

Oregon's Early Childhood Home Visiting System Landscape

Insights, Opportunities, and
Recommendations for Action



CCOHVS

Center for Coordinating
Oregon Home Visiting Systems

Acknowledgements

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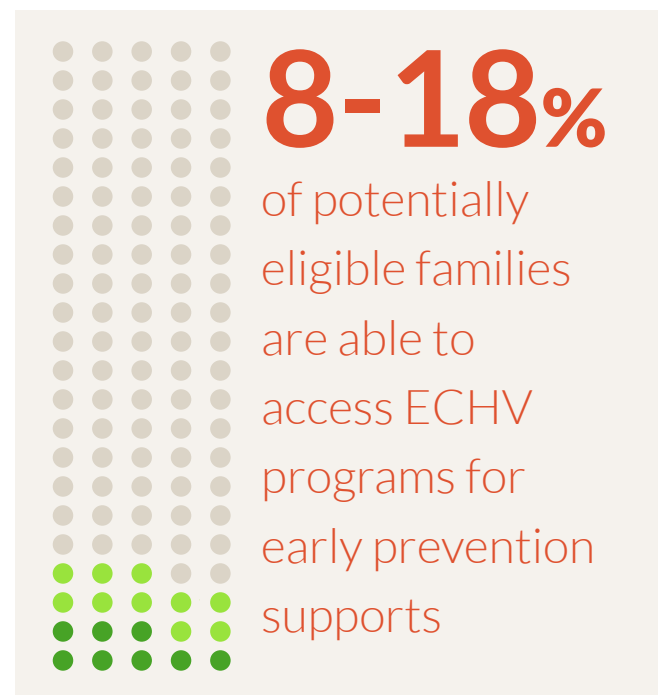
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EXECUTIVE SUMMARY

Background

Decades of research has found that prenatal and early childhood home visiting services (ECHV) are an effective way to improve maternal health and birth outcomes, support families with infants and toddlers, and prevent child welfare system involvement.¹ While Oregon currently offers an array of ECHV programs, many families that could benefit are not being served. Recent estimates suggest that only a fraction- between 8-18% – of potentially eligible families are able to access these critical early prevention supports.

While increased ECHV program funding is important, it is clear that **program funding alone is not enough** to ensure that families have equitable access to these important supports. Programs have specific eligibility requirements and can be challenging for families and referring partners to access. Families lack an understanding of the benefits of home visiting



and may be reluctant to accept services for fear of stigmatization. Early childhood home visiting staff are stressed, and turnover is high. Improving home visiting service delivery requires work to address these problems by strengthening the ECHV system. Without investing in systems, families will continue to face barriers to receiving these critical early prevention services.

1 U.S. Department of Health and Human Services, Administration for Children and Families, Home Visiting Evidence of Effectiveness, <https://homvee.acf.hhs.gov/models/family-connects>; downloaded 11/1/2024.

To address this issue, in 2023 Oregon's [Early Learning Council](#) approved 17 recommendations to improve ECHV systems. Shortly thereafter, cross-sector public and private investments funded the [Center for Coordinating Oregon Home Visiting Systems \(CCOHVS\)](#) at Portland State University to act as a program-neutral backbone for ECHV systems change. A key first year task for CCOHVS was to compile a statewide landscape describing the current state of Oregon's home visiting services and systems and identifying opportunities for learning from regional successes. This report represents the culmination of this work.

Purpose & Scope of this Report

The purpose of this report is to provide information to inform action steps that improve Oregon's ECHV system. Based on what was learned about barriers to improving systems and how regional partners are creating success, we provide **recommendations and next steps** for state and regional home visiting system leaders to consider as they work to strengthen supports for more effective and equitable ECHV systems.

The CCOHVS team interviewed 42 ECHV system leaders for this report, including Early Learning Hub Directors; FCO Community Alignment Specialists; Maternal, Infant, and Early Childhood Home Visiting (MIECHV) fund managers, and other program and system leaders across the state. In addition, we interviewed 22 ECHV program model leaders and conducted a survey of all current Home Visiting System (HVS) advisory group members to provide baseline data about Oregon's state-level ECHV system-building

work. This process provided rich information about regional work that is happening to improve ECHV systems; in the full report we describe these opportunities for advancing regional systems change. Below we summarize what we learned, and provide a set of actionable recommendations for state home visiting system leaders.

