

A Snapshot of Early Childhood Home Visiting System Change:

Perspectives of Home Visiting Advisory Group Members

Baseline System Survey Summary

CCOHVS

Center for Coordinating
Oregon Home Visiting Systems



March 2025



Executive Summary

The Center for Coordinating Oregon Home Visiting Systems (CCOHVS) launched in February 2024 at the Center for Improvement of Child and Family Services at Portland State University. The CCOHVS functions as a program-neutral backbone organization for a coordinated system of prenatal and early childhood home visiting services. Its work will move the state closer to the vision described in the Raise Up Oregon 2.0 (RUO) strategic plan for early childhood systems, namely to create “equitable, integrated, accessible, inclusive, anti-racist and family-centered” early learning services, with a focus on ensuring this universally-available system of home visiting meets the needs of pregnant people and families with infants and toddlers when needed.

The CCOHVS evaluation team invited members of the three Home Visiting System advisory groups to participate in a System Survey in July-August 2024, including members of the Home Visiting System Committee of the Early Learning Council (ELC); the Home Visiting Collaborative; and the CCOHVS Steering Team. Members include people who are involved in state, regional, and local home visiting programs and agencies, such as Oregon Health Authority, Oregon Department of Education, Department of Early Learning & Care, and Oregon Department of Human Services, among others. The purpose of the survey was to understand advisory group members’ perspective on key aspects of the current home visiting system, governance, communication, and collaborative partnerships. Across the combined advisory groups, 36 individuals (90%) were able to complete the survey.



Key Findings

Results from the survey are summarized below in three areas:

- 1) collaborative group functioning;
- 2) indicators of home visiting system change; and
- 3) home visiting system change priorities.

The data collected in 2024 serves as a baseline snapshot of the home visiting system, at an early stage of the existence of CCOHVS to further facilitate systems change work.

Collaborative Group Functioning

A key first year priority for CCOHVS was to bring partners together to build effective collaborative governance for the ECHV System. The findings show that this foundation is beginning to be built. Strengths of the combined home visiting system advisory groups include coming together around and defining a shared vision, as well as engaging people and organizations critical to the success of the collaborative groups. This is important to systems change efforts because it is foundational to collaborative work across agencies that can accomplish more than any individual agency can do on its own.

Opportunities for growth include identifying goals and strategies that explicitly disrupt systemic racism in the home visiting system, and engaging people with lived experience in the home visiting system to be involved in the advisory groups' decision making processes. Opportunities for growth also include improving processes for information-sharing and communications between the advisory groups to stay connected to and aligned with each other's work.

Indicators of Home Visiting System Change

The survey includes items that relate to areas of work that can serve as indicators of home visiting system change. These include things such as level of coordination and collaboration around workforce development and retention strategies, community awareness raising among families and referral partners, and removal of barriers to coordinated intake and referral, for example.

Advisory group members felt the current system was strongest in terms of referral partners having sufficient information about HV programs, program benefits, and how to help families access services.

Advisory group members also felt there could be improvement in processes around equitable access for families to their best match home visiting program across geographic, language, and cultural diversity.

Home Visiting System Change Priorities

Advisory groups have identified a wide range of possible and interconnected priorities for work. Although the creation of CCOHVS can enable collaborative work to move forward in new ways, it will be important for advisory groups and CCOHVS staff to identify core priorities, goals, and strategies that can realistically be undertaken in the coming year and to demonstrate the need and value for CCOHVS to facilitate systems change.

The decision-making process and participants can still benefit from additional clarification for all members, and continue to be more inclusive of families with lived experience in the home visiting system, as well as minoritized communities in the home visiting service array. Survey participants noted that the public and private investments in the creation of CCOHVS to facilitate system change is both an honor and responsibility for the CCOVHS team to thoughtfully carry in service of the health and well-being of Oregon's children, families, home visiting workforce, and communities. Advisory group members, on the whole, expressed enthusiasm for the creation of CCOHVS as a mechanism to facilitate meaningful and equitable changes to the home visiting system in Oregon.



INTRODUCTION

The Center for Coordinating Oregon Home Visiting Systems (CCOHVS) launched in February 2024 at the Center for Improvement of Child and Family Services at Portland State University. The CCOHVS functions as a program-neutral backbone organization for a coordinated system of prenatal and early childhood home visiting services. Its work will move the state closer to the vision described in the Raise Up Oregon 2.0 (RUO) strategic plan for early childhood systems, namely to create “equitable, integrated, accessible, inclusive, anti-racist and family-centered” early learning services, with a focus on ensuring there is a universally-available system of early childhood home visiting that meets the needs of pregnant people and families with infants and toddlers. CCOHVS also functions to more effectively create bridges between locally- and regionally-implemented strategies that can inform state priorities and guidance, while also removing state-level barriers to improve coordination among home visiting and family support program partners.

PURPOSE & METHODS

The CCOHVS evaluation team invited members of the three Home Visiting System advisory groups to participate in a System Survey in July-August 2024, including members of the Home Visiting System Committee of the Early Learning Council (ELC); the Home Visiting Collaborative; and the CCOHVS Steering Team. The purpose of the survey was to understand advisory group members’ perspective on key aspects of the current home visiting system, governance, communication, and collaborative partnerships.

The following summarizes results from

- 1) each advisory group in terms of measures of collaborative functioning; and
- 2) for the combined advisory groups, perspectives on the current functioning of the home visiting system in Oregon and top priorities for future work.

The survey was available in English and Spanish, and emailed directly to advisory group members. A Word document version in English and Spanish was also available for advisory group members who preferred to print out and complete a hard copy. In addition to sending a series of reminders to advisory group members, the CCOHVS evaluation team held two drop-in times over Zoom for any advisory group members who wanted to talk with the evaluation team about any questions, or to have a time on their calendars to complete the survey. Participants were given the option to receive or to opt-out of a \$40 Amazon e-gift card as a thank you for their time.

PARTICIPANTS

The number of people in the three advisory groups who were invited to participate in the survey and number of participants is described below. Across the combined advisory groups, 36 individuals (90%) were able to complete the survey. Refer to Appendix A to view additional descriptive characteristics of survey participants.

