Oregon's Early Childhood Home Visiting System Landscape

Insights, Opportunities, and Recommendations for Action

CCOHVS
Center for Coordinating
Oregon Home Visiting Systems

Portland State
UNIVERSITY

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Acknowledgements

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We offer special thanks to the regional Home Visiting System coordinators in South Coast, South Central Oregon, Eastern Oregon, and Siskiyou County California as well as their partners (and to the Ford Family Foundation that funds these system-building projects). You have laid much of the foundation for us to do this work. Your expertise and advice has been invaluable to CCOHVS's ability to build relationships throughout Oregon. The possibilities for a relationship-centered coordinated system of home visiting in regions and throughout the state are clear in the work that you have done over the past nine years.

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

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Table of Contents

Table of Contents, continued

EXECUTIVE SUMMARY

Background

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

8-18%

of potentially eligible families are able to access ECHV programs for early prevention supports

While increased ECHV program funding is important, it is clear that **program funding alone** is **not enough** to ensure that families have equitable access to these important supports. Programs have specific eligibility requirements and can be challenging for families and referring partners to access. Families lack an understanding of the benefits of home visiting and may be reluctant to accept services for fear of stigmatization. Early childhood home visiting staff are stressed, and turnover is high. Improving home visiting service delivery requires work to address these problems by strengthening the ECHV system. Without investing in systems, families will continue to face barriers to receiving these critical early prevention services.

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

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

Purpose & Scope of this Report

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

The CCOHVS team interviewed 42 ECHV system leaders for this report, including Early Learning Hub Directors; FCO Community Alignment Specialists; Maternal, Infant, and Early Childhood Home Visiting (MIECHV) fund managers, and other program and system leaders across the state. In addition, we interviewed 22 ECHV program model leaders and conducted a survey of all current Home Visiting System (HVS) advisory group members to provide baseline data about Oregon's state-level ECHV system-building work. This process provided rich information about regional work that is happening to improve ECHV systems; in the full report we describe these opportunities for advancing regional systems change. Below we summarize what we learned, and provide a set of actionable recommendations for state home visiting system leaders.

Key Takeaways from Regional ECHV Systems Work

System Element 1: Governance & Leadership for ECHV Systems Building

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

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

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

Some of the most promising opportunities and improvements in coordinating ECHV systems referrals are through ***centralized*** referral systems that allow families or providers to access ECHV through a single point of contact (phone number, website, etc.). These systems, combined with well-trained, program-neutral outreach and engagement staff, represent a promising pathway for improving ECHV program access. In addition, for families giving birth, the state's universally-offered nurse home visiting program, Family Connects Oregon (FCO), has the capacity to expand reach to more families and to serve as a conduit to more intensive, ongoing ECHV programs. FCO is currently being implemented or in active planning in 15 counties, with plans for phased-in statewide roll-out.

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

System Element 3: Family Leadership for ECHV Programs and Systems

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

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

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

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

Next Steps

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

Strengthen Regional ECHV Systems Governance including Family Leadership

HVS Recommendations K & L

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

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

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

HVS Recommendations K & L

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

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

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

3. **Opportunities to learn from other regions** that are creating ECHV family leadership and to design family leadership structures that build on, rather than create new and potentially duplicative, family leadership structures.
4. **Resources, technical assistance and support** specifically for building family leadership at the regional level for ECHV systems. Importantly, partners described the importance of investments in training and professional development for **both staff and families** to gain skills and learn strategies for building meaningful partnerships and knowledge about ECHV programs and systems.

Support More Centralized and Coordinated Systems for Accessing ECHV

HVS Recommendation J

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

1. **Develop guidance and expectations for ECHV programs,** especially those with state-level oversight, to collaborate with each other at the local level and to establish a clear plan for moving towards more coordinated intake and referral for their programs. Provide technical support and resources to these collaborative efforts.
2. **Require Hub regions to have a collaboratively-developed plan for improving ECHV service coordination** that includes naming an identified ECHV referral coordination lead in each county and/or Hub region and establishing partnership agreements between existing ECHV programs.
3. **Support each Early Learning Hub to have a working list of ECHV programs** being delivered in each county that is inclusive of culturally-specific, Tribal, and locally developed and or funded models. This work should build on and expand the current state-level Oregon ECHV Program Overview document (see Appendix B) and identify funds needed to transition this information to an interactive, web-based system that could act as a centralized resource for local level ECHV program information.

Support Education & Messaging to Build Awareness

HVS Recommendation P

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

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

3. **Compile a centralized resource of educational and other materials** that includes existing materials and information to support state and local ECHV communications plans (e.g., examples from other states, Oregon communities, etc.). Use these materials to develop shared messaging and communications related to ECHV programs in multiple formats and languages.
5. **Identify resources to fully fund ECHV system-building capacity** in regions that have demonstrated progress in creating change.
6. **Support, resource, and engage in cross-program collective advocacy** for increasing investments in ECHV services and systems.

Address Financing and Resource Needs to Support ECHV Systems Change

HVS Recommendations B, C,& D

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

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

Conclusion

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

INTRODUCTION

Background: Importance of Home Visiting Systems Improvement

Decades of research has found that prenatal and early childhood home visiting services are an effective way to improve maternal health and birth outcomes,[2,3] support families with infants and toddlers, and prevent child welfare system involvement. Universally-offered, home-based, prevention and promotion supports offered during and after pregnancy have been shown to improve maternal health, mental health, and birth outcomes in the general population. More intensive, ongoing home visiting has shown benefits across an array of outcomes including reducing the risk of child maltreatment; supporting children's social, emotional, and cognitive development; and increasing family stability and economic well-being.[4]

Scope and Definition of Early Childhood Home Visiting

Because home visiting is a service delivery strategy that can be employed by a variety of professionals (e.g., anyone providing services in a family's home) it is important to define the scope of programs included in this report. Specifically, we have expanded on a definition provided by the U. S Department of Health & Human Services Administration for Children and Families (ACF) which defines prenatal and early childhood home visiting as: "*a service delivery strategy that aims to support the healthy development and well-being of children and families.*" ACF then goes on to add:

> "*While each home visiting model has its unique aspects, in general, home visiting involves three main intervention activities conducted through one-on-one interactions between home visitors and families: assessing family needs, educating and supporting parents, and referring families to needed services in the community. Early childhood home visiting programs aim to improve a wide range of outcomes including maternal health, child health and development, child maltreatment prevention, and family economic self-sufficiency.*"

2 U.S. Department of Health and Human Services, Administration for Children and Families, Home Visiting Evidence of Effectiveness, https://homvee.acf.hhs.gov/models/family-connects; downloaded 11/1/2024.
3 Dodge, K. A., & Goodman, W. B. (2019). Universal Reach at Birth. The Future of Children, 29(1), 41–60.
4 U.S. Department of Health and Human Services, Office of Planning, Research, and Evaluation, Home Visiting Evidence of Effectiveness Fact Sheet, March 2024, https://homvee.acf.hhs.gov/publications/HomVEE-Summary, downloaded 11/1/2024.

We have chosen to use the term "Early Childhood Home Visiting" (ECHV; see Appendix A for a list of acronyms used in this document) to refer to these services. We use this term to refer to programs that use home visiting as their **primary service delivery strategy**. Programs may initiate services prenatally, and typically serve families until children are between 1 and 5 years old. A few programs focused on children with special physical, developmental, or other needs, provide supports through adulthood. Many, although not all, of the state's ECHV programs share an emphasis on providing support during pregnancy and/or the perinatal period - sometimes referred to as the "first thousand days." Home visiting programs that are delivered during this period can lead to exponential benefits across the lifetime for both parents[5] and children, although often are most effective when they connect children and families to other resources, including other early learning programs offered as children get older.

Importantly, we use the term ECHV to refer to programs that use home visiting as a primary service delivery strategy. Other programs that provide auxiliary or occasional home visits are important, and can benefit families, but for the purposes of this report we have limited our focus. In so doing, we acknowledge that there are many areas of very real (and appropriate) overlap between these programs and systems, and that this distinction is often a fuzzy line in the complex world of early childhood systems. Figure 1 provides an overview of just some of the key ECHV and related programs that are all essential elements of the early childhood service system.

5 We use the term "parent(s)" in this report to refer to anyone who is caring for a child; programs typically provide ECHV services for foster parents, guardians, or other adult caregivers as appropriate.

Figure 1

Selected Partners in Oregon's Early Childhood Home Visiting & Related Systems

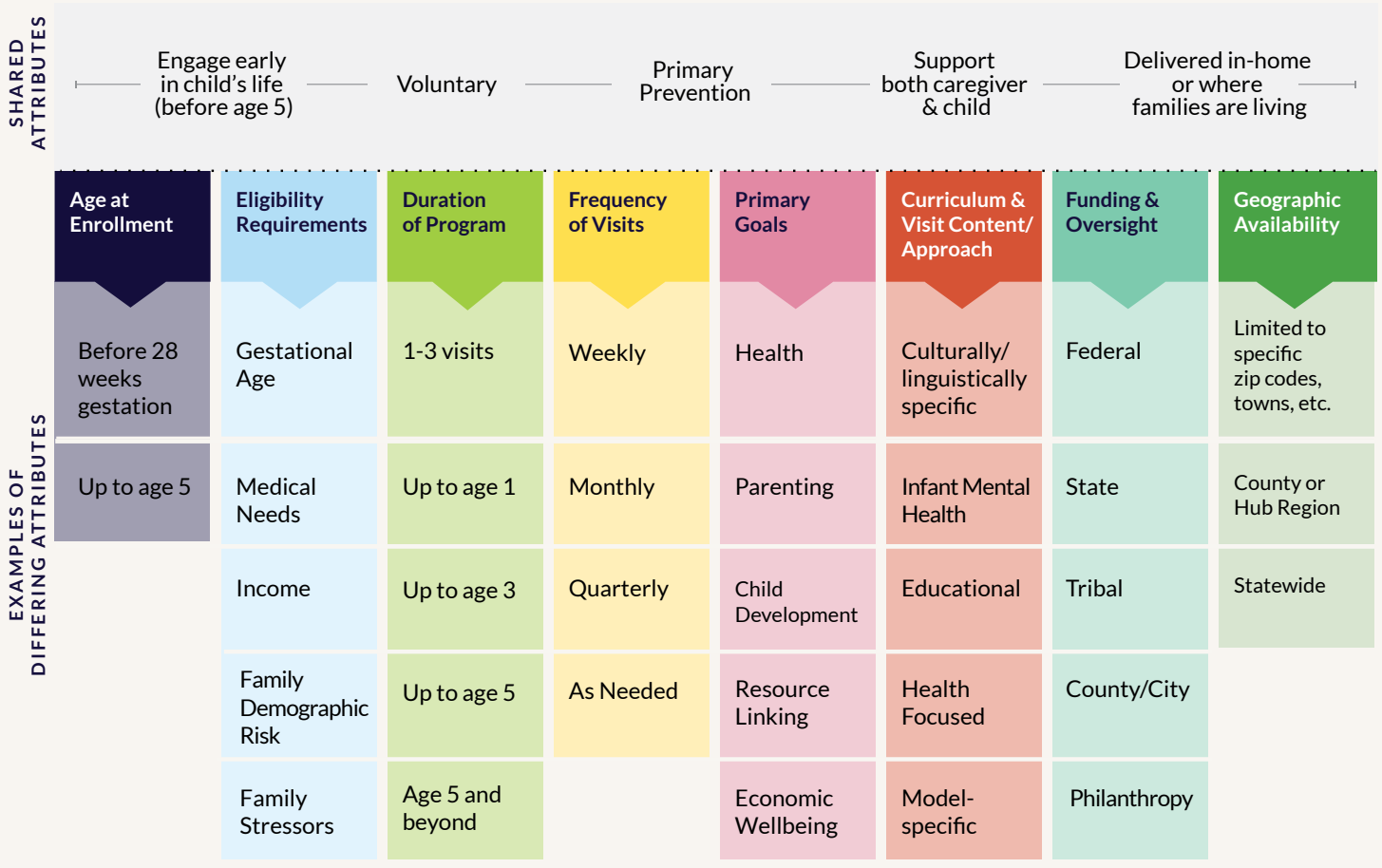
CS HV – Culturally Specific Home Visiting
ECHV – Early Childhood Home Visiting
EI/ECSE – Early Intervention/Early Childhood Special Education
FS & C – Family Support and Connections
FCO – Family Connects Oregon
HS/EHS/OPK – Head Start/Early Head Start/ Oregon Prenatal-to-Kindergarten
HFO – Healthy Families Oregon
HV – Home Visiting
Hubs – Early Learning Hubs
MCH – Maternal and Child Health
OPEC – Oregon Parenting Education Collaborative
ODHS – Oregon Department of Human Services
WIC – Women, Infants, and Children (Supplemental Nutrition Program)

In Oregon and nationally, there are a wide variety of ECHV programs serving families with a range of linguistic, social, and cultural characteristics and who have very different desires and needs for parenting and child development support. Having a diversity of ECHV programs advances the goal of providing a universally-available, voluntary, equitable, and effective network of ECHV programs that support the well-being and healthy development of all families with young children. Oregon's history of investing in a range of ECHV services using federal, Tribal, state, local, and philanthropic dollars to support programs continues and is reflected in Appendix B. This is a working overview of the predominant federal and state funded programs, as well as some of the locally-funded, community and culturally-specific programs that comprise Oregon's home visiting program network. Figure 2 shows just some of the similarities and differences between ECHV programs.

Figure 2

Early Childhood Home Visiting Programs:

How are they the same and different?



Despite these investments, however, Oregon, like other states across the nation, serves only a fraction of potentially eligible families with these supports. Recent data released by the National Home Visiting Research Center,[6] as well as data from Oregon's 2020 Maternal, Infant, and Early Childhood Home Visiting (MIECHV) needs assessment has shown that **only about 8-18% of Oregon's pregnant people and families with infants and toddlers are getting health and parenting supports provided through early childhood home visiting services.**[7] This number is even smaller if one considers universally-offered home visits to be a long-term goal — a vision shared by many in the state, and reflected in the passage of Oregon SB526 (2019), which established Oregon's statewide program of voluntary universal newborn home visits (now known as Family Connects Oregon).

Creating Equitable Access to Early Childhood Home Visiting: Four Key Barriers

While increased program funding remains a critical need, it is clear that **program funding alone is not enough** to ensure that all of Oregon's pregnant people and families with young children have equitable access to these important supports (see Appendix C). Recent national and state research has clearly documented the need to address other barriers to connecting families with services. A long history of siloed investments and under-investment in an effective service delivery system has created a complex and confusing array of ECHV programs nationally, as well as in Oregon.

A Few Key Terms

We use the following terms throughout this document, and draw definitions from Oregon's Early Childhood Equity Fund legislative rules (OAR 414-575-0005).

Culturally-specific organization

An organization that serves a particular cultural community and is primarily staffed and led by members of that community.

Culturally-specific or adapted early childhood home visiting program

We use these terms interchangeably to describe home visiting programs that are "designed to serve a particular cultural community and are primarily staffed and led by members of that community and designed by or adapted by members of the cultural community that it serves."

Culturally responsive practices

We use the more general term "culturally responsive" to describe having the knowledge and skills to be able to respect and understand the social, cultural, and linguistic needs of children and families.

Culturally-sustaining practices

This term refers to practices that actively recognize, affirm, and incorporate the cultural identities, languages, and experiences of children and families into the learning process, allowing them to maintain and build upon their cultural heritage as a part of the service delivery process.

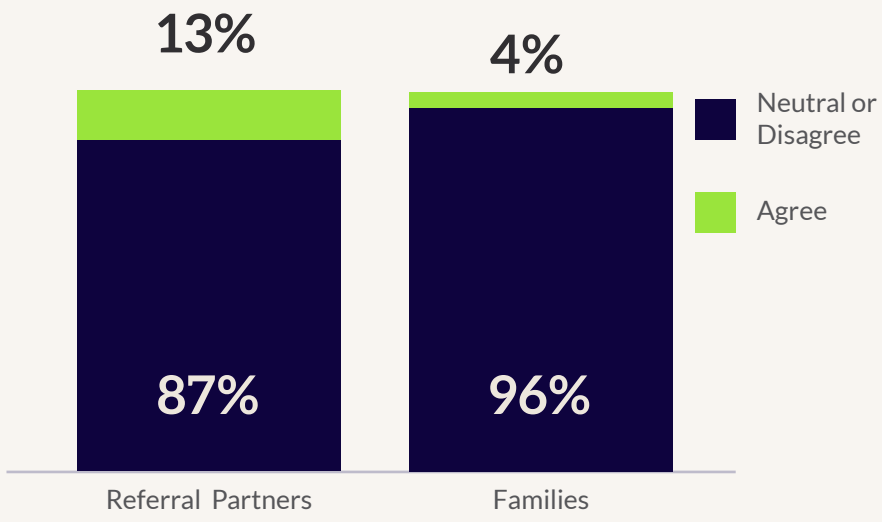
6 National Home VIsiting Resource Center, https://nhvrc.org/miechv_data_table/oregon-2024. Downloaded 10/1/2024.
7 Furrer, C., Green, B., Cooper, C., Lauzus, N., Tremaine, E., Sing. J. T., Joseph, R., & Ginsberg, I. (2020). Oregon Statewide Maternal, Infant, and Early Childhood Home Visiting Program 2020 Needs Assessment. Report submitted to the Oregon Health Authority.

