 to 6 weeks | Responsibility:<br>❖ Leadership, strategy development and implementation<br><br>Leadership:<br>❖ Usually chaired by multiple people (6-8 hour time commitment)<br>❖ Collaborative leaders and facilitators, committed to the effort<br><br>Members<br>❖ 7 -10 initially, but may vary<br>❖ Cross-sector representation<br>❖ Authority to represent organization and make decisions<br>❖ Can commit time to monthly meetings<br><br>Note: Some WGs can have subcommittees; Ex: Data's subcommittee will be the RedCap Committee |

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## Creating a Structure for Results & Efficacy Discussion

- Given the core focus areas and functions of the HVC, what is missing and/or needs to be amended in the structure?
  - ➢Steering Committee
    - ❖ Leadership
    - ❖Responsibilities
    - ❖ Membership
  - ➢Working Groups
    - ❖Leadership
    - ❖Responsibilities
    - ❖ Membership
- How can the structure help HVC to center consumers?
- What success factors must be put in place to ensure successful execution?

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# COLLABORATIVE DECISION-MAKING

# Making Decisions within the Collaborative

| CHALLENGES | OPPORTUNITIES |
| --- | --- |
| ❖ People from different organizations with different decision-making rules<br>❖ Power imbalances<br>❖ Initial risk aversion & fear of failure with new group | ❖ Create a culture for the initiative which shares/re-distributes power/decision-making and is inclusive<br>❖ Devolve decision-making to those closest to the problem and solutions<br>❖ Better outcomes due to less bias and inequity |

# Making Decisions within the Collaborative

| Decision Making Topics | Who Should Make Decision? |
| --- | --- |
| Process: Approach to collaboration, meeting and group process | |
| Decision Making Rules | |
| Strategies/Actions | |
| Content: Focal Problem & Analysis | |
| People: Staffing, leadership, engagement | |
| Resources: Budget, Fund Allocation, Fund Raising | |
| Collective Impact Elements: Common Agenda, Shared Measurement, Coordinated Activities, Continuous Communications, Backbone | |

***Decision Making Options:*** *Spontaneous Agreement, Flipping a Coin, One-Person, Compromise, Multi-Voting, Majority Voting, Consensus Building, Unanimous Decision*

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# NEXT STEPS