Table 1

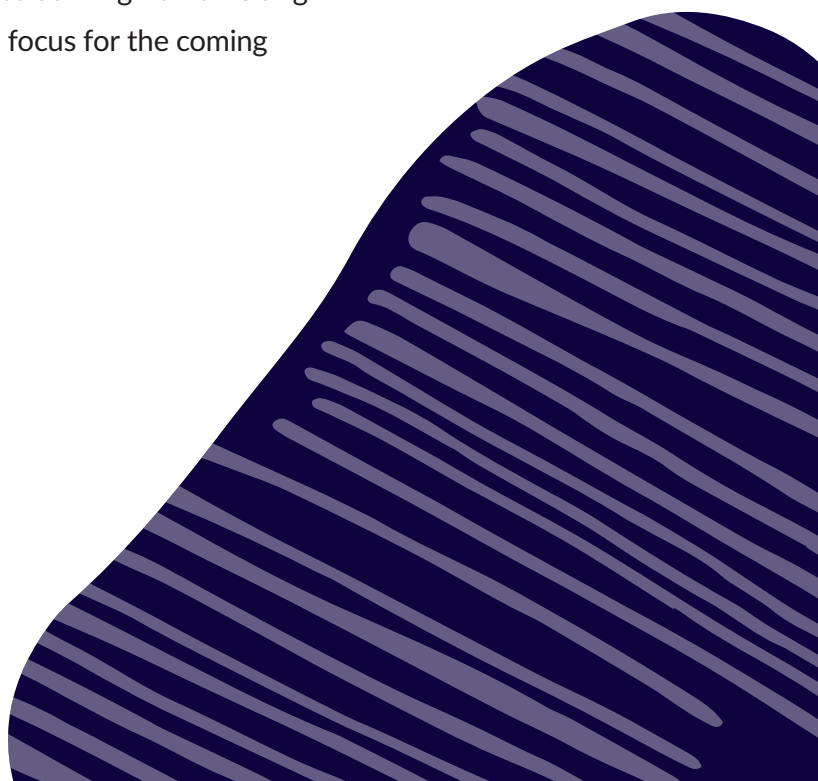
Advisory Group	Number of Survey Participants	Response Rate for the Advisory Group	Proportion of the Total This Number Represents
HV Collaborative	15	100%	42%
HVS Committee	11	85%	31%
CCOHVS Steering Team	10	83%	28%

SURVEY RESULTS

Collaborative Group Functioning

The first set of survey questions asked participants to rate the extent to which they agreed or disagreed with a number of items reflecting their collaborative group functioning. This information was shared back with each advisory group and the CCOHVS team, so that each group could review areas of strength and potential improvement for the coming year. This information will also be used to understand change over time in how these leaders feel they are working collaboratively to advance early childhood home visiting system goals. The tables below reflect the percent of respondents who Agree or Strongly Agree with each survey item, for each advisory group and for the combined groups.

As shown in Table 2, overall and for each advisory group, survey participants agreed most strongly that their collaborative group has a shared, common vision. This is foundational to each group being able to have a clear sense of purpose and overarching goal for their work. Groups also were rated as having relative strengths in members being able to work together effectively. Opportunities for growth and improvement for the coming year include growing members' knowledge of each other's programs, establishing a clear action plan, and explicitly committing to goals that disrupt systemic racism in the home visiting system. Although the Steering Team felt their decision-making involves people with lived experience utilizing home visiting programs, this was as an area that overall, additional focus for the coming year could benefit all advisory groups.



Reflecting on Collaborative Group Functioning: Results by Advisory Group and Overall

Table 2

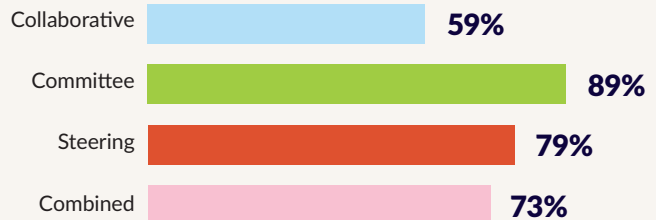
SURVEY DOMAIN

Survey Item: % Agree/Strongly Agree

Collaboration

Group members are effective at working together to improve the overall home visiting system.

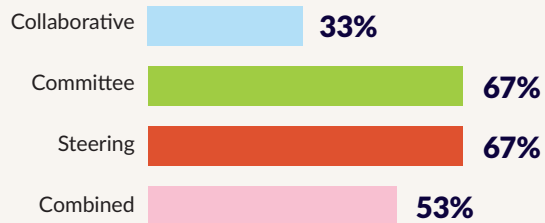
(n=30)



Knowledge

Group members have the knowledge about each other's programs that is needed to collaborate successfully.

(n=30)



Visioning

The group has a shared, common vision.

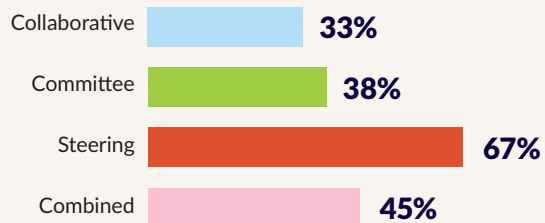
(n=30)



Action planning

The group has a clear action plan that guides the steps for improving the HV system.

(n=29)



Addressing systemic racism

The group has explicitly committed to goals or strategies that will identify and disrupt systemic racism in the HV system.

(n=30)

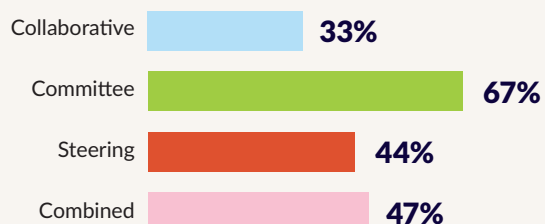


Table 2 (continued)

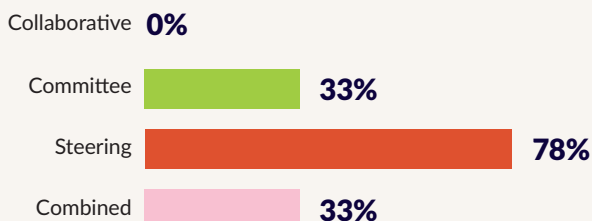
SURVEY DOMAIN

Survey Item: % Agree/Strongly Agree

Family-informed

People with lived experience utilizing HV programs are involved in the group’s decision-making process.

