

# Supporting the Growth of Home Visiting in Washington State



Rural Home Visiting Project  
Final Report | March 2014





# Acknowledgements

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# Supporting the Growth of Home Visiting in Washington State

## Report on the Rural Home Visiting Project

### Executive Summary

#### PROJECT PURPOSE

The Rural Home Visiting Project (“the Project”) was a pioneering collaborative effort to expand evidence-based home visiting services in Washington State’s rural and frontier communities. The Project, launched in December 2012, supported key elements of Washington’s *Early Learning Plan* and *Home Visiting Plan*. It ended in January 2014, when three rural communities received implementation funding.

Because rural communities often have smaller populations, lower population densities, fewer services and longer distances to travel for services (causing challenges in implementing high-quality, evidence-based home visiting services with fidelity), the Project’s goal was to work with communities to find innovative ways to break through these challenges and expand services. The Project’s processes focused on working with community partners to identify “fixed” parameters (e.g., funding, eligible communities and models) and “open” issues (e.g., value of integrated community-driven and agency-specific planning, and higher costs per child in rural areas with greater distances and less infrastructure).

#### SPONSORS

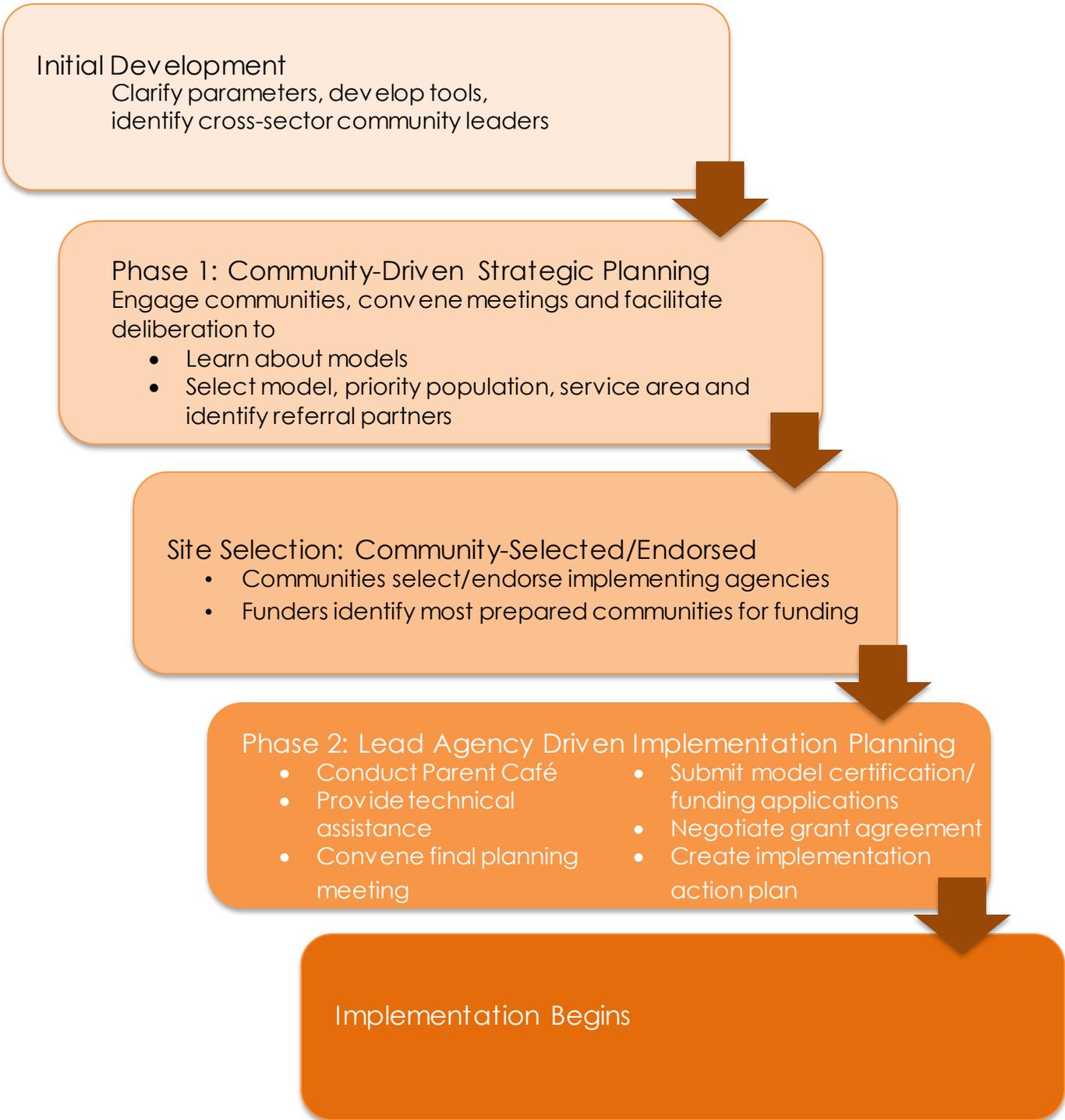
The Project was sponsored by Washington’s Home Visiting Services Account (HVSA), a public-private fund established by the Legislature in 2010 to efficiently and innovatively support more vulnerable families while advancing the field of home visiting. Thrive by Five Washington (Thrive) administers the account; the Department of Early Learning (DEL) oversees it. Thrive’s HVSA Implementation Hub led the Project with guidance from DEL.

#### The HVSA Implementation Hub

Thrive by Five Washington’s home visiting Implementation Hub helps communities and agencies implement their chosen model with the fidelity and quality that achieve the best results for children and families. The Implementation Hub’s team of home visiting leaders, community development specialists and experts in specific home visiting models (also called model leads), works in partnership with HVSA grantees and communities to strengthen capacity, improve practice and focus on accountability. They do this through collaboration, training, technical assistance, and individualized and targeted coaching. The Hub also supports development of strong infrastructure for the home visiting system.

#### APPROACH

This community planning process honored community wisdom and expertise in assessing interest, fit and capacity to successfully implement a home visiting model. By doing so, the Project ensured local endorsement of highly capable implementing agencies and the creation of strong community partnerships. The Project was co-led by the Rural Home Visiting Project team and community work groups comprised of local leaders from early learning, health, family support, and K-12 education. Local partners provided leadership and insight about community needs and capacity, as well as connections to families and to other services and initiatives in their regions.



## LESSONS LEARNED

The Project produced key lessons learned that are already helping shape and inform Washington’s home visiting system. This section includes discussions of experiences on the ground and considerations for the future.

### Invest in Tools and Community Engagement

Significant initiatives, such as home visiting, require navigation of complex goals and considerations among local, state and/or federal partners. Providing time and investing in tools and community engagement paves the way for a better “fit” and more effective services.

1. ARTICULATE PARAMETERS AND COMMON GOALS
2. BUILD CROSS-SECTOR TRUST AND UNDERSTANDING
3. MAXIMIZE COMMUNITY ABILITY TO DECIDE WHETHER THE OPPORTUNITY IS A GOOD FIT

Communities want information about the opportunity and the home visiting models early so they can decide whether the opportunity “fits” their community priorities and interests.

4. RECOGNIZE MODEL FEASIBILITY ISSUES SPECIFIC TO RURAL CONTEXTS

Rural communities have special considerations such as access to organizational infrastructure, availability of qualified staff and greater distances to travel, which affect model choice and program cost.

### Partner with Communities and Agencies to Prepare for Successful Implementation

Communities have a strong sense of which agencies have the ability to implement intensive home visiting services. Partnering with communities and using a mutual selection process leads to a more “ready” and invested implementing agency.

5. MUTUALLY ASSESS COMMUNITY INTEREST, FIT AND CAPACITY

A partnership approach to engaging local leaders, coupled with clear model information, communication and planning tools and facilitation, are keys to gaining community trust, fostering thoughtful deliberation and achieving good results.

6. SUPPORT COMMUNITIES IN THE ALIGNMENT AND COORDINATION OF THEIR HOME VISITING SERVICES

Gaining community consensus on key decisions, such as model selection and service area, leads to better decision-making and builds community buy-in. Community participation in model and service area selection enables the alignment of new programs with existing services (eligibility requirements, priority consumer populations and service areas) which leads to a more coordinated home visiting system.

#### Selected Considerations for the Future

- a. Use the Home Visiting Continuum of Preparedness and Strength, or a similar tool, to help all partners “get on the same page” and see what success at each stage of implementation should look like.
- b. Set parameters for acceptable start-up and subsequent year caseload assumptions.
- c. Allow adequate time for community deliberation and decision-making.

#### Selected Considerations for the Future

When using a community-driven process:

- a. Involve leaders and agencies from multiple sectors in community planning whenever possible to engage the widest possible set of potential implementing agencies.
- b. Frame the project as an equal partnership between funders and communities. Demonstrate openness to refining processes along the way to meet local needs.

## 7. ESTABLISH A COMMUNITY PROCESS TO ENDORSE IMPLEMENTING AGENCIES

The community process allows implementing agencies to demonstrate their agency's commitment and community support. Additionally, commitments made during the locally driven selection process make implementing agencies accountable to peer agencies and ensure a more coordinated local system of services.

## 8. SELECT COMMUNITIES FOR FUNDING

Using a tool — based on the a conceptual framework like the Home Visiting *Continuum of Preparedness and Strength* — and information from the community implementing agency selection process provides a strong basis for identifying the most prepared communities and lays important groundwork for collaboration as implementation begins.

## Provide Supports that Enable Communities to Successfully Implement High-Quality Home Visiting Programs

Connecting with potential consumers regarding planning for implementation ensures a strong program design, more relevant outreach and more effective implementation of services. Partnering with communities to explore open issues affords important learning and allows easier adoption of evidence-based programs.

## 9. ENGAGE CONSUMERS IN PROGRAM PLANNING

Potential consumers have the best insights into their needs and preferences in accessing services. Learning from families ensures relevant outreach and messaging.

## 10. SIMPLIFY FORMS AND PROCESSES

There are many requirements and competing factors involved in implementing home visiting models with fidelity and complying with contract expectations. Where possible, streamline processes and forms so implementing agencies have an easier time navigating the developing home visiting system.

### Selected Considerations for the Future

- a) Build in time and a process to identify and test issues for exploration when initiating innovations.
- b) Be transparent with community partners about parameters and areas being explored.
- c) Monitor and request updates on the action plans as a basis for discussion and

## 11. CO-CREATE AND MONITOR ACTION PLANS TO REACH FULL CASELOAD

Co-creating an action plan, with key steps to reach full caseload, helps implementing agencies understand what needs to be done when, how and by whom to reach key implementation and program goals.

## 12. INNOVATE AND IMPROVE QUALITY BY INTENTIONAL EXPLORATION

Advancing the field of home visiting requires innovation and improvement strategies. Exploring open issues with communities can yield important insights and innovations.

## Early Results and Next Steps

Early results suggest that the Project's deliberate process with communities has helped:

- Expand services in rural and frontier areas that may not have responded to a typical request for proposals. In Adams County, the Columbia Basin Health Association has already reached full caseload and is poised to expand services through newly secured funds.

- Distribute funding to strong, capable implementing agencies that are beginning with engaged recruitment and referral partners and Community Advisory Teams.
- Identify consumer-informed program planning, including recruitment strategies that implementing agencies would not otherwise have considered.
- Help implementing agencies adopt action plans to reach a full caseload as quickly as possible including a clear understanding of, and schedule for, completing initial implementation steps.

The HVSA Hub is taking the following next steps:

- Monitoring of agency action plans and progress
- Incorporating the Project lessons learned into the HVSA site selection process
- Identifying strategies to tailor HVSA technical assistance to each stage of implementation
- Working to enhance sustainability
- Continuing to work with model leads to streamline application processes, forms and communications for the Home Visiting Services Account
- Engaging local leaders early and often

The Rural Home Visiting Project has been an important early step in demonstrating the value of creating methods to strengthen the preparedness and strength of implementing agencies. The Project's innovations in community planning and site selection provided a useful road map for supporting the success of rural communities.

## I. Introduction

This report on the Rural Home Visiting Project is intended to inform the development of Washington’s home visiting system and to be a resource for similar initiatives. The report describes the Project approach, lessons learned and early results, as well as provides samples of Project tools.

Five counties (Adams, Grays Harbor, Okanogan, Pacific and Pend Oreille) were named eligible in the federal Maternal Infant and Early Childhood Home Visiting (MIECHV) grant that provided funding for the Project. These regions were among the rural counties named in our state’s *Home Visiting Needs Assessment* as having high needs and little or no evidence-based home visiting (EBHV) programs. Through this rural capacity-building effort, and as directed by the funding opportunity, communities could select one of two EBHV models: Nurse-Family Partnership (NFP) or Parents as Teachers (PAT).

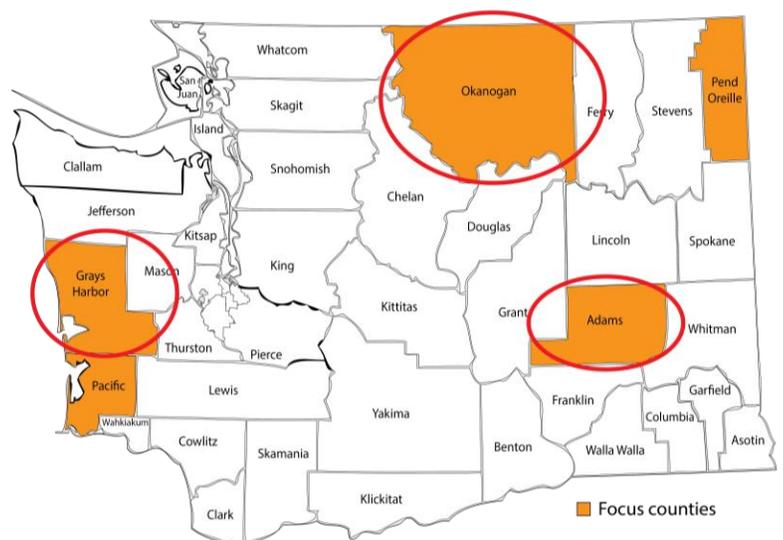
Funding was sufficient to provide up to \$200,000 per year for as many as three counties, and funds were to be provided following an intensive planning and capacity building process. Adams, Grays Harbor and Okanogan Counties were the three communities prioritized for funding (circled on the map below).

Washington’s Home Visiting Service Account (HVSA), established in 2010 by the state Legislature, sponsored the Project. The HVSA uses a strategy of braiding federal, state and private investment to efficiently and innovatively support more families — especially those in vulnerable situations — while building a system of home visiting.

Thrive by Five Washington (Thrive) administers the account; the Department of Early Learning (DEL) oversees it. Thrive’s HVSA Implementation Hub led the Project with guidance from DEL.

The “Hub” supports communities and agencies as they implement their chosen models with the fidelity and quality needed to ensure the best outcomes for families and communities. The Hub’s team of home visiting leaders, community development specialists and experts in specific home visiting models (also called state model leads), works in partnership with HVSA-funded programs and communities to strengthen capacity, improve practice, and focus on accountability through training, technical assistance, and individualized and targeted coaching. The Hub also supports development of a strong infrastructure for the home visiting system.

**Eligible Rural Counties, with Selected Counties Circled**



The Rural Home Visiting Project (RHVP) was led by Liv Woodstrom, Thrive’s Rural Home Visiting Specialist, and Bea Kelleigh and Garrison Kurtz of Dovetailing Consulting. The Hub’s state model leads helped

communities understand what it would take to implement the two eligible models (PAT and NFP) with quality and fidelity. State model leads and national office staff members were instrumental in helping communities to develop strong model accreditation and implementation plans.

## II. Project Approach

The Project approach is grounded in three core beliefs:

1. Investing in building relationships, facilitation, tools and capacity-building efforts can attract communities and capable agencies to this work.
2. Starting with a process that honors community wisdom, in which communities choose their implementing agency, will result in selection of highly capable implementing agencies and community partners who are committed to the work.
3. Focused planning support will prepare agencies and communities to make an exceptionally strong start in implementing their EBHV program, and help them to create strong referral systems and accelerate attainment of a full caseload.

“Front-loading decisions at each of the steps paid off and helped us reach full caseloads in two-and-one-half months. It was a seamless process, from determining community needs and selecting a model, to submitting accreditation and grant applications, to reaching full caseload.”

— Columbia Basin Health Association

### A. INITIAL DEVELOPMENT AND COMMUNITY ENGAGEMENT

The initial Project steps included clarifying project parameters, developing the needed tools and the two-phase planning process, and engaging leaders in each community.