Studies in Oregon[8] and elsewhere[9,10] have identified four key barriers to equitable access to home visiting for all families.

First, there remains a lack of community awareness, knowledge, and understanding about what home visiting is, what programs offer, and what their benefits are. Moreover, for some families, the idea of a professional "home visitor" carries the stigma of government intrusion, risk of surveillance, and fear of having children removed from familial care. Families who identify as Black, Indigenous, or other Persons of Color (BIPOC) may have real fears of home visiting based on historic and current systemic and structural racism, including experiences of disproportionate or intentional child removal, deportation, and others. These challenges speak to the importance of state and local work that focuses on shifting societal norms about receiving support during and after pregnancy, specifically that such support is for everyone, and not just for families who are labeled "at risk" because of their demographic, socioeconomic, or other characteristics. It also speaks to the importance of having culturally-specific and/or culturally-adapted home visiting, offered by trusted community organizations and staff. Families, medical providers, and others need to know about, want, and ask for ECHV home visiting; a recent state survey identified this as an urgent need (see Figure 3; for more information about survey data collection see "Process for Gathering Information" section below).

Figure 3

Few Families and Referral Partners have Information about ECHV Benefits



In a 2024 survey of members of statewide ECHV systems leadership groups, very few felt that either referral partners (13%) or families (4%) **have sufficient information about the benefits of HV programs.**

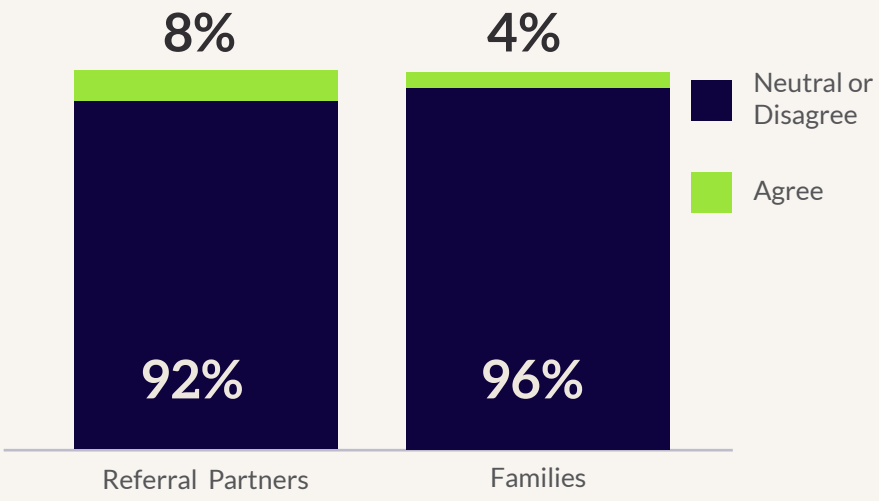
8 Furrer, C., Green, B., Cooper, C., Lauzus, N., Tremaine, E., Sing. J. T., Joseph, R., & Ginsberg, I. (2020). Oregon Statewide Maternal, Infant, and Early Childhood Home Visiting Program 2020 Needs Assessment. Report submitted to the Oregon Health Authority.
9 Cruz, T. H., Woelk, L., Cervantes, I. C. V., & Kaminsky, A. (2023). Barriers to and systems solutions for increasing early childhood home visiting referrals by health care providers serving urban and rural communities. Family & community health, 46(1), 69-78.
10 Minkovitz, Cynthia S., Kay MG O'Neill, and Anne K. Duggan. "Home visiting: A service strategy to reduce poverty and mitigate its consequences." Academic Pediatrics 16, no. 3 (2016): S105-S111.

Second, connecting families with services is challenging, and access is inequitable. The history of how programs have been funded in Oregon has led to programmatic silos and disconnected, complicated referral systems that make connecting families with the most appropriate and "best fit" programs difficult (see Figure 4). Programs are complicated in terms of eligibility and other requirements, and access is especially difficult for families who want culturally and linguistically specific, adapted and/or sustaining programs. These programs are generally not part of mainstream referral systems and are underfunded relative to other programs. At the same time, Oregon's array of home visiting programs that provide a wide range of options for families is important to best meet families' needs. Ensuring easy and equitable access to these programs is a systemic barrier that needs to be addressed.

> "I think home visiting can be done in a lot of ways and be effective. It depends on the support that the home visitors are receiving and the engagement of the family. I like seeing how many different models that we have and that they're each unique to family need and it shouldn't be about competition for funding or for families. It should be about getting families to the services that they want, will use, and need."
>
> — Staff- Early Learning Hub of Linn, Benton, and Lincoln Counties

Figure 4

Few Families & Referral Partners have Information about How to Access ECHV Programss



In a 2024 survey of members of statewide ECHV systems leadership groups, very few felt that referral partners (8%) or families (4%) have **necessary information about how to access HV programs.**

Third, the ECHV workforce is in crisis, and increasingly so since the COVID-19 pandemic. Home visitors do challenging and important work, yet are underpaid, report high levels of work-related stress, and are more likely to be at risk for depression and anxiety than the general population.[11,12] Staff turnover is high despite high levels of job satisfaction; this in turn impacts families' willingness to remain enrolled in program services if their home visitor leaves the program. Hiring challenges lead to staffing shortages that make it difficult for programs to be fully enrolled. Improved compensation and support for the existing workforce is clearly needed, as is workforce development that can increase the array of professionals who are interested in and qualified for providing these services to families.

Fourth, there is a lack of necessary information for informing strategic investments in ECHV programs and systems. The state currently lacks key information including: (1) a comprehensive analysis of the funding sources used and/or available for home visiting; (2) comprehensive and accessible information about current program capacity or numbers served; and (3) readily accessible information about which programs are currently being implemented in regions across the state. While some of this information is available, it is incomplete and has not been systematically and comprehensively compiled in a way that can best support program and system planning, improvement and decision-making. Moreover, effective and equitable decision-making for ECHV requires coordinated leadership that includes families as well as representation from Oregon's culturally-specific and Tribal ECHV programs. Siloed investments in individual programs without shared, family- and community-informed decision making about the type of programs needed and gaps in current local home visiting systems acts to sustain current inequities in access as well as to ongoing fragmentation and gaps in the service array.

Towards a Solution: Creating a More Coordinated System of ECHV in Oregon

To begin to address these barriers, Oregon's Early Learning Council, the state-level, cross-sector body charged with improving the early childhood system, formed the Home Visiting Systems Committee (HVS Committee, see Appendix D) in 2022. The HVS Committee was charged with developing recommendations for transforming the ECHV system and engaging cross-agency and cross-sector partners in building and sustaining momentum for change. In so doing, the Council made a renewed commitment to focusing on systems improvements for the prenatal-to-age five period and supporting the role of ECHV home visiting as a key service delivery strategy during this age period.

The HVS Committee created a time-limited workgroup that engaged in a one year learning process, eventually developing seventeen (17) **Home Visiting System Recommendations** (see Appendix E). In 2023, these were approved by

11 Green, B., Lauzus, N., Lee, Y., Gaines, E., & Joseph, R. (2024). Supporting Pay Equity for Oregon's Home Visiting Workforce, Learning Brief 1: Racial, Ethnic, and Linguistic Differences. Portland State University. https://drive.google.com/file/d/1eI3jf4IBljDyVHcdHHA7WjHkRRfiMQzq/view.

12 Green, B., Lauzus, N., Lee, Y., Gaines, E., & Joseph, R. (2024). Supporting Wellbeing for the Home Visiting Workforce: Organizational Supports for Experiences of Bias & Discrimination, Portland State University.

the HVS Committee, and subsequently by the Early Learning Council, and serve as the guideposts for transforming the home visiting system. These recommendations support, and are aligned with, the state's cross-sector strategic plan for early childhood, Raise Up Oregon 2.0, and in particular, with the first RUO goal, that "The early childhood system is equitable: integrated, accessible, inclusive, antiracist, and family centered. "

Of the 17 initial recommendations made by the HVS Committee, the first were to "*Adequately resource the implementation of the Recommendations*" and to "*Invest in relationships*" by ensuring dedicated staff capacity to support systems change and, importantly, to do this in a way that could promote effective collaboration across the many agencies and programs who had historically faced competition for resources and staff. In late 2023, key leaders moved forward with private-public, cross-sector investments to create the Center for Coordinating Oregon Home Visiting Systems (CCOHVS) located at Portland State University's Center for Improvement of Child and Family Services, which launched in February 2024. The "North Star" for CCOHVS, developed by the Workgroup and approved by the HVS Committee, is to "*strengthen state partnerships in support of local decision-making and implementation of an equitable, accessible, inclusive, anti-racist and family centered system of early childhood home visiting services.*" Appendix F provides a list of the specific RUO 2.0 objectives and strategies that focus on ECHV home visiting systems, and includes current and planned activities that are being supported by CCOHVS to make progress in these areas.

To shape the ECHV systems work moving forward, four areas were prioritized by the HVS Committee for CCOHVS' first year: (1) Building Collaborative Culture & Shared Vision; (2) Expanding & Strengthening Home Visiting System Governance Structures; (3) Aligning & Ensuring Adequate Financing; and (4) Collecting, Improving and Using Data.

Within these broad priority areas, two key tasks were to (1) create resources for information sharing about existing home visiting programs across state and local partners; and (2) identify, elevate, and learn from existing regional innovations to improve home visiting systems, focusing in particular on:

A. ECHV Systems Leadership & Governance: Understanding the extent and structure of regional agency and program partnerships focused on ECHV;

B. Coordinated Intake and Referral: Identifying how regions were working to facilitate easier, more coordinated intake and referral processes for connecting families with ECHV services; and

C. Family Leadership: Identifying and strengthening existing structures and systems for engaging family leadership for ECHV programs and systems.

This report provides a preliminary overview of ECHV programs being implemented in Oregon and summarizes what has been learned to date in these three areas from interviews with home visiting and early childhood system and program leaders across the state.

Purpose of This Report

The purpose of this report is to provide an overview of existing programs; provide a review of these three core elements of the ECHV system; and to describe regional examples that can serve as opportunities to replicate or expand on regional work to improve ECHV systems. Based on this, we provide **recommendations and next steps** for how state home visiting system leaders can strengthen supports for regional implementation of effective and equitable systems.

First, we provide an orientation to the *Oregon Early Childhood Home Visiting Program Overview*, (see Appendix B). This document provides a working summary of 22 current ECHV programs, including eligibility criteria, brief descriptions and geographic locations. This document currently includes those ECHV programs that have some level of statewide oversight, as well as a number of culturally-specific and/or Tribal ECHV programs. **Importantly, we offer this information with the caveat that other community-based local programs are operating and are not yet included in this description**. CCOHVS staff are continuing to identify these programs across the state; information will be updated quarterly. We also provide preliminary data that estimates current program capacity for a subset of these programs (e.g., number of slots, families, and/or children that can be served). This information will also continue to be compiled and improved by the CCOHVS team. Having an inclusive and comprehensive understanding of the current array of ECHV programs and their functional capacity is foundational for making informed decisions about the type and location of expansion that is needed.

Following this, we describe the current landscape of the three key components of Oregon's home visiting system that were identified as priority areas by the HVS Committee.

Within each of these sections, we highlight **opportunities for growth** in regional efforts to improve equitable access to an array of ECHV programs. We provide examples of regional and local work that is removing barriers for families and engaging parents as leaders to improve programs and systems.[13] These examples are meant to be illustrative of innovations that could be leveraged, expanded, or replicated to accelerate systems improvement. We also identify the **system barriers** that continue to persist at the local, regional, state, or federal level and which require intentional work to remove.

In bringing this information into focus, our goal is to provide information that can be used by state and local leaders to **take collective action** towards the vision of a universally offered, equitably accessible array of prenatal and early childhood home visiting systems for all pregnant and parenting Oregonians.

13 In some cases, regional or local partners are identified (e.g., by Hub or county name). In others, these examples have been de-identified, based on preferences of those interviewed for confidentiality.

Process for Information Gathering

CCOHVS staff interviewed 42 key ECHV systems leaders throughout the state.[14] This included 16 Early Learning Hub[15] Directors/Co-Directors, 1 Hub staffperson; 12 fund managers from counties receiving funding through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding stream (one of whom is also a Hub director); and 7 Family Connects Oregon (FCO) Community Alignment Specialists (CAS) or other FCO staff. In addition, 2 other community program directors, 1 Oregon Parenting Education Collaborative Hub (OPEC) director, and 4 public health staff who were identified as ECHV systems leaders were also interviewed. In regions receiving MIECHV we prioritized talking to key staff working at the local public health coordinating or implementing agency; in some places these staff are organizationally within a local county health agency; others sit within Early Learning Hubs and/or local nonprofit organizations such as Coordinated Care Organizations (CCOs), Healthy Families Oregon programs, and Education Service Districts.

To compile the preliminary Oregon ECHV Program Overview, we interviewed 12 state-level home visiting model leads or other identified representatives from each of the following programs: Babies First!, CAre COordinatiON (CaCoon), Early Intervention (EI), Early Head Start and Head Start (EHS/HS Home Based); Family Connects Oregon (FCO); Family Support and Connections (FSC); Healthy Families Oregon (HFO); Nurse-Family Partnership (NFP); Oregon Relief Nurseries; Oregon Prenatal to Kindergarten (OPK) Home-Based; and Oregon Department of Human Services Parents as Teachers (PAT).

In addition, in alignment with the CCOHVS priority to build connections with culturally-specific and Tribal programs, we interviewed ECHV program leaders from more than 10 other organizations including: Adelante Mujeres (Abriendo Puertas, Multi-generational Programming), Black Parent Initiative (Together We Can), Confederated Tribes of Grand Ronde (Head Start, Home Based), Confederated Tribes of Siletz Indians (Family Spirit), the Immigrant and Refugee Community Organization (Parent Child Interaction Program and Parent Education Program), Latino Network (Creciendo Juntos and Soñando Juntos), Morrison Child and Family Services (Listos Para Aprender), Multnomah County Healthy Birth Initiatives, Oregon Child Development Coalition (Migrant and Tribal Early Head Start Home Based); Todos Juntos (Abriendo Puertas, Family Resources Coordination) and the Tolowa Dee-ni Tribal Home Visiting Program.

14 A list of these and other acronyms is provided in Appendix A for reference.
15 We will use the term "Hub" to refer to the 16 regional Early Learning Hubs. Oregon Parenting Education Collaborative (OPEC) Hubs will be referred to specifically as OPEC Hubs to differentiate these groups.

Again, we acknowledge that these partners and programs do not represent all of Oregon's ECHV programs, and emphasize that the CCOHVS team will continue to regularly update this information.

In addition to these information-gathering interviews, members of the three Home Visiting System advisory groups were invited to participate in a baseline System Survey (Appendix G) in July-August 2024. These groups included the HVS Committee with 13 members, the HVS Collaborative with 15 members, and the CCOHVS Steering Team with 12 members, for a total of 40 potential survey participants. Ultimately, 36 members across groups participated (11 from the HVS Committee, 15 from the HVS Collaborative, and 10 from the CCOHVS Steering Team), resulting in a 90% overall response rate.

The purpose of the System Survey was to understand ECHV system advisory group members' perspectives on key aspects of the current home visiting system, governance, communication, and collaborative partnerships and to establish a baseline for key HVS components from which progress can be evaluated. The survey was available in both English and Spanish, and administered in an online format and also made available to individuals as a hard copy.

EARLY CHILDHOOD HOME VISITING (ECHV) PROGRAM OVERVIEW

To begin to address the priority recommendations for building shared understanding across program models and creating more comprehensive information about the variety and capacity of ECHV programs in Oregon, the CCOHVS team developed a working document called the Oregon ECHV Program Overview (**"Program Overview", see Appendix B**). It is important to emphasize that this Program Overview provides a preliminary picture of the many home visiting programs in Oregon, and to note that many locally-funded and other culturally and linguistically specific programs that are not part of the mainstream ECHV system are not yet included. It is our goal to continue to identify these and other programs and update this information regularly, so that we can paint a comprehensive landscape of available ECHV programs. Our process for including additional programs will involve reaching out to identified programs, building a relationship with them, and getting their consent to include the program information in our resources. Additionally, funding and program availability can change rapidly, so we acknowledge that this information may contain inaccuracies; we've done our best to minimize these as of the time of this publication.

The Program Overview is meant to provide an initial compilation of program information that can be used to identify what programs are (or are not) being offered across the state, and to describe key similarities and differences across program models. In addition to a one-page visual describing programmatic differences in the ***timing of enrollment and duration of services***, the Program Overview includes both a ***program-by-program*** description of key goals and eligibility requirements, and ***county-by-county*** information about available programs. A hoped-for goal is to house this information in an online, interactive form that could facilitate a single repository of readily accessible information about which programs are available in what regions of the state.

In developing this initial Program Overview, it became clear that while a number of these programs are well-known to mainstream ECHV leaders (e.g., those receiving federal and/or state funding and therefore having a level of state agency oversight), many others exist which are less well known to local and state agency partners and which are often not represented or included in ECHV systems work, either at the state or local-levels. These are often culturally-specific and/or

community-based programs developed or funded to meet specific community needs. Tribal governments also support a variety of ECHV programs, but have often not been included in local and statewide work to improve the ECHV system.