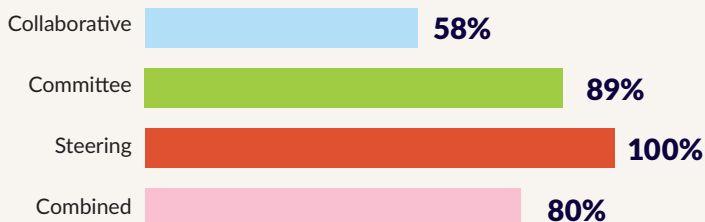
(n=30)



Engagement

Organizations that are critical to the success of the collaborative group are actively engaged.

(n=30)



As shown in Table 3 below, advisory group members largely agreed that they feel like valued members of their group and have established a high level of mutual respect and trust. There is room for growth in terms of information-sharing processes between groups, as well as to ensure that groups have access to the data they need to make decisions.

Table 3

SURVEY DOMAIN

Survey Item: % Agree/Strongly Agree

Valuing members

I feel like a valued member of the collaborative group.

(n=29)

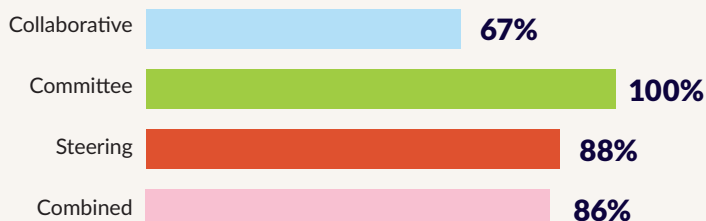


Table 3 (continued)

SURVEY DOMAIN

Survey Item: % Agree/Strongly Agree

Trust

There is a high level of mutual respect and trust among members of the collaborative group.

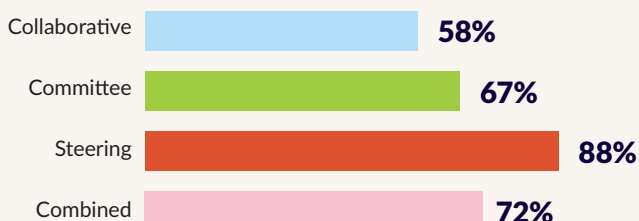
(n=29)



Within-group communication

There is effective communication between members of the collaborative group.

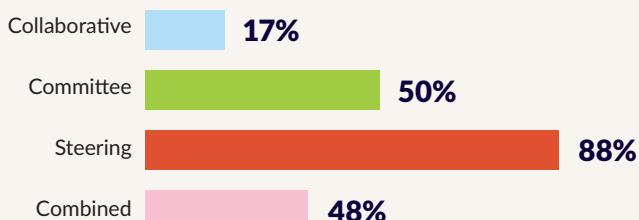
(n=29)



Between-group communication

There is effective information-sharing between HV system initiative governance/ advisory groups.

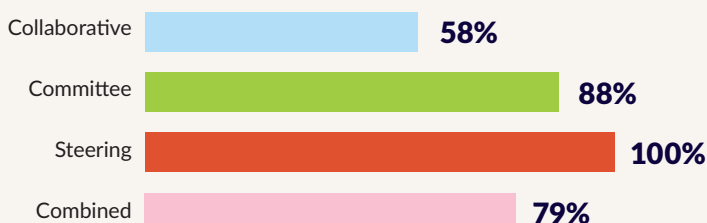
(n=29)



Continuous learning

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

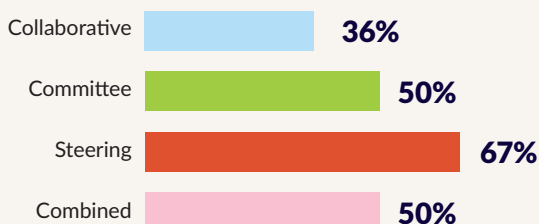
(n=29)



Data-informed decision making

The collaborative group has access to data that is needed to make decisions about priorities for home visiting systems change work.

(n=28)



Additional Partners to Involve in Advisory Groups

Survey participants commented on additional people or organizations they think should be involved and actively engaged in advisory groups. Across all three advisory groups, culturally specific programs and parents/caregivers were noted as important members to be engaged. HV Collaborative respondents also emphasized tribal members; HVS Committee members also noted maternal health care providers; and Steering Team respondents commented on direct service providers, mental health providers, and early learning programs. See Appendix B for additional details.

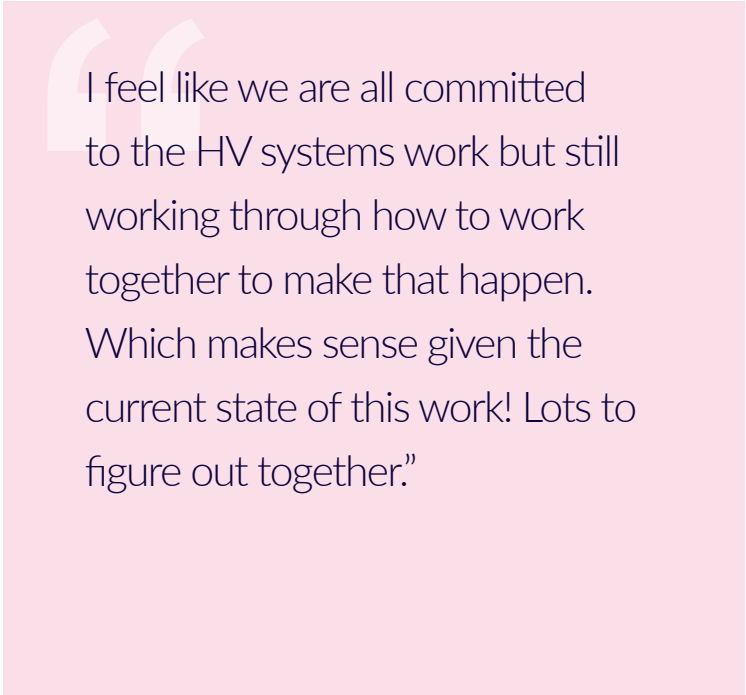
Additional Data to Gather for Advisory Groups

Survey participants added comments about the type and sources of data or topics they feel they need more information about to participate effectively. Across all three advisory groups, there is an interest in having access to more information about the types of home visiting programs being offered around the state, the number of children/families being served, and changes in enrollment or availability of services over time.