#### 1. Clarifying Project Parameters

This important Project required alignment of state and local aspirations, program planning, community engagement, and model and contract requirements. The Project needed to:

- Ensure agreement among the federal funding requirements, HVSA expectations, model developers, and embed key principles of implementation science
- Provide communities and implementing agencies with information to make informed decisions about whether to proceed
- Serve as the basis for sponsors/funders to make effective decisions about the communities to be invited to submit an application/capacity assessment

To meet these goals, the Project team created two tools:

- **The Rural Home Visiting Theory of Action** (See Appendix A.1: Theory of Action) helped Project sponsors explore and clarify guiding principles and parameters for the Project.
- **The Home Visiting Continuum of Preparedness and Strength** (See Appendix A.2: [Home Visiting Continuum of Preparedness and Strength](#)) articulates elements of community and implementing agency fit, as well as capacities needed for model accreditation, application to funders, and successful implementation. It also articulates what subsequent steps toward the strongest implementation might look like to support and target organizational and program growth.

Sources used to develop the continuum include:

- Nurse-Family Partnership | NFP Implementation Plan Guide and NFP Implementation Plan

- Parents As Teachers | PAT: Readiness Reflection Tool, PAT Affiliate Plan 2013, Essential Requirements for Affiliates (updated September 2012) and Quality Assurance Guidelines for Parents as Teachers affiliates (March 2013)
- Implementation Science | Implementation Science: National Implementation Science Network (NIRN) Implementation Drivers
- Community Readiness and Capacity | The Tri-Ethnic Center for Prevention Research Community Readiness Model, and the Zero-to-Three Home Visiting Community Planning Tool
- Organizational Readiness and Capacity | The Social Venture Partners Organizational Capacity Assessment Tool
- Contract Requirements | Thrive By Five Washington Home Visiting Logic Model and Capacity Assessment

NIRN, NFP and PAT model leads provided input and comments on the continuum, which was vetted by the Implementation Hub and approved by the national offices for the PAT and NFP models.

## 2. Initial Engagement of Leaders in Each Community

The Project team began by identifying the types of community expertise, influence and representation required to achieve the desired outcomes described in the Project Theory of Action. The intention was to identify local leaders who would serve on local Project work groups and co-convene each community's planning with the state Project team. At the outset, the Project team had some initial contacts in each county and relevant professional sectors but did not yet have all the relationships with the needed representatives in the five eligible counties (i.e., early learning, health, family support and K-12 education). To identify people with these types of expertise in each eligible community, the Project team conducted informational interviews with the pertinent state-level leaders and the coordinators of each region's Early Learning Regional Coalition<sup>1</sup> to create the list of potential participants. Through these interviews, local leaders with relationships with potential implementing agencies, referral partners and consumer groups were identified and invited to join their local community work groups.

The investment of time in identifying and cultivating community leaders contributed greatly to the Project's success. This early engagement bridged gaps in relationships across the early learning and health sectors in each county; paved the way for remarkably impressive cross-sector local work groups; and resulted in the selection of capable implementing agencies.

### B. TWO-PHASE PLANNING PROCESS

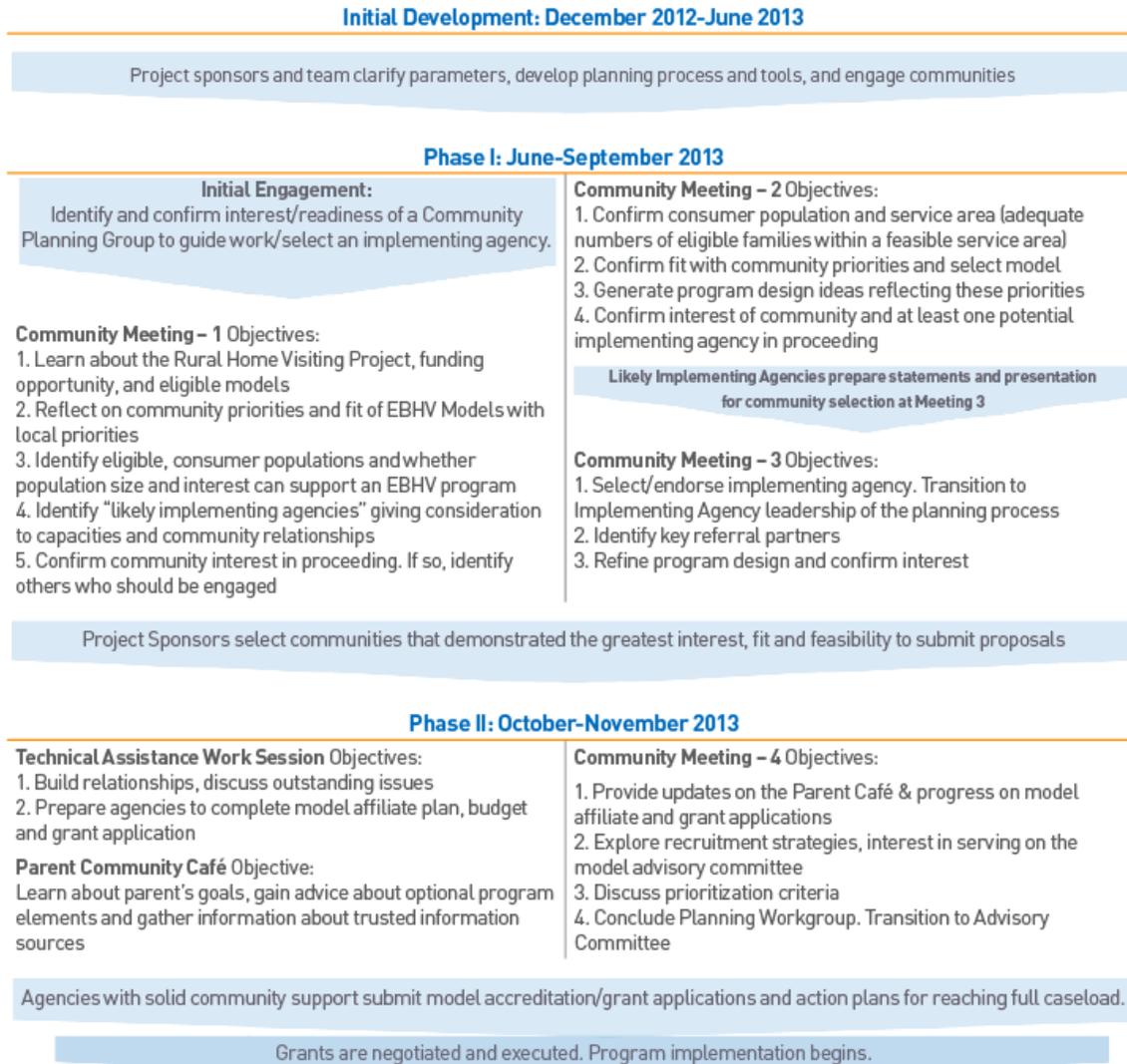
A two-phase community planning process was created following the initial pre-work and engagement. In developing the two-phased approach, Project sponsors recognized the power of community linkages and parent voice, and the importance of strong implementing agencies in successfully implementing EBHV with fidelity. The two-phased planning process front-loaded deliberation of key issues to help communities and the HVSA make decisions about proceeding in the planning process, then moved to agency-specific implementation planning. The planning process, Project team observations, and tools used in each phase

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<sup>1</sup> A network of 10 early learning regional coalitions serves as Washington's local early learning infrastructure. Through the coalitions, local organizations work together, tap into each other's wisdom, have the capacity to understand the changing demographics and needs of children and families, and set strategy to take action collectively so that ALL children have a greater opportunity to be successful in school and in life, particularly those furthest from opportunity.

are detailed in this section. The Rural Home Visiting Project approach and process are shown in the following graphic.

## Rural Home Visiting Process



### 1. Phase I Detail: Community-Driven Planning

Phase I included three meetings with the community work groups in each participating county (March through mid-September 2013). The work groups included local leaders identified through initial interviews but were open to all who wanted to attend. (Planning tools referred to in this section are listed in Section D. Samples of each can be found in the report Appendices.)

Key points of the Phase I community-driven deliberation and decisions included:

- Learning about each model and determining which model best met each community’s needs
- Assessing the match of community priorities and home visiting
- Selecting a consumer population and service area

- Recommending adaptations to the EBHV model to fit community needs, if applicable
- Identifying referral partners
- Selecting an implementing agency

Communities were initially skeptical of investing time and energy in a major new initiative that had a limited two-year funding period. From the community perspective, lack of long-term funding has resulted in a cycle of programs being continuously initiated and terminated. Key leaders were interested in exploring the possibilities but did not want to take on the envisioned convener role until they knew more. This led to the first major refinement in the planning process and resulted in the Project team taking on a larger initial role in planning and staffing the work groups.

Authentic partnering and demonstrating the willingness to refine plans to meet community needs were critical to building trust between the Project team and each community. Framing and implementing the Project as a true partnership opened space to allow communities to explore whether their priorities were a match with this funding opportunity. Transparent and open communications about possibilities and limitations of the process and funding was important. Strong facilitation and creation of trusting professional relationships between the Project team and a core group of participants in each county was critical. Dedicated capacity for detailed follow-up and thoughtful consideration of language and processes used for each meeting was also needed.

Ultimately, three meetings and several follow-up phone calls and emails were needed with each community work group to gain trust, build confidence and reach decisions.

“This process was so interactive. I really appreciated the opportunity to meet and discuss local priorities and needs, gather data, and generate relevant conversation regarding if and how we wanted to start an additional program. It helped us fit things into the larger picture.”

— Okanogan County Child Development Association

#### a. Phase I Roles

The community work groups vetted meeting plans provided by the Project team. They also deliberated and made the decisions noted above with facilitation provided by the Project team. The work groups were composed of knowledgeable, thoughtful, civic-minded leaders in each community. The strength of their abilities and joint work is demonstrated by the Project results.

“Having an outside facilitator helped to keep us on task and mitigate local turf issues by holding the focus on community needs.”

— Columbia Basin Health Association

The Rural Home Visiting Project team tailored meeting plans for each community, forwarded meeting materials to participants and facilitated meetings using planning tools and process elements. Following each meeting, the Project team summarized meeting deliberation and outcomes. The team also played a bridging role among key players in the process, building relationships among local leaders from different sectors, following up on technical issues (such as compilation of regional child and family outcome data), probing funding restrictions and obtaining technical resources. When work groups had questions, the Project team delivered answers from funders, state agencies and other communities with experience implementing the evidence-based home visiting models.

The HVSA Hub team (including Hub state model leads) provided guidance, technical support (such as adjusting contract timelines and processes to respond to community needs) and oversight along the way. Since the HVSA Hub team was using this exploration to answer broad and specific questions, the Hub team

regularly reviewed what the Project team was learning and integrated elements into the overall funding and technical assistance processes of the HVSA.

The Hub’s state model leads worked with the Project team during initial planning to frame the process flow so that community deliberation, model accreditation and contract approval could be aligned. They provided direction regarding seminal documents (e.g., Quality Assurance Guidelines and Implementation Plans) and oriented communities to model requirements. As communities began deliberation of model specifics, the model leads answered technical questions regarding fidelity and implementation and offered options of how to request exceptions and address issues rural communities find challenging. The Hub model leads had direct links to the national offices, which ensured that information was vetted and supported.

The HVSA Partnership Group reviewed and confirmed funding recommendations and forwarded them to the Executive Team for final approval. The Partnership Group and Executive Team are part of the governance structure of the HVSA.

### b. Phase I Community Decisions: Determination of Interest, Fit and Program Design

**Interest and Fit with Community Priorities.** As noted in the process graphic (see page 9), communities began by considering the match of their community priorities with this opportunity and the two potential EBHV models available through this funding. Four of the eligible communities decided to proceed.

**Community Priorities.** During the first work group, communities identified their priorities for children and families. Priorities named included: addressing high teen pregnancy rates; improving birth to three services; increasing the value of education as a path to economic success; and increasing family support to families with children who have special needs and delays. Each community determined that home visiting could help them advance their priorities.

“Before we started, we didn't know enough about the HV models. I met stakeholders that I hadn't worked with before; often there isn't cross partnership and time to really learn about ... initiatives.”

— Grays Harbor Public Health

**Model Selection.** Next, the Project team facilitated conversations to learn about the intended goals, dosage, design and requirements of NFP and PAT and to identify questions about each model. State model leads responded to each community work group’s questions by phone. Then the group discussed considerations that related to the fit of each model with their community’s priorities and needs, and noted how each model could help address their priorities.

Each community work group had significant considerations for each model based on previous knowledge, their own research and model feedback provided in meetings. Examples of these model considerations included:

#### Nurse-Family Partnership

- Strong documented results for the highest risk families
- Model requirement to enroll first-time mothers prior to 28 weeks in pregnancy
- Geographic dispersion of the small set of families that meet NFP eligibility requirements, which in rural areas can be challenging to create cost-efficiencies

- The process for seeking/obtaining “variances” from the national model takes considerable time and the approval is uncertain
- Challenges in recruiting four-year nurses; available two-year nurses do not meet the model’s required minimum education level

It was determined that issues unique to rural communities might require model adaptations and/or variances as well as additional time to facilitate planning to respond to these potential barriers.

### Parents as Teachers

- Flexibility to serve a broader set of families and enroll/re-enroll migrant families that might move in and out of the area
- Ability to serve second-time moms
- Ability to reach more families, as the cost is lower
- Accessibility of model for diverse populations
- Ability to readily customize and connect to other efforts

Ultimately, the three funded communities chose the PAT model as a better fit for their regions because of the flexibility, cost per child and the ability to serve a broader group of consumers.

**Consumer Population and Reachable Service Area.** As a next step in thinking about how well this opportunity fit with community priorities, each work group considered the populations they would most want to, and be able to, serve. To do this, they reflected upon: County-Level Data Profiles (produced by the Project team using data from the Washington Home Visiting Needs Assessment, U.S. Census data and local school districts) and additional data offered by local communities; the MIECHV eligibility requirements; their knowledge of the community; and the list of possible populations to serve identified at the previous meeting.

“Allowing time to think and talk with local stakeholders helps to create better plans. Especially in rural places, you have one or two people that write the proposals, and there often isn't the time for proposal writers to conduct a process like this.”

— Grays Harbor Public

The Project team provided detailed county maps and asked each community work group to discuss and determine: “Which of the potential consumer populations identified in the first meeting would the region most likely serve?” and “In what area are there enough of these families that could be reachable by the home visiting program?” Community decisions concerning their consumer populations and service are noted in the table below.

County	Consumer Population	Service Area
Adams	Pregnant and parenting teens, and the Mixteco community	Entire county, with emphasis on the Othello area
Grays Harbor	Pregnant and new parents of children birth to three with multiple risk factors	Entire county
Okanogan	Low-income families with children through age 2 who have family incomes less than 185% of the federal poverty level and multiple MIECHV risk factors	Okanogan County following the Okanogan River Valley from Brewster to Oroville with “bulges” for population centers and including Disautel
Pend Oreille	Medicaid-eligible first-time pregnant mothers	Entire county

**Program Adaptations.** The community work groups considered the program elements and adaptations that would be needed to serve their identified consumer populations. Work groups reviewed model information and the continuum (see Appendix A.2) and considered available community resources and needs. Through this process communities identified a number of recommended service adaptations such as periodic visits from specialists (e.g., post-partum depression and lactation); screening for depression and mental health; case management; and referrals to English Language Learners (ELL) and other services.

### c. Selection and Endorsement of Community Implementing Agencies

Each community work group selected and endorsed its implementing agency. A selection/endorsement process developed by the Project team, with Hub consultation, was presented for communities to discuss, refine and then use to select and endorse an implementing agency that:

- Demonstrated the greatest level of “fit” with the selected home visiting model
- Best met the program requirements and would be most able to sustain the program

As used here, “fit” refers to the match between the capacities of the agency and the capacities needed to successfully implement the selected EBHV program and reach the consumer population. Fit included the strength of relationships with consumer populations and community agencies needed to attract clients and ensure referral to and from other needed services.

Besides helping to select or endorse an implementing agency, the selection/endorsement process provided a simple way for the agency to demonstrate interest in this opportunity and document community support for the implementing agency. To ease the application burden, funders accepted the agency statements and community endorsement instead of the typical letters of interest and support.

Interested agencies were asked to prepare a brief written statement (up to 2,000 words) confirming their interest, mission alignment and willingness/capacity to explore this opportunity. Statements described how the agencies embodied and expressed the characteristics, experience and capacities (drawn from the continuum) needed. They also detailed how the agency planned to engage the selected consumer population in the planning of services, including one or more focus groups of parents among the selected consumer population.

“The process was sequenced so well, each topic we discussed led us to where we needed to go in terms of being clear about our service delivery and meeting the requirements of the model and the funder. It allowed for intentional conversations and really focused planning for the services we needed to provide.”