At the regional level, the Program Overview can be used to help expand regional and local ECHV governance by identifying partners who may need to be more intentionally centered in ECHV systems improvement work. Understanding what programs are available in which communities, what their eligibility and enrollment requirements are, and what the program provides in terms of content and supports is a key first step to effective coordinated system-building.

Preliminary ECHV Service Data

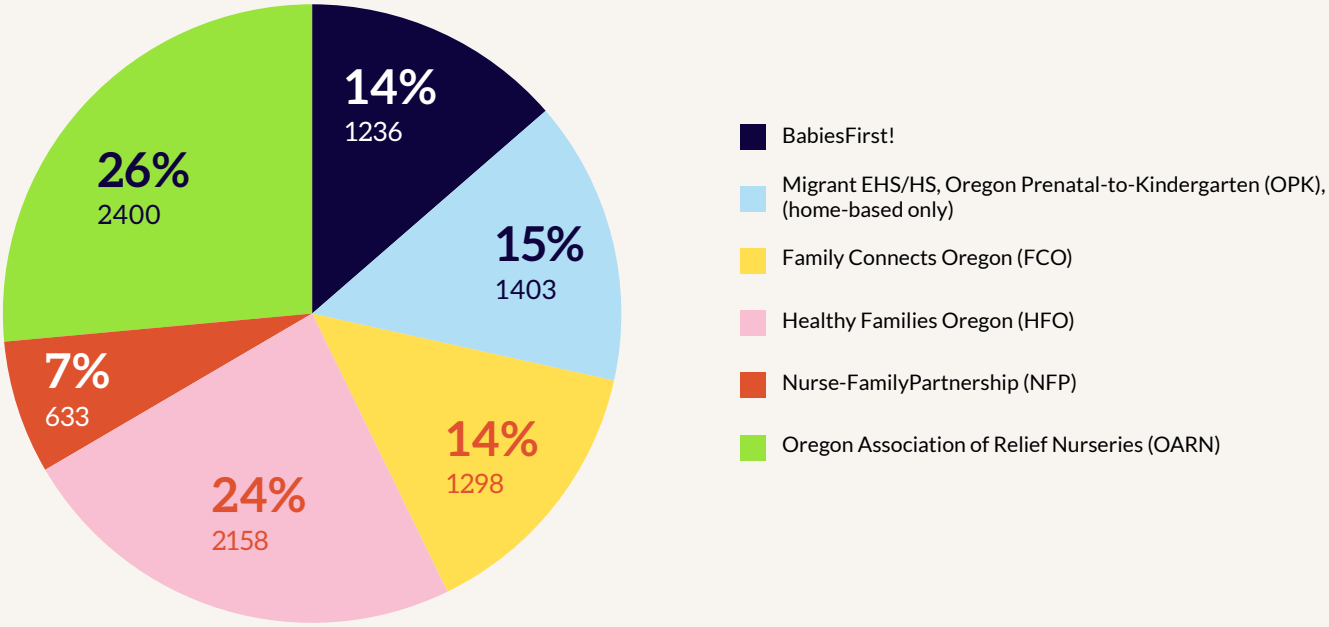
Compiling data across these multiple ECHV programs is challenging. Data are housed in different data systems across multiple agencies and programs, and include varying levels of detail (e.g., location, dates of service, unit of analysis). A goal for the CCOHVS team will be to develop a single, more comprehensive compilation of program service numbers that can be used to inform planning. The summary below serves as a starting point for additional data alignment and compilation. The most recent currently available data are shown in Figure 5 for selected ECHV programs. These estimates suggest that only about 5% of potentially eligible 0-5 year old children are being served, although caution should be used in interpreting these numbers as they reflect different enrollment periods and represent a relatively small subgroup of ECHV programs.

Further, other home visiting programs that provide critical supports to Oregon's young children were not included in Figure 5 and represent an additional estimated 8,334 children served. These programs were not included in the overall totals because they either enroll and serve families with children well beyond age 5 years (Family Support & Connections through ODHS, 2,608 children in 2021-2022) and/or they serve families who may be intentionally dually enrolled (e.g, CaCoon, 672 children and young adults in 2023-2024; EI/ECSE, 5,054 children ages 0-5).

Figure 5

Estimated Number of Children Served Statewide

Selected ECHV Programs (2023-24 or most recent available)



9128

Estimated Total Number Children Served[16]
(Selected Programs)

198,150

Oregon Under 5 Population[17]

4.6%

Estimated Percentage of Children Under 5 Served 2023-24 or most recent available
(Selected ECHV Programs)

16 Program data contributed by program models to the Center for Coordinating Oregon Home Visiting Sytsems and to the Department of Early Learning and Care.
17 Population data downloaded from: https://data.census.gov/table?t=Age%20and%20Sex&g=040XX00US41&y=2023

SYSTEMS ELEMENT 1:

COLLABORATIVE GOVERNANCE & LEADERSHIP FOR HOME VISITING COORDINATION

At the foundation of improving ECHV systems is building collaborative partnerships among the many agencies, programs, professionals, and families involved in the ECHV system. A key strategy for building these relationships is by having inclusive shared governance that brings key partners together and works towards systems change. Through the statewide interviewing process, the CCOHVS team worked to identify and describe how local and regional efforts to build these partnerships and strengthen ECHV systems are occurring across the state. As might be expected, given the history of how ECHV programs and systems have developed over time, and the variability in resources and accountability for ECHV systems work, the type and extent of ECHV systems coordination work at the local-level varies considerably. Appendix H includes information about where various ECHV funding streams, programs, and systems-building efforts are happening across the state. It is clear that some counties and regions have multiple areas of ongoing, related ECHV systems and program implementation.

These opportunities can provide synergy for driving collaborative ECHV systems work, while at the same time these places must work through key challenges when programs and opportunities are not fully aligned. Examples of how places have successfully navigated multiple streams of work are included in the information shared in this document.

There is no current, collaboratively-developed guidance from home visiting-involved state agency partners about expectations or recommendations for how counties and/or regional governance should bridge and coordinate ECHV services. One of the goals of the renewed focus on ECHV systems is to strengthen these local and regional systems, building on existing relationships and structures — and, where appropriate, to provide state-level support and guidance for this work. A key theme in our interviews with local and regional leaders was to was the need to create **state-level guidance and**

recommendations that advance ECHV systems change across the state, but which support and learn from existing successful work:

> *"Really look to where it is working well and what we can learn from them and try to be mindful of the unintended consequences if we put this policy in place for the regions that are maybe a little further ahead or maybe have something already going on in a really strong way. And like, okay, if you don't have a policy, here's one you can adopt. But everyone should have a policy so that it's there for those that maybe need it or don't have it. But those that do have something are able…to continue working in that way."*
>
> — Hub Leader

The regional efforts that we describe below are those that focus on **general system coordination** that brings partners to the table for local or regional information-sharing, planning, decision-making, advocacy, professional development support, and service coordination as well as, in some cases, contractual oversight for program services, including blending and braiding funds and collecting and monitoring data. We define system coordination as "**bringing people and organizations together to plan and strategize, while service coordination focuses on helping clients access services.[18] "** System coordination, in this view, is what creates the right networks, connections, and relationships to make other components of the system work better —coordinated intake and referral and professional development supports, for example. We focus on service coordination efforts in the subsequent section of this report.

We distinguish this **system coordination function** from **service coordination**, which can bring partners together but which is focused on connecting families with services in a coordinated way.

Information gathered from local and regional partners shows that leadership for ECHV system work varies across the state. In some areas system coordination for ECHV is being led by the regional Early Learning Hubs. The other most common system leader is the local public health agency, specifically Family or Maternal & Child Health. This is often, but not always, in places that have received MIECHV funding. MIECHV funds in Oregon have included a set amount (originally $25,000 per fiscal year, this amount was increased to $40,000 in 2022) for systems development. In a few places system coordination is being led by a community-based organization, although in most of these cases this work is primarily focused on service coordination (e.g., coordinating referrals among programs) rather than broader system improvement. Below we describe these regional structures and roles, highlighting what these system leaders believe has contributed to successful partnerships and what more is needed to strengthen the work. We also briefly describe related initiatives being planned or implemented that address system coordination and improved access to services, even if not focused specifically on ECHV. These may provide additional opportunities to leverage and/or connect across these areas of work to ensure all pregnant and parenting families have easy and equitable access to ECHV.

18 Bunger AC. Defining Service Coordination: A Social Work Perspective. J Soc Serv Res. 2010 Oct 1;36(5):385-401. doi: 10.1080/01488376.2010.510931. PMID: 21116470; PMCID: PMC2992332.

Current State: The Role of the Early Learning Hubs

Oregon's Early Learning Hubs are charged with facilitating and leading regional efforts that "bring together cross-sector partners to align services and resources for Oregon's young children and families" (DELC); Hubs work within 16 regions to better meet the needs of children and families by building a shared vision and establishing partnerships that "*coordinate priorities, funding, and services to more effectively meet the needs of early learning and care providers, young children, and families*" (DELC). Thus, Early Learning Hubs lead regional systems coordination for early learning services broadly, and have community advisory boards that typically include at least some of the organizations that provide ECHV programming in their regions.

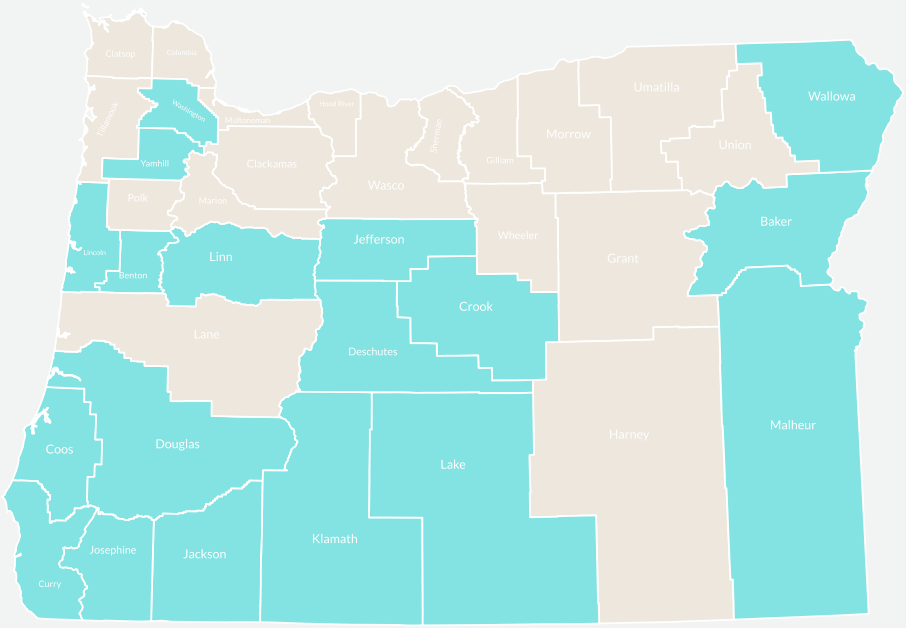
Many of the Hub leaders we spoke with noted that DELC funding and requirements to date have not clearly outlined the role of the Hubs in supporting pre-/perinatal systems coordination generally or for ECHV services specifically. With much work to be done to create effective early childhood systems, both DELC and many Hubs have worked more intentionally on early learning services focused on children ages 3-5, such as preschool, parent education, and successful transition to kindergarten. Moreover, few Early Learning Hubs currently provide or oversee contracts for ECHV home visiting services so have limited direct role in how these services are funded or delivered. In general, while public health departments and nonprofit organizations that provide ECHV programs are frequently at the table within the larger cross-sector early learning governance structures led by Hubs, many Hubs have not focused their priority action planning on this component of the early learning system. One Hub director shared this perspective, noting that Hub work:

> *"has really been driven by DELC, and so a lot of work has focused on that kinder transition; standing up Preschool Promise…because that's where the money comes from. That's what we're paid to do. And it's not that we don't think about or don't see the value in home visiting, it just hasn't been tied in that way…. This is why I'm so glad we have a statewide committee looking at this (HV) because I think it will provide some of that direction and guidance, particularly as it relates to Hubs."*
>
> — Marion & Polk Early Learning Hub, Inc.

In our interviews, it was clear that many Hubs are interested in taking a stronger role in ECHV system coordination, but shared challenges related to lack of capacity (staffing to engage specifically around ECHV systems issues), the complexity of the ECHV service system, and the history of programmatic and geographic siloing across ECHV programs. Northwest Regional Early Learning Hub (NWRELH, Clatsop, Columbia, and Tillamook counties), for example, is not atypical in that they oversee early childhood systems coordination in a 3-county region that has a number of partners who serve some or all counties within the region. The Hub is housed in the local Education Service District (ESD) which serves four counties and administers EI/ECSE programs. Both HFO and EHS/HS are offered through two different

Community Action organizations, with different home-based models available in different counties. Local public health provides nurse home visiting programs but not all programs are available across the 3-county Hub region. Further, only one of the three counties receives MIECHV funding.

Opportunities:
Hub Leadership for ECHV Systems Building



There are a number of places, however, where Hubs have, either historically or recently, taken on a leadership role for ECHV systems work. This is sometimes facilitated when Hubs, or their host agency/organization, manage MIECHV funds, HFO, and other ECHV service contracts, or when the organization that houses the Hub is also a direct provider of ECHV programs (See Appendix H&I). For example, staff from several Hubs facilitate coordination and/or implementation of MIECHV program and/or systems work. In some cases, the organizations that house the Hubs also receive MIECHV systems and/or ECHV program funding (e.g., Central Oregon, Eastern Oregon, Southern Oregon, and Yamhill). In others (e.g., Washington County) Hub leadership is co-located in the local public health agency. Hubs also may take on a larger role in ECHV systems development when other ECHV program funds go to the Hub's parent organization. For example, in the Central Oregon region, The ESD houses the Early Learning Hub as well as the service provider for HFO.

Some Hubs have taken a lead role in creating shared leadership and governance groups for decision making and system coordination. Yamhill Community Care Early Learning, which is uniquely housed at the local Coordinated Care Organization and serves as the MIECHV Local Coordinating Agency for Yamhill County, has taken a leadership role in ECHV systems work for a number of years, in large part focused on partnering to improve coordinated intake and referral (described further below). The Hub houses the FamilyCore system, a program that started because local partners identified the need for a single entry referral point and evolved into a strong system of referral, detailed later in this report. FamilyCore was initially started by involved local program partners and in the last decade has moved in-house with the Early Learning Hub at Yamhill Community Care. The Hub facilitates coordinated intake and referral for ECHV and other programs and convenes an ECHV and Prenatal-age Five Leadership group that meets monthly and includes public health, the Relief Nursery, a local doula group, Provoking Hope (a peer support agency for families in recovery), Willamette ESD (which houses the local EI/ECSE programs), and all three Head Start programs including the Oregon Child Development Coalition (OCDC), Grand Ronde/ tribal Head Start, and Head Start of Yamhill county.

The Washington County Hub has created a Prenatal-Three community advisory board that includes key ECHV programs as well as other partners such as Oregon Department of Human Services (ODHS), libraries, and WIC (Supplemental Nutrition Program for Women, Infants, and Children). This region has also been implementing Family Connects Oregon, and the Prenatal-Three community board also serves as the required community advisory board for FCO.

The Southern Oregon Early Learning Hub (SOELH, Jackson and Josephine Counties) has worked for over a decade to establish collaboration between a wide rangeof cross-sector/cross-agency partners called the **Southern Oregon Early Childhood Support Network**. This group has worked on a variety of initiatives, and is led by the Southern Oregon Early Learning Hub. Since 2019, work has focused on designing the Child Success Model which includes and prioritizes ECHV as a foundational service for families. Hub leadership also convenes monthly meeting specifically for ECHV partners called the "Home Visiting Network."

The Early Learning Hub of Linn, Benton & Lincoln Counties is creating a strategic plan to leverage existing partner meetings and build a Hub home visiting work group to map what home visiting services are in the region. With this information, the hope is to create a comprehensive resource to further support their Pollywog system, a coordinated intake and referral system that has begun to include ECHV programs so that referral partners can know more about these programs and more easily make referrals for families. Despite the transitions and therefore challenges that occurred as FCO moved from the Hub to public health agencies in this region, public health is onboard to collaborate with the Hub and participate in the workgroup. The regional Hub

leader described the importance of a having a "point person" to lead the system coordination work saying,

> *"It's definitely a need if we want to see that level of coordination and collaboration and lessen duplication of services and really stretch the dollars that are there as far as they can go. It needs a point person,"*

...alluding to the loss of an FCO CAS housed within the Hub

The Early Learning Hub of Central Oregon (Crook, Deschutes, Jefferson counties and Confederated Tribes of Warm Springs) has similarly taken a strong leadership role in systems improvement for ECHV. As an early adopter site of Family Connects Oregon, the Early Learning Hub initially led the FCO systems alignment and coordination work. Although this FCO work has since moved from the Hub to county public health agencies, the Hub continues to work closely with home visiting partners and coordinate system improvements. By blending MIECHV and other system coordination funding, the FCO Community Alignment Specialist position that was housed at the Hub now has taken on broader roles as the Home Visiting Systems Manager. The Home Visiting Systems Manager provides leadership and training for partners, community engagement, professional learning among staff and families, and quality improvement of the home visiting system in the Central Oregon region.