Additional comments focused on qualitative data about the experiences of programs serving families and how they can be supported by the advisory groups, the types of inclusive practices being utilized by programs, and the reach of services through specific languages and communities of color. See Appendix B for additional details.

Implications for CCOHVS and Advisory Groups

Strengths of the combined home visiting system advisory groups include coming together around and defining a shared vision, as well as engaging people and organizations critical to the success of the collaborative groups. The combined home visiting system advisory groups also include people and spaces where people feel like valued members. Opportunities for growth include identifying goals and strategies that explicitly disrupt systemic racism in the home visiting system, and engaging people with lived experience in the home visiting system to be involved in the advisory groups' decision making processes. Opportunities for growth also include improving processes for information-sharing and communications between the advisory groups to stay connected to and aligned with each other's work. These results provide some direction for CCOHVS to continue working with advisory groups on how to best facilitate information-sharing and communication among people involved in home visiting system change work, help advisory groups identify strategies that attend to reducing inequities in the home visiting system, and creating structures and processes for families to be involved in decision-making.



I feel like we are all committed to the HV systems work but still working through how to work together to make that happen. Which makes sense given the current state of this work! Lots to figure out together.”

Indicators of Home Visiting Systems Change

Advisory group members were asked to rate the extent to which they agreed or disagreed with a set of items that were designed to serve as indicators of home visiting system change across a range of domains. These domains include community awareness about home visiting, access to home visiting services, and degree of competition among home visiting programs for funding. As shown in Table 4 below, there is slightly more agreement that referral partners have information about home visiting availability, benefits, and how to access, compared to families having sufficient information in these areas. However, there is ample room for growth in all of these areas. Further, there is currently a sense that competition between home visiting programs is making it harder to collaborate and to increase funding and support for all home visiting programs.

Table 4

SURVEY DOMAIN

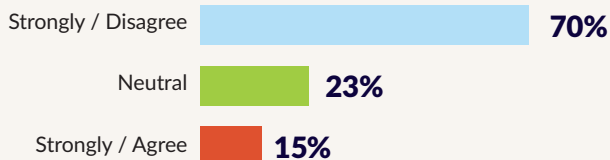
Survey Item

Professionals:

Information about HV availability

Referral partners in Oregon such as medical providers, child care providers, and self-sufficiency workers have access to sufficient information about the availability of HV programs and services.

(n=26)



Families:

Information about HV availability

Families in Oregon have access to sufficient information about the availability of HV programs and services.

(n=24)

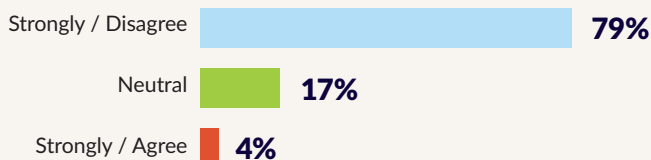


Table 4 (continued)

SURVEY DOMAIN

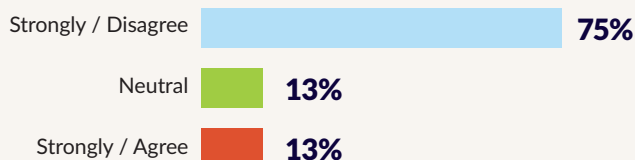
Survey Item

Professionals:

Information about HV benefits

Referral partners in Oregon such as medical providers, child care providers, and self-sufficiency workers have access to sufficient information about the benefits of HV programs and services.

(n=24)

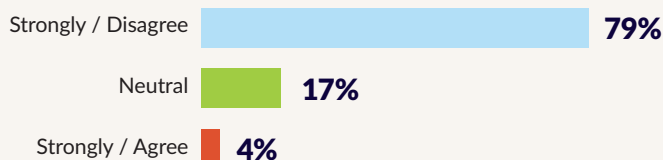


Families:

Information about HV benefits

Families in Oregon have access to sufficient information about the benefits of HV programs and services.

(n=24)

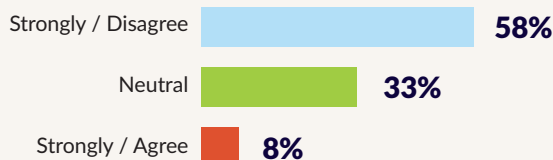


Professionals:

Information about HV access

Referral partners in Oregon such as medical providers, child care providers, and self-sufficiency workers have access to sufficient information about helping families access HV programs and services.

(n=24)



Families:

Information about HV access

Families in Oregon have access to sufficient information about how to access HV programs and services.

(n=24)

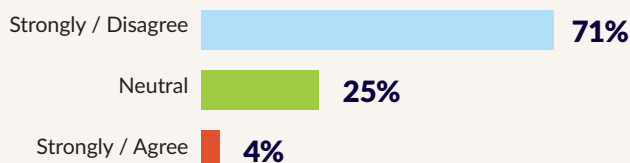


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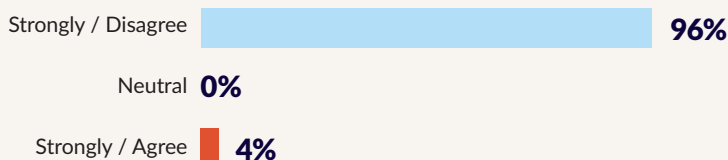
SURVEY DOMAIN

Survey Item

Equitable access

Families in Oregon can equitably access their best match HV program according to geographic, language, and cultural diversity.