— Okanogan County Child Development Association

The selection and endorsement process appeared to be perceived as transparent and fair by each community. Communities noted that the process demonstrated the sponsors’ trust in community decisions. It fostered early thinking about capacities needed to succeed in implementing an evidence-based program and advanced community relationships in ways likely to strengthen future implementation. In addition, the endorsement process:

- Led implementing agencies to make “commitments” to community partners about their intention to implement the program
- Affirmed community support for the implementing agency
- Laid a foundation of interagency cooperation, coordination and connectedness among participating community leaders

#### d. Identification of Three Communities for Funding

Since funding was available for a maximum of three communities, three of the four that participated were identified as most prepared and invited to submit funding applications/proposals. To support decisions about which communities to invite to submit a funding proposal, the Project team used the agency written statements (prepared as part of the implementing agency selection and endorsement process), and Project team observations regarding community preparedness (based on continuum elements) to draft recommendations regarding the most prepared communities.

Prioritization factors relating to community readiness, fit, and the capacity elements drawn from the continuum included the following:

- Belief in EBHV as good way to get locally prioritized results
- Ability to recruit families in consumer population
- Engagement and participation of volunteers in exploration, planning, implementation and sustainability tasks
- History and practice of multi-agency partnerships and initiatives
- History and knowledge of evidence-based model implementation
- Presence of a sufficient consumer population to implement program within the service area
- Existence of communication mechanisms and strategies
- Identification of external political and advocacy champions

The three communities selected for funding ranked the highest in these criteria (see Appendix C.2: Template Used to Identify Communities Recommended for Funding). These communities continued with the second phase of the Project immediately upon invitation. They had engaged community work groups, demonstrated good knowledge of their selected model and had the greatest ability to recruit eligible families.

The three communities and implementing agencies (each of which chose PAT) identified for funding were:

- Adams County: Columbia Basis Health Association, a federally qualified health center
- Grays Harbor County: Grays Harbor County Public Health and Social Services Department, a local public health agency
- Okanogan County: Okanogan County Child Development Association, a nonprofit providing Head Start, Early Head Start and State Preschool (ECEAP) services

e. Phase I Tools

The tools used in Phase I and their uses and location in the report *Appendices* are shown in the table below.

PHASE I TOOLS AND USES	APPENDIX
<p><b>Continuum of Preparedness and Strength</b></p> <p>The <a href="#">continuum</a> (key contract and model implementation elements with scales from initial exploration through full implementation) was provided at the first meeting and referred to throughout the process. It helped communities make informed decisions about what it would take to implement a high-quality program, and served as the basis for the implementing agency endorsement process and for identification of the three most prepared communities for funding.</p>	Appendix A.2
<p><b>Project and Process Overview</b></p> <p>An introduction to the Project provided when initial contact was made with community leaders to invite their participation.</p>	Appendix B.1
<p><b>Model Comparison</b></p> <p>A comparison of key requirements and benefits of the Nurse-Family Partnership and Parents and Teachers models, provided in summary form in initial webinars, and in full at the first meeting to inform selection of the model that fit best with community priorities.</p>	Appendix B.2
PHASE I TOOLS AND USES	APPENDIX
<p><b>Sample County Data Profile</b></p> <p>County-level risk data, drawn from Washington’s Home Visiting Needs Assessment, the U.S. Census and the American Community Survey, provided at the first meeting to inform selection of consumer population. Communities were invited to add additional local data.</p>	Appendix B.3
<p><b>Phase I Meeting Plans</b></p> <p>Meeting objectives and processes for each of the three Phase I meetings were vetted with community work groups. Meeting summaries of community deliberation and decisions were prepared and distributed to the community.</p>	Appendix B.4
<p><b>Implementing Agency Selection and Endorsement Process</b></p> <p>An objective process for each community to select and endorse its implementing agency based on the continuum was introduced and confirmed in the second meeting. Agencies interested in being considered prepared written statements and made presentations at the third meeting, during which each community voted to endorse its implementing agency. The agency statements were accepted in lieu of the typical letter of interest in the funding process.</p>	Appendix C.1
<p><b>Template Used to Identify Three Communities for Funding</b></p> <p>A template with prioritization factors relating to community readiness, fit, and the capacity elements drawn from the continuum.</p>	Appendix C.2

2. Phase II Detail: Agency-Specific Planning

After determining the community priorities for implementation, then selecting and endorsing a lead implementing agency, the focus was on what each implementing agency needed to support strong implementation. Phase II included a parent café, technical assistance, the final community meeting, and completion of model accreditation and funding applications. These key next steps and meetings were conducted from October through November 2013.

## a. Phase II Roles

**Phase II community work groups.** Early in the process, the Project team communicated the plan for work groups to transition from their leadership role to an advisory role after selecting their implementing agencies (in the third community meeting). Each implementing agency was asked to choose whether and how to engage work group members in the new “community advisory team” required for PAT programs.

**Implementing agencies.** They conducted the parent cafés, convened a final community work group meeting, requested technical assistance, and developed their Early Implementation Action Plan to reach full caseload. They also used the fourth, and last, community work group meeting to plan recruitment and referral agreements, determine how to prioritize clients, and invite community partners to serve on their Community Advisory Teams.

**The Implementation Hub, including state model leads.** They provided substantial technical assistance, worked with each agency to prepare its model affiliation application, reviewed proposed budgets, and scheduled trainings and negotiated contracts with the implementing agencies.

**The Rural Home Visiting team.** It moved to a supporting role in Phase II. The Project team drafted plans and materials for the parent cafés and the fourth community work group meetings and vetted them with the implementing agencies. They provided and arranged technical assistance with the PAT model lead, created the action plan template (with guidance from the model lead) and provided support for development of the application and action plans.

**The HVSA Partnership Group.** It gave final approval and confirmed funding.

## b. Consumer Voice in Program Design

Initially, Project planners envisioned that parents would be engaged right from the beginning. However, the community work groups were reluctant to engage families before knowing that the planning effort would proceed and funding would be available. They were concerned about setting false expectations and harming their community relationships. As a result, the Project team restructured the planning process to engage parents after funding decisions were made at the beginning of Phase II.

“The parent cafés provided our framework for recruitment. They helped us introduce the project to the community and familiarized us with family needs and interests.”

— Columbia Basin Health

To understand the needs and perspectives of potential consumers, each agency/community held a parent café with families in their identified consumer population soon after the invitation to submit an application was extended (see Appendix D.1: Parent Café Materials and Sample Summary).

Parent voice was critical in suggesting new directions and adaptations to the new PAT programs and recruitment plans. For example, teen parents living with their own parents said that they had trouble teaching their parents about current child-rearing techniques, such as securing babies in car seats. This led one agency to open PAT group opportunities to extended families, so that family members can learn current practices from “experts.” Another example was that young

“Getting the input from the parents really helped us with our program implementation.”

— Okanogan County Child Development Association

parents underscored the importance of social media in reaching their peers. This provided a learning moment for agency leaders not experienced with social media and suggested that new outreach techniques will need to be developed.

Parents also suggested language and imagery that would be most inviting. This was particularly important to address the perception among many parents that home visits are for “bad parents” or are related to Child Protection Services—carrying a risk of children being removed from the home.

### c. Development of Model Affiliation and Funding Applications

Technical assistance for developing the model affiliation and funding applications consisted of four elements:

1. An initial webinar to orient implementing agency program and fiscal leads to the application and budget
2. A technical assistance work session with the Project team, Hub staff and the PAT model lead
  - a. Implementing agencies discussed and received preliminary approval for their program plans and adaptations at these work sessions
3. Weekly phone calls to address technical questions and foster sharing of strategies
  - a. However, low participation suggests this was less useful to agencies than individual assistance
4. Individual assistance and communication with the PAT model lead and Project team as issues arose

Before submitting successful applications, each agency received model affiliation approval. It is worth noting that the model affiliation and applications required by the funder were somewhat duplicative. Therefore, the funder (the HVSA), is assessing where it is feasible to streamline application requirements.

### d. Implementation Planning

Implementation planning was conducted through a fourth community work group meeting and development of an Early Implementation Action Plan to identify needed capacity building and to accelerate reaching a full caseload.

The fourth and last meeting of each work group (now in an advisory role) was used to update the group on the parent café findings and current plans. It also served as a forum to seek advice on outstanding issues, such as prioritization of clients, recruitment strategies, and PAT Community Advisory Team membership (see below). Work group members expressed appreciation that their time was used effectively and productively and were pleased to celebrate this next step in the development of their community’s home visiting programs.

County (Agency)	Prioritization	Recruitment and Referral	Community Advisory Team
Adams (CBHA)	Mixteco families and teen parents	CBHA patients and clients (about 800 families) and word of mouth. For teen referrals: school counselors, clinic patients, Girls’ Circle, WIC and social media.	CBHA will expand and use its Interagency Coordinating Committee as the PAT Community Advisory Team.

		Advisory members were asked to sign Memorandum of Agreements (MOA) at the meeting.	
Grays Harbor (GHPH)	Families experiencing intergenerational poverty	GHPH currently provides WIC and other family support services, which will allow it to leverage this position to enroll eligible families. GHPH will use a version of the local recruitment and prioritization process developed by early learning partners to enroll appropriate families.	GHPH is exploring whether the regional coalition, the county coalition or another body can best weave this and other initiatives together and serve as the PAT Community Advisory Team.
Okanogan (OCCDA)	PAT consumer priorities will be integrated with OCCDA's Early Head Start prioritization criteria to enroll families with the highest risk first in the program that best meets their needs and circumstances.	OCCDA will meet with school nurses, hospital obstetric teams and the alternative school, and will update Early Head Start recruitment and referral partnerships.	All community work group members were invited to join the PAT Community Advisory Team.

The Early Implementation Action Plan template included 36 key implementation tasks (e.g., schedule and complete PAT foundational training, complete Recruitment Plan, determine how data will be used in reflective supervision and reflective practice, and estimate date to achieve full enrollment) in five areas: (1) personnel (2) staff training (3) recruitment and referral (4) data collection and use and (5) enrollment.

“The action plan became our outline of everything that we needed to accomplish to put the program on the ground. It helped us reach full caseloads in 2.5 months.”  
 — Columbia Basin Health Association

These action plans (created with guidance from the HVSA Hub, including the PAT model lead) serve as a management tool to surface gaps in knowledge and understanding; identify needed capacity building; and coordinate the timing of staff hiring and training across the three new implementing agencies. The HVSA Hub team will review the action plans with the agencies regularly to identify, understand and resolve challenges and emerging issues.

#### e. Phase II Tools

PHASE II TOOLS AND USES		APPENDIX
<b>Parent Café Outreach Flyer, Process and Sample Summary</b> Outreach flyers were provided to potential consumers at gatherings and by email. The parent café process and questions were used to set the tone and gather ideas and advice from parents. Summaries were shared with community work groups and were used by implementing agencies to inform their program design.		Appendix D.1
<b>Early Implementation Action Plan Template</b> Implementing agencies completed Action Plans after receiving PAT affiliation and completing their applications, while contract agreements were being negotiated. The Action Plans were used to surface gaps in understanding of key tasks, coordinate and schedule trainings in advance, and ensure wise sequencing of activities.		Appendix D.2

### III. Lessons Learned: Supporting the Growth of Home Visiting in Washington State

The Rural Home Visiting Project produced key lessons learned that help shape Washington’s home visiting system. These lessons learned are presented below in three sections: Invest in Tools and Community Engagement, Partner with Communities and Agencies to Prepare for Successful Implementation, and Provide Supports that Enable Communities to Successfully Implement High Quality Programs. Each lesson includes information about the experience on the ground as well as considerations for future opportunities to build out services and for choosing an implementing agency or engaging in a site selection process.

#### Invest in Tools and Community Engagement

Often significant initiatives, such as home visiting, require navigating complex issues and multiple goals among local, state and/or federal partners. Providing time and pre-work to invest in tools and community engagement paves the way for a better “fit” in selecting models and implementing more effective services.

##### 1. ARTICULATE PARAMETERS AND COMMON GOALS

Articulating project parameters about what success at each stage of implementation should look like, and the basis for decision-making, is the foundation for an effective community planning process.

##### Experience on the Ground

This important project required alignment of state and local goals, program planning, community engagement, model accreditation and contract requirements. The Project needed to:

- Ensure alignment among the funders and model developers
- Provide communities and implementing agencies with transparent information to make informed decisions about whether to proceed and “what it would take”
- Serve as the basis for sponsors/funders to make effective decisions about the communities eligible to receive home visiting funding

##### Considerations for the Future

- a. Use a theory of action to surface issues and gain agreement on important strategic considerations.
- b. Use the Home Visiting Continuum of Preparedness and Strength, or a similar tool, to help all partners “get on the same page” and see what success at each stage of implementation should look like.
- c. Set parameters for acceptable start-up and subsequent year caseload assumptions.
- d. As possible, work toward common nomenclature, alignment of processes and adoption of common or similar forms.

To meet these goals, the Project team created two tools.

- The [Rural Home Visiting Theory of Action](#) helped Project sponsors explore and clarify key principles and parameters of the project.
- The Home Visiting [Continuum of Preparedness and Strength](#) includes key elements of fit and capacity. The continuum (with scales from exploration through full implementation) helped each community decide on the home visiting model that fits best and understand the capacities needed in its implementing agency.

The need to balance start-up expenses and realistic costs per child for rural communities required negotiation, analysis, and approval from both models and funders and will inform future efforts.

## 2. BUILD CROSS-SECTOR TRUST AND UNDERSTANDING

Cross-sector trust and understanding is essential for effective community planning and successful implementation.

### Experience on the Ground

The Project goal of creating a community-driven, cross-sector planning process required substantial bridging of knowledge, language and relationships. Professionals in the health, education, family support and early learning sectors use different approaches when working with children and families and often use language differently. To be successful, many new relationships needed to be built or strengthened within the communities. In some cases, tension or competition among local rural agencies needed to be addressed to move forward.

The Project team engaged in significant pre-work to identify and engage leaders in each of the five communities eligible for the Project. Leaders had varying levels of time available for additional planning and partnering. Relationship-building through calls and emails with clear information about funding parameters, model details, and steps in the planning process proved critical for gaining the participation of rural leaders whose time was already stretched thin.

To promote clarity about the planning and funding opportunity being offered through this Project, the Project team developed and vetted communication materials and tools. The Project team held orientation calls, webinars and meetings that were structured to sequence information gathering, deliberation and decision making among participants. This allowed time for building relationships, and identifying and responding to issues. Efficient sequencing of decisions kept people engaged. The Project team's "objective facilitation" helped to address tensions among local leaders and maintain focus.

### Considerations for the Future

- a. Allow for time to engage community leaders from multiple sectors.
- b. Vet communications and tools for clarity and common language.
- c. Sequence planning processes to facilitate mutual understanding and build relationships.
- d. Clearly communicate the process so leaders know when to provide input and make decisions.
- e. Allow adequate time for community deliberation and decision-making.
- f. Be transparent about the basis for decisions to build trust.
- g. Consider engaging an "outside" facilitator (in this case, the Project team) to serve as a liaison to navigate tough issues and maintain focus.

### 3. MAXIMIZE COMMUNITY ABILITY TO DECIDE IF THE OPPORTUNITY IS A GOOD FIT

Communities want information about the opportunity and the home visiting models early so that they can decide whether the opportunity fits their community priorities and interests.

#### Experience on the Ground

Within each community, initial knowledge of the two evidence-based home visiting models eligible for this funding opportunity (Parents as Teachers and Nurse-Family Partnership) varied widely. However, due to the strain on their time, leaders in all communities wanted detailed information about model requirements, funding levels, typical implementation costs, and a clear understanding of allowable “variances” for rural settings, *before* committing their time to a planning process.

It was difficult to find specific comparable information about both models for local work groups to use in assessing the model that best fit their community. In addition, information specific to rural communities is limited. At the outset, it was recognized that issues of distance, low-population density, limited availability of qualified staff, and limited infrastructure would likely result in requests for model and infrastructure adaptations, resulting in higher costs per child.

To help communities assess their interest in pursuing this opportunity, the Project team:

- Developed supporting documents, such as a detailed model comparison (approved by the national models)
- Provided sample cost information drawn from current HVSA program budgets
- Restructured the first community meeting to allow each community to ask questions of the Nurse-Family Partnership and Parents as Teachers model leads

Because of the developmental nature of the Project, there was openness to adaptations and recognition that higher costs may be needed to implement programs in rural settings. In funding applications, this meant higher costs per child as a result of low caseloads per home visitor, and a slower ramp-up period to reach full caseload. Project sponsors facilitated conversations with model developers and programs to gauge costs for start-up. Strong relationships with models proved to be essential.