Three Hub regions have benefited from funding from The Ford Family Foundation (TFFF) specifically to improve Rural ECHV systems (South Coast Regional Early Learning Hub and South Central Oregon Early Learning Hub since 2016, and the Eastern Oregon Community Based Services Hub since 2023). The TFFF-funded demonstration projects directly address what has been voiced as the most important barrier to moving forward with ECHV system improvement — namely, staff time to support the work in a program-neutral backbone organization. TFFF-funded regions that have the support of a ECHV Regional Coordinator have engaged in activities such as:

1. Convening regional home visiting-specific community advisory boards to create a shared vision and strategic plans for improving home visiting systems;
2. Using data to engage program partners in discussions that helped ease competition for families and support improved cross-program relationships;
3. Using data to identify training and professional development needs for home visitors, and coordinating available opportunities across program partners;
4. Actively promoting and doing community outreach to support knowledge and awareness of home visiting services;
5. Supporting the development and implementation of coordinated intake and referral systems to improve access to services for families and to easier referrals for medical and other providers.

In all three TFFF-funded Hub regions the ECHV System Coordinators are supervised by, or work in close partnership with, the local Hub, and all have established ECHV collaborative leadership groups that oversee and provide input for systems change work. Most recently, for example, Eastern Oregon has intentionally brought ECHV systems work into its broader early childhood

system governance. In its first year of TFFF funding, the Hub established an Early Learning Cabinet, which brings together their preschool coordinated enrollment, home visiting systems coordination, EI/ECSE, business, and ESD leadership to regularly share information about programming in the region, needs, and concerns. This group is also working to increase family leadership on the Cabinet.

Recommendations from the ongoing evaluation of these long-standing demonstration projects had a substantial impact on the 2023 HVS Committee Recommendations, in terms of (1) specific goals identified (e.g., coordinated funding, family leadership, increased equitable access, and workforce supports) and (2) how to best approach a statewide effort to improve ECHV systems (e.g., with a focus on building collaborative relationships across the many ECHV partners; prioritizing family leadership; engaging an inclusive group of ECHV program partners, allowing regions flexibility in how to do the systems building work, and ensuring that data are continuously used to inform the work).[19]

Opportunities:
Hub Support for Shared Home Visiting Professional Development

Some Hubs have taken on specific aspects of ECHV systems work, including supporting investments in, and coordination of, professional development opportunities that include home visitors. Blue Mountain Early Learning Hub (Morrow, Umatilla, and Union counties), for example, provides training available to all early childhood programs, which includes opportunities for early childhood

19 Lambarth, C. (2022). Report to the Early Learning Council, https://www.youtube.com/watch?v=gXSzm8YZrI4

home visitors to share information with other program staff about their programs, eligibility, etc. This promotes collaboration between programs to ensure families are being engaged in the services that best meet their needs. In other places, especially where Hubs are organizationally partnered with OPEC Hubs, these organizations work together to offer professional development that often includes early childhood home visiting.

The Four Rivers Early Learning Hub (Gilliam, Hood River, Sherman, Wasco, and Wheeler counties) is currently supporting professional development for the home visiting workforce by partnering with Hood River Public Health, Pacific Source, GOBHI, The Next Door, Mid Columbia Center For Living and Hood River Early Childhood Committee to convene a home visiting symposium, now called The Children's Wellness Summit, using birth to five early literacy funding. This will include home visitors, ODHS workers, coaches and navigators, child welfare workers, family navigators, community health workers, and early intervention. The symposium will provide specific professional tracks for these cross-sector home visitors, focused on 0-5 early literacy, perinatal mental health, infant mental health, and working with parents with substance use disorders.

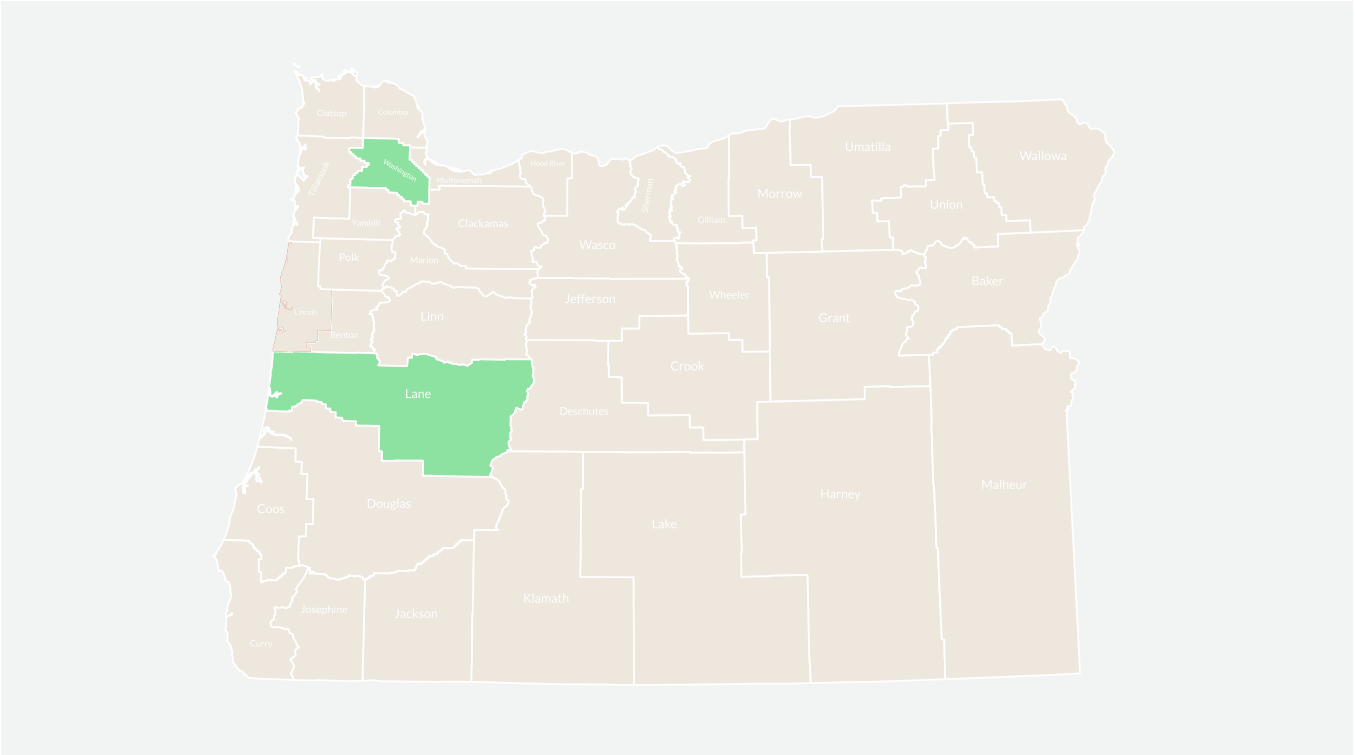
The Early Learning Hub of Central Oregon (Crook, Deschutes, and Jefferson counties), in addition to facilitating other aspects of ECHV system coordination, has used their MIECHV systems resources to support professional development for home visitors, particularly by offering training related to maternal depression and mental health, and Infant Massage. These training opportunities are available to all home visitors in the region with a double mission of increased skills and relationship building across HV System partners. In addition, they have prioritized community health worker certification and exploring how that role can be integrated with a variety of other programs and promoting Oregon's infant Early Childhood Mental Health Endorsement for home visiting staff.

In the Frontier (Grant and Harney counties) region, the Hub has facilitated shared training for home visitors, health clinic providers, self-sufficiency staff, mental health providers and child welfare staff, creating shared knowledge of the Positive Parenting Program, also known as the Triple P Parenting model, across these multiple home visiting providers. This shared professional development was in direct response to requests from the regions' ODHS partner, and was funded and championed by the Hub director: "*The idea was where the family touched [within the system] that the language around parenting would all be the same.*"

Current State: Role of County Public Health Departments

Many county public health departments across the state offer ECHV services, primarily through Babies First, CaCoon, and, in some counties, Nurse-Family Partnership. FCO nurse home visiting is also typically, although not always, funded through local public health departments. However, like Early Learning Hubs, the role of these public health departments in supporting ECHV system coordination and improvement varies considerably. In our interviews with county public health programs that are involved with MIECHV funded service delivery,[20] it seemed that while **service** coordination, especially between/among programs offered through public health, is often a function of public health, leadership for ECHV systems coordination — bringing partners together for broader cross-sector planning and **systems** development — is less frequent.

Opportunities: Public Health Leadership for ECHV Systems Building



That said, there are a number of places in which county public health departments have taken a strong leadership role in broader ECHV systems work. As described previously, this often involves partnering with Hubs around ECHV systems development. In Lane County, Hub leaders intentionally deferred to public health to lead the ECHV systems coordination work, noting their focus on other aspects of the early childhood system and the lack of DELC requirements or funding naming Hubs as leaders in the ECHV system.

20 Note that we have not yet interviewed every county health department regarding home visiting.

"For some communities, having things situated out of their Hub and having someone a little bit more neutral from government is important, and in other communities like ours, if coordination was centrally done out of just the Hub, it almost wouldn't make sense, given how many of the programs are public health-run. That's something I appreciate, is when there's some of that local choice for someone who needs to coordinate this and it'll be the local sites to decide."

— Lane County Public Health Leader

In Washington County, public health has increasingly taken on a leadership role in ECHV systems work, supported through the Hub Co-Director's position in the public health department. This has included convening partners to work with Help Me Grow as a referral partner, as well as being a strong advocate for ECHV services and workforce. The Washington County Hub Co-Director described their role as supporting cross-system and program conversations, building relationships, and doing advocacy for their ECHV and other programs, noting that program specific staff often don't have capacity on top of their programmatic management work:

"One of the benefits of the way we have our work structured is that we get this immediate feedback loop from what nurses may be seeing, what other home visitors may be seeing to folks like myself, so that I can do immediate advocacy on those things."

— Washington County Public Health Leader and Hub Co-Director

Public health leaders in some communities expressed that the ideal state would be joint coordination between the Hub and public health for ECHV systems work, but noted limited capacity on both sides to effectively sustain these connections.

"That home visiting coordinating body used to be jointly lumped between United Way, who holds our Hub position in public health, and it was supported by staff at both agencies sort of collaboratively facilitating and leading that work. I do think that's the better model for a variety of reasons."

— Lane County Public Health Leader

Another shared:

"It's been a dream of mine to have more of a... unifying structure, even if we're all still often in our separate places."

— Public Health leader

Opportunities:
Leveraging MIECHV Resources for ECHV Systems Building

Currently in Oregon, programs in 13 counties receive MIECHV funds (See Appendix I). Each MIECHV-funded service area receives two types of funding: (1) funding to provide direct services and (2) funding to coordinate the system of home visiting in the area. Funding to provide direct services is provided through what are known as Local Implementing Agencies (LIA). Funds are used to implement one or more of the three home visiting models currently supported by Oregon's MIECHV grant (Early Head Start Home Based, Healthy Families America (Oregon), and Nurse-Family Partnership). Local Coordinating Agencies (LCAs) receive funding to coordinate the system of home visiting, which can include convening partners for system improvement collaboration, doing community outreach, referral screening and coordination, and providing workforce training and development opportunities for home visitors.

In several places, MIECHV systems resources have provided a key "starting point" for bringing funds together to support more robust systems work. For example, Multnomah County has used these funds (along with other sources) to support a Home Visiting Community of Practice which provides an opportunity for an array of home visitors from the region to participate in training, cross-program information sharing, and relationship building. Funding from MIECHV and other sources have supported robust coordination work across ECHV programs in Lane County, which now has an advisory board that brings together Early Childhood Cares, Early Intervention, Relief Nurseries, ODHS, and *"all of the other folks that work in anything that is in families' homes during this really important period."*

This ECHV Advisory Board is facilitated by a dedicated staff person whose functions and funding include family and child systems coordination for public health, MIECHV systems coordination, and FCO Community Alignment. The Central Oregon Hub region has also similarly leveraged MIECHV and FCO systems funding to create a full-time position for home visiting system coordination (described below).

Opportunities:
Leveraging FCO Resources for ECHV Systems Building

Family Connects Oregon (FCO) has been part of the emerging landscape of ECHV programs since 2021, when the first early implementer sites began services. Family Connects is the evidence-based, universally offered Home Visiting model adopted by Oregon responsive to Senate Bill 526 (2019). FCO is a free, voluntary, opt-in program in which a Registered Nurse provides a newborn home visit approximately 1-3 weeks after birth with up to two follow up visits. Nurse home visitors provide screening and assessment of newborn and maternal health, identify family strengths and needs, and help connect families to community resources.

In addition to funding direct nurse home visiting services (typically, although not always, through local public health agencies, or LPHAs), the FCO model provides resources for ECHV system-building through a designated Community Lead Agency that is responsible for program management, governance, and collaboration and coordination with existing community programs. Community Lead Agencies can be Hubs, Local public health agencies, tribes, or other community organizations. Resources are also provided for a Community Alignment Specialist who typically helps to develop and maintain a working list of community resources, does community outreach and education, and supports collaboration and coordination between programs. FCO requires Community Lead agencies to develop a Community Alignment Plan that identifies community needs, available resources, and gaps in the service array. The plan acts as a tool for ongoing system-building work to ensure coordinated access to services that families need.

The important role that FCO can play in cross-sector ECHV system-building and governance was noted by a number of those we spoke with from FCO-implementing communities. Partners we interviewed felt that strategically using FCO to strengthen and bridge work between public health and the Hub (for example, in regions in which the Hub is acting as the Community Lead Agency) has been a successful approach for system-building. For example, in Washington County, having FCO connected to the Early Learning Hub administratively (in this case, because the Hub is administratively located in the public health agency providing FCO) has strengthened the connection between public health nurse home visiting programs and other ECHV programs connected to the Hubs.

In the Central Oregon region, the program was originally housed within the Hub; however, funding has moved to the public health department, based on a mutual decision to relocate the day to day operations. The Hub and public health providers are working closely together to ensure continuing coordination and to further develop collaboration between FCO staff and other ECHV programs. One Hub leader shared that while the Hub had not historically focused on early childhood home visiting services, receiving FCO funding had led to their first significant role, noting "*FCO has been [dipping] our toe into home visiting.*"

Current State: Hub Connections with Tribal & Culturally-specific ECHV Partners

An important goal for ECHV systems improvement is to strengthen partnerships at the state and regional levels to fully include ECHV programs that serve Indigenous persons and/or Tribal members, and those that provide other ECHV services that are led by culturally-specific organizations and/or provide culturally and linguistically adapted and sustaining services. Tribal, Indigenous-centered, and culturally-specific programs provide an array of ECHV services that uniquely meet families' cultural and linguistic needs, but are largely not funded through the mainstream ECHV funding sources (with a few notable exceptions[21]) and have often not been invited or not been able to participate in ECHV system collaborative groups.

21 A few exceptions to this are communities receiving Tribal MIECHV funding and/or using other funds to provide Family Spirit, a culturally- tailored ECHV program, as well as a few culturally-specific organizations (e.g., IRCO) that also receive HFO and/or HS/EHS funds from DELC. Migrant and Tribal Head Start/Early Head Start home based programs are also designed to be responsive to these communities.

While we heard from Hub leaders about a few examples of places where ECHV system and program leaders have developed successful collaborative relationships with Tribal and culturally-specific program leaders in Oregon communities, there is much work remaining. An example of this some initial collaborative work was described in the Four Rivers region by Hub leaders, where the staff from the Four Rivers Native American Coalition, which is co-located within the same organization that houses the region's HFO program, and Hub staff meet weekly for 2 hours to share resources, information, and discuss community events and needs.

Hub Leaders in the Four Rivers described the importance of their staff attending Tribal events to build relationships and noted that when Hub staff go to Tribal events, rather than defaulting to expecting Tribal members to attend Hub meetings, this helps shift power to the Tribes, by meeting in Indigenous-centered spaces. Another Hub noted that their staff capacity to attend events and meetings outside of the Hub was limited. Another constraint is that Hubs, like other ECHV partners, are typically expected to focus narrowly on families with children ages prenatal to age five. This can create a barrier, as several leaders recognized that Tribal, Indigenous, and culturally-specific programs may often be serving their entire community holistically across the full age spectrum.

Another Hub leader in Washington County described having solid partnerships with agencies offering culturally-specific home visiting. They also recognized that having these program leaders and staff participate in Hub meetings is also constrained by the programs' funding levels, staffing capacity, and priorities. They noted that partnerships thus far have been focused in areas where culturally-specific program leaders see greater alignment between what the Hubs is focused on and their own project-focused work.

"We have good relationships with the early childhood leads of folks like Adelante Mujeres and IRCO and some of our African immigrant serving organizations… We're not as close to them in this constant back and forth that we are in with institutional partners like EI or WIC, necessarily. But we work more on a project-by-project kind of basis. Like if we have funding that we can deploy to them to reach a certain population, or if there's certain objectives that they're trying to meet that we can help them meet, we'll partner together."

This Hub leader also emphasized the importance of culturally-specific programs being able to participate in an advisory capacity and communicated that an established relationship with culturally-specific organizations allows for early learning partners across the region to support each other as they feel they can.

"So it's more about, like, when there's a need that [culturally-specific programs] feel like we can help meet, we can work together on something. That's how we tend to operate, along with [CS programs] being a presence at a lot of our community advisory board structures. You know, we consistently have their representation, so their voices are being uplifted through these other mechanisms on top of these episodic activities that we do with them."