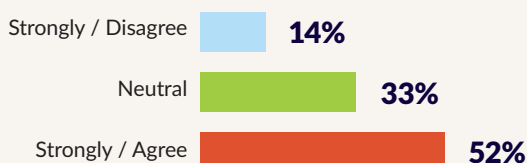
(n=24)



Competition

Competition for funding between HV programs makes it hard to collaborate.

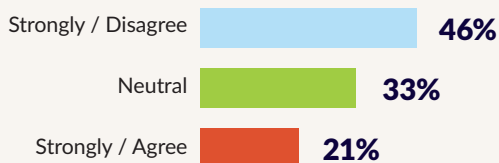
(n=21)



Funding collaboration

HV programs work together to increase funding and support for all HV programs.

(n=24)



**Advisory Group Members Notes
Additional Accomplishments**

Survey participants noted the funding for and creation of CCOHVS as important accomplishments from the past year, because it funds staff who can facilitate collaboration and coordination among partners to a greater extent. The creation of a shared work plan, identifying barriers to system change, and convening partners were described as important roles of the CCOHVS team.

“Identification of key barriers, planning for improvement, working on accomplishing low hanging fruit ideas while planning for the future.”

Implications for CCOHVS and Advisory Groups

While each of survey items focused on indicators of system change suggest room for growth as state-level coordination and collaboration continues, advisory group members feel that referral partners have slightly more information about home visiting availability, benefits, and how to access, compared to families' access to this information. CCOHVS and advisory group focus on raising awareness through a range of strategies could improve both referral partner and family access to information about early childhood home visiting and other family supports. Additionally, CCOHVS and advisory group focus on removing barriers to equitable access for families to their best match home visiting program across geographic, language, and cultural diversity would also tie in to ensuring goals reflect stated commitments to dismantle systemic racism in the home visiting system.

Home Visiting Systems Change Priorities

Advisory group members were asked to rate the extent to which they saw work happening in a variety of priority areas, as either not yet started, emerging, progressing, or excelling. These strands reflect large bodies of work that could employ multiple strategies to improve coordination at the state level, and in support of regional efforts. As shown in Table 5 below, advisory group members felt that work was emerging or progressing in the areas of coordinated intake and referral, and sharing of professional development resources. At the time of the survey, members did not see as much progress yet being made in terms of pay equity improvement and workforce recruitment and retention.

Table 5

SURVEY DOMAIN

Survey Item

Coordinated intake & referral

Cross-agency partners are working at the state level to remove barriers so that regions can improve their coordinated intake and referral process to HV programs.

(n=27)

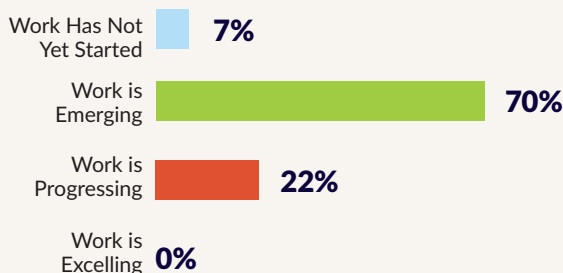


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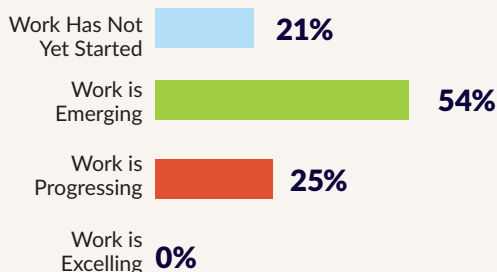
SURVEY DOMAIN

Survey Item

Engage families in leadership

The HV system has a cross-agency plan to engage families in leadership and decision-making at the state level.

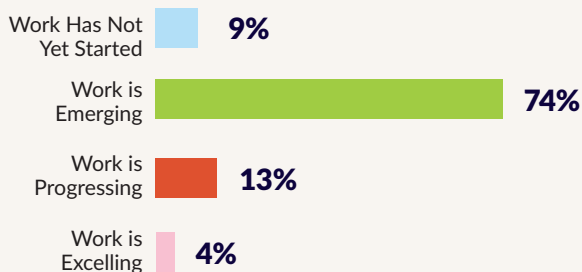
(n=24)



Shared professional development resources

The HV system effectively shares professional development and training resources at the state level.

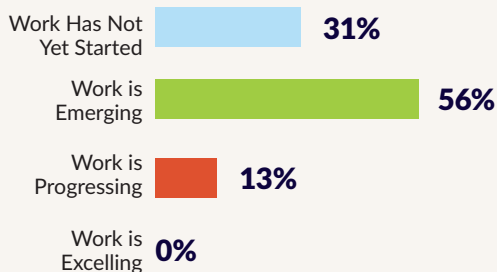
(n=23)



Pay equity improvement plan

The HV system has a cross-program pay equity improvement plan at the state level.

(n=16)



Workforce recruitment & retention

The HV system has a plan for improving recruitment and retention of the HV workforce at the state level.

(n=20)

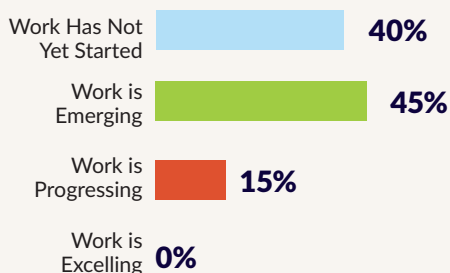


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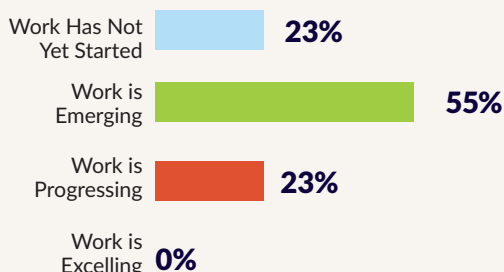
SURVEY DOMAIN

Survey Item

Community awareness raising

The HV system has a cross-agency plan for improving community awareness raising about HV at the state level.