### 4. RECOGNIZE MODEL FEASIBILITY ISSUES SPECIFIC TO RURAL CONTEXTS

Rural communities have special considerations such as access to organizational infrastructure, availability of qualified staff and requirement to travel greater distances. All affect model choice and program cost.

#### Experience on the Ground

County leaders expressed concerns about what it would take for them to start up and implement an evidence-based home visiting with fidelity. For example, in three of four participating communities, public health officials and staff had done extensive research on Nurse-Family Partnership. They found the outcomes impressive, but they were not sure how it would work in their region. Issues raised included:

#### Considerations for the Future

- a. Make model cost and requirement information available in the initial contacts. Include:
  - A brief description of models and standards; and,
  - A cost comparison of models with specific information for rural communities and start-ups.
- b. Use the learning from this Project to establish guardrails for model adaptations and cost per child and include it in early communications about the opportunity and funding requirements.

- Lack of BSN nurses (Bachelor of Science in Nursing) in rural communities
- Desire to serve moms ineligible for NFP (e.g., moms first identified after the program eligibility requirement of 28 weeks’ gestation, moms identified at their child’s birth, or with multiple children)
- Higher cost of delivering NFP
- Longer start-up period and uncertainty of securing waivers that may be needed

It was evident that issues unique to rural communities might require model adaptations and/or variances. Also, the ability of rural communities to sustain new costly programs was a point of intense deliberation.

#### Considerations for the Future

- Over time, consider adding to the list of eligible models and/or expanding promising practices opportunities.
- Provide a brief description of model adaptation/variances that other rural communities are currently using.
- Enhance sustainability options by exploring changes to Medicaid reimbursement to allow more types of organizations to seek Medicaid reimbursement for more home

### Partner with Communities and Agencies to Prepare for Successful Implementation

Investment in the community exploration stage of implementation and use of a mutual selection process leads to a more “ready” and invested implementing agency and community partnership. Community agreement on key decisions, such as model selection, consumer population, service area and implementing agencies leads to better decisions and engages recruitment and referral partners. Communities know which agencies have the ability to implement intensive home-visiting services.

### 5. MUTUALLY ASSESS COMMUNITY INTEREST, FIT AND CAPACITY

A partnership approach to engaging local leaders, coupled with clear model information, communication and planning tools and facilitation, are keys to gaining community trust, fostering thoughtful deliberation and achieving good results.

#### Experience on the Ground

Funders and local communities worked together to assess fit and capacity. Funders provided the funding parameters, model information, tools, facilitation and planning support. Communities came together to consider and decide on the match of community priorities with the EBHV models, and select consumer populations, service areas and implementing agencies.

Framing the Project as an equal partnership between funders and communities and demonstrating openness to refining processes along the way to better meet local needs helped to gain community trust and fostered thoughtful deliberation and decisions. It also “front-loaded” many important community and implementing agency decisions and referral partnerships, setting these programs on a strong start-up path.

#### Considerations for the Future

When using a community-driven process:

- Involve leaders and agencies from multiple sectors in community planning whenever possible to engage the widest possible set of potential implementing agencies.
- Frame the Project as an equal partnership between funders and communities and demonstrate openness to refining processes along the way to meet local needs.

This partnership approach, coupled with using the continuum, providing detailed and comparable model information early, and having model leads available to answer technical questions proved instrumental in helping communities understand this opportunity and ultimately assess their interest, fit and capacity.

## 6. SUPPORT COMMUNITIES IN THE ALIGNMENT AND COORDINATION OF THEIR HOME VISITING SERVICES

Community participation in model and service area selection enables the alignment of new programs with existing services (eligibility requirements, priority consumer populations and service areas) that then leads to a more coordinated home visiting system. Gaining community consensus on key decisions, such as model selection and service area, builds community buy-in.

### Experience on the Ground

The Project team found existing home visiting programs and deep pools of expertise in each participating county. As a result, the planning processes were tailored to encompass initiating new programs and expanding and/or connecting existing programs. Population numbers are small in rural areas. Existing home visiting and/or maternal and infant health programs expressed concerns about competition for a limited number of eligible families within certain boundaries. This required careful consideration about boundaries, eligibility/prioritization criteria and recruitment strategies. Community work groups analyzed how this new opportunity would fit and be tailored to meet each community's needs and priorities.

### Considerations for the Future

- a. Recognize that most counties will have existing home visiting services that will need to be connected.
- b. Accomplish consensus on the following elements: model selection – fit and feasibility, priority population, geographic area, potential partnering organizations/referral agencies. (For the Project, this took three 4-hour meetings.)
- c. Support consumer population and service area decision-making with sub-area data/ maps.
- d. Try to identify capacity to geo-map MIECHV data sets by census track(s).
- e. Encourage a coordinated referral system as services expand.

The Project team facilitated three meetings where communities made the following decisions:

- Model (based on fit and feasibility)
- Priority population
- Geographic area (all, or where necessary, part of the rural counties)
- Potential partnering organizations/referral agencies

These decisions were informed by population and data sets for Maternal, Infant and Early Childhood Home Visiting (MIECHV) risk data, which were readily available only at the county level. Smaller sub-sets of data would have been helpful. To address this, the Project team provided available small-area data sets, e.g. school district data from those participating in the state's Washington Kindergarten Inventory of Developing Skills (WaKIDS) as a proxy for local risk data. Communities used this information and their local knowledge to select consumer populations and service areas.

## 7. ESTABLISH A COMMUNITY PROCESS TO ENDORSE IMPLEMENTING AGENCIES

The community process allows implementing agencies to demonstrate their agency’s commitment and community support. Commitments made during the locally driven selection process make implementing agencies accountable to peer agencies and ensure a more coordinated local system of services.

### Considerations for the Future

- a. Use the continuum, or similar objective guidance, as a basis for community endorsement of an implementing agency.
- b. Establish decision processes that foster perceived fairness.

### Experience on the Ground

To help communities select and endorse a strong implementing agency, the Project team developed an objective process in which interested agencies prepared a written statement describing their commitment, experience and capacities in specified continuum elements.

Interested implementing agencies gave presentations to their community work groups before the group’s vote to select and endorse the implementing agency. To ease the application burden, funders accepted the agency statements and community endorsement in place of the typical letters of interest and support.

This endorsement process advanced community relationships in ways likely to strengthen future implementation. For example, the endorsement process

- Led implementing agencies to make “commitments” to community partners about their intention to implement the program
- Affirmed community support for the implementing agency with many supporters agreeing to serve on the model-required advisory committee
- Laid a foundation of interagency cooperation, coordination and connectedness among participating community leaders

## 8. SELECT COMMUNITIES FOR FUNDING

Using a tool based on the continuum, coupled with information from the implementing agency selection process, provides a strong basis for identifying the most prepared communities and lays important groundwork for collaboration as implementation begins.

### Experience on the Ground

Four of the five eligible communities chose to participate in the Project, seeking one of three potential contracts. The Project team developed a process grounded in the continuum to identify the three communities that were most prepared to implement a high-quality evidence-based home visiting program with fidelity. Invitations to develop a proposal were based on continuum elements such as “ability to recruit families in consumer populations,” “knowledge of the evidence-based model and implementation,” and “engagement and participation in exploration, implementation and sustainability tasks.”

### Considerations for the Future

- a. Use an objective basis, like the continuum, for identifying the most prepared communities.
- b. Be transparent about the factors upon which decisions will be based.

The Project team made recommendations to the Home Visiting Partnership decision-makers who confirmed the recommendations and forwarded them to the Executive Team for final approval of funding for the three communities most prepared for successful implementation.

## Provide Supports that Enable Communities to Successfully Implement High-Quality Home Visiting Programs

Connecting with potential consumers regarding planning for implementation ensures a strong program design, more relevant outreach and more effective implementation of services. Partnering with communities to explore open issues affords important learning and allows easier adoption of evidence-based programs.

This section contains experiences and lessons about steps to enhance program planning and implementation.

### 9. ENGAGE CONSUMERS IN PROGRAM PLANNING

Learning from parents ensures relevant outreach and messaging.

#### Experience on the Ground

The Project team planned for parent engagement right from the beginning. However, the community work groups were reluctant to engage families before knowing that the planning effort would come to fruition. They were concerned about setting expectations and not being able to implement services, which could have a negative impact on their community relationships. In response, it was decided to engage parents after funding commitments were made. Each agency/community held a parent café with families in their identified priority consumer populations soon after the invitation to submit a funding application was extended.

#### Considerations for the Future

- a. Be mindful of local leaders' concerns about creating expectations that may not be met.
- b. Include opportunities for parents in the consumer populations to participate in the planning process and help inform program design and recruitment and referral plans.

Parent input was critical to building community buy-in and support recruitment plans. Teen parents living with their parents said that they had trouble engaging their parents in current child-rearing practices, such as securing babies in car seats. As a result of this suggestion, one implementing agency opened its PAT group opportunities to extended families, so that family members could learn current practices from "experts." Young parents also underscored the importance of social media in reaching their peers. This provided a learning moment for agency leaders not experienced with social media and suggested that new outreach techniques needed to be developed. Parents also suggested language and imagery that would be the most inviting and could help create a positive message and understanding of home visiting.

### 10. SIMPLIFY FORMS AND PROCESSES

There are many requirements and competing factors involved in implementing home visiting models with fidelity and complying with contract expectations. Where possible, streamlining processes and forms will help implementing agencies have an easier time navigating the developing home visiting system.

#### Experience on the Ground

Potential implementing agencies are required to complete model accreditation applications and an application for HVSA approval. Much of the required information is overlapping and required in slightly different formats. If,

#### Considerations for the Future

- a. As possible, work toward common nomenclature and language.
- b. As possible, align processes and forms.

and when possible, align the processes and create common/simpler forms.

## 11. CO-CREATE AND MONITOR ACTION PLANS TO REACH FULL CASELOAD

Co-creating an action plan, with key steps to reach full caseload, helps implementing agencies understand what needs to be done when, how and by whom to reach key implementation and program goals.

### Experience on the Ground

Providing assistance and capacity building to support implementation was a specified step in the Project. This included development of action plans to reach full caseloads as well as support for community planning, model accreditation and HVSA application submission. The simple action plans named each of the key steps to reach full caseload, such as hiring, completion of all required trainings, outreach, and referral plans. Agencies were asked to set a date, name the person responsible for each task, and identify questions or potential issues for clarification and discussion.

### Considerations for the Future

- a. Monitor and request updates on the action plans until full caseloads are reached.
- b. Consider using a similar process with other grantees.

The action plans surfaced gaps in the understanding of key tasks, helped to coordinate and schedule trainings in advance, and ensured wise sequencing of activities. As implementation begins, the plans will provide a basis for discussion of implementation progress among agencies, model leads and contract managers.

## 12. INNOVATE AND IMPROVE QUALITY BY INTENTIONAL EXPLORATION

Advancing the field of home visiting requires innovation and improvement strategies. Exploring open issues with communities can yield important insights and innovations.

### Experience on the Ground

Many states struggle to find the best way to overcome challenges for implementing high-quality, evidence-based programs in rural communities. While some initiatives “pilot” a funding approach, this Project started by identifying parameters that were fixed (e.g., funding, eligible communities and models) and “open” issues for exploration (e.g., value of integrated community-driven and agency-specific planning, and higher costs per child in rural areas with greater distances and less infrastructure).

### Considerations for the Future

- a. Build in time and a process to identify and test issues for exploration when initiating innovations.
- b. Be transparent with community partners about parameters and areas being explored.
- c. Allocate time of a dedicated “bridge person” to ensure that exploration proceeds, navigate misunderstandings and conflict resolution, respond quickly to community needs, and ensure that early findings are integrated into state-level strategy.

In this project the Project team served as a dedicated bridge that could lead the process of exploring the open or changeable elements with communities. This approach resulted in several positive benefits, including:

- Stronger understanding across sectors and initiatives along with stronger relationships within communities and among state and local partners;

- Ability to make important refinements along the way (e.g., revising Project phasing/order of activities, providing detailed model information up front, etc.) and achieve early results; and,
- Testing and meaningful refinement of approaches that can improve the quality of future start-up programs, and help state-level technical support to continue the cycle of innovation and improvement in its support all Washington HVSA grantees.

#### IV. Early Results and Next Steps

The Rural Home Visiting Project has confirmed the importance of its three core beliefs.

1. Investment in building relationships, facilitation, tools and capacity-building attracts rural and frontier counties and capable agencies to this work
2. Starting with a process that honors community wisdom (in which each community chooses its implementing agency) results in selection of highly capable implementing agencies and community partners who are committed to the work.
3. Focused support helps agencies and communities prepare to make an exceptionally strong start implementing their EBHV programs and reaching a full caseload quickly.

**COMMUNITY RESULTS.** Contract awards to three communities were executed at the end of January 2014, so programs are just beginning implementation in earnest. Early results suggest that these beliefs are well founded and that this process has contributed to:

- Expanded services in rural and frontier areas that may not have responded to a typical request for proposal
- Strong, capable implementing agencies who are starting off with engaged recruitment and referral partners (several partners also agreed to serve on the Community Advisory Team)
- Consumer-informed program planning, including recruitment strategies that implementing agencies would not otherwise have considered
- Action plans to reach a full caseload as quickly as possible, including a clear understanding of, and schedule for, completing initial implementation steps

The next steps for the HVSA Hub:

- Ongoing monitoring of agency action plans and progress
- Incorporating lessons learned from the Project into the HVSA site selection process
- Identifying strategies to tailor HVSA technical assistance to each stage of implementation
- Working to enhance sustainability
- Continuing to work with model leads to streamline application processes, forms and communications
- Engaging local leaders early and often

The Rural Home Visiting Project has been an important early step in demonstrating the value of creating methods to strengthen the preparedness and strength of agencies. The time taken to develop processes that other communities can use for considering expansion of home visiting or other services has provided a useful road map for strengthening the success of rural communities, and of others.

Besides providing the benefit of accelerated implementation (in Adams County, Columbia Basin Health Association has already reached full caseload and is poised to effectively expand services through newly secured funds), this exploration process has provided valuable insights for the HVSA systems-building. It has

also broadened thinking regarding customized technical support to programs as they continue to strengthen the quality and sustainability of their programs. This investment in an innovative approach to community planning and site selection has paid off for the new children and families served in these communities and strengthened the supportive infrastructure the Implementation Hub provides to HVSA-funded programs.