Similarly, in the Central Oregon region, Hub and ECHV leaders have worked together to increase program capacity for the Warm Springs Nation. Collaboration is being intentionally cultivated over time between HFO, Relief Nursery, public health, and the Confederated Tribes of Warm Springs government, and Indian Health Services, with the goal of expanding these programs as well as providing more nurse home visiting services.

These partnerships can be important in providing ECHV programs that Indigenous families are willing to accept, by having non-governmental home visiting programs able to offer services." This also speaks to the historical trauma that many Indigenous people, communities, and nations have experienced when interacting with US government entities. A Lane County public health staff identified how their program works to cross-refer families to Tribal ECHV programs:

"So for families who are referred to us [public health]... if families have marked that they're Indigenous on their form or they share that with their home visitor after they're enrolled, we tell them about that program to see if they're interested and then cross refer if the family's interested. Especially if a family declines [program name] because, you know, we are located with public health, which there's a lot of power, but there's also some families who are not going to accept something from the [State] government no matter what."

— Lane County Public Health leader

Hub and Tribal program representatives we spoke with also noted that staff capacity for participating in ECHV systems work may be especially difficult for Tribal programs. For example, in Lane County, public health partners shared their appreciation for their partnership with the Tribal home visiting program, while at the same time noting that the program serves Lane County as well as 10 additional counties. Program staff may have limited capacity to both meet the needs of families and participate in systems-level collaborative work.

In a few rural/frontier regions, Hub leaders described their ongoing challenges in meeting the needs of low-income, predominantly white families with their ability to meet the needs of Hispanic/Latine, Native American/American Indian, or other non-White communities. One Hub leader shared her concern that there was an over-emphasis on finding and enrolling families from BIPOC backgrounds, leading to concerns about tokenism and targeting. She described the Hub's effort to include and represent the diversity of the region in services, while also fearing that community-specific outreach can make non-White families feel targeted. This Hub leader described taking an approach where outreach is focused instead on emphasizing financial need and supports for all families, regardless of culture or language.

"Inclusion is very important. We want to make sure we're offering resources, but we don't want to make somebody feel like they're a target simply because [they are] of a different nationality."

— Grant County Community Based Organization Leader

Current State: Additional Cross-Sector Early Childhood System Work

In some regions there are other systems building efforts that, while not specifically focused on ECHV, provide opportunities to connect other systems and services with ECHV (see Appendix H). Some focus on linking families to needed services; others represent systems change efforts that may involve families who could be eligible for (or receiving) ECHV. While these examples are not inclusive of all systems-building efforts happening across regions, they represent some key places where ECHV services are, or could be, intentionally integrated into this work.

Opportunity: Upstream Initiative

One emerging initiative in Oregon that is building momentum as of this writing is the Upstream Initiative, led by the Oregon Health & Education Collaborative. The first year of this project funded five "design pilots" each of which worked to create a model for integrated supports for families during the prenatal-to-age two period (the "first thousand days"). Of the five design pilots in the Upstream Initiative, four were led by regional Hubs (Blue Mountain, Linn-Benton-Lincoln, Marion & Polk, and Yamhill), thus creating a clear link between these efforts and the early childhood system. While not specifically focused on early childhood home visiting, these projects have considerable overlap with ECHV systems, given the critical role played by early childhood home visitors in the system of supports during this birth-to-age 2 developmental period. As these projects move into implementation mode, they can provide a unique opportunity to leverage related systems-focused work within these regions.

Opportunity: Oregon Department of Human Services (ODHS) and the Vision for Transformation

At the state-level, ODHS has prioritized intentional prevention work in their Vision for Transformation. ODHS is working in 10 county communities (Coos, Curry, Douglas, Jackson, Josephine, Klamath, Lake, Multnomah, Polk, and Washington counties) to implement their Family Preservation model, which aims to support families in-home, rather than placing children into foster care. To date, however, this work has mostly focused on families that have early (e.g., voluntary or hotline-identified) child welfare system involvement, in contrast to ECHV programs which generally do primary prevention work and may have an explicit goal to prevent child welfare involvement. At the same time, a number of existing ECHV programs are, and have always, supported families who have some kind of contact with child welfare, and in some regions there are at least emerging collaborative relationships at the leadership and programmatic levels with local ODHS regional and district offices.

For example, in the Four Rivers region, the regional manager for ODHS has initiated an Infant Safety and Wellness committee that includes the Hub, public health, Healthy Families

Oregon, and Early Intervention as a Multidisciplinary Team. Healthy Families staff has been facilitating that group and ODHS caseworkers will participate if they have a child under twelve months on their caseload. ODHS staff can engage with ECHV programs like HFO to share information about the family (provided families have signed appropriate consent forms).

Opportunity: Doris Duke Foundation & Family Preservation

In Klamath and Multnomah counties, the Doris Duke Foundation, in partnership with ODHS, is funding work to identify and refer families who are screened out by the child welfare hotline into supportive navigation and prevention services. In Multnomah County, identified families are contacted by a community based organization while in Klamath County, a Self Sufficiency Family Coach reaches out to the family to offer supports and services identified by the family. While these systems are still being developed, considerable philanthropic funding is being provided by the Doris Duke Foundation to these communities to support data systems integration and sharing as well as an evaluation of processes and impacts that may support scaling and capacity increases. Although this work does not focus specifically on home visiting per se, ECHV program and system leaders in these communities could be valuable partners in ensuring a full array of preventive services are provided for these families. Further, the system being designed to support data sharing and referrals could be a point for future integration or connection with ECHV coordinated referral systems.

Key Takeaways for Regional ECHV Governance & System-building

Provide Guidance that Clarifies Expectations and Supports Flexibly Structured ECHV Leadership at the Regional Level

There is considerable variability across Hub regions in terms of how, and to what extent, Hubs, public health, and other partners are intentionally leading ECHV systems improvement work. In some places, long-standing cross-sector, cross-program partnerships have made considerable progress towards more coordinated ECHV programs; in others, this system-building work has not been as intentionally prioritized.

In order to support more consistent system-building for home visiting across Oregon, **there is a need for state ECHV systems leaders to provide clear expectations that Hub directors, county public health home visiting leaders, and ECHV program directors will build regional partnerships that focus on home visiting systems.** How these partnerships are organized regionally should be flexible and build on current opportunities as much as possible. While local and regional partners want to retain a level of flexibility and autonomy, many suggested that having expectations for partnerships and supportive guidelines would be helpful. Hubs in particular, with their systems-building role for early childhood, would benefit from clear expectations from DELC to inform their role in leading or partnering on ECHV systems work.

Regional & State Governance Should Include Partnerships with Tribal, Culturally-specific, and Other Community-based ECHV Programs

All regions can continue to expand their ECHV partnership collaborative groups, and should intentionally build relationships with community-based ECHV programs, culturally-specific and sustaining programs, and Tribal ECHV services being offered. Nurturing these partnerships takes time and intentional work that prioritizes trust-building. Hub regions that have developed successful partnerships could provide support and strategies that could be useful in other places in the state. ODHS child welfare and self-sufficiency staff, EI/ECSE, and Relief Nurseries are additional key partners who are critical to this work.

Building partnerships at the state level with these organizations and programs is important to supporting regional work in this area. A key goal for the CCOHVS team is to strengthen ECHV system governance so that there is meaningful inclusion of these programs in state-level ECHV systems leadership for home visiting. At both the state and regional levels, structuring (or restructuring) HVS governance to be more inclusive will require relationship and trust building efforts to explore where and how goals align with programs that provide culturally and tribal specific services.

ECHV Systems Work Cannot be an Unfunded Mandate

It is clear having access to funding and resources for systems work supports more progress in system-building (e.g., MIECHV, FCO, TFFF). Costs for funding various aspects of systems-building should be realistically estimated, including staff responsible for convening partners, and especially ensuring inclusion of the full array of ECHV program partners (e.g., Tribal home visiting system partners, and culturally-specific organizations; medical systems). This staffing is also necessary for facilitating ECHV system-specific strategic planning and action, and supporting ECHV family leadership and building community awareness for ECHV.

One of the key functions of an effective ECHV system is to support equitable and easy access to services for families. Building a system that facilitates access is a complex process, a key element of which is creating ways for programs to work together to manage family needs, preferences, program eligibility requirements, and program capacity. The following section of this report summarizes what we learned about current efforts in other states as well as in Oregon about regional and local efforts to improve ***service coordination*** – defined as the process of connecting individual families with the services and resources they need and want.

SYSTEMS ELEMENT 2:

COORDINATING INTAKE & REFERRAL FOR ECHV SERVICES

One of the key functions of an effective ECHV system is to support equitable and easy access to services for families. Building a system that facilitates access is a complex process, a key element of which is creating ways for programs to work together to manage family needs, preferences, program eligibility requirements, and program capacity. The following section of this report summarizes what we learned about current efforts in other states as well as in Oregon about regional and local efforts to improve service coordination – defined as the process of connecting individual families with the services and resources they need and want.

One important distinction is between "centralized" and "coordinated" intake and referral systems. While these terms are sometimes used interchangeably, they represent two different, although not mutually exclusive, approaches to system-building. **Centralized** intake and referral is used to describe a service coordination process that happens through a single central point of contact, like a phone number, website, or location, where individuals are initially screened and directed to services based on their needs. To function effectively, centralized systems also require strong coordination between and among ECHV programs and the single point of contact mechanism or organization.

Coordinated intake and referral refers to a broader process where multiple agencies work together to assess and refer individuals to appropriate services. There are a number of ways to operationalize coordinated intake and referral systems that create more effective connection with families. Research on behavioral health systems of care have described three primary models: (1) single point of contact (centralized); (2) multi-site centralized intake; and (3) no wrong door, multi-site, multi-method referral systems. Centralized intake and referral systems have been shown to improve access to a variety of services.[22]

22 Isaacs A, Bonsey A, Couch D. Centralized Intake Models and Recommendations for Their Use in Non-Acute Mental Health Services: A Scoping Review. Int J Environ Res Public Health. 2023 May 8;20(9):5747.

To function effectively, centralized systems also require strong coordination between and among ECHV programs and the single point of contact mechanism or organization. Research has documented key factors that support successful centralized systems:

1. Centralized intake and referral must be built on a foundation of positive collaboration between and among home visiting programs.
2. These systems require effective education, marketing, and communication both to the public and to referral partners.
3. These systems can create increased demand that leads to waiting lists for services and require careful monitoring and management.
4. These systems can only work when there are relationship-based, warm handoffs between centralized intake staff, families, and ECHV providers.

These systems take significant time and resources to implement successfully; most places have "started small" and then expanded geographical and/or programmatic reach over time.

While all of these approaches can be effective if well-supported and effectively managed, as systems are more decentralized and involve more types of incoming referral sources and/or larger arrays of receiving referral programs, systems can become increasingly difficult to manage, requiring more staff and other resources.

These are important considerations for Oregon leaders as work continues to improve coordination and, where appropriate and possible, create more centralized systems for accessing ECHV.

Centralized Intake & Referral Systems: Learning From Other States

A number of places across the U.S. have begun to implement centralized intake and referral for home visiting programs. In these places, single point of contact systems are the only (or primary) way for families to enter key ECHV programs (e.g., all referral to programs must go through the single point of contact). This type of system is not currently in place in Oregon, and is not necessarily essential for effective coordination. Nevertheless, this type of system can bring considerable benefits in helping improve access to ECHV programs.

These systems have often been led by, and primarily include, communities receiving MIECHV federal dollars, which require some degree of coordinated intake and referral. Some have developed centralized, single point of entry systems at the state-level. **New Jersey**, for example, has implemented a state-level centralized referral system for its three MIECHV-funded ECHV programs and, most recently, Family Connects, a process that has rolled out gradually over almost two decades.

Ohio uses Help Me Grow as a state-level centralized intake and referral system for home visiting and Early Intervention, as well as for advancing community awareness and marketing strategies related to home visiting. Bright Beginnings, a nonprofit organization, oversees and staffs their Centralized Intake and Referral System ("CRIS") which manages referrals to Nurse-Family Partnership, PAT, Healthy Families,

the Moms and Babies First program, and Early Intervention. All these programs fall under the organizational auspice of the Ohio Department of Children and Youth, an organizational factor that has facilitated system development for these programs.

More common than state-level centralized systems are county or regional centralized intake and referral systems, sometimes with a state-level website or hotline that then connects to a county or regional system for managing the referral. **Kansas**, for example, has created a statewide 1-800 number that can be used to help families (or others) find MIECHV-funded programs in the county in which they live. This warm line connects to county-level systems that manage family screening and coordinate and support referrals to ECHV programs within that county. **Missouri**, similarly, has a state-level system through which families or referral partners are connected to a regional coordinated referral and intake network with its own referral form. Regional forms are submitted to the network, which reviews the information and assigns the referred family to a home visiting program based on the family's needs and eligibility, and the program's capacity. **Delaware** has a state-level system that allows families or referring partners to download and submit a form to Help Me Grow, which then reaches out to connect families with the programs available in their community. The current program partners in the system are Healthy Families, Nurse-Family Partnership, Early Head Start home-based, and PAT.

Current State: Regional Coordinated Access, Referral, and Enrollment in ECHV Programs

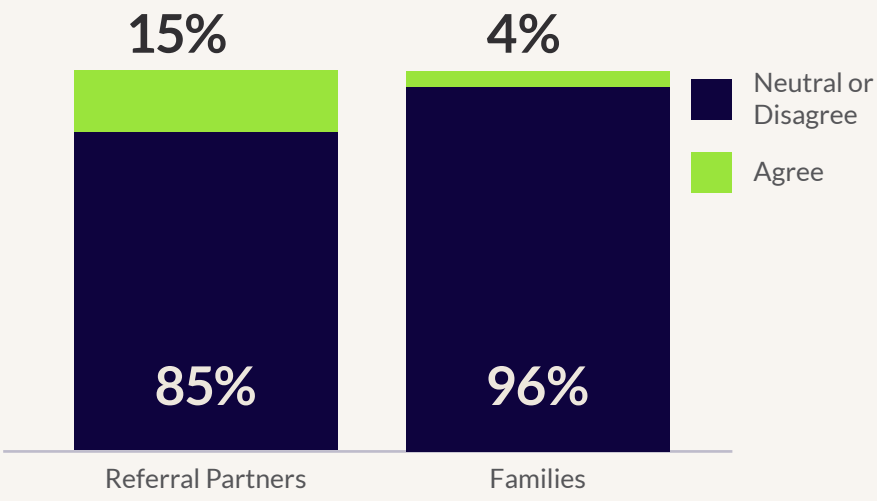
Across Oregon, programs, agencies, and ECHV system partners have begun to implement a variety of approaches to coordinated (and sometimes more centralized) intake and referral for ECHV. Below we provide an overview of what we learned about these efforts, describing the current state of coordinated intake and referral across Oregon. Following this, we provide examples of ways that communities have implemented these systems, and identify both the factors that have supported success as well as the ongoing challenges being addressed.

Through our interviews with regional partners, we identified the following key features of Oregon's current regional and local systems for accessing ECHV programs.

1. **Program-specific information** is widely available on social media and websites, but is not always easy to find or designed to connect families or referral partners with ECHV services. When these resources do provide a referral mechanism (phone number or referral form) they are not typically coordinated with other programs and are designed to facilitate access to a single program or organization. The challenges related to finding this information were also identified in the recent ECHV System Survey (see Figure 6)
2. **Regular meetings for sharing information across ECHV programs and additional providers are common, but are not typically focused on service coordination.** For example, program or agency staff may meet regularly with staff from other organizations to share information about their program and what their eligibility criteria are to increase awareness among those providers and/or referral partners.

Figure 6

Few Families or Referral Partners have Access to Information about Available ECHV Programs



Only 15% of ECHV Systems Advisory Group members felt that **referral partners** have access to sufficient information about available ECHV programs, and only 4% felt that **families** have access to sufficient information about the availability of ECHV programs.

For example, the Eastern Oregon Early Learning Hub described having monthly meetings that involve representatives from various home visiting programs and other partners (e. g. Early Head Start, Family Support and Connections, Early Intervention, Parenting Education Hub, WIC). These meetings were described as focused on sharing information and addressing emergent issues impacting families in the community. These meetings are seen as supporting cross-program referrals, but in an informal, relationship-based manner by helping the program staff in a given region know about other programs and how to refer families who might not meet their own programs' eligibility criteria, for example.

While these types of meetings are an important piece of building a coordinated system and can even work effectively, they are typically not sufficient for authentic equitable access to services. Further, these informal relationship-based strategies for cross-program referral are precarious because they rely on the specific individuals involved, and are often difficult to sustain longer-term. Several people interviewed noted that some of these informal meetings and groups had been disrupted during COVID and never re-established. Another challenge for informal, relationship-based systems is staff turnover among the people involved; for example, when a long-time staff person with deep knowledge of the community's ECHV services leaves their position, the knowledge and relationship is lost.

3. **Program- and agency-specific systems for referral and intake predominate**, in which a single program (e.g., Relief Nursery, HFO) or agency (e.g., public health) has intake and referral systems such as websites and/or telephone contact information for either a single ECHV program or for a set of programs offered by that agency. For example, county public health agencies typically have information about nurse home visiting programs and how to either refer families to them or get more information about how to access the program. These referral forms are typically embedded within program or agency-specific websites. In some cases, incoming referrals through these systems are coordinated within the program or agency, typically by agency staff. Some have an online system for completing and submitting a referral or family information form. Some of these are designed to support self-referral by families while others are provider/professional-facing. Most require knowledge of the program and/or agency name, and for referring providers or families to be able to navigate the website to find and complete the referral forms.