(n=22)



Advisory group members were also asked to rank areas of work they are most interested in working on through their collaborative group during the next year. The top three priorities that emerged across advisory group members included focusing on (1) strengthening family leadership in decision-making to inform systems change, (2) working to increase sustainable and expanded funding for HV programs, and (3) helping regions develop coordinated intake and referral processes. These top three priorities have been incorporated into the CCOHVS and advisory group work plans for 2024-2025, informed by the results of this survey.

1. **Family leadership:** Building structures and supports for families to be involved in leadership and decision-making at the state level to inform HV systems change. (n=17 people ranked in Top 3)
2. **Funding:** Helping to increase sustainable and expanded funding for HV programs and systems, such as braiding/blending funding from a variety of sources and building advocacy efforts with policymakers. (n=15 people ranked in Top 3)
3. **Coordinated Referral:** Cultivating cross-agency support and resources that help regions develop coordinated intake and referral processes for families to access HV and other family support programs. (n=14 people ranked in Top 3)

4. Community Awareness: Expanding cross-agency support and plans that strengthen community awareness-raising efforts about the availability and benefits of HV. (n=10 people ranked in Top 3)
5. Workforce Development: Strengthening cross-agency support and plans that focus on HV workforce development, retention, and pay equity. (n=9 people ranked in Top 3)
6. Additional priorities identified by five people, included:
 - a. Relationship building (Ranked second by one person)
 - b. Develop one HV data input and reporting system (Ranked fourth by one person)
 - c. Cultivating a deeper understanding of the systems in community and how they work together for families and support community's family self-fulfillment efforts (Ranked fifth by one person)
 - d. Does each team/board fully represent the community it serves? Including racially, socioeconomic status, ability, age, faith (Ranked sixth by one person)
 - e. Removing systemic barriers (race, gender, ability) to access (Ranked sixth by one person)

“Action planning in phases where we see improvement this year on core goals while planning for long term activities and improvement.”

Hopes for HV System Work in the Year to Come

Across advisory group members who participated in the survey, the most frequently noted hope for the coming year, was related to raising awareness of home visiting services and programs among referral partners and with families. Related, survey participants commented on the need to improve access to services and prioritizing family choice in the process.

Advisory group members would like to see system change efforts both sustained and expanded during the coming year, with the ability to make progress on work plans and communicate changes with community partners and policymakers.

Survey participants would also like to see competition for funding among programs reduced, and instead to see improved investment in the home visiting system and coordinated funding streams. Further, members would like to see greater involvement of families and minoritized communities in home visiting systems leadership.

“Helping to establish HV as an asset in services and establishing this as a norm for service.”

Challenges to Be Addressed in the Year to Come

Advisory group members described a number of challenges that will need to continue to be addressed during the year in order to move system change forward. Funding and time to facilitate and accomplish work were common barriers noted. Ensuring that partners and families are engaged in order to develop shared work and decision-making will be important. Being able to sustain and support the home visiting workforce, and having access to data on home visiting will be important to expanding services around the state. Further, to better facilitate information sharing among advisory group members, including families involved in decision-making, CCOHVS could prioritize work around restructuring advisory groups.

“Figuring out how to ensure family voice and leadership as well as including culturally diverse membership.”

Implications for CCOHVS and Advisory Groups

Advisory groups have identified a wide range of possible and interconnected priorities for work. Although the creation of CCOHVS can enable collaborative work to move forward in new ways, it will be important for advisory groups and CCOHVS staff to identify core priorities, goals, and strategies that can realistically be undertaken in the coming year and to demonstrate the need and value for CCOHVS to facilitate systems change.

The decision-making processes of advisory groups can still benefit from additional clarification for all members, and continue to be more inclusive of families with lived experience in the home visiting system, as well as minoritized communities in the home visiting service array. Survey participants noted that the public and private investments in the creation of CCOHVS to facilitate system change is both an honor and responsibility for the CCOVHS team to thoughtfully carry in service of the health and well-being of Oregon's children, families, home visiting workforce, and communities. Advisory group members, on the whole, expressed enthusiasm for the creation of CCOHVS as a mechanism to facilitate meaningful and equitable changes to the home visiting system in Oregon.



Acknowledgements:

Thank you to every advisory group member for your participation in the survey and for sharing your time and insights.

Prepared by: Lambarth, C.H., Joseph, R., & Green, B.L. (2025). Home Visiting System Leader Baseline Survey Summary. Center for Coordinating Oregon Home Visiting Systems, Portland State University, Portland, OR.

For more information or questions about this report, please contact Callie Lambarth, lambarth@pdx.edu

Access this report online at the CCOHVS website:
<https://sites.google.com/pdx.edu/ohvscc/home>.

Appendix A: Participant Characteristics

A. What best describes your organization? (select all that apply).

Oregon Health Authority (OHA)	n=5
Department of Early Learning & Care (DELIC)	n=4
Department of Education (ODE)	n=4
Oregon Department of Human Services (ODHS)	n=4
Philanthropic organization	n=3
Community-based organization	n=2
Early learning Hub	n=2
Health care organization	n=2
Non-profit organization	n=2
Coordinated Care Organization (CCO)	n=1
Another, please describe: Early Learning Council	n=1
Another, please describe: Federally funded public health organization	n=1
Another, please describe: Oregon State Legislature	n=1
Another, please describe: Parenting	n=1
Institution of higher education	(0)
Tribal government or program	(0)

B. What best describes your role in your organization? (select all that apply).

Program manager or director	n=12
Program coordinator	n=7
Education Specialist	n=2
Medical provider	n=2
Organization director/agency lead	n=2
Parent/caregiver or home visiting service consumer	n=2
Policy advisor	n=2
Another, please describe: Chair	n=1
Another, please describe: Funder	n=1
Another, please describe: Legislative staff	n=1
Direct service provider or home visitor	(0)
Program supervisor	(0)

C. How do you identify your race / ethnicity / ancestry?

Indian	n=1
Black/African American	n=2
Latino, Latina, Hispano, Latino Indigena	n=3
White, White/Western European	n=14