## Appendices

### A. PROJECT PLANNING TOOLS

1. Theory of Action
2. Continuum of Preparedness and Strength

### B. PHASE I: COMMUNITY-DRIVEN PLANNING PROCESS TOOLS

1. Initial Rural Home Visiting Project Overview and Steps
2. Model Comparison
3. Sample County Data Profile
4. Phase I Sample Meeting Plans and Summaries
  - Community Meeting 1
  - Community Meeting 2
  - Community Meeting 3
  - Implementing Agency Technical Assistance Visit Template
  - Community Meeting 4

### C. PHASE I: COMMUNITY SELECTION AND ACTION PLANNING TEMPLATES

1. Implementing Agency Selection and Endorsement Process
2. Template Used to Identify Three Communities for Funding

### D. PHASE II: AGENCY SPECIFIC PLANNING PROCESS TOOLS

1. Parent Cafés
  - Flyer
  - Parent Café Process
  - Sample Parent Café Summary
2. Action Planning Template

**Appendix A.1 Rural Home Visiting Theory of Action**

# RURAL HOME VISITING PROJECT THEORY OF ACTION

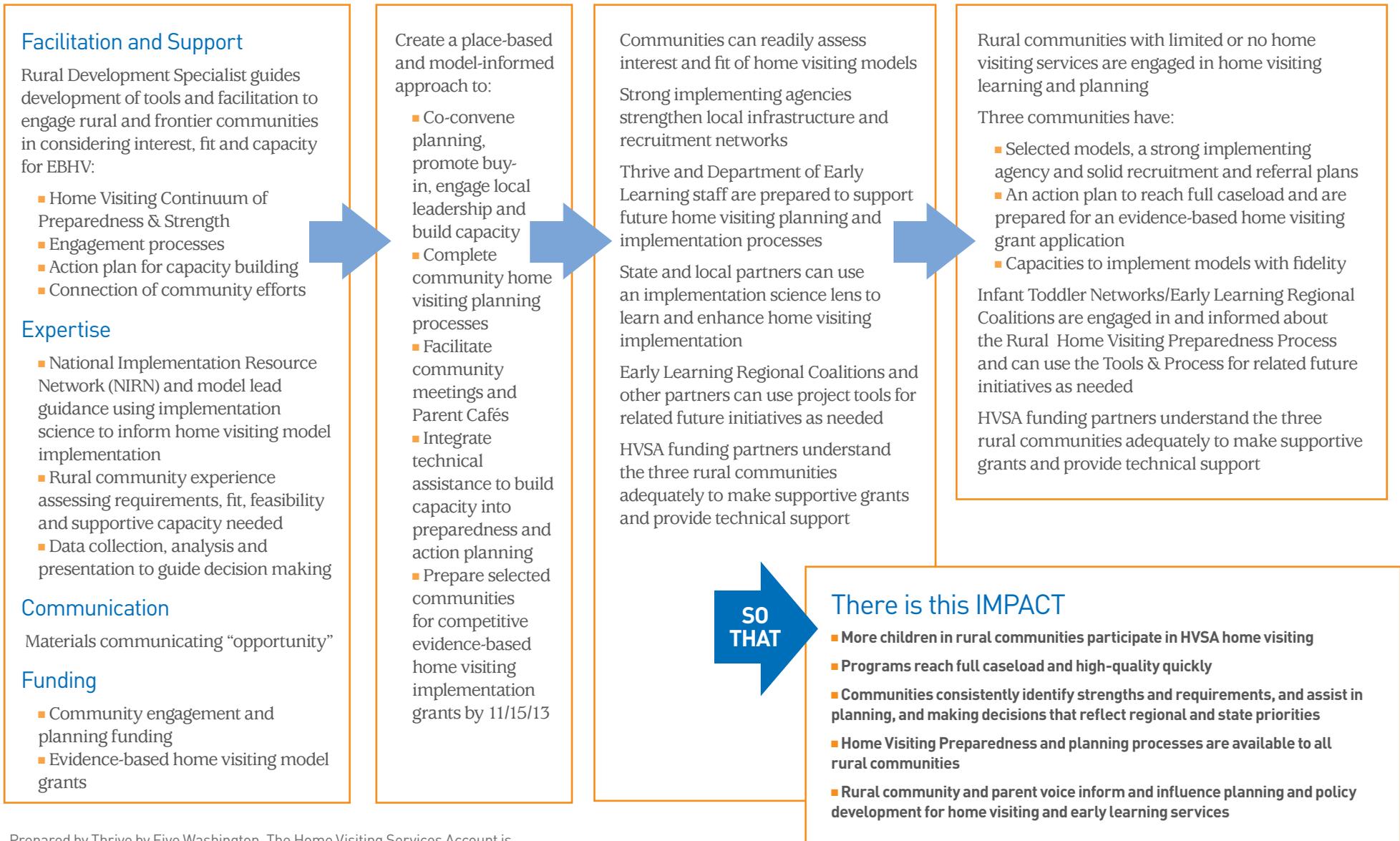


If the Home Visiting Services Account invests in these **RESOURCES & ASSETS** ...

... so Thrive, its grantees, and partners can implement these **STRATEGIES** ...

... then local communities and the Washington early learning system can build and sustain these **CAPACITIES** ...

... so that vulnerable families, their communities, and the Washington early learning system can realize these **RESULTS**.



**Appendix A.2 Rural Home Visiting Continuum of Preparedness and Strength**

# RURAL HOME VISITING PROJECT CONTINUUM OF PREPAREDNESS AND STRENGTH

The **Continuum of Preparedness and Strength**, excerpted below, combines key elements of “fit” and “capacity” from grant and model requirements, and implementation science into a single tool to clarify and meet these two aims. The continuum (with scales from initial exploration through full implementation) provides a way to ensure agreement and articulate elements of community and implementing agency fit, and capacities needed for model accreditation, grant application, and successful implementation.

See the full Continuum of Preparedness and Strength: <http://thrivebyfivewa.org/rural>

Rural Home Visiting Project: Continuum of Preparedness and Strength (Working Draft 1.17.14)					
SOURCES: 1. NFP Implementation Plan Guide, 2. NFP Implementation Plan, 3. PAT: Readiness Reflection Tool: <a href="http://www.parentsasteachers.org/images/stories/documents/2011_Readiness_Reflection.pdf">http://www.parentsasteachers.org/images/stories/documents/2011_Readiness_Reflection.pdf</a> , 4. Affiliates Plan 2013 Final, 5. Essential Requirements for Affiliates (updated September 2012) <a href="http://www.parentsasteachers.org/images/stories/documents/Essential_Requirements_9-5-12.pdf">http://www.parentsasteachers.org/images/stories/documents/Essential_Requirements_9-5-12.pdf</a> , 6. Quality Assurance Guidelines for Parents as Teachers Affiliates (March 2013): <a href="http://www.parentsasteachers.org/images/stories/documents/3-2013_QA_Guidelines.pdf">http://www.parentsasteachers.org/images/stories/documents/3-2013_QA_Guidelines.pdf</a> , 7. NIRN Website/ Implementation Drivers: <a href="http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers">http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers</a> , 8. SVP Organizational Capacity Assessment Tool					
<b>A. FIT-Section 1: COMMUNITY Fit with EBHV Outcomes, Models and Requirements</b>					
<b>Fit-</b> The match between community interest, priorities and characteristics, AND EBHV outcomes, models and requirements. This is a two-part section. <b>Degree of Fit</b> helps communities consider the extent to which EBHV outcomes, model and requirements are a good fit for their community. <b>Implementation and Sustainability</b> helps communities identify EBHV implementation and sustainability objectives.					
<b>Degree of Community Fit with EBHV Models</b>					
Capacity Elements	<b>1. Baseline Level- NOT A FIT</b> with EBHV Goals and Approach	<b>2. Emergent Level- POSSIBLE FIT</b> with EBHV Goals and Approach	<b>3. Moderate Level- LIKELY FIT</b> with EBHV Goals and Approach	<b>4. High Level- CONSIDERABLE FIT</b> with EBHV Goals and Approach	<b>5. Match- MATCH</b> with a Selected Home EBHV Model, Goals, Approach and Requirements
			Yes to Next Five Rows, Required to Proceed Further →	Yes to Next Five Rows, Required to Proceed with Preparedness Assessment	Yes to Next Five Rows, Required to Proceed with Action Planning
<b>A1. Presence of a Potential Consumer Population &amp; Geographic Fit with EBHV</b>	Too few potential consumers reachable for an EBHV Program.	Borderline numbers of eligible potential consumer population. Geographically located in a way that could match an HV model design.	Likely adequate number of eligible potential consumer communities. Careful analysis of geographic location and likely participation is being planned.	Sufficient numbers of eligible potential consumer population geographically located in a way that fits with EBHV models. Target population and service area are defined.	Sufficient numbers of eligible potential consumers are geographically located/reachable in a way that will fit one or more EBHV models.
<b>A2. EBHV Seen as Good Way to Get Desired Results</b>	No visible support or interest.	At least a few influential people are interacting with others to generate interest in addressing EBHV-related outcomes.	At least a few influential people want an EBHV program in their community and they are working to engage others.	Influential people in the potential consumer communities and in the broader community are working to build support for an EBHV program in their community <u>and</u> there isn't significant opposition to an EBHV program in the community.	There is broad community support for one or more specific EBHV models in the community.
<b>A3. Selection of Appropriate EBHV Model</b>	EBHV models are not a match with community priorities <u>and/or</u> community is not interested in exploring EBHV fit with community priorities.	Community members are interacting with each other about which EBHV model best matches community priorities.	The community has identified one or more EBHV models that are acceptable to the community and are likely to be feasible. The community is interested in participating in a full assessment of EBHV model fit with community priorities.	The community has determined that one or more EBHV models fit with community and implementing agency characteristics and capacities.	The community has selected an EBHV model that fits with community and implementing agency characteristics and capacities.

**Appendix B.1 Rural Home Visiting Project Overview**



# RURAL HOME VISITING PROJECT

Early experiences matter. Voluntary evidence-based home visiting programs are proven to improve the health and development of children and to support families furthest from opportunity. However, many vulnerable children do not have access to programs that have been shown to close the opportunity gap for them. Since rural and frontier Washington counties often have longer distances to travel and less local infrastructure, it can be difficult to create and sustain evidence-based home visiting programs. State and local partners are committed to providing support for efforts in these communities.

To find ways to meet families' needs, Thrive by Five Washington is leading a collaborative effort with the Department of Early Learning to support interested rural communities in preparing for, implementing, and sustaining selected evidence-based home visiting programs.

This project is an important element of achieving the state's vision of Ready & Successful Children and supports Goal 5 of the Early Learning Plan, "Making Home Visiting Services Available to At-Risk Families," as well as key elements of Washington state's Home Visiting Plan.

## Project Purpose

To learn more about what can help rural communities to successfully implement the two most common evidence-based models in Washington

## Eligible Models

Nurse-Family Partnership and Parents as Teachers

## Focus Counties

Adams, Grays Harbor, Okanogan, Pacific and Pend Oreille

## Deadline

Grant application and two-year Action Plan due Nov. 15, 2013

## Funding Period

January 2014 to December 2016

## Timeline

This Rural Home Visiting Project will extend into early January 2014. Communities that demonstrate interest, capacity and fit of local needs with selected evidence-based home visiting requirements will be invited to continue preparation and program sustainability by developing the implementation plan required by their chosen model and submitting a grant application and two-year Action Plan by November 15, 2013 (maximum \$200,000 funding request each year).

Up to three communities will receive technical assistance for implementation support and/or funds for start-up expenses. The funded grantees will become part of the "community of practice" for home visiting services in Washington state.

## Project Guidelines

The state Home Visiting Services Account received federal funds to expand evidence-based home visiting programs in rural and frontier communities. As part of this project, the state home visiting team will:

- Work with parents and community partners in five rural communities to determine general home visiting needs, community interest, and preparedness to implement and sustain evidence-based home visiting services (using Nurse-Family Partnership or Parents as Teachers models).

Then,

- Support up to three communities that are most interested and prepared to deliver and sustain home visiting services, then collaborate to identify needed capacities and create a Home Visiting Action Plan.

## Project Outcome

Up to three communities will develop an Action Plan designed to select or strengthen a Nurse-Family Partnership or Parents as Teachers program, and to bolster the community's infrastructure for successful service delivery. Communities will be prepared to meet the accreditation requirements of evidence-based model developers and seek grant funding from the Home Visiting Services Account.

## For More Information

### Liv Woodstrom

Rural home-visiting specialist  
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p 206.621.5571 | f 206.652.0761

Dovetailing ([www.dovetailing.us](http://www.dovetailing.us)), a consulting firm that specializes in connecting concepts, strategies and people, is working with Thrive and DEL to work with communities in identifying priorities and planning for service implementation and/or strengthening.



# RURAL HOME VISITING PROJECT PROCESS

## Project Flow

Each step builds toward decisions needed for model accreditation and grant applications. Throughout, model lead consultation is tailored to each community's timing and needs.

**Phase I:** Exploring interest, fit and capacity. Each community selects its implementing agency, and the most prepared communities are invited to submit proposals.

**Phase II:** Model accreditation, grant agreements and action plans to reach a full caseload.

### Phase I: June-September 2013

#### Initial Engagement:

Identify and confirm interest/readiness of a Community Planning Group to guide work/select an implementing agency.

#### Community Meeting – 1 Objectives:

1. Learn about the Rural Home Visiting Project, funding opportunity, and eligible models
2. Reflect on community priorities and fit of EBHV Models with local priorities
3. Identify eligible, consumer populations and whether population size and interest can support an EBHV program
4. Identify "likely implementing agencies" giving consideration to capacities and community relationships
5. Confirm community interest in proceeding. If so, identify others who should be engaged

#### Community Meeting – 2 Objectives:

1. Confirm consumer population and service area (adequate numbers of eligible families within a feasible service area)
2. Confirm fit with community priorities and select model
3. Generate program design ideas reflecting these priorities
4. Confirm interest of community and at least one potential implementing agency in proceeding

Likely Implementing Agencies prepare statements and presentation for community selection at Meeting 3

#### Community Meeting – 3 Objectives:

1. Select/endorse implementing agency. Transition to Implementing Agency leadership of the planning process
2. Identify key referral partners
3. Refine program design and confirm interest

Project Sponsors select communities that demonstrated the greatest interest, fit and feasibility to submit proposals

### Phase II: October-November 2013

#### Technical Assistance Work Session Objectives:

1. Build relationships, discuss outstanding issues
2. Prepare agencies to complete model affiliate plan, budget and grant application

#### Parent Community Café Objective:

Learn about parent's goals, gain advice about optional program elements and gather information about trusted information sources

#### Community Meeting – 4 Objectives:

1. Provide updates on the Parent Café & progress on model affiliate and grant applications
2. Explore recruitment strategies, interest in serving on the model advisory committee
3. Discuss prioritization criteria
4. Conclude Planning Workgroup. Transition to Advisory Committee

Agencies with solid community support submit model accreditation/grant applications and action plans for reaching full caseload.

Grants are negotiated and executed. Program implementation begins.

**Appendix B.2 Home Visiting Model Comparison**

# EVIDENCE-BASED HOME VISITING MODELS



This comparison is provided for reference only. For more complete information, please consult each model's website and other resources.

	Parents as Teachers <a href="http://www.parentsasteachers.org">www.parentsasteachers.org</a>	Nurse-Family Partnership <a href="http://www.nursefamilypartnership.org">www.nursefamilypartnership.org</a>
<b>Model Description</b>	Designed to ensure young children are healthy, safe, and ready to learn by building on family strengths, PAT supports families with a focus on parent-child interaction, development-centered parenting, and family well-being. <a href="#">Essential requirements</a> and <a href="#">quality assurance guidelines</a>	Designed to help change the lives of vulnerable, low-income mothers pregnant with their first child with the goal of improving pregnancy outcomes, improving child health and development, and increasing family economic self-sufficiency. <a href="#">Model elements</a>
<b>Eligibility</b>	Families with children prenatal to kindergarten entry (most children served prenatal to age 3)	First-time mothers with children prenatal (28 weeks) through age 2
<b>Average Annual Cost per Family</b>	Approximately \$2,600 - \$3,000 <a href="#">Pricing structure</a> and <a href="#">budgeting tool</a>	Approximately \$4,000 - \$7,500
<b>Frequency of Visits</b>	Weekly to monthly (at least twice per month if family is at risk)	Weekly or biweekly, depending on the phase of the program
<b>Length of Visits</b>	One eligible child: 60-90 minutes More than one eligible child: 90 minutes	60-90 minutes
<b>Visit Activities</b>	Parent-child interaction using activity and book sharing; development-centered parenting; family-centered assessment and goal-setting; resource network for family well-being; health, vision, hearing, developmental screening	Through a therapeutic relationship, promote a mother's abilities and behavior change to protect and promote her health and the well being of her child, allocating time in each activity to address individualized goals and needs
<b>Other Program Components</b>	Group connections (at least once per month)	Varies by site: Mental health consultation with families and/or nurses; Fatherhood initiatives; and Relationship focused education.
<b>Expected Outcomes</b>	<ul style="list-style-type: none"> <li>■ Increased healthy pregnancies and improved birth outcomes (when services are delivered prenatally)</li> <li>■ Increased school readiness</li> <li>■ Increased parent involvement in children's care and education</li> <li>■ Early detection of developmental delays and health issues</li> <li>■ Prevention of child abuse and neglect</li> <li>■ Improved child health and development</li> <li>■ Improved family health and functioning</li> <li>■ Increased parental knowledge of their child's emerging development and age-appropriate child development</li> <li>■ Improved parenting capacity, parenting practices and parent-child relationships</li> </ul>	<ul style="list-style-type: none"> <li>■ Improved prenatal health</li> <li>■ Reduced pre-term births</li> <li>■ Increased school readiness</li> <li>■ Increased father involvement</li> <li>■ Reduced language delays</li> <li>■ Reduced child abuse and neglect</li> <li>■ Reduced ER visits and hospitalizations for accidents and poisonings</li> <li>■ Reduced subsequent pregnancies</li> <li>■ Increased maternal employment</li> <li>■ Reduced use of welfare and other government assistance</li> <li>■ Reduced involvement in the criminal justice system (mother and child)</li> </ul>
<b>More information</b>	<a href="#">Logic model</a> <a href="#">Model implementation</a>	<a href="#">Logic model</a> <a href="#">State profile</a>

# MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING (MIECHV) PROGRAM REQUIREMENTS

As part of the federal Affordable Care Act and funded through the U.S. Department of Health & Human Services (HHS), the Maternal, Infant and early Childhood Home Visiting Program (MIECHV) brings evidence-based home visiting services to high-risk communities to improve health and development outcomes for families as part of a comprehensive early childhood system. There are two different types of MIECHV Funds administered in Washington State: Formula and Expansion Grants. This is provided for reference only. For more complete information, please consult the direct source.