Key Takeaways from Regional ECHV Systems Work

System Element 1: Governance & Leadership for ECHV Systems Building

There is wide variability in the ways that ECHV systems leaders are working locally to improve ECHV systems. Some Early Learning Hubs ("Hubs"), which play a leadership role for broader early childhood system-building, have also taken on leadership for ECHV systems coordination. Other Hubs have not yet focused on this segment of the system, citing lack of clear state expectations and funding to take on this work. In some places, local public health agencies are leading cross-sector ECHV system-building, often in collaboration with Hubs. Other public health agencies take a more limited role, focusing on delivering and coordinating nurse home visiting programs and/or systems, and again, describing the need for sufficient resources as well as clear guidelines for additional work around system-building. Regions that have taken more steps to build collaborative ECHV systems have often done so by strategically using funds provided through Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Family Connects Oregon (FCO), philanthropy (the Ford Family Foundation), and/or other local sources. These funds are not currently available to all regions.

System Element 2: Coordinated Intake, Referral, and Enrollment in ECHV Programs

Across the state, programs, agencies, and ECHV system partners have begun to implement a variety of approaches to create more accessible and coordinated intake and referral for ECHV programs. In many communities, accessing services remains mostly program-specific, relying on programs to find and enroll families, or for families and referring partners to know about home visiting, seek out information, and find and access referral forms. Some communities have taken steps towards service coordination. The most frequent approach is holding cross-program referral and intake staff meetings that are used to coordinate and share referrals informally. In a few communities, a larger agency provides resources to facilitate more coordinated access to several home visiting programs, including programs not delivered by that organization. This might include having a multi-program referral form on their website, and/or having dedicated outreach staff who understand the range of programs and help connect families with the “best fit” for their needs.

Some of the most promising opportunities and improvements in coordinating ECHV systems referrals are through **centralized** referral systems that allow families or providers to access ECHV through a single point of contact (phone number, website, etc.). These systems, combined with well-trained, program-neutral outreach and engagement staff, represent a promising pathway for improving ECHV program access. In addition, for families giving birth, the state's universally-offered nurse home visiting program,

Family Connects Oregon (FCO), has the capacity to expand reach to more families and to serve as a conduit to more intensive, ongoing ECHV programs. FCO is currently being implemented or in active planning in 15 counties, with plans for phased-in statewide roll-out.

With a few notable exceptions, it is also important to note that existing regional coordinated intake and referral systems largely do not include Tribal and/or culturally-specific and other locally-developed ECHV programs in their networks. Including these programs is critical to being able to connect all families with programs that can best support their cultural and linguistic needs.

System Element 3: Family Leadership for ECHV Programs and Systems

The importance of family leadership has been prioritized by state and local systems leaders. Like other elements of the ECHV system, however, there is inconsistency in the extent to which families with ECHV program experiences are engaged in program and/or system oversight. At the **state ECHV systems** level, there is an emerging ECHV “Family Input Workgroup” that is being supported by the CCOHVS team. This group was created to support family input into the state's revised plan for the Families First Prevention Services Act, which has the potential to fund more primary prevention programs such as ECHV. The group will also be providing family input about proposed state-level family leadership for ECHV systems, working with ECHV system advisory groups to shape and prioritize the initial recommendations made in this report.

At the **regional system level**, the required Hub Parent Advisory Councils (PACs) represent an opportunity to engage families with ECHV experience in leadership for the ECHV system. Currently these PACs are largely not focused on ECHV with a few notable exceptions. FCO offers another opportunity to engage family leaders at the local systems level. FCO requires local Community Advisory Boards (CABs) to address program and systems issues, and encourages, but does not require family participation.