Appendix B: Open-Ended Response Details

A. What additional people or organizations do you think should be actively engaged?

Communities of color & tribal programs

- Any groups from marginalized communities, i.e., NAACP, Mano a Mano, Oregon Marshallese Community
- Coalition of Communities of Color
- Community orgs/groups that are culturally specific
- DHS Bienestar de Niños
- OCDC
- Representatives of one or a couple culturally specific HV programs would be helpful
- Tribal and culturally specific organizations
- Tribal programs
- We need representation from culturally specific and tribal home visiting programs

People who have lived experience utilizing home visiting

- Parents
- Parents who have received/receiving services
- Family representatives
- Head Start (non-MIECHV funded) parent advisory committee members

Additional types of organizations or providers

- Maternal health care providers
- Direct service providers
- Lifeworks
- Oregon Head Start Association representative

B. What, if any, additional types and sources of data and/or topics do you need more information about?

Program enrollment and home visiting service data

- Access to statewide and program level data.
- Baseline numbers of home visits statewide and per region.
- Changes in services over time across Oregon
- How many families are/have been serviced/cared for in a local, county, statewide perspective – particularly families/children of Color?
- Knowledge of the various HV programs throughout the state (I know this in progress).
- OHA home visiting data from THEO – so much is put in and the people of Oregon get almost nothing out of it.
- System mapping

Additional types of data or topics

- Everyone is using inclusive practices.
- Head Start Community Needs Assessments
- More representation from indigenous languages.
- Qualitative feedback from agencies providing HV services on how this group can be of service to them.

C. Is there anything else you would like to add, describing your experience in your primary collaborative group?

Emergent process for how to work together

- Excited for more time in the group!
- I feel like we are all committed to the HV systems work but still working through how to work together to make that happen. Which makes sense given the current state of this work! Lots to figure out together.
- I like it because there is good intentionality and all the people who participate are taken into account.
- Inviting while promoting participation, open to all ideas and comments.

Additional resources or conditions to improve engagement

- How can I access the equity/racial lens for the work and the collaborative groups?
- I feel good, although sometimes cannot share because of language [barriers].
- I have learned a lot.
- The group meets so infrequently, I often feel like I'm missing something.

Additional comments related to data collection and resources

- Opening questions of this survey make the survey not anonymous. Our numbers are small.
- Significant resources are going into this group. I question if the outcome will be of adequate benefit to justify the costs.

Appendix B: Open-Ended Response Details

D. What has been the most important accomplishment of HV system work in Oregon over the past year?

Launch of CCOHVS

- Creating the center at PSU
- developing structure for coordination
- establishing the HV center at Portland State University
- Establishment of the Center!
- The CCOHVS work beginning is awesome!
- The launch of CCOHVS!!

Collaborative group planning and identifying shared work

- Acknowledging each other and learning about the shared work. Commitment to community.
- Be able to identify failures and problems that we had not identified as an agency not identified as an agency.
- Bringing partners together.
- Collaboration.
- Coming up with a collaborative work plan and agreement on priorities.
- Coordinating a lot of different partners around shared goals.
- Dedicated funding and established leadership team.
- Forming a group that has a focus on the alignment and improvement of services.
- Getting everyone together and building trust among the group.
- Getting people together and starting the conversations.
- Identification of key barriers, planning for improvement, working on accomplishing low hanging fruit ideas while planning for the future.
- I'm not aware of what's been accomplished, other than holding meetings. which is a start ;)
- Pulling us all together to focus on one vision and mission.
- Starting to get organized and have a functioning plan we can work from.
- State System Plan emphasizes the importance of Home Visiting.
- The work to make it more visible and more collaborative among planners, decision makers and community.

Additional comment

- Be the voice of families.

E. What is the most important thing you hope HV system work in Oregon can accomplish in the coming year?

Raise awareness of HV services and programs

- Awareness and education on the variety of HV services.
- Differentiate between programs and purposes. Which are entitlements (EI/ECSE) where are the funding gaps, and a shared plan to address them. Have adequate knowledge of program strengths and opportunities so we can truly support one another?
- Helping to establish HV as an asset in services and establishing this as a norm for service.
- Improve knowledge of benefits of HV and acceptance of this by families.
- Improve public knowledge of availability and benefits of home visiting.
- Increasing the worth of home visiting.
- Making HV resources and information more readily available to providers and families.
- Outreach and information sharing about programs.

Sustain and expand systems change efforts

- Action planning in phases where we see improvement this year on core goals while planning for long term activities and improvement.
- Collaboration and expansion.
- Continue supporting and changing systems.
- Continue to make progress on our work plan; continue to communicate our results with our local partners, legislators, and other community partners.
- Continued momentum.
- Establish and communicate shared priorities and planned actions.
- Greater work across systems and removing barriers to access services.

Improve access to services and family choice

- Collection of one-pagers to share program info so families and providers can make equitable referrals based on family choice.
- Establish baseline numbers of families accessing services and develop plan to increase the number by 10% each year.
- Increased coordination among HV partners for coordinated intake and/or referrals centering family choice.
- Put everything on a form that we can all access as a tool to help us.
- Referral pathways that are easy for families and professional partners to access.
- Removing all systemic barriers and paving the way for greater/increased access for communities of Color.

Appendix C: Survey Instrument

Center for Coordinating Oregon Home Visiting Systems System Initiative Leader Survey 2024

You are invited to participate in this survey because you are an important member of the collaborative work for Oregon’s home visiting system initiatives at the state level. The purpose of the survey is to gather information about key aspects of Oregon’s current home visiting systems, governance, communication, and collaborative partnerships. The compiled information will be provided back to the Oregon home visiting system initiative groups to help learn about areas of strength and those that would benefit from deepening work. This survey is confidential and voluntary, but we hope that you will participate. Your input is very important!

A. What is the primary home visiting advisory group you have participated in during the past year? (*Please select one*). (This will be important, because questions that appear later in this survey, will ask you to keep this primary group in mind.)

- Home Visiting **Collaborative**
- Home Visiting **Committee** of the Early Learning Council (ELC)
- Center for Coordinating Oregon Home Visiting Systems (CCOHVS) **Steering Team**

A.1. In approximately what year, did you begin participating in this group? _____

B. In addition, to this primary home visiting advisory group, have you participated in any others during the past year? (*Select all that apply*).