## Requirements and assurances for delivery of MIECHV services in Washington state, specified below:

- a. Individualized assessments will be conducted of participant families and services will be provided in accordance with those individual assessments;
- b. Services will be provided on a voluntary basis;
- c. Priority will be given to eligible participants who:
  1. Are pregnant or have a child under age 3;
  2. Have low incomes;
  3. Have not attained age 21;
  4. Have a history of child abuse or neglect or have had interactions with child welfare services;
  5. Have a history of substance abuse or need substance abuse treatment;
  6. Are users of tobacco products in the home;
  7. Have children with low student achievement;
  8. Have children with developmental delays or disabilities;
  9. Are in families that include individuals who are serving or have formerly served in the armed forces, including such families that have had multiple deployments outside of the United States.

## ONLINE RESOURCES

### Nurse-Family Partnership: [www.nursefamilypartnership.org](http://www.nursefamilypartnership.org)

#### Model elements

<http://www.nursefamilypartnership.org/communities/model-elements>

#### Logic model

[http://www.nursefamilypartnership.org/assets/PDF/Communities/Implementation\\_Logic\\_Model](http://www.nursefamilypartnership.org/assets/PDF/Communities/Implementation_Logic_Model)

#### State profile

[http://www.nursefamilypartnership.org/assets/PDF/Communities/State-profiles/WA\\_State\\_Profile](http://www.nursefamilypartnership.org/assets/PDF/Communities/State-profiles/WA_State_Profile)

### Parents as Teachers: [www.parentsasteachers.org](http://www.parentsasteachers.org)

#### Essential requirements

[http://www.parentsasteachers.org/images/stories/documents/Essential\\_Requirements\\_9-5-12.pdf](http://www.parentsasteachers.org/images/stories/documents/Essential_Requirements_9-5-12.pdf)

#### Quality assurance guidelines

[http://www.parentsasteachers.org/images/stories/documents/3-2013\\_QA\\_Guidelines.pdf](http://www.parentsasteachers.org/images/stories/documents/3-2013_QA_Guidelines.pdf)

#### Model implementation

<http://www.parentsasteachers.org/training/model-implementation>

#### Pricing structure

<http://www.parentsasteachers.org/training/pricing-structure>

#### Logic model

[http://www.parentsasteachers.org/images/stories/documents/LogicModel\\_Web.pdf](http://www.parentsasteachers.org/images/stories/documents/LogicModel_Web.pdf)

## **Appendix B.3 Sample County Data Profile**

# ADAMS COUNTY HIGHLIGHTS

## Federal Requirements

The federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program focuses effort on families known to benefit most from participation in high-quality home visiting programs. Participants are prioritized for services if they:

- Have low incomes
- Are pregnant women under age 21
- Have a history of child abuse or neglect or have had interacted with child welfare
- Have a history of substance abuse or need substance abuse treatment
- Use tobacco products in the home
- Are children with low student achievement
- Are children with developmental delays or disabilities
- Have served in the armed forces



## Some Indicators of Family Strength & Stress

(Indicators are chosen to align with federally-determined program focus)\*

Indicator	Adams	Washington
Below 100% of Poverty Level	17.9%	10.5%
% of 15-17 year old females giving birth	6.0%	1.6%
Domestic violence crime	6.4%	8.7%
Child Protective Service or Child Welfare Service caseload	2.7%	4.4%
Women receiving DSHS-funded substance abuse treatment	3.6%	12.6%
Low birth weight	6.3%	6.4%
Pre-term birth	12.9%	10.5%
Children screened for developmental delays or disabilities	25.6%	
Served in armed forces	7.1%**	8.7%

\* Washington Home Visiting Need Assessment (2011)

\*\* American Community Survey

## General Community Demographics

Indicator	Adams	Washington
# of annual births	562 (2011)	86,929 (2011)
Children under age 5	10.8% (2010)	6.5% (2010)
<b>Race &amp; Ethnicity (2011)</b>		
African American	0.3%	3.8%
Asian American	0.8%	7.5%
Latino/Hispanic Origin	60.5%	11.6%
Native American	1.9%	1.8%
Native Hawaiian & Pacific Islander	0.0%	0.7%
White, Non-Latino/Hispanic	23.7%	72.1%
Multi-racial	2.8%	4.7%
Foreign born population	25.4% (2011)	12.8% (2011)
Language other than English spoken at home	50.0% (2011)	17.8% (2011)

Data Source: American Community Survey

## Current Program Coverage

Program	Adams # Served	Adams % of Eligible Served	Washington % of Eligible Served
Early Head Start	0	0%	2.3%
Nurse Family Partnership	0	0%	9.2%
Parents as Teachers	0	0%	2.0%
First Steps	250		
Other HV Program (ESIT, EFSS, EIP, etc.)			

Data Source: Home Visiting Needs Assessment (2011)

## **Appendix B.4 Community Meeting Plans & Technical Assistance Visit Template**

- Community Meeting Plan 1
- Community Meeting Plan 2
- Community Meeting Plan 3
- Implementing Agency Technical Assistance Visit Template
- Community Meeting Plan 4

**Rural Home Visiting Program  
MEETING PLAN  
Community Meeting #1  
Time: 4 hours**

**Meeting Objectives:**

- Reflect on community priorities and how these home visiting programs fit with community priorities
- Learn about the opportunity to apply for a grant and accreditation of a Nurse Family Partnership (NFP) or Parents and Teachers (PAT) program
- Discuss and identify eligible, consumer populations
- Identify potential implementing agencies
- Confirm community interest in proceeding
- Identify others who should be engaged

<b>Timeframe</b>	<b>Elements</b>	<b>Goals</b>	<b>Strategy</b>	<b>Tools or other info</b>
PRE-WORK	<b>Prepare for the Meeting</b>	<ul style="list-style-type: none"> <li>• Build a common base of understanding about this opportunity and our community needs</li> </ul>	Read on your own	<ul style="list-style-type: none"> <li>• RHVP One Sheet</li> <li>• Program Models One Sheet</li> <li>• County Data Profile and other data suggested by conveners</li> <li>• Sample NFP and PAT Budgets</li> <li>• Sample Implementation Plans</li> </ul>
30 min in advance	<b>Check In</b>	<ul style="list-style-type: none"> <li>• Get people ready for the meeting</li> </ul>	Provide name tags, materials and refreshments to help people get situated	<ul style="list-style-type: none"> <li>• Registration table</li> <li>• Refreshments</li> <li>• Name tags</li> <li>• Agenda &amp; materials</li> <li>• Table toys</li> <li>• Easel &amp; Chart with directions</li> </ul>
15 min	<b>Welcome &amp; Introduction</b>	<ul style="list-style-type: none"> <li>• Greet/meet the people at your table</li> <li>• Review the Agenda for the meeting</li> </ul>	SMALL GROUP: Have people introduce themselves to others at their table WHOLE GROUP: Review the meeting agenda	<ul style="list-style-type: none"> <li>• Meeting Agenda</li> </ul>
45 min	<b>Exploring this Opportunity</b>	<ul style="list-style-type: none"> <li>• Build a common understanding of what this opportunity</li> </ul>	<ul style="list-style-type: none"> <li>• Note <i>Continuum</i> copies on the wall, stating their purpose and process for development and refinement</li> <li>• RHVP presentation</li> </ul>	<ul style="list-style-type: none"> <li>• 2 copies of <i>Continuum of Preparedness &amp; Strength</i> posted on the wall</li> <li>• Laptop, projector, wall</li> </ul>

**Rural Home Visiting Program  
MEETING PLAN  
Community Meeting #1  
Time: 4 hours**

Timeframe	Elements	Goals	Strategy	Tools or other info
		offers	<ul style="list-style-type: none"> <li>• Q &amp; A</li> <li>• Small groups with state team split among tables to discuss:               <ul style="list-style-type: none"> <li>○ What questions do we have about how the models operate?</li> <li>○ What questions do we have about the project process, timeline, and requirements/support?</li> <li>○ (Model leads present/on phone to respond to questions)</li> </ul> </li> <li>• Capture Q &amp; A on chart paper</li> <li>• Capture ideas about existing and possible future capacities as/if they are mentioned on a chart with headers related to element areas</li> </ul>	<ul style="list-style-type: none"> <li>• RHVP Short presentation (HVSA, MIECHV, NFP/PAT, Rural Project, process) 8-10 slides</li> <li>• RHVP One Sheet</li> <li>• RHVP Process &amp; Timeline</li> <li>• Program Model One Sheet</li> <li>• Sample NFP and PAT Budget</li> <li>• Sample Implementation Plan</li> <li>• Model leads</li> </ul>
90 min	<b>Matching of Community Priorities</b>	<ul style="list-style-type: none"> <li>• Explore current community priorities and needs</li> </ul>	<p><b>SMALL GROUP (45 min)</b></p> <ul style="list-style-type: none"> <li>• Discuss your table’s perspective about current broader community priorities (e.g. helping low-income families access health care, spurring economic development and job creation, etc.) and note on post-its (one priority for each)</li> <li>• If family strengthening, school readiness or child abuse and neglect prevention are high priorities, discuss the degree to which NFP or PAT seem like useful approaches in our communities?</li> </ul> <p><b>WHOLE GROUP (45 min)</b></p> <ul style="list-style-type: none"> <li>• Report out and discuss community priorities.               <ul style="list-style-type: none"> <li>○ How much support is there for family strengthening, et al?</li> <li>○ Do PAT or NFP seem like appropriate approaches to meet this need in our communities?</li> <li>○ How heavy will the lift be to build long-term support?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Post-it notes</li> <li>• Markers</li> <li>• Discussion prompts</li> </ul>

**Rural Home Visiting Program  
MEETING PLAN  
Community Meeting #1  
Time: 4 hours**

Timeframe	Elements	Goals	Strategy	Tools or other info
15 min	<b>Break</b>	<ul style="list-style-type: none"> <li>• Get refreshed</li> </ul>		
45 min	<b>Support for Families in Our Communities</b>	<ul style="list-style-type: none"> <li>• Reflect on current service capacity across the county</li> <li>• Name potential implementing agencies</li> <li>• Name potential referral partners</li> <li>• Share thoughts about high priority geographic and demographic communities</li> </ul>	<p><b>WHOLE GROUP (25 min)</b></p> <ul style="list-style-type: none"> <li>• Review and discuss the County Data Profiles and Community Member input</li> </ul> <p><b>SMALL GROUP (AROUND THE WORLD) (9 min, 6 min, 5 min)</b></p> <ul style="list-style-type: none"> <li>• Moving from chart to chart, review the previous group's input and enhance it with what we know/think about the four elements:               <ul style="list-style-type: none"> <li>○ <b>Amount and location of current programs.</b> Where is current home visiting and related service capacity located?</li> <li>○ <b>Potential Consumer Communities.</b> What geographic or demographic communities might have enough eligible families needing these services to participate?</li> <li>○ <b>Implementing &amp; Referring Agencies.</b> Which agencies might demonstrate desirable characteristics and be interesting in implementing PAT or NFP or sending/receiving referrals?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Wall Charts with labeled heading,</li> <li>• Markers</li> <li>• Data Profiles</li> <li>• Coalesced Community Member Input</li> <li>• Characteristics of Potential Implementing and Referring Agencies</li> <li>• Program Eligibility Criteria</li> <li>• Handouts with questions</li> <li>• Table Facilitators</li> </ul>

**Rural Home Visiting Program  
MEETING PLAN  
Community Meeting #1  
Time: 4 hours**

Timeframe	Elements	Goals	Strategy	Tools or other info
40 min	<b>Considering the Way Forward</b>	<ul style="list-style-type: none"> <li>• Build agreement and/or identify next exploration steps</li> <li>• Confirm whether we want to proceed</li> <li>• Identify who else needs to be involved now if we proceed</li> </ul>	<p><b>WHOLE GROUP</b></p> <ul style="list-style-type: none"> <li>• Discuss each chart and agree or name next exploration steps</li> </ul> <p><b>WHOLE GROUP</b></p> <ul style="list-style-type: none"> <li>• Round Robin with facilitators capturing responses to three questions:               <ul style="list-style-type: none"> <li>○ Should we take further steps to pursue this opportunity – Why so or not?</li> <li>○ If we proceed, who else needs to be involved now?</li> <li>○ If we proceed, what procedural things should continue/change to allow us to move forward most effectively?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• 3 Charts</li> <li>• 3 Easels</li> <li>• Markers</li> </ul>
10 min	<b>Confirming Next Steps</b>	<ul style="list-style-type: none"> <li>• Be clear what happens next – who, what, when</li> </ul>	<ul style="list-style-type: none"> <li>• State and Local Team name the next steps</li> <li>• Thank our local team and meeting participants</li> </ul>	<ul style="list-style-type: none"> <li>• Chart</li> <li>• Easel</li> <li>• Markers</li> </ul>

**Number of Participants:** 15 participants

**Room Set Up:** Rounds/squares of 6. Projector table and power allowing projection onto wall. 3 wall spaces at least 6 feet wide for posting charts

Dovetailing will provide	Thrive to Provide	Local Team to Provide
<ol style="list-style-type: none"> <li>1. Meeting Plan</li> <li>2. Table Toys</li> </ol>	<ol style="list-style-type: none"> <li>1. Materials</li> <li>2. Laptop</li> <li>3. Projector</li> </ol>	<ol style="list-style-type: none"> <li>1. Facility</li> <li>2. Meals</li> <li>3. Round/square tables of 6</li> </ol>

**Rural Home Visiting Program  
MEETING PLAN  
Community Meeting #1  
Time: 4 hours**

**Rural Home Visiting Program  
MEETING PLAN  
Community Meeting #2  
Time: 4 hours**

**Meeting Objectives:**

- Confirm/describe a consumer population with an adequate number of likely eligible families within a feasible service area
- Confirm/describe the fit of community priorities for children and families with the Parents As Teachers Model and generate ideas for how these priorities can be reflected in program design
- Confirm the interest of the community and presence of one or more potential implementing agencies
- Identify high-level “what it would take” to proceed and determine next steps

Timeframe	Elements	Goals	Strategy	Tools or other info
PRE-WORK	<b>Prepare for the Meeting</b>	<ul style="list-style-type: none"> <li>• Review proceedings from last meeting</li> </ul>	Read on your own	<ul style="list-style-type: none"> <li>• Prior Meeting Notes</li> <li>• RHVP One Sheet</li> <li>• Program Model One Sheet</li> <li>• County Data Profile</li> </ul>
30 min in advance	<b>Check In</b>	<ul style="list-style-type: none"> <li>• Get people ready for the meeting</li> </ul>	Provide name tags, materials and refreshments to help people get situated	<ul style="list-style-type: none"> <li>• Refreshments</li> <li>• Name tags</li> <li>• Agenda &amp; materials</li> </ul>
10 min	<b>Welcome &amp; Introduction</b>	<ul style="list-style-type: none"> <li>• Greet/meet the people at your table</li> <li>• Review the Agenda</li> </ul>	<p>WHOLE GROUP: Review the meeting agenda</p> <p>Reiterate that this is different than other grant opportunities in that it is a community process, rather than a grant seeker process.</p>	<ul style="list-style-type: none"> <li>• Meeting Agenda</li> </ul>
20 min	<b>Recapping Where We Are</b>	<ul style="list-style-type: none"> <li>• Build a common understanding of what this opportunity offers and decisions made to date</li> </ul>	<ul style="list-style-type: none"> <li>• Note <i>Continuum</i> copies on the wall, sharing an example of how it can influence planning of the model implementation</li> <li>• Present abbreviated RHVP presentation + additional slides about decisions made last meeting. At HVSA Slide emphasize benefits of EBHV and seriousness of endeavor. Underscore our hope and intent to help rural communities make "eyes wide open" decisions AND do some of the preparation work BEFORE they submit and obtain a grant.</li> <li>• Q &amp; A</li> <li>• Ask people to add to the Starter List of existing home visiting programs and related services through the afternoon</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Continuum of Preparedness &amp; Strength</i></li> <li>• Laptop, projector</li> <li>• RHVP Short PPT inc. decisions to date</li> <li>• RHVP One Sheet</li> <li>• RHVP Process &amp; Timeline</li> <li>• Chart- Starter List of Local HV Programs and</li> </ul>