Family input and leadership for **ECHV programs** is also happening to varying degrees at both the state (e.g., Babies First and CaCoon; Early Intervention/Early Childhood Special Education (EI/ECSE), and local (e.g., Head Start/Early Head Start/Oregon Prenatal-to-Kindergarten (OPK) Policy Councils; some FCO CABs). With their long history of prioritizing and investing in family leadership, Head Start/Early Head Start/OPK Policy Councils provide an important model and existing structure that could be intentionally connected to emerging state and regional family leadership for ECHV. Currently, the Home Visiting Model Collaborative, a group of ECHV state program model leaders, is developing strategies and recommendations for building more robust program-specific family leadership.



I don't think you can defeat some of the drivers that create that attitude of competition or the scarcity mindset without having honest relationships with people and being willing to name fears, things that give anxiety, concerns, as well as value sets that drive your decision making. I don't think you can really move the work forward without having that as a grounding to it."

ECHV System Partner

Next Steps

Moving forward towards ECHV system transformation that ensures equitable access to universally-available early childhood home visiting services, and which prioritizes family leadership, voice, and choice in programs, will require state and regional leaders to take action. Towards this end, we propose recommendations for actionable next steps that align with the original high-level Home Visiting Systems Recommendations, build on regional successes and which can provide a framework for action.

Strengthen Regional ECHV Systems Governance including Family Leadership

HVS Recommendations K & L

A clear message from regional partners is that getting beyond the long history of siloed program funding and implementation takes time and effort to build relationships and shift mindsets about how to work together. State leadership plays a key role in supporting this cultural shift by providing guidelines, tools and other supports. Specifically, local partners asked for the following:

1. **Develop clear but flexible guidance** for regional Hub Directors, local public health agencies, EI/ECSE and Oregon Department of Human Services (ODHS) district leadership that sets expectations for involvement in ECHV systems work and which defines roles and key partners. This guidance should offer flexibility in how local governance for ECHV systems is implemented, but provide a timeframe and clear language that:
 - a. Directs these organizational leaders to engage in shared ECHV systems building, defines clear roles for leadership and governance across these agencies, and requires that issues specific to ECHV programs and services are consistently addressed by regional Hub governance.
 - b. Names key partners that should be involved in governing partnerships, including but not limited to public health agencies, Tribal early learning partners, and existing culturally-specific organizations.
 - c. Sets the expectation that families with lived experience in ECHV programs are included and meaningfully engaged in regional or county-level decision-making for ECHV systems work.
 - d. Asks Hubs to include plans for ECHV systems change in their required Strategic and/or Workplan documents.

2. **Provide templates, examples and tools** that can support these relationships such as examples of existing MoUs or partnership agreements, and examples of logic models/theories of action for ECHV systems improvement.
3. **Provide resources** to support additional staff time and other costs related to building successful collaboration specifically for ECHV systems and programs.

Build on Existing Successes in ECHV Family Leadership & Allow Regional Flexibility

HVS Recommendations K & L

At the state level, a clear next step for ensuring family leadership is to work with the CCOHVS-supported Family Input Working Group to finalize and implement a plan for sustainable state-level family leadership. This will require state HVS leaders to revise the current ECHV system advisory structure to reflect a clear and meaningful role in decision-making for family leaders. In doing this, state ECHV systems leaders will need to be clear about the roles of family leaders in decision-making, and consider how to meaningfully shift power to families.

At the regional level, partners shared both their enthusiasm for building more intentional ECHV family leadership, as well as their hope that the state would provide:

1. **Clear expectations** that families with ECHV experience will be engaged in system and program leadership;
2. **Clear definitions and examples** of what family leadership for ECHV can look like and recognition of the different roles for program-specific family leadership (e.g., Head Start Policy Councils) and for family leadership focused on ECHV systems improvement and oversight.

3. **Opportunities to learn from other regions** that are creating ECHV family leadership and to design family leadership structures that build on, rather than create new and potentially duplicative, family leadership structures.
4. **Resources, technical assistance and support** specifically for building family leadership at the regional level for ECHV systems. Importantly, partners described the importance of investments in training and professional development for **both staff and families** to gain skills and learn strategies for building meaningful partnerships and knowledge about ECHV programs and systems.
2. **Require Hub regions to have a collaboratively-developed plan for improving ECHV service coordination** that includes naming an identified ECHV referral coordination lead in each county and/or Hub region and establishing partnership agreements between existing ECHV programs.
3. **Support each Early Learning Hub to have a working list of ECHV programs** being delivered in each county that is inclusive of culturally-specific, Tribal, and locally developed and or funded models. This work should build on and expand the current state-level Oregon ECHV Program Overview document (see Appendix B) and identify funds needed to transition this information to an interactive, web-based system that could act as a centralized resource for local level ECHV program information.