- Home Visiting Collaborative
 - B.1. In approximately what year, did you begin participating in this group?** _____
- Home Visiting Committee of the Early Learning Council
 - B.2. In approximately what year, did you begin participating in this group?** _____
- Oregon Home Visiting System Coordination Center Steering Team
 - B.3. In approximately what year, did you begin participating in this group?** _____

C. What best describes your organization? (*Select all that apply*).

- Community-based organization
- Coordinated Care Organization (CCO)
- Early learning Hub
- Health care organization
- Institution of higher education
- Department of Early Learning & Care (DELIC)
- Department of Education (ODE)
- Oregon Department of Human Services (ODHS)
- Oregon Health Authority (OHA)
- Non-profit organization
- Philanthropic organization
- Tribal government or program
- Another sector or type of organization, please describe: _____

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
9. There is a high level of mutual respect and trust among members of the collaborative group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. There is effective communication between members in the collaborative group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. There is effective information-sharing between home visiting system initiative governance/advisory groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The collaborative group takes time to periodically reflect on what we are learning, including the effectiveness of our collaborative structure and processes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. The collaborative group has access to data that is needed to make decisions about priorities for home visiting systems change work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F. What, if any, additional types and sources of data and/or topics do you need more information about?

G. Is there anything else you would like to add, describing your experience in your primary collaborative group?

To what extent are do you see efforts **currently** being made at the state level in each of the following areas of HV systems change:

	Work Has Not Yet Started	Work is Emerging	Work is Progressing	Work is Excelling	Don't Know
14. Cross-agency HV partners are working at the state level to remove barriers so that regions can improve their coordinated intake and referral processes to HV programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. The HV system has a cross-agency plan to engage families in leadership and decision-making at the state level.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. The HV system effectively shares professional development and training resources at the state level.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. The HV system has a cross-program pay equity improvement plan at the state level.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. The HV system has a plan for improving recruitment and retention of the HV workforce at the state level.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
24. Referral partners in Oregon such as medical providers, child care providers, self-sufficiency workers, in Oregon have access to sufficient information about <i>helping families access</i> HV programs and services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Families in Oregon have access to sufficient information about <i>how to access</i> HV programs and services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Families in Oregon can equitably access their best match HV program according to geographic, language, and cultural diversity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Competition for funding between HV programs makes it hard to collaborate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. HV programs work together to increase funding and support for all home visiting programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I. **What has been the most important accomplishment of HV system work in Oregon over the past year?**

J. **What is the most important thing you hope HV system work in Oregon can accomplish in the coming year?**

K. **What is the biggest barrier or challenge that will need to be addressed in order to move this work forward?**

L. **Is there anything else you would like to share related to HV systems change work?**

M. **How do you identify your race / ethnicity / ancestry? (Please describe):**_____

Please click on this link to enter your contact information in a separate survey collector, in order to receive your \$40 Amazon e-gift card as a thank you for participating.

Thank you for your help to understand the current home visiting system and collaborative work in Oregon!

Reduce competition for funding

- Funding strategy that effectively coordinated funding streams to expand/sustain services.
- Policy alignment of HV programs so that there is not the perception of competition or duplication.
- Relationship building across programs and agreement to shared goals + reducing sense of competition.

Engage families and minoritized communities in leadership to inform systems change

- Figuring out how to ensure family voice and leadership as well as including culturally diverse membership.
- Integrating family voice in policy planning.

F. What is the biggest barrier or challenge that will need to be addressed in order to move this work forward?

Adequate funding

- A mechanism to ensure that agencies tackle the goals/activities that we set forth in meaningful ways with funding to accomplish them.
- Funding (x2)
- Inequitable funding.
- Inequitable state level investments in the programs. We still need to clearly identify what problem/s we are working to solve, without unchecked assumptions.
- Our siloed funding streams; need for sustainable funding for HV systems work.

Engaging partners

- Ensuring that all agency partners are committed to the work (thinking OHA and DELC) and that a clear strategy is identified that will move forward all HV programs.
- Organizations that don't implement the work according to what is created.
- Unclear authority for decisions. Who are the decision makers? What decisions can they make?
- We will also want a strategy to address participant turnover. Relationships are built and then someone leaves or joins.

Engaging families

- Creating spaces so families can feel connected.
- Fear related to working with families at a structural level.
- So many people making decisions about home visiting without ANY experience receiving or delivering home visiting services.

Workforce

- Attracting, recruiting, and retaining partners, social workers, and other professionals of Color.
- Workforce.

Adequate time

- Continued excitement for work that will not yield very "attractive" results initially.
- Not enough time, too much siloing of the work in systems.

Availability of data

- Lack of data integration due to wide variety of data platforms.
- Lack of data supporting some programs.

Additional comments

- Addressing systemic racism and removing barriers – including revamping legislation.
- Creating the system for communication and referrals that is "part" of the helping community for delivery and receiving of HV services. Work at the provider and participant level.
- Individual program requirements for what needs to be accomplished through home visiting.
- Perceived competition among programs.

G. Is there anything else you would like to share related to HV systems change work?

Resourcing of systems change work

- Getting people together to address the need is a first big step and then continue to build on that collective work to achieve a HV system of care and resource.
- Is our system needing changed, or just better resourced? Are we being told to change and improve when the real problem is inadequate state level investments? I think we do incredible work, given the resources and leadership we've been allotted.
- That we can find the funds to be able to have staff who can truly believe in change and inspire our community.
- What guidance has the Governor's Office provided and what financial amount is promised?

Ensuring membership reflects diversity of communities and programs

- I am concerned with the lack of tribal and family representation.
- I appreciate the intentional inclusion of CBO-based programs.

Ensuring families experiences are reflected in decision-making

- Have we asked our current families receiving services about their past and present experiences with HV?
- Importance of relationship building with families and between HV programs.

Additional comments

- Happy to get moving.
- I would like the community to be able to come together in a better way for the good of the community.