**Rural Home Visiting Program  
MEETING PLAN  
Community Meeting #2  
Time: 4 hours**

Timeframe	Elements	Goals	Strategy	Tools or other info
				Related Services
60 min	<b>Considering What a Program Might Look Like</b>	<ul style="list-style-type: none"> <li>Identify the most beneficial potential service population and area</li> </ul>	<p><b>WHOLE GROUP</b></p> <ul style="list-style-type: none"> <li>Facilitator references the meeting notes and Data Profile as resources</li> <li>Note the MIECHV Priorities (Funding requires priority on one or more of the Priorities)</li> <li>Discuss the application of a “reachable service area” to identify different populations you might serve.               <ol style="list-style-type: none"> <li>Which potential consumer populations might you serve)</li> <li>What service areas are reachable for these populations? Probe same or different area</li> </ol> </li> <li>Discuss, describe and confirm one or two prioritized populations (location and demographics)</li> <li>Brainstorm trusted leaders of for each potential consumer group (If time allows)</li> </ul>	<ul style="list-style-type: none"> <li>Tools (e.g., Maps and rulers)</li> <li>Reachable Service Area Questions written on chart paper</li> <li>Program Model One Sheet</li> <li>Data Profiles</li> <li>MIECHV Priorities</li> <li>Post-it notes</li> <li>Markers</li> <li>Discussion prompts</li> </ul>
10 min	<b>Break</b>			
15 min	<b>Considering What a PAT Program Might Look Like</b>	<ul style="list-style-type: none"> <li>Identify the specific program elements we might need in a PAT program</li> <li>Test the ability of a PAT program to meet these needs</li> </ul>	<ul style="list-style-type: none"> <li>Introduce the model planning session questions and the PAT elements handout               <ol style="list-style-type: none"> <li>“Thinking about the previously identified consumer population and needs, what model elements in addition to the essential requirements might be needed? (e.g. prenatal visit, etc.) (Note one per post-it)”</li> <li>What questions do you have for the PAT Model Lead?</li> </ol> </li> <li>Each person writes ideas on post-its. Facilitator organizes post-its on wall chart next to PAT Elements, Set “optional” elements (e.g. M&amp;I health) on separate chart. Focus discussion/ facilitate conversation about optional elements:               <ol style="list-style-type: none"> <li>Do these elements roughly represent what we might need?</li> <li>Can most of these needs be met within the PAT model?</li> <li>Are there other ways we can “add” to the model to meet the</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>Large Chart – “Potential Model Elements”</li> <li>Questions On Chart Paper</li> <li>Markers</li> <li>Post-its</li> <li>PAT Model Elements Handout (8)</li> <li>Sample PAT Budget (9)</li> <li>Sample PAT Implementation Plan (10)</li> <li>Call with Model Lead</li> </ul>

**Rural Home Visiting Program  
MEETING PLAN  
Community Meeting #2  
Time: 4 hours**

Timeframe	Elements	Goals	Strategy	Tools or other info
			<p style="text-align: center;">needs? Who might provide them? Discuss questions from prior session with State Model Lead by phone.</p>	
35 min	<b>Selecting/ Endorsing the Potential Implementin g Agency</b>	<ul style="list-style-type: none"> <li>• Confirm the Potential Implementing Agency Selection/ Endorsement Process</li> </ul>	<ul style="list-style-type: none"> <li>• Recognize change: 3<sup>rd</sup> meeting prior to decision and selection endorsement process.</li> <li><b>Reasons:</b> <ol style="list-style-type: none"> <li>a. 3<sup>rd</sup> meeting needed to confirm decisions about consumer population, the service area and select the implementing agency—all of which are required to understand fit and feasibility.</li> <li>b. Provide objective information to help you make your decision and to help funders with their decision process.</li> <li>c. Make efficient use of your time. This information will be useful in three ways: (1) to make your decision/ endorsement; (2) to demonstrate agency willingness to devote time to the planning process and (3) gives the funders solid information to make their decisions; and, (4) it will be needed for the grant and model accreditation applications</li> </ol> </li> <li>• Introduce Selection/Endorsement Process to help the group to choose/confirm the potential lead agency. <ul style="list-style-type: none"> <li>• Take comments/ questions then ask the group to decide how they want to organize the voting. Confirm and agree on process.</li> <li>• Confirm list of potential implementing agencies from the first meeting</li> </ul> </li> <li>• <i>Note: HVSA staff may ask for follow-up calls with the potential implementing agency(ies) after reviewing the written statements.</i></li> <li>• <b>Agree on Timing.</b> Suggest agencies complete and forward to all in 2 weeks and meet in 3 weeks.</li> </ul>	<ul style="list-style-type: none"> <li>• Implementing Agency Selection/ Endorsement Process and Desirable Characteristics</li> </ul>
25 min	<b>Considering the Way Forward</b>	<ul style="list-style-type: none"> <li>• Confirm whether we want to proceed</li> <li>• Identify who else</li> </ul>	<p><b>WHOLE GROUP</b></p> <ul style="list-style-type: none"> <li>• Round Robin with facilitators capturing responses to three questions: <ul style="list-style-type: none"> <li>○ Should we pursue this opportunity further—Why so or not?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• 3 Charts</li> <li>• 3 Easels</li> <li>• Markers</li> </ul>

**Rural Home Visiting Program  
MEETING PLAN  
Community Meeting #2  
Time: 4 hours**

Timeframe	Elements	Goals	Strategy	Tools or other info
		needs to be involved now if we proceed	<ul style="list-style-type: none"> <li>○ If we proceed, who else needs to be involved now?</li> <li>○ If we proceed, what do we need to do next to move forward most effectively?</li> </ul>	
5 min	<b>Confirming Next Steps</b>	<ul style="list-style-type: none"> <li>• Be clear what happens next –who, what, when</li> </ul>	<ul style="list-style-type: none"> <li>• State and Local Team name the next steps</li> <li>• Thank our Local Team and meeting participants</li> </ul>	<ul style="list-style-type: none"> <li>• Chart</li> <li>• Easel</li> <li>• Markers</li> </ul>

**Number of Participants:** 15 participants

**Room Set Up:** Rounds/squares of 6. Projector table/power allowing projection onto wall. 3 wall spaces at least 6 feet wide for posting charts

Dovetailing will provide	Thrive to Provide	Local Team to Provide
<ol style="list-style-type: none"> <li>1. 2 easels</li> <li>2. Facilitation tools</li> <li>3. Meeting Plans</li> </ol>	<ol style="list-style-type: none"> <li>1. 1 easel</li> <li>2. Packets, copies of materials, sign-in sheet</li> <li>3. Flip Charts</li> <li>4. 2 copies of the revised continuum</li> <li>5. Maps for each small group plus one (5?)</li> <li>6. 4 scissors</li> <li>7. PAT Model Elements handout</li> <li>8. Speaker Phone</li> </ol>	<ol style="list-style-type: none"> <li>1. Meeting space</li> </ol>

**Rural Home Visiting Program  
MEETING PLAN  
Community Meeting #2  
Time: 4 hours**

**Rural Home Visiting Program  
MEETING PLAN  
Community Meeting #3  
Time: 4 hours**

**Meeting Objectives:**

- Select/endorse our community's implementing agency
- Identify key referral partners
- Prepare to serve in an advisory role to the implementing agency for the next steps: holding the Parent Café, and developing the Affiliate Plan and grant application process
- Plan the parent focus group
- Determine next steps

Timeframe	Elements	Goals	Strategy	Tools or other info
PRE-WORK	<b>Prepare for the Meeting</b>	<ul style="list-style-type: none"> <li>• Review proceedings from last meeting</li> </ul>	Read on your own	<ul style="list-style-type: none"> <li>• Meeting Notes</li> <li>• RHVP One Sheet</li> <li>• Program Model One Sheet</li> <li>• County Data Profile and additional community data if submitted</li> <li>• Implementing Agency Written Statements</li> <li>• Sign-in sheet</li> </ul>
30 min in advance	<b>Check In</b>	<ul style="list-style-type: none"> <li>• Get people ready for the meeting</li> </ul>	Provide nametags, materials and refreshments to help people get situated.	<ul style="list-style-type: none"> <li>• Refreshments</li> <li>• Name tags</li> <li>• Agenda &amp; materials</li> </ul>
10 min	<b>Welcome &amp; Introduction</b>	<ul style="list-style-type: none"> <li>• Greet/meet the people at your table</li> <li>• Review the meeting agenda</li> </ul>	<p>WHOLE GROUP: Review the meeting agenda</p> <p>Reiterate that this is different than other grant opportunities in that it is a community process, in addition to an agency grant process.</p> <p>Confirm that people on the phone (if any) have meeting materials.</p>	<ul style="list-style-type: none"> <li>• Meeting Agenda</li> </ul>

**Rural Home Visiting Program  
MEETING PLAN  
Community Meeting #3  
Time: 4 hours**

Timeframe	Elements	Goals	Strategy	Tools or other info
15 min	<b>Recapping Where We Are</b>	<ul style="list-style-type: none"> <li>Build a common understanding of what this opportunity offers and decisions made to date</li> </ul>	<ul style="list-style-type: none"> <li>Note <i>Continuum</i> copies on the table/wall, sharing an example of how it can influence program design and implementation</li> <li>Present abbreviated RHVP presentation + additional slides about decisions made last meeting. At HVSA Slide underscore EBHV benefits and seriousness of undertaking implementation of EBHV with fidelity.</li> <li>Ask local person not applying to serve as implementing agency to describe community decisions concerning consumer population and service area.</li> <li><b>Q &amp; A.</b></li> </ul>	<ul style="list-style-type: none"> <li><i>Continuum of Preparedness &amp; Strength</i></li> <li>Laptop, projector</li> <li>RHVP Short presentation + slides about decisions made</li> <li><i>RHVP One Sheet</i></li> <li><i>RHVP Process &amp; Timeline</i></li> <li>Meeting One and Two Notes</li> </ul>
70 min	<b>Selecting/ Endorsing the Potential Implementing Agency</b>	<ul style="list-style-type: none"> <li>Select/ endorse the potential implementing agency</li> </ul>	<p><b>WHOLE GROUP</b> Facilitator introduces the endorsement process and agreed decision-making process.</p> <ul style="list-style-type: none"> <li>Each agency makes a 10-minute presentation.</li> <li>Facilitate Q&amp;A after all presentations have been completed.</li> <li>Facilitate voting and decision-making.</li> <li>Appreciate all applicant agencies and the group as appropriate to prepare them to move forward with the decision.</li> <li>Facilitator prepares group for its new advisory role, noting that the PAT model requires community partnerships, an advisory committee and advocates and supporters. Likely that some of the people needed for those roles are in the room and some are not.</li> <li>Following this meeting, and after the funders give the green light about proceeding, this group will move into an advisory role with one more meeting planned to help the implementing agency make final choices prior to submitting the grant.</li> <li>Ask people to share guidance about what it will take to implement a successful program. (Go one by one around the room, making it easy for</li> </ul>	<ul style="list-style-type: none"> <li>Implementing Agency Written Statements</li> <li>Meeting Summary with consumer population and service area</li> <li>PAT Model Elements</li> <li>MIECHV Priorities</li> <li>Post-it notes for private ballot</li> <li>Markers</li> </ul>

**Rural Home Visiting Program  
MEETING PLAN  
Community Meeting #3  
Time: 4 hours**

Timeframe	Elements	Goals	Strategy	Tools or other info
			<p>people to pass.)</p> <ul style="list-style-type: none"> <li>• Ask the successful agency if they would like to say anything.</li> <li>• Describe next steps and timing of state decision to select the three communities.</li> </ul>	
10 min	<b>Break</b>			
30 min	<b>Identifying key service partners</b>	<ul style="list-style-type: none"> <li>• Identify key Referral partners</li> </ul>	<p><b>WHOLE GROUP</b></p> <ul style="list-style-type: none"> <li>• Review importance of referral partners to: (1) refer clients to the program; and (2) provide referrals for additional resources for participating families; noting that these referral partnerships are required in both the grant and model implementation plans.</li> <li>• Review the list developed at past meetings. Ask if there are other partners who should be added to the list.</li> <li>• Note that we want the group’s thinking about the most important partnerships to establish first.</li> <li>• Ask the group to think about the most important: <ul style="list-style-type: none"> <li>○ 3-5 partners who could refer clients to the program; and,</li> <li>○ 3-5 referral resources for PAT clients.</li> </ul> </li> <li>• Ask people to write a word or two about the reasons for their choices on separate post-its and to then post the Post-Its on the chart, next to the agency name. (e.g. “they have existing relationships/credibility with our focus populations”)</li> <li>• Review the results, for each list, ask people if the list looks roughly right, facilitate discussion and take notes.</li> <li>• Note that the group’s thinking will inform implementing agency’s early partnerships.</li> </ul>	<ul style="list-style-type: none"> <li>• Wall Chart List of current referral partners from previous meetings with a column to the left for “Refer Clients to PAT” and a column on the right for “Resources for PAT clients.”</li> <li>• Post its</li> </ul>
30 min	<b>Engaging consumers in the planning process</b>	<ul style="list-style-type: none"> <li>• Identify trusted messengers and plan the Parent Cafe</li> </ul>	<p><b>WHOLE GROUP</b></p> <ul style="list-style-type: none"> <li>• Ask the group to consider the consumer population and to write on post-its the names and affiliations of trusted connections and messengers for this community, along with their own name if they are willing to help make the introduction. Post on the wall. Discuss as needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Consumer population description on the wall to post trusted messengers</li> <li>• Flip chart to take notes</li> </ul>

**Rural Home Visiting Program  
MEETING PLAN  
Community Meeting #3  
Time: 4 hours**

Timeframe	Elements	Goals	Strategy	Tools or other info
			<ul style="list-style-type: none"> <li>• Ask the potential implementing agency if they would like people to help recruit parents and plan the Parent Cafe.</li> <li>• If so, ask them to share what help they would like and facilitate discussion and volunteering process.</li> </ul>	on who will do what
15 min	<b>Confirming Next Steps</b>	<ul style="list-style-type: none"> <li>• Be clear what happens next – who, what, when</li> </ul>	<ul style="list-style-type: none"> <li>• State and Local Team name the next steps</li> <li>• Appreciate the group and its progress.</li> </ul>	<ul style="list-style-type: none"> <li>• Chart</li> <li>• Easel</li> <li>• Markers</li> </ul>

**Number of Participants:** 15 participants

**Room Set Up:** Rounds/squares of 6. Projector table and power allowing projection onto wall. 3 wall spaces at least 6 feet wide for posting charts.

Dovetailing will provide	Thrive to Provide	Local Team to Provide
<ol style="list-style-type: none"> <li>1. 2 easels</li> <li>2. Facilitation tools</li> <li>3. Meeting Plan</li> </ol>	<ol style="list-style-type: none"> <li>1. 1 easel</li> <li>2. Packets, copies of materials, sign-in sheet</li> <li>3. Flip Charts</li> <li>4. 6 copies of the revised continuum</li> <li>5. PAT Model Elements handout</li> <li>6. PAT Logic Model</li> <li>7. Capacity Assessment Printed (for potential lead agencies)</li> <li>8. Speaker Phone</li> </ol>	Person to present decisions about consumer population and reachable service area



Rural Home Visiting Project  
 \_\_\_\_\_ (Agency Name) Technical Assistance Visit Template

Time: 2.5 hours

**Objectives**

1. Build relationships with, and understand support available from, the Thrive Home Visiting Hub team
2. Respond to questions and provide information needed to:
  - Design your PAT Program and complete PAT Affiliate Plan
  - Understand start-up costs and complete PAT budget
  - Complete your Home Visiting Implementation Plan

**Agenda**

Time	Topic	Objective	Materials	Lead
10 min	Introductions	Build relationships		
20 min	PAT Budget	<ul style="list-style-type: none"> <li>• Review &amp; confirm non-salary start-up costs (fees, training costs, etc.) in order to identify funding available for programming</li> <li>• Identify approximate number of families that funding will support to inform program design options and choices</li> </ul>	<ol style="list-style-type: none"> <li>1. PAT Budgeting Worksheet- Agency Work in Progress</li> <li>2. Screening and Outcome Tools Costs (Use, Materials and Training)</li> </ol>	
120 min	PAT Affiliate Plan Questions and Issues	<p>Planning PAT Program and prepare to complete PAT Affiliate Plan</p> <ol style="list-style-type: none"> <li>1. Section II C: Explore when the agency will begin hiring and how long it will take to hire.</li> <li>2. Section II D: Explore ideal supervisor characteristics and whether existing or new staff will provide supervision.</li> <li>3. Section II E. Explore marketing and recruitment plans.</li> <li>4. Projected Outputs and Outcomes: Explore Visit Tracker Data System issues, data collection and training.</li> </ol>	<ol style="list-style-type: none"> <li>1. PAT Readiness Reflection Tool</li> <li>2. Pat Essential Requirements</li> <li>3. PAT Quality Assurance Guidelines</li> <li>4. PAT Affiliate Plan- Agency Work in Progress</li> <li>5. Implementation Plan Template</li> </ol>	

**Rural Home Visiting Program  
MEETING PLAN  
Community Meeting #4  
Time: \_\_\_\_\_**

**Meeting Objectives:**

- Update community partners on program planning/design and plan to reach a full caseload
- Gather input on \_\_\_\_\_ (insert elements) outstanding program elements. (Make specific for each community: Examples include: marketing and recruitment strategy
  - Community Advisory Committee
  - Screening and referral partnerships (MOUs)
- Celebrate the culmination of the community planning process

**Decisions needed from each county implementing agency:**

1. Identify program planning/design (e.g., community advisory community members) and planning elements (e.g., marketing and recruitment, screening partnerships), if any, where input from community advisors will be useful.
2. Decide on your role and the role of the Thrive team for this last RHV community Work Group meeting.