4. **Expanded, Agency-Based Service Coordination** is in place in a few regions, providing opportunities for creating even stronger systems of expanded ECHV program coordination. For example, some regions have a single large organization that provides coordinated access to several of the home visiting programs for a given region, including programs not delivered by that organization. For example, in the Blue Mountain Early Learning Hub, a local community-based organization utilizes a referral form for multiple ECHV programs both within and outside its own organization, and which can be downloaded by public health and other professionals to complete and send to a referral/intake coordinator. Appendix J provides examples of and/or links to shared intake and referral forms being used across the state.
5. **Cross-Program Referral & Intake Staffing Meetings**. In several places, a cross-program referral and intake staff meeting is used to coordinate and share referrals. For example, one program partner described having weekly cross-program staffing meetings to review and allocate referrals between Babies First!, NFP, HFO, and CaCoon, as well as (within the next few months) FCO. At these meetings, program staff discuss the referrals that were received the previous week, and decide which program should receive the referral. These meetings are often part of the process for coordinating referrals that come through a centralized telephone number, web-based platform or other data system, but can also support coordination in the absence of a more centralized referral and intake process.
6. **Existing regional referral systems rarely include culturally-specific or Tribal ECHV programs**. While a few Hubs have robust referral partnerships with Tribal and/or culturally-specific programs that provide ECHV, most of the current referral systems have relatively limited and sometimes no representation from these important system partners. Oregon has a unique opportunity moving forward to work intentionally to build systems that work for and with these programs and the communities they serve.

Regional Innovations and Progress Towards Coordinated Intake & Referral Systems

As summarized above, many regions have taken at least some steps to improve coordinated intake and referral processes, although in most of these places there are currently multiple referral routes and varying levels of coordination and centralization. Ideally, a well-coordinated referral system allows those who have little understanding of the complexities of program eligibility requirements to easily refer families to a partner or system that can facilitate ECHV services that are the "best match" for families' needs and preferences. Further, such a system should be inclusive of the full range of ECHV programs available in a given community.

With this in mind, we provide an overview of some of the examples and opportunities seen across the state for improving these intake and enrollment systems. We begin this section by describing opportunities for connecting with and/or building out existing data systems and platforms being used to strengthen intake and referral for ECHV. We then share community-specific efforts that are being implemented to increase referral coordination. This is followed by a summary of emerging opportunities for increasing intake and referrals provided by implementation of the FCO program. We end with key takeaways that provide an overview of key factors supporting successful efforts to improve intake and referral systems.

Opportunities: Referral Systems & Platforms

A number of regions have focused on creating a shared data system or platform for providing a coordinated point of contact for ECHV programs. While data systems that can store and track information about family needs and preferences, incoming referrals, community programs and services, and referral outcomes are not **sufficient** for creating an effective referral and intake system, they are likely a **necessary** part of the system. Regions vary considerably in the extent to which they have developed and implemented a shared data tracking system or referral platform, and some regions have not yet begun collaborative work to build cross-program referral systems. Moreover, in many regions, more than one of these data systems is currently being used - for example, FCO requires the use of Health Cloud regardless of what existing referral platforms or systems are already in place in a community. CCOs and other service partners have been widely adopting UniteUs/Connect Oregon, but these have largely been implemented without engaging ECHV programs and partners who often have their own existing systems.

Below we describe some of the data systems that are currently being used and how the system supports access for families and easy referrals by partners. It is important to note that our summary of these data systems and referral platforms is not exhaustive of other related data systems that may be operating across the state; rather it is limited to those that were described by the Hub, public health, FCO, and other ECHV systems leaders we spoke with, and focused on use of these systems specifically for increasing equitable and coordinated access to ECHV programs.

UniteUs/Connect Oregon

A number of communities are using Connect Oregon (Unite Us) as a way to support referrals for families to ECHV as well as other early childhood services. These platforms are most often housed within regional Coordinated Care Organizations (CCOs), some of which have been intentionally working with ECHV program partners and/or Hubs to include, and robustly refer to, ECHV programs. The Unite Us systems typically include a centralized phone number or website through which families can connect with a staff person who assesses their needs, makes referrals through their resource database, and follows up to ensure families are connected.

At the Early Learning Hub of Linn, Benton, and Lincoln Counties, Unite Us is used to facilitate ECHV and other referrals through their Pollywog system. Families are able to receive coordinated support from staff including traditional health workers who help them navigate the referral process and ensure connections are made to the appropriate services.

> *"When we made that transition [to Unite Us], we were assured by the CCO and UniteUs that all of our partners would be able to access UniteUs to do the referrals through Pollywog. Apparently that wasn't the case with county programs… and we did have to come up with some unique workarounds to support our counties with that, and UniteUs was very accommodating."*
>
> — Early Learning Hub of Linn, Benton, and Lincoln Counties Leader

This region leveraged the support from the FCO Community Alignment Specialist, who was initially housed at the Hub and was part of the Pollywog staff. This person was already involved in this service coordination system, and the region saw opportunities for bridging. The Hub director noted that FCO was a main connection point for the Hub into home visiting systems work. Pollywog still provides a meaningful connection to the ECHV system as it links to several (but not all) home visiting programs including those housed within public health.The Hub hopes to maintain strong connections with the home visiting system as they expand the reach of Pollywog to include other programs. Recently the FCO community alignment role was moved out of the Hub, although there are still partnerships in place that the Hub hopes to continue.

In Southern Oregon (Jackson and Josephine counties), a long-standing early childhood collaborative group, Southern Oregon Early Childhood Support Network, has led the development of Southern Oregon Success, which provides an online referral form that is linked with a UniteUs platform managed by the regional CCO. This data system is based on their "Child Success Model" which engages families in creating a family success plan, typically working with a CCO provider, and then connects families who need additional support with a family navigator who helps them access the services they need. Early childhood home visiting is one of the priority areas within this model, and is seen as one of the pillars for early childhood success. Referrals are made to ECHV programs that are in the UniteUs system; referrals can be from providers or self-referral by families. Programs typically support families by connecting them to the appropriate services based on what families share their needs are:

> *"It's more common for [families] to reach out to an organization needing help, and everyone tries to kind of implement that no wrong door policy and will be like, well, if we don't have what you need, like here, let me put in a referral with your consent to this other organization and they will be in touch with you."*
>
> — Southern Oregon Early Learning Services Hub Staff

Although these examples show that UniteUs can be a useful and effective way to facilitate ECHV referrals, other regions have elected not to use UniteUs, at least for now. Three primary challenges were identified by partners related to using UniteUs. The first was related to having an additional data system for ECHV staff to have to work with, and concerns about duplication and additional burden. For example, one Hub leader shared that partners were reluctant to have to "*log into another data system*", noting that Head Start, public health, Healthy Families, and others already have their own systems. At the same time, this Hub leader was hoping to continue to pursue more integrated data systems, describing their desire to have data available for decision-making:

> "*We need the data to tell the story; the complete story, but are having huge challenges pulling the information together across programs.*"
>
> — Early Learning Hub Leader

Another partner shared:

"It would add another layer to the things that the nurses were doing, but it wouldn't be that effective."

— Early Learning Hub of Central Oregon Staff

Another concern has been the lack of partnership with those already implementing UniteUs, noting that if those CCOs or other agencies are not actively partnering with and aware of ECHV programs and how they work, referrals are unlikely to happen. For example, the Central Oregon region, which uses the FCO data system Health Cloud as their primary referral platform for ECHV, also noted that they considered using UniteUs, but eventually decided against it, as the majority of ECHV programs are not part of the UniteUs system. Another ECHV partner in the Northwest Regional Hub area shared that the system was just not referring to their program, for reasons they did not understand: "*So UniteUs has been up and operational in our three counties for four to five years. Do you know how many referrals I've gotten through the UniteUs system? One.*" This points to the importance of the people behind the system - that those who are staffing the Unite Us system and taking incoming family information and making referrals to community partners understand and are aware of the full array of ECHV programs in the community - and how to talk about these programs with families.

A final challenge that surfaced during the interviews was related to ECHV program capacity. A Hub leader shared that partners in their region were concerned that the volume of referrals coming in from UniteUs, specifically from medical partners/CCOs, would potentially overwhelm the capacity of the ECHV programs (although this issue was not identified by those we spoke with who are currently using UniteUs).

Health Cloud (Formerly Salesforce): FCO Referral Data System

FCO programs use a proprietary database called Health Cloud (a secure cloud-based client management system) to house required information about program delivery (e.g., visit date, type, etc.) as well as referrals made for families. Health Cloud additionally acts as a repository for community resource information through the Provider Search (formerly Agency Finder) function, and Community Alignment Specialists (CAS) are typically responsible for identifying these community programs and resources, and making sure these programs are part of the Health Cloud database.

In one Hub region, a partner described Health Cloud as follows:

"[In Health Cloud] we have all the information about organization, services, schedule, population that they serve, location, et cetera, websites. And then through the Agency Finder [function] the nurses can enter the information about referrals, what referrals they did, and many have existing referrals. They also put information about what services the family is receiving, how they are complementing this, and their notes, etcetera. And then the nurses when they do the visits, they also have a folder with information, printed resources so they can leave that with the family as well. I know that also after the visit they share information through text if that is something that the family agrees with."

— Early Learning Hub of Central Oregon Staff (former FCO CAS)

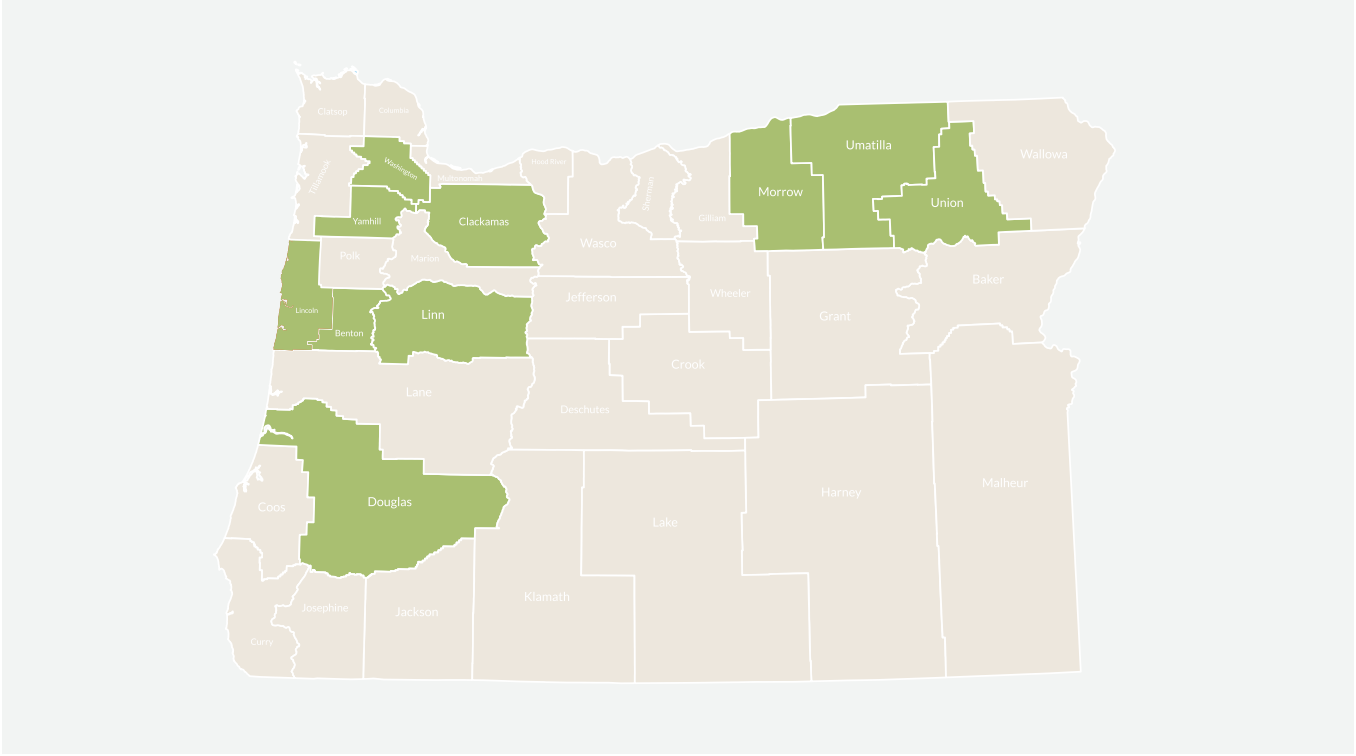
For Health Cloud to be most effective in supporting connections between FCO and other ECHV programs, partners suggested that several things need to be in place. First, the programs need to be included in the Health Cloud database; second, nurses and/or CAS staff need to understand when ECHV referrals are important to make for families and to have comprehensive data about these programs in their communities; and third, there needs to be close partnerships with various ECHV programs to ensure families are referred and connected with the best match program in their region, given their eligibility.

ECHV leaders interviewed raised a challenge with Health Cloud, specifically that it may be creating a separate referral system that is difficult to align and/or link with other efforts. In Linn, Benton, and Lincoln counties, when FCO Community Alignment was moved from the Hub to the three county public health agencies, system discontinuities were experienced between the system the Hub developed for coordinating enrollments and the FCO Health Cloud referral database. ECHV partners from both the Hub and public health noted that this was an unintended consequence of this decision, which has left a gap between these potentially mutually reinforcing datasystems. ECHV leaders in this region also identified another challenge with Health Cloud, in that it can create another layer of documentation that FCO staff are required to complete. As noted above, FCO decided against the use of UniteUs/Connect Oregon not only because most ECHV programs are not part of the UniteUs system, but also because it would add extra work beyond existing FCO reporting requirements.

"It was one of the challenges that came up with Family Connects in the way that they're supposed to do referrals; they want them [FCO nurses] to specifically refer to each agency for everything that they identify in that screening versus allowing one referral to Pollywog… So having that one referral for Pollywog Navigation … and then that Traditional Health Worker can make all those connections and get the family referred …does not meet the [FCO]] requirements and the fidelity to the model for Family Connects."

— Early Learning Hub of Linn, Benton, and Lincoln Counties Leader

Opportunities:
Towards More Centralized Single Point of Contact Systems



Hub Preschool Coordinated Enrollment Systems & ECHV

Many Early Learning Hubs are currently using some type of web-based platform to coordinate enrollment and intake for Preschool Promise (a state-funded preschool program) and other early childhood education (PreK) programs. A few Hubs, however, have also linked these PreK enrollment systems with other local ECHV coordinated intake and referral systems or with individual ECHV programs. Several Hub leaders we spoke with have either begun, or expressed the intention to, add links to ECHV programs within these platforms, presenting an opportunity to have one place where families could enroll and/or get information about ECHV as well as preschool.

While these Hub-led PreK Coordinated Enrollment systems are not designed specifically to link families to ECHV, they provide an opportunity to connect these two important parts of the early learning system. As several leaders noted, families with children seeking preschool often are looking for or could benefit from prenatal and perinatal home visiting. Regional work to intentionally include ECHV program information and referral within PreK Coordinated Enrollment systems, or to build in ways to link families to existing ECHV intake and referral platforms could be a place to leverage work already being done to facilitate service linkages. In Eastern Oregon, the Hub director shared their vision for leveraging the PreK Coordinated Enrollment system, which currently

includes links to ECHV programs in each of the three counties, although it does not yet manage intake and referral:

"'We're working on a closed loop referral system so we can have better outreach to help families find the program that fits them best. Developing a referral system for Preschool Promise families as they enroll, and if they choose, refer them to a home visiting program that might fit their family. We're really working on that connection as well. "

— Eastern Oregon Early Learning Hub Leader

"I think we've got the start of it, given the work that we've done with coordinated enrollment for the subsidized preschool programs, such as Preschool Promise and Head Start. We recently added programs that serve zero to three, which also includes home visiting programs."

— Marion & Polk Early Learning Hub, Inc. Leader

One example of Early Learning Hubs utilizing their PreK coordinated ennrollment system to support home visiting intake and referral is the **Early Learning Hub of Linn, Benton, and Lincoln Counties**, which, as described previously, has built out its PreK Coordinated enrollment system ("Pollywog") to include early childhood home visiting programs. Families can contact a Pollywog staff by phone or email for help connecting with programs, or can link directly to county public health departments' home visiting program websites. Pollywog includes links to a variety of other prenatal and perinatal programs and resources (e.g., doulas, community health workers, lactation supports) some of which provide culturally-specific services. Currently, the Pollywog system provides direct linkage or referral to many (but not all) ECHV programs including those housed within public health.

Blue Mountain Early Learning Hub is also starting to connect its work on "Blue Mountain Kids." This data system is a family-facing coordinated enrollment system that includes some ECHV programs, and links to Umatilla-Morrow Head Start, which plays a lead role in much of the referral coordination for ECHV services in those two counties. Blue Mountain Kids uses the ChildPlus data platform, a proprietary system frequently used by Head Start and other preschool programs. In this data system, families apply for services and then are referred out to programs for which they are eligible. Referral is supported by a specialist who calls the family to obtain additional information and to clarify eligibility. This person-to-person outreach and connection is seen by Hub staff as being critical to making the referral system work:

"When you have the person to person, it takes the burden off the family to have to understand [what] requirements there are."