Support More Centralized and Coordinated Systems for Accessing ECHV

HVS Recommendation J

An effective ECHV referral system allows those who have little understanding of the complexities of program eligibility requirements to easily refer families to a partner or system that can facilitate ECHV services that are the “best match” for families’ needs and preferences. Further, such a system must be inclusive of the full range of ECHV programs available in a given community. This work takes resources, commitment, and a willingness to shift current practices. To move towards this vision, regional leaders identified a number of important steps for state ECHV leaders.

1. **Develop guidance and expectations for ECHV programs**, especially those with state-level oversight, to collaborate with each other at the local level and to establish a clear plan for moving towards more coordinated intake and referral for their programs. Provide technical support and resources to these collaborative efforts.

Support Education & Messaging to Build Awareness

HVS Recommendation P

One of the most important roles for state leadership identified by regional partners is to support more work to create awareness of the importance of ECHV services - work that can shift community norms so that these supports are considered part of regular pre- and postnatal care for families. To do this, regional partners saw an important role for state partners including the following:

1. **Establish a state-level ECHV Community Awareness Workgroup** charged with developing a statewide comprehensive, model-inclusive, marketing and communication plan to promote and raise awareness about home visiting services, purposes and impact.
2. **Provide cross-agency and cross-sector financing** to move an ECHV educational campaign forward across the state.

3. **Compile a centralized resource of educational and other materials** that includes existing materials and information to support state and local ECHV communications plans (e.g., examples from other states, Oregon communities, etc.). Use these materials to develop shared messaging and communications related to ECHV programs in multiple formats and languages.

5. **Identify resources to fully fund ECHV system-building capacity** in regions that have demonstrated progress in creating change.

6. **Support, resource, and engage in cross-program collective advocacy** for increasing investments in ECHV services and systems.

Address Financing and Resource Needs to Support ECHV Systems Change

HVS Recommendations B, C, & D

Throughout the recommendations made above is the critical need for more resources for ECHV systems and programs. Regional partners were clear that this work cannot be an unfunded mandate. Key next steps include:

1. **Conduct an ECHV funding stream and cost analysis** to understand current funding streams and potential resources for home visiting and to identify the true cost of implementing ECHV programs with adequate quality and infrastructure support.
2. **Develop and implement a four-year strategic plan to increase funding for ECHV systems work at the state and regional level**, with the goal of having expanded resources for dedicated staff time for ECHV coordination, funding to support improvements or development of centralized coordinated intake and referral systems, and for engaging family leadership in ECHV programs and systems.
3. **Identify funds to ensure that all regions have access to a base level of funding for ECHV systems improvement**, including but not limited to MIECHV systems funds, FCO community alignment funds, and other funds. Counties without MIECHV or FCO funding should be prioritized for additional dollars specifically for staff to support ECHV systems improvement.
4. **Consider clarifying expectations** for those regions that have access to these resources for how they can best be used to support ECHV systems improvement.

Conclusion

Oregon has taken meaningful steps in recent years to prioritize and make progress towards creating a universally-available, equitable, and accessible system of ECHV services.

Foundational relationships between state agency partners have begun to be developed, and there is an emerging shared governance structure for advancing ECHV systems change. This document provides a wealth of information about how regions are creating more effective, inclusive, and collaborative systems for ECHV, while also clearly identifying what additional supports are needed. For Oregon to continue to move towards its vision for early childhood home visiting, there is a critical need for more state-level guidance and investments in ECHV systems and services. By using this document to share learning and move forward on actionable recommendations, state leaders can begin to reshape the current early childhood home visiting system into one that truly centers the knowledge, experiences, and needs of families and communities.