Timeframe	Elements	Goals	Strategy	Tools or other info	Lead
30 min pre meeting	<b>Check In</b>	<ul style="list-style-type: none"> <li>• Get people ready for the meeting</li> </ul>	Provide materials and refreshments to help people get situated.	<ul style="list-style-type: none"> <li>• Refreshments</li> <li>• Name tags</li> <li>• Agenda &amp; materials</li> </ul>	
10 min	<b>Welcome &amp; Introduction</b>	<ul style="list-style-type: none"> <li>• Greetings</li> <li>• Review the Agenda for the meeting</li> </ul>	<ul style="list-style-type: none"> <li>• Introductions</li> <li>• Review the meeting agenda</li> <li>• <b><i>If there are new people</i></b>, provide an overview of the project purpose</li> <li>• <b><i>If people are joining by phone</i></b>, confirm that they have meeting materials.</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting Agenda</li> </ul>	_____ (LIA)
30 min	<b>Updates: Community Cafes, Program Design and Plans</b>	<ul style="list-style-type: none"> <li>• Update community partners</li> </ul>	<ul style="list-style-type: none"> <li>• Share key learnings from community café(s) and implications for your program</li> <li>• Provide update on program design including areas, if any, where you have deviated from earlier decisions and guidance from the planning group</li> <li>• Share your plans and timeline for reaching a full caseload.</li> <li>• Q &amp; A</li> </ul>	<ul style="list-style-type: none"> <li>• RHVP One Sheet</li> <li>• Summary of Community Café(s)</li> <li>• Program Model One Sheet</li> <li>• MIECHV Priorities</li> <li>• Copies of Notes from Meetings One, Two and Three on the table</li> </ul>	_____ (LIA) Thrive Team facilitate Q & A?

**Rural Home Visiting Program  
MEETING PLAN  
Community Meeting #4  
Time: \_\_\_\_\_**

Timeframe	Elements	Goals	Strategy	Tools or other info	Lead
TBD depending on issues	<b>Gather Input on</b> _____ _____ <b>(Insert topics)</b>	<ul style="list-style-type: none"> <li>Plan our Parents As Teachers Program</li> </ul>	<ul style="list-style-type: none"> <li>Describe issues and input needed</li> <li>Decide in advance whether LIA or Thrive Team will facilitate discussion</li> <li>Discuss issues one by one</li> <li>(Thrive will capture input on flip charts)</li> </ul>	<ul style="list-style-type: none"> <li>TBD depending on issues</li> </ul>	_____ (LIA) Thrive Team facilitate Q & A?
15 min	<b>Celebrate the culmination of the community planning process</b>	<ul style="list-style-type: none"> <li>Appreciate the community planning committee</li> </ul>	<ul style="list-style-type: none"> <li>Thrive Team shares timing of grant process</li> <li>Thrive Team appreciates the planning group and shares observations about the value of community participation</li> <li>LIA appreciates community planning group and adds its observations about how the community participation will help the program to get a strong start</li> <li>Go around the room and ask everyone to share a hope or appreciation</li> <li>Liv offers toast to LIA and community</li> </ul>		LIA and Thrive
10 min.	<b>Adjourn</b>				

**Number of Participants:** 6-15 participants

Dovetailing will provide	Thrive to Provide	Local Implementing Agency to Provide
<ol style="list-style-type: none"> <li>2 easels</li> <li>Facilitation tools</li> </ol>	<ol style="list-style-type: none"> <li>Packets, copies of materials, sign-in sheet</li> <li>Flip Charts</li> <li>PAT Model Elements handout</li> <li>Capacity Assessment Printed (for potential lead agencies)</li> <li>Speaker Phone</li> </ol>	<ul style="list-style-type: none"> <li>Meeting leadership</li> <li>Parent Café Summary</li> <li>Program design and planning issues which community input will be helpful- and supporting materials</li> </ul>

**Appendix C.1 Implementing Agency Selection and Endorsement Process**

## Rural Home Visiting Project

### Process for Community Selection/Endorsement of a Home Visiting Implementing Agency

Since this project is using a community planning process to move forward, the Rural Home Visiting Community Workgroup will need to select and endorse an “implementing agency.” This *Selection/Endorsement Process* is presented for communities to discuss, refine and use to select and endorse an implementing agency that:

- Demonstrates the greatest level of “fit” with their selected home visiting model; and,
- Is most likely to be able to meet the program requirements and sustain the program.

Besides helping to select or endorse an implementing agency, the *Selection/Endorsement Process* will provide a simple way for the agency to demonstrate interest in this opportunity and document community support for the implementing agency. It replaces the *Letter of Interest* and *Letters of Support* that are typically required as part of a grant application process. *Project funders will use this process to select up to three communities that demonstrate sufficient interest and ability to successfully implement their selected evidence-based home visiting model. Funders will invite these communities to submit a grant application and Implementation Plan for their chosen model.*

“Fit” refers to the match between the capacities of the agency and the capacities needed to successfully implement the selected evidence-based home visiting program and consumer population. Fit includes the strength of relationships with consumer populations and community agencies needed to attract clients and refer them to other needed services.

**The implementing agency** will lead the development of the grant and model accreditation applications working closely with their community workgroup and the Rural Home Visiting Project Team. *If both the Home Visiting Service Account grant application and the model accreditation application are successful, the agency will secure funding and implement the program.*

### Selection/Endorsement Process

**Written Information and Presentation:** Interested agencies will prepare a brief written description (up to 2,000 words) and make a brief presentation at the community’s next Rural Home Visiting Project meeting. The written description must include the following:

1. Confirmation of agency: (a) mission alignment; (b) interest in exploring their agency implementing an evidence-based home visiting program and; and, (c) willingness and capacity to devote staff time to exploring this opportunity.
2. Description of how the agency embodies and expresses these characteristics, experience and capacities<sup>1</sup>, providing examples where possible:
  - a. Has positive relationships, experience and processes for engaging the potential consumer community
  - b. Has strong and positive relationships with partner agencies
  - c. Has expertise in implementing the program and/or implementing evidence-based programs
  - d. Gathers and analyzes data to determine achievement of program objectives
  - e. Recruits and retains highly capable staff
  - f. Has a commitment to reflective practice and supervision and providing necessary support
  - g. Has processes in place and experience determining eligibility and making/receiving referrals
  - h. Is in a reasonably strong financial position
  - i. Ideas about how you might sustain the program
3. Description of how the agency will engage the selected consumer population in the planning of services, including one or more parent focus groups with the selected consumer population.

**Vote by Private Ballot:** Following the presentations workgroup members will deliberate and vote by private ballot to select the implementing agency. Selection/endorsement will be determined by majority vote of participants.

**Participation/Recusal:** To manage conflict of interest concerns, community discussion and decision may happen in one of the following ways as determined by each community:

- a. Agency representatives, staff and board members will recuse themselves from the deliberation and vote.
- b. Agency representatives, staff, board and their family members disclose their affiliations and participate in the deliberation and vote.

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<sup>1</sup> Characteristics, experience and capacities are drawn from the *Continuum of Strength and Preparedness* which is based upon: (1) the evidence-based home visiting model requirements; (2) the Home Visiting Services Account requirements of implementing agency grantees; and, (3) a review of the literature about what helps agencies to implement evidence-based programs successfully.

**Appendix C.2 Template Used to Identify Three Communities for Funding**



# Rural Home Visiting: Funding Recommendations

**Project Charge.** Thrive by Five Washington is leading a collaborative effort with the Department of Early Learning to help rural communities:

- Identify the “match” of their needs and preparedness with requirements of evidence-based home visiting programs eligible for funding from the Home Visiting Service Account;
- Recommend the counties that are most prepared for funding; and
- Strengthen their capacity to deliver evidence-based home visiting programs with the fidelity needed to achieve the intended outcomes.

**Focus Counties.** State partners identified five rural and remote focus counties to participate in the Project: Adams, Grays Harbor, Okanogan, Pacific and Pend Oreille counties (*Note: following initial discussions, Pacific County decided not to pursue this opportunity.*)

**Process.** The Project is using several tools to support communities in preparing to successfully implement an evidence-based home visiting program.

**Continuum of Preparedness and Strength.** To make it easy for communities to understand the dimensions of readiness, fit and capacities needed for successful implementation, the Hub/Rural Home Visiting (Hub/RHV) Team coalesced all relevant elements into a “Continuum of Preparedness and Strength” which draws on the expertise of state and national partners, the University of Colorado Community Readiness Model, HVSA/Model requirements and the core principles of Implementation Science.

**Community Process.** The Hub/RHV Team created and implemented a two-phase process that front-loaded key decisions (e.g., creation of the beginnings of a community advisory team, identification of a potential consumer population, identification of referring and receiving agencies, etc.) to help the communities and the HVSA make decisions about proceeding.

- *Phase I: Community-Driven* (March through September 11) included convening a community advisory group to: identify a consumer population and service area; select the home visiting model that best fits their community priorities; recommend optional elements to add to the model; identify key referral partners; and, select a potential implementing agency.
- *Phase II: Agency-Specific* (September through December 2013) will focus on helping the selected communities prepare their HVSA Grant Application and Model Affiliation Plan by November 15th, and then take steps to identify and build additional capacities needed to implement their selected model successfully.

## Funding Recommendations

The four communities (Grays Harbor, Adams, Okanogan and Pend Oreille Counties) are at varying levels on different elements of the *Continuum of Preparedness and Strength*. We anticipate that each community will request the maximum of \$200,000/year if a proposal is invited.

\_\_\_\_ (name) counties have selected the Parents as Teachers Model:

- ✓ \_\_\_\_ (Description of how communities meet/don't meet *Continuum* thresholds for "Community Readiness" and "Fit")
- ✓ \_\_\_\_ (Summary of issues, if any, e.g., adequate consumer population or variances required)

\_\_\_\_ (name) counties have selected the Nurse Family Partnership model:

- ✓ \_\_\_\_ (Description of how communities meet/don't meet *Continuum* thresholds for "Community Readiness" and "Fit")
- ✓ \_\_\_\_ (Summary of issues, if any, e.g., adequate consumer population or variances required)

The Hub/RHV Team recommends funding communities in the following rank order, based upon the observations described in the table on Page Two:

1. \_\_\_\_ (Agency and county name), \_\_\_\_ (type of agency)
2. \_\_\_\_ (Agency and county name), \_\_\_\_ (type of agency)
3. \_\_\_\_ (Agency and county name), \_\_\_\_ (type of agency)
4. \_\_\_\_ (Agency and county name), \_\_\_\_ (type of agency)

## Community Preparedness Recommendations

(Shading color shows observed level of fit and capacity. Green - tight fit, Yellow – Attainment likely, but not yet demonstrated; Red - Attainment appears to be unlikely)

Model Selected				
Community Endorsed Lead Agency	_____ (Implementing Agency and County Name)			
<b>B2. EBHV Seen as Good Way to Get Desired Results</b>				
<b>B4. Ability to Recruit Families in Consumer Population</b>				
<b>B9. Volunteer Engagement and Participation in Exploration, Planning, Implementation and Sustainability Tasks</b>				
<b>B10. History and Practice of Multi-Agency Partnerships and Initiatives</b>				
<b>B11. History &amp; Knowledge of Evidence-based Model Implementation</b>				
<b>C1. Consumer Population - Sufficient consumer population to implement program within the service area</b>				
<b>C22. Community Support - Communication mechanisms/ strategies are in place, external political and advocacy champions are identified</b>				
<b>C 26. Sustainability &amp; Development – Fundraising infrastructure is in place and adequate funding for capacity building and implementation funding is secured</b>				

**Appendix D.1 Parent Cafes**

# You're Invited

We're having a conversation  
About a new parenting resource  
in our community

XX a.m. to XX p.m.  
XXXday, Month XX  
Name of location  
123 Fake St., City



Being a parent is a hard and sometime lonely job. Still, it may be the most important job parents will ever have.

[Org name] is planning to start a free, voluntary Parents as Teachers program in [County Name] to support parents in this important role.

We would like your advice about the best way to help \_\_\_\_\_ (state consumer population, e.g., teen, Mixteco) families in our community. If you would be interested in sharing your thoughts and experience as a parent, please consider joining us for this discussion. Dinner and a [Gift Card/Gas Card] will be provided for the first X participants who register.

For more information,  
contact  
Name Here  
XXX-XXX-XXXX  
name@emailaddress.com

*Insert more information here about the location, the perks (food that will be served), or any additional information about the convening organization that attendees might find useful.*

- *You can also just delete this box if you don't need this space at all.*
- *It is optional.*

## Rural Home Visiting Project

### [County Name] Parents as Teachers Home Visiting Program

#### Parent Conversation Agenda

##### 1. Welcome and Introductions

- a. Introduce yourself and the Note taker and/or interpreter
- b. Have each parent introduce herself/himself
  - i. Name
  - ii. Ages of children
  - iii. Share the name of an important person you remember from your childhood

##### 2. Getting Settled

- a. Comfort – Restrooms, child care, food
- b. Materials – Description of Parents as Teachers program, Copy of *Conversation Questions*
- c. Review *Agenda*, Questions and process

##### 3. Agreeing on How We Will Talk Together

- a. Discuss *Ground Rules*

##### 4. Conversation – Divide time between questions

- a. What are your hopes for your child?
- b. What kinds of information and support would have helped you when you were pregnant and just starting to parent?
- c. What are the best ways for you, and young parents in your community, to get information about a program like this?
- d. What can we do, or offer, to make the program most useful and interesting to families like yours?

##### 5. Closing

- a. Thank parents and provide gift cards
- b. Ask that they refer families they think would like to participate, once they hear we are up and running

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**Appendix D.2 Action Planning Template**



## Rural Home Visiting Project Grantee Early Implementation Action Plan Template \_\_\_\_\_ (Grantee Name)

This Action Plan is intended as a tool for Grantees and the Thrive Home Visiting Hub Team to use in: planning and sequencing key tasks required to reach a full caseload; coordinating orientation and training schedules; and, surfacing outstanding issues and needed support and capacity development activities.

For each of the key tasks, list the name of the person who will have lead responsibility for completing the task, the date by which you plan to complete the task, and any questions, comments or assistance needed from the Thrive Team.

Send your Completed Preliminary Action Plan to \_\_\_\_\_ (name and e-mail) by \_\_\_\_\_ (date).

Task		Lead	Date	Questions, Comments And Assistance Needed
<b>Personnel</b>				
	<i>Home Visitor(s)</i>			
1	Complete and approve position description			
2	Complete hiring process			
3	Prepare office space and tools (e.g., computer, phone)			
4	Orient new Home Visitors			
	<i>Supervisor(s)</i>			
5	Complete and approve position description			
6	Complete hiring/selection/promotion process			
7	Prepare office spaces and tools (e.g., computer, phone)			
	<i>Support Staff Member(s)</i>			
8	Complete and approve position description			
9	Prepare office spaces and tools (e.g., computer, phone)			
10	Identify and schedule training			
12	Orient and train Support Staff members			
<b>Required Staff Trainings</b>				
13	Schedule and complete Pat Foundational Training- (Home visitors and Supervisor)			
14	Schedule and complete ASQ Trainings			
15	Schedule and complete LSP			
16	Thrive/HVSA Orientation			
17	Thrive HVSA Benchmarks			

	Other?			
	Other?			

<b>Recruitment &amp; Referral</b>				
18	Identify marketing and recruitment strategies			
19	Identify marketing messages			
20	Complete <i>Recruitment Plan</i>			
21	Identify and prioritize partner agencies and community groups to assist with outreach and to make and receive referrals			
22	Negotiate and complete Referral Agreements			
23	Begin marketing and recruitment			
	Other?			
<b>Data Collection &amp; Use</b>				
24	Orient program planning staff to <i>Visit Tracker</i> data system			
25	Identify how HV data system and other agency data systems will be used to support model operation			
26	Determine who will collect data			
27	Determine who will enter data into system			
28	Determine how data will be extracted and reported as required			
29	Train applicable staff on data entry, analysis and extraction			
30	Determine how data will be used in reflective supervision and reflective practice			
	Other?			
<b>Enrollment</b>				
31	Develop <i>Client Participation Agreement</i>			
32	Determine how appointments will be scheduled			
33	Date you will begin setting client appointments			
34	Date you will begin services			
35	Estimate date to achieve full enrollment			
36	Set process for reviewing enrollment and adjusting recruitment plans as needed			
	Other?			