— Early Learning Hub Leader

Yamhill Early Learning Hub: FamilyCore

As described in previous sections, one of the earliest systems to be implemented, and now one of the most centralized, cross-model coordinated intake and referral systems used in Oregon, was started in Yamhill County in 2012. The system moved formally under the Yamhill Early Learning Hub in 2015. This Hub is unique in that it sits organizationally within the local Coordinated Care Organization (CCO) and receives MIECHV systems funding. These and additional funds have been used to develop the FamilyCore system to serve as a centralized referral platform for ECHV programs. FamilyCore was started informally by ECHV program directors, and was originally intended to help medical providers and other referral partners have one place that families and providers could use to connect with and be referred to an appropriate home visiting service.

Implementation of the FamilyCore home visiting referral exchange is done by an outreach specialist who manages day-to-day processing of referrals. As referrals come in, this person calls the family to learn more about their needs, then brings all the cases to a weekly meeting with ECHV program coordinators for discussion. There is a data sharing agreement that allows this information sharing and communication to happen. Families are then assigned to the program that best meets the family's needs provided the program has availability. There is a collective value of not duplicating services unless there are specific reasons, such as pregnant people being assigned to both doulas and peer mentoring for recovery. This helps ensure that available home visiting slots are being utilized efficiently and that all families have a chance to enroll. After processing the referrals and connecting families to their respective programs, the Outreach and Referral Specialist communicates back to the referring partner to inform them that the referral has been processed and that the family is now the responsibility of the agency they have been referred to. Finally, if there is an urgent need identified in the referral such as breastfeeding issues or baby not eating, then it goes directly to public health rather than waiting for the weekly meetings. This triaging is an additional responsibility of the outreach specialist.

In addition to facilitating the referral process, the outreach specialist regularly updates the referral information, supports community engagement with both programs (e.g., attending community resource fairs) and families (e.g., hosting community baby showers to promote awareness of the ECHV service array to families).

The referral process is supported by a form on the FamilyCore website that allows either a family to self-refer or someone to complete the form on a family's behalf. FamilyCore referral forms are also linked to, and available from, the public health nurse home visiting website that lists other ECHV programs in Yamhill County.

FamilyCore programs include a variety of services families might need during the perinatal period: Yamhill's public health nurse home visiting; Oregon Community Development Coalition Head Start/Early Head Start; Grande Ronde Head Start; Head Start; Early Head Start;

Relief Nursery; Healthy Families; Provoking Hope, a program where peer mentors work with parents in recovery; and Yamhill Valley Community Doulas for pregnant people. Willamette ESD's Early Intervention and Early Childhood Special Education Programs are also part of the collaborative, although they have their own referral form. In 2024, Yamhill County received funding to implement the FCO program in their region, which will present an opportunity to expand ECHV reach even further, as FCO will be able to connect more families with ECHV programs through FamilyCore.

The FamilyCore partners have worked at both relational and structural aspects of systems change to ensure success. Community leaders note that a collaboratively developed "referral tree" has facilitated decision-making agreement and reduced competition for families. The Hub director shared that while there sometimes remains some level of competition, the referral tree allows partners to refer to something that everyone has agreed to that maps out how a family moves towards a program. The challenge arises when a family may qualify for more than one program:

> *"Once in a while we sit back and realign and say, 'okay, we need to think through part of the referral process.' It's not completely seamless, but it does work well. It's very functional."*
>
> — Hub Director

What is also important to note about the FamilyCore system is that a leadership group meets on a monthly basis to provide program updates, work collaboratively on projects like strategic plans, and ensure alignment with the referral exchange process. This group consists of regional program leaders from programs that are part of the referral exchange. The FamilyCore program has been well supported by the relationships built among the programs as well as the relationship-centered process to provide families with the system navigation that fits their needs.

South Central Oregon Early Learning Hub (Douglas County): Community Uplift

In the SCOELH, a system called Community Uplift is being implemented to facilitate referrals to ECHV and other resources. It is not intended to be a centralized intake system, but rather one way for families and providers to access ECHV and other community resources. This system was developed as part of the TFFF-funded home visiting system coordination demonstration project, and is supported by the local Home Visiting Coordinator, who facilitates cross-program/cross-agency collaboration, as well as by Family Resource Specialists who do individual outreach and connection with families. Implementation of the system was a cross-sector effort, and it is currently housed within the SCOELH Hub at the Douglas County ESD. This system has been successful in increasing referrals to ECHV, especially from local providers of prenatal and postnatal health services, but also includes referrals to a broad array of community resources and services. When families (or referring partners) contact Community Uplift,

Family Resource Specialists work with them to identify their needs and make one-on-one connections with needed services. The system includes a mechanism for tracking whether families are successfully connected after referrals are made.

Help Me Grow Oregon

Help Me Grow, Oregon (HMG), an affiliate of the Help Me Grow National system, relies on a centralized access point for direct referrals from providers and families for children 0-6 years old. HMG can be accessed by telephone, website (helpmegroworegon.com), the Unite Us/Connect Oregon and the EPIC medical provider platforms, as well as by providers who refer families that have completed a Release of Information. Help Me Grow Oregon is currently operational statewide, but has only been specifically resourced for ECHV referrals in Clackamas, Washington, Multnomah, Jackson, and Josephine Counties.

In Washington County, blended and braided funding, including funding from the regional CCO, has supported the HMG staff to do work on behalf of ECHV programs (although programs are engaged at varying levels). Washington County Help Me Grow focuses in particular on pregnant people (the prenatal period) as well as families with children 0-6. At this time, Help Me Grow is uniquely functioning as the central referral entity for Healthy Families Washington County, and screens and directly refers to nurse home visiting programs. HMG in Washington County also refers to other ECHV programs (Relief Nursery and EHS Home-Based), family resource coordinators, and other early childhood supports by providing families with contact information for programs that might fit the families' needs and preferences. Help Me Grow staff also do outreach to the community by attending community events to build awareness of the HMG service, and meeting with providers at health clinics, medical practices, and other settings. A triage screening team reviews information for families who are interested in the longer-term home visiting programs and provides program referrals so that families can retain ultimate choice in which program they participate in.

A key part of what makes HMG unique is the utilization of a comprehensive and robust database that is updated regularly to ensure resources are validated and that new resources, as they become available, are accurately listed. HMG, as well as other centralized referral systems, has been shown in research to be effective in connecting families with resources. The HMG system in Washington County not only ensures that ECHV program information exists in the resource database, but also that those individuals staffing the incoming referrals and calls are knowledgeable about the full range of ECHV programs and how they can benefit families. Because of the complexities of eligibility requirements for ECHV, centralized services such as HMG may work best if they connect families with an ECHV specialist who has a deep working knowledge of the community programs, which is the type of model being developed in Washington county. It is clear that the Washington County approach requires a foundation of collaboration between ECHV program partners as well as resources to support ECHV-specific knowledge and coordination capacity within the HMG staff.

The HMG model could be used in other regions, and may be a structure that provides what one partner shared as their vision for ECHV (and other EC supports):[23]

> *"My dream would be that there's a warm line for parents and home visitors and child care or preschool centers to call and say, 'hey, here's what's going on, what can we do?'. And that there could be in-home consultation and support and just really, mental health wraparound for the child. So we could say, 'how is it manifesting here', 'how's it manifesting there and then?'. Let's work on that in a variety of settings to really help the kiddo in the way they need."*
>
> — ˇ- ECHV System Leader

Clackamas Early Learning Hub

In Clackamas County, there is a long history of work that sought to establish coordinated intake and referral for ECHV. There were three main iterations described by partners we spoke with, and each iteration had varying challenges and levels of success. The first phase of work developed a system called Baby Link. The model centered on having a single application from a family that would then be reviewed and referred to the best fit ECHV program. The system included public health and other home visiting programs (HFO, Relief Nursery) and made initial progress as a pilot effort in connecting families. A committee formed to create a single point of entry for families seeking home visiting services when they called the Babylink telephone number. The committee worked to develop a standardized screening form that all participating organizations agreed upon. Use of Babylink rolled out and postcards were distributed to pediatric offices, hospitals, and partnering agencies. Babylink staff were funded through a combination of sources including Clackamas County and some of the partnering agencies (largely Healthy Families Oregon).

Eventually, however, funding started to diminish, especially from the county, and the position that managed the referral line moved under the Healthy Families Oregon program. This had the unintended consequence of referrals being mainly utilized for referrals to Healthy Families Oregon and to programs providing concrete supports (e.g. diaper resources).

With the shifts in Babylink's ability to serve as a referral line for the array of ECHV programs, it also became clear that while some families could be supported with a single referral to a program, many others required more comprehensive support including and beyond home visiting such as food, housing, and access to additional resources. To address this need, leadership in Clackamas County then established Family Resource Coordinator positions to provide dedicated support to families with young children. The Family Resource Coordinators were funded through a combination of sources including the Early Learning Hub and CCOs. These positions allowed skilled staff to work closely with families to access needed resources. Family Resource Coordinators would often provide their services in a home visiting format where they would visit families in their homes. They also accompanied families to appointments and made the process of accessing services manageable. Again, however, funds were reduced and the coordinated system

23 It is important to note that work to develop a "warm line" system as a part of the Suspension and Explusion Prevention Program (SEPP) may also be moving forward; opportunities to connect ECHV with this work could be another strategy to explore in the future.

of blended funding for Family Resource Coordinators was not sustained. Some individual organizations (e.g., Todos Juntos and Northwest Family Services) were able to maintain Family Resource Coordinator positions within their programs, and continued to provide support to families throughout the county. These Resource Navigators, however, are not focused specifically on ECHV, but rather on supporting families with other needs, and often working with families who are not eligible for ECHV programs due to their children's ages.

The third and most recent iteration of ECHV coordinated intake and referral relied on partners to implement a "no wrong door" approach. In this system, a program that received a referral for (or was contacted by) a family was asked to connect with the family for initial screening and then refer families to the most appropriate program, regardless of if that meant the family would be enrolled in their program specifically. Partners described this as being a promising effort, but noted that it was not able to be fully successful, in part because programs varied in their commitment to making referrals outside of their services (e. g, some programs held on to applications if slots were not available, rather than referring the family to another program).

"When programs are individually deciding to do that, some do it really well and refer families to all sorts of programs, and some don't."

— System Partner, Clackamas County

Partners suggested that having a program-neutral third party to facilitate referrals was what was needed to address these problems, an approach the Hub sees as successful in their Preschool Promise Coordinated Enrollment system. At one point Help Me Grow was engaged as a potential organization to address this need although there were insufficient resources to build this partnership.

The current referral system in Clackamas County uses 211Info to link families to resources, but leaders noted that referrals to ECHV through 211Info have not been robust. Hub leaders noted the importance of having additional funding for an ECHV outreach coordinator, and even described a recent effort to secure these funds by asking each of the major ECHV programs to provide partial funding. However, this has not moved forward and leaders noted,

"We tried to put the pieces in place of what we would need to make it work and discovered that we're woefully lacking in ability and in FTE and in dollars to actually make that happen."

— ˇ- ECHV System Leader

Clackamas County does not receive either FCO or MIECHV funding that has at least partially enabled other regions to make more progress on these systems.

Opportunities:
Organization-Specific, Multi-program Systems

Marion & Polk Counties: Family Link

Family Building Blocks (FBB), a community-based organization that provides a number of ECHV programs in this region, operates an ECHV referral system known as "Family Link." Providers can access a Family Link referral form in multiple places, including the regional Parenting Education Hub website. The Family Link system was originally funded by Kaiser, with the goal of having a single place where medical providers could refer families for social-emotional, parenting, and other resources. The system is most effective in managing referrals among programs operated by FBB (Relief Nursery, HFO, and EHS) but also makes referrals to other programs. Partners shared that the biggest challenge in getting referral partners to use the Family Link system was the difficulty in closing the referral loops: referring providers were not hearing back about the outcome of the referral, and many families were being referred but not connected due to the challenge of funding staff to support the outreach and engagement process. In some cases, families would be put onto waitlists without clear communication about their status or next steps. FBB has been working to address this through the intake coordinator position. However, the system is able to provide some information to referral partners through reports of referrals received and any follow up information they have.

"We have a monthly report of all the referrals that come in, and [intake coordinator] emails them [referring agencies] the report and lets them know what happened with that referral, that they are on the waiting list for that service if as needed."

— ˇ- ECHV System Leader

Multnomah County Parent, Child & Family Health Department

Another local example of how referrals to ECHV are coordinated is facilitated within Multnomah County Public Health. While this system functions with very limited staffing, it provides one centralized point of contact for referrals from a large number of clinical and social service partners via multiple electronic pathways including Connect Oregon, a county website and email. If eligible, referrals are directed to NFP, or one of five local HFO teams serving three culturally-specific groups: Immigrants and refugees, Latino and African American parents, those working through SUD, and MH challenges and teen parents, or one of two comprehensive culturally-specific ECHV programs: Healthy Birth Initiative, (a federal Healthy Start program) and the Early Childhood Program of Future Generations Collaborative. MOUs guide additional referrals to diverse community-based programs when appropriate.

This system was built on the work of the MIECHV-funded Home Visiting Community of Practice, which developed the low-tech system to gather information and maintain ECHV referral pathways countywide. The HVCoP intentionally works to strengthen connections between programs to assure the best access, especially to cultural and language specific family supports. Referral forms are primarily provider/partner facing and are available on the County website. Although referral forms are program-specific these referrals are received and coordinated centrally. Central referral staff housed within the Parent, Child, and Family Health Department can compare eligibility characteristics of the referred family (e.g., if they are pregnant and having their first birth or not, etc.) as well as their demographic and linguistic characteristics, to help determine the "best fit" program for each family. The primary factor limiting services coordination is the limited service capacity of most programs, which are often full.

An emerging resource noted above, is the chaku manaqi-lush, a culturally-adapted HMG system that is being led by the Future Generations Collaborative, a collaborative partnership of Tribes and Indigenous/Native American-led organizations. CML provides resource connections and referrals for Native American/ Indigenous families in Multnomah County and across the Portland metro region. Most recently, CML and the Future Generations Collaborative were awarded federal MIECHV Tribal funding for home visiting in 2024.

Umatilla-Morrow Head Start

As mentioned above, the Blue Mountain Early Learning Hub region has linked its PreK Coordinated Enrollment System to an existing coordinated intake and referral system managed by Umatilla-Morrow Head Start (UMHS). UMHS serves as the primary organization that coordinates enrollment for families into their array of programs, as well as into other programs not offered by UMHS including county-specific public health nurse home visiting (NFP, Babies First!, and CaCoon) and Relief Nursery services. The system is designed for referrals from partners into services offered through UMHS, county public health agencies, and additional

programs such as WIC and OHP. The referral process through UMHS began in 2019, with the hope that it could serve as a central referral site for community-based referrals. Partners can download a referral form from the UMHS website and then send it to UMHS or the Umatilla or Morrow County LPHA for processing. Staff from each program are trained in understanding each others' programs and eligibility requirements to prevent dual enrollment in similar programs. There is a 30-minute meeting monthly to review the referrals received and to distribute referrals to the appropriate programs based on family needs, program eligibility, and caseloads/availability of staff. Programs are then responsible for following up with families to complete the referral.

Lane County

In Lane County, the local public health agency has used MIECHV Systems funding to support robust coordination by bringing key partners together at regular meetings to focus on coordinating enrollment and working to avoid dual enrollment. Their partnership includes several ways of receiving and coordinating referrals, with appropriate information sharing agreements and processes. For example, they review referrals from Medical providers, community partners, and families who can access and use an on-line HIPAA-compliant Google form application (Cognito). Another key referral partner for ECHV are WIC staff, who are able to send a weekly report of pregnant clients to the county referral coordinator, who can then do outreach to eligible families. A regional CCO also provides a monthly report of enrolled pregnant people to the referral coordinator, who then can review the information and do outreach. These partners also regularly staff information tables at community events geared towards families and have paper self-referral forms and an iPad with the web based forms at this event.

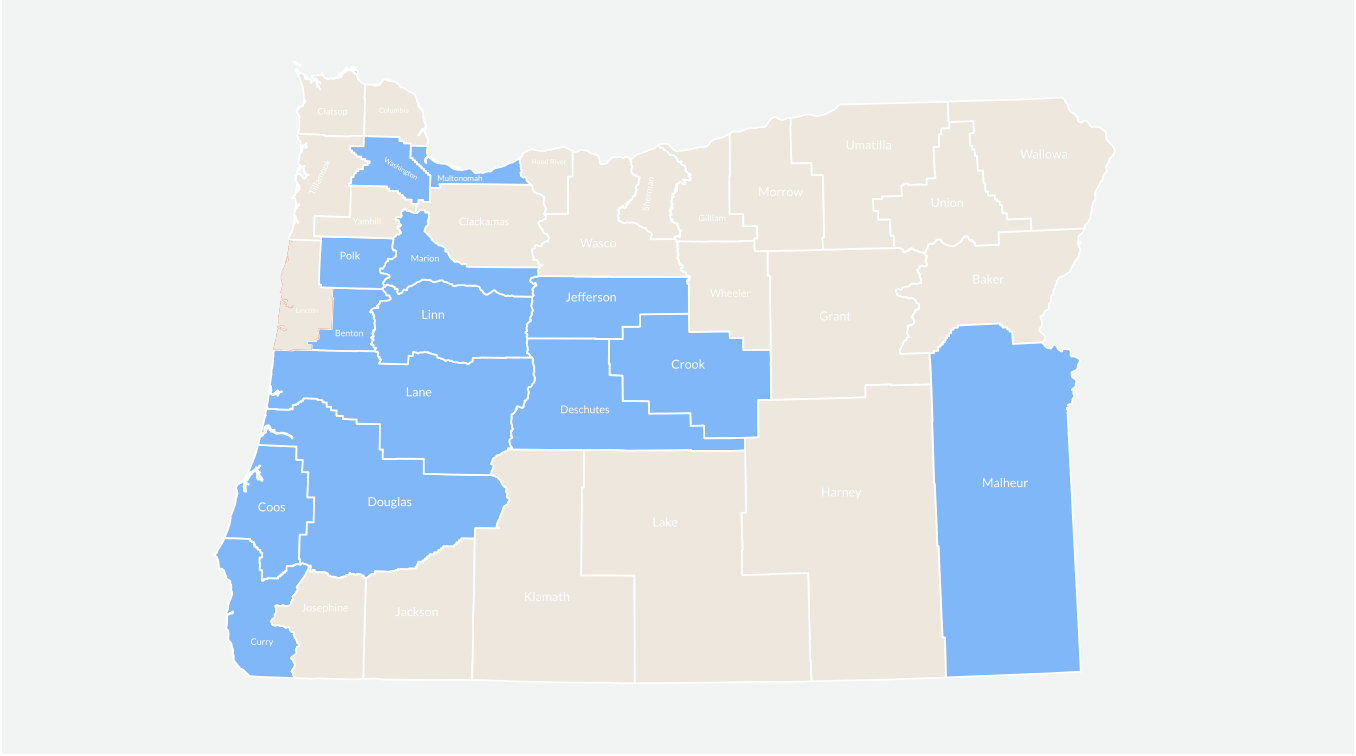
An ECHV leader from Lane County described their system as:

> *"really plugging families into where they are going to best be suited and best supported, so that we're maximizing that utilization across the entire county so that folks are getting the highest level of services that they qualify for and that they're interested in, while also making sure that we have capacity across the county to bring in new families as they become available."*
>
> — Lane County Public Health Leader

Frontier Early Learning Hub

In the Frontier region, Families First Parent Resource Center, a nonprofit organization in Grant County is the primary provider of ECHV services regionally, and facilitates referrals into a variety of prenatal-age five programs including Healthy Families and Parents as Teachers. Families can also access these services directly by calling for more information. Organizations in this region more recently came together to develop a shared, hard-copy, referral form that is used to support a no wrong door approach to referrals, after a local physician expressed confusion about which program to refer to. This led home visiting program leaders to align around a shared value for a more coordinated approach, as well as to include programs and resources beyond ECHV on the referral form. The updated referral form is distributed to clinics and organizations related to early childhood education, ensuring accessibility across the community.

Opportunities: Family Connects Oregon



As described previously (see *Opportunities: FCO Systems Building & Community Alignment*), Family Connects is the evidence-based, universally offered Home Visiting model adopted by Oregon responsive to Senate Bill 526 (2019). With its goal of offering universal home visits to all families with newborns, FCO can act as an entry point into Oregon's broader home visiting system, can increase the number of families who access other, ongoing ECHV home visiting programs, and plays a key role in creating more coordinated and effective intake and referral systems for ECHV.

FCO is currently operating in 15 counties (9 are providing home visits and 6 are in the planning stage, See Appendix H) with a plan to roll out services statewide using a phased approach. The program continues to grow since initial planning was initiated and early adopter sites started offering services in 2021.[24] Like any new initiative, implementation of FCO has not been without challenges; importantly, however, much has been learned from early implementation processes (*Famly Connects Oregon Year 3 Evaluation Report*[25]) that continues to support success. In our information gathering, we asked Hub and other systems leaders, as well as the Community Alignment Specialists in each of the FCO-implementing regions, to share their perspectives on how FCO can support improved coordinated intake and referral for ECHV.

24 Portland State University, Center for Improvement of Child and Family Studies (2024). Family Connects Oregon Year Three (2022-23) Evaluation Report. Report submitted to the Oregon Health Authority, September 2024
25 Portland State University, Center for Improvement of Child and Family Studies (2024). Family Connects Oregon Year Three (2022-23) Evaluation Report. Report submitted to the Oregon Health Authority, September 2024.

Opportunity: FCO's Universal Approach Creates Connection with More Families

FCO's mission is to connect all families with newborns to resources that nurture the whole family and support children. The vision is to ensure "equitable outcomes for each and every newborn." A key part of this vision is to make universally offered nurse home visiting a regular, normative part of the fourth trimester and postpartum care in Oregon. This universal approach differs from many of the other ECHV programs, which typically provide more intensive, ongoing supports to parents with specific needs or eligibility characteristics including, for instance, young or low-income families. A universally offered home visiting program such as FCO offers support to all families, regardless of background, age, area of residence, income, marital status, or family size. The universal approach helps to remove stigma sometimes associated with more targeted home visiting programs, as noted by one ECHV system leader from a community implementing FCO:

> *"There's been a lot of effort around removing the stigma around home visiting. So many families think of home visiting and they think court-ordered or there's a lot of fear in it. But I see that improving as well."*
>
> — Eastern Oregon Early Learning Hub Leader

To offer nurse home visits to families, local FCO programs strive to recruit families in the hospital shortly after giving birth, though in some areas accessing hospitals has proven challenging. Programs have adapted, however, by recruiting families in other ways (e.g., when they pick up their newborn's birth certificate, following up by telephone soon after families leave the hospital). Thus, the FCO model provides an opportunity for an early touchpoint with a large number of families, many of whom could potentially be referred to other more intensive ECHV programs. As one ECHV system leader beginning to work on FCO implementation described it: "*my hope is that with FCO, since we're going to have these incredibly beautiful touchpoints with all families, let's utilize those.*"

The potential for reaching families through FCO is clear, and sites continue to work towards the current goal of connecting with 60% of all families with newborns. In one of our interviews, an FCO CAS shared that their staff had successfully completed almost 400 home visits in the first two years. They noted that by building relationships with partners, FCO staff have been increasingly invited to community events to spread awareness, a key factor in their success in reaching families. FCO nurse home visitors are well-situated to play an important role in creating another referral point for ECHV programs. As communities move forward with work to improve service coordination, FCO is an important partner.

Opportunity: Creating Clear Guidelines for Screening & Referral to ECHV Programs

A key part of a well-coordinated intake and referral system for ECHV involves being clear about each program's role in the system, and how programs work together to identify, screen, and refer families to services. FCO creates an opportunity to bring ECHV programs together to share information and create shared guidelines for cross-program referrals. As FCO rolls out in Oregon, establishing clear roles across ECHV programs is critical and in particular, taking time to ensure there is a clear plan for workflow between Healthy Families Oregon (HFO) and FCO. Although both of these home visiting programs recruit families at birth or shortly thereafter, each serve a different purpose, with HFO offering more intensive (initially weekly) home visits to families with greater needs for ongoing support.

Several communities have worked to successfully integrate FCO and HFO, and provide models that could be useful in newly implementing communities. For example, one local FCO leader shared they have a plan to do combined HFO and FCO bedside recruitment. Using one recruiter for each program, staff are trained to "*pitch all existing [home visiting] programs*" to ensure families are linked to the one that best suits their family's needs. This leader gave the example of making sure FCO and HFO staff were clear on a procedure to follow when a family was being served prenatally by HFO, specifically that the goal in these cases for the family to get an:

"abbreviated [FCO] intensive home visit, more focusing on the nursing aspect of care so that the family is still getting their Family Connects visit and then still continuing with their services with Healthy Families. Or if they're entering postpartum, having the Family Connects nurse come and do those assessments and then do a warm handoff to the Healthy Families support specialist after the fact."

Another important strategy that has contributed to success in integrating FCO with other ECHV programs is to frame the FCO program accurately, emphasizing that FCO is not meant to be a "competing" home visiting model. Rather, it provides a relatively small number of home visits (1-3) with the goal of referring families to other services as appropriate (including other, more intensive ECHV programs). In one region, the lead FCO agency staff person shared, *"Home Visiting" is not the term that is used when talking about Family Connects…We talk about a postpartum screening and assessment visit with a public health nurse."*

In the Central Oregon region, the designated Home Visiting System Manager (whose role previously included acting as the CAS) described the bi-directional referral pathways between programs:

"Through Family Connects, we send referrals to Healthy Families, Early Head Start, and then also, because we have this partnership with the health departments, some of the referrals that we receive where the babies are too old to receive a Family Connects visit, go back to the [public health] perinatal coordinator so they can refer them to other programs and resources that they could need."

— Central Oregon Early Learning Hub Staff

Opportunity: Increased Capacity for Supporting Coordinated Systems

As described previously, FCO funding is provided for both direct services (i.e., FCO Newborn Nurse Home Visiting providers) as well as for systems-building (i.e., Community Alignment). The state seed funding provides support for the Community Lead Agency to engage in systems partnerships as well as (generally) a full-time Community Alignment Specialist (CAS). Some FCO sites have been able to leverage the CAS funds by combining them with other resources, with the goal of improving capacity for improving service coordination and supporting other ECHV system-building goals. For example, Central Oregon has leveraged CAS funds by combining these with MIECHV systems coordination funds to support a full time Family and Child Health Systems Coordinator at the local public health agency, who acts as the FCO CAS while also supporting broader ECHV system and service coordination.

Opportunity: Build on Existing Partnerships Between Hubs, Public Health, and ECHV Programs

Fully realizing the opportunity provided by FCO to increase referrals to ECHV programs seems to be accelerated when FCO is able to build on existing partnerships between key organizations (e.g., Hubs, public health) and ECHV programs. Having successful partnerships in place in Malheur County, for example, is supporting FCO implementation. The Early Learning Hub director there describes the importance of the groundwork laid by the Ford Family Foundation-funded home visiting system coordinator:

> *"At least for Malheur County, we have Family Connects... It's going very well here and [HVSC coordinator and Hub director] sit on their advisory board. We get updated regularly. They've already done several home visits and several referrals and placed those families in home visiting programs that aren't necessarily housed at the health department. That was kind of people's fear going into it, that Family Connects would just refer to their own programs. But I think that with the relationships [HVSC coordinator's] developed with the health department, and among home visitors, everyone learning about everyone's programs, it's really helped. It's been small scale so far, but the last I heard they had done like 20 home visits. It's a thing of beauty to watch."*
>
> — Eastern Oregon Early Learning Hub leader

All three of the Ford Family Foundation's regional Home Visiting Systems Coordination sites (specifically within Douglas, Coos, Curry, and Malheur counties) are in the early stages of implementing FCO as of this writing. Because of the work of these TFFF-funded regional coordinators, FCO is being implemented in places where there is strong ECHV system coordination, with key ECHV program partnerships already in place. Partners suggested that these communities represent a potential for learning intentionally about how to make the best use of FCO resources made available through FCO system-building resources to augment the roles of these existing ECHV system coordinators.

Key Takeaways: Effective Strategies for Building Successful Coordinated Intake and Referral Systems

For ECHV programs that work together to coordinate referrals and connect families with best match ECHV programs, several factors were identified as supporting success.

Build Program Partnerships That Establish a Collaborative Culture

Getting beyond the long history of siloed program funding and implementation takes time and effort to build relationships and shift mindsets about how to work together. One public health leader shared:

> *"Finding ways to understand the symbiotic relationship that we can all have; it doesn't have to be where we're all siloed. But again, I think that's sort of….what's wrong with every system in the United States, we just try to be separate and independent, and it's all about that kind of separatism and independent functioning, which only gets you so far."*
>
> — Lincoln County Public Health Leader

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

In Eastern Oregon, the Hub director shared how they are beginning their work on intake and referral coordination by building on the work led by TFFF-funded HV System Coordinator to bring ECHV partners together to build relationships, reduce competition, and align their referral processes with the best match for families:

> *"And then [HVSC coordinator has] done an amazing job getting home visiting networks formed in each county. The participation has been just wonderful. I would say 80-90% of the agencies are participating through those efforts. You've really seen a reduced amount of what I would say is competition for families by getting these groups together, getting them on the same page. It has really made the shift to finding the best programs for families. "*
>
> — Hub Leader

One ECHV system partner told us that having someone who can take the lead for organizing and hosting regular ECHV program partner meetings is essential to the collaborative work in their region. They noted that without proactive scheduling and reminders, attendance drops, which ultimately affects the families in need of services. These meetings are seen as key because of the reality that ECHV program staff "are operating in silos" and within organizations have differing protocols and best practice standards. One ECHV program leader described how this:

> *"takes a lot of work and dedication and commitment to make the partnerships work. I mean, because, again, people are used to just operating in their silos. And some organizations follow such different protocols that they question their organizations that maybe don't have the same best practice standards. And it's kind of like in the beginning, it was a real territorial type thing."*

These collaborative meetings need to include intentional work that shares information across program staff to build cross-program understanding while also intentionally breaking down silos and aligning around a common goal for families. Reducing long-standing feelings of competition and silos takes time and focused work on partnering. Competition, pressure related to filling program slots, and gatekeeping that led to families not being offered the full array of ECHV programs were also identified as a barrier for cross-program collaboration, referrals, and family engagement with services. Without relationship building and a shared vision for families, competition can persist:

> *"We have seen gatekeeping in the past in referrals for home visiting or misconceptions that the only quality home visiting can occur with a nurse home visitor versus an early childhood home visitor. Different families have different needs and understanding that family choice in the type of model and the type of program that a family needs is ultimately going to lead to family engagement in a way that is going to be very different than just 'this is your only option so it's all you have available to you"*
>
> — Early Learning Hub of Linn, Benton, and Lincoln Counties leader

> *"Out here you would think 'oh, we're small communities, so we should know what everybody does.' But there are so many silos and also possibly a lack mindset historically. 'If I get a client to fill this spot or a family, I'm going to keep them… and I'm not going to refer them out to others and maybe I don't even know what others are out there."*
>
> — Four Rivers Early Learning Hub Director

Provide Adequate Resources for Technology & Staff Support For Coordinated Intake & Referral Systems

While no one we spoke with felt that their resources were sufficient to achieve their full vision for comprehensive, coordinated intake and referral for home visiting, those that had prioritized, leveraged, or received funding directly for this work were able to make more progress. At the same time, several regions shared stories of spending time (sometimes years) trying to implement a more centralized coordinated intake and referral system that never reached its potential because of the lack of dedicated staff time for building clear processes, doing community outreach and engagement, and keeping program information updated. Resources are needed both for technology (web-based and other connected referral systems) as well as for staff to engage with families.

One Hub director described "the ideal scenario" as having more funding for additional staff to handle time-consuming tasks like outreach to community partners, leading collaborative work, and sustaining progress. This person noted that staff turnover, whether from their own organization or partner organizations, frequently disrupts progress, requiring a restart in relationship-building and outreach efforts. This person also noted that resources and supports are needed to reach all populations equitably, including the Tribal and Indigenous community members, which she felt were currently underserved.

Providing resources for community outreach and engagement can also help reduce program competition for families. One Hub leader shared that they knew that there were high quality ECHV programs and that, "*We do have enough families to fill those slots; those families exist. But we're not coordinating it well enough to get those slots filled*." Another leader commented that good outreach can help programs feel less territorial about enrolling families, thus supporting effective shared referrals: "*When I see regions being territorial about the referrals, it to me says they have poor quality outreach that could do better because they're missing folks. "*

Encourage Program-Neutral Outreach & Engagement Staff and Ensure Ongoing Training

Having a full-time community outreach staff who was not affiliated with a particular program, but who was dedicated to receiving and coordinating referrals was seen as an important, and perhaps the most effective strategy. For example, In Jackson county, an ECHV outreach coordinator was hired whose full-time job is to manage referrals to public health nurse home visiting programs and connect with other organizations. The outreach coordinator also goes into the community to network with programs to share more about the services that are offered to partners and community members and brings back the information that she learns to her team. Families are able to use a web-based system for self-referral through a phone call or a link to the website and families are able to fill out a short form for themselves or someone else. Then the referral goes to the Outreach Coordinator. The result of hiring the Outreach Coordinator position was significant for raising awareness among partners and families, as well as facilitating referrals to programs.

"We went from 'we need more referrals' to having a waitlist; it felt like overnight"

— Family Child Health Leader, Jackson County

Having a staffperson who receives referrals and actively works with families can also help create better feedback loops for referring partners, who struggle to know if a family they referred for services is ever actually served.

"Strong coordination takes staff that are really strong at engaging families to help meet the family, explore what's the right program for them; alongside, you got to have your rubric of, 'here's our community services' and we have that here internally. "

— ECHV system partner

Partners were clear that connecting families effectively requires not just an easy to use, up-to-date database of community programs, but a person who can individually reach out and connect with each family to make sure they have the information they need, and to offer additional support in accessing resources as needed. Centralized systems like HMG or 211Info, as well as community-developed systems like FamilyCore, Community Uplift, and Pollywog, all require significant investments in training and educating staff to understand and be able to ask families about their interest in ECHV. A dedicated ECHV specialist, or the ability to connect families to a group or person, to do final ECHV referrals, also can support more effective ECHV referrals. One ECHV leader shared

their belief that the most important outcome is that families receive services that are as individualized to their needs as possible, and that this takes a person who can listen to families and understand the array of ECHV and other resources.

> *"I have a hard time envisioning that a computer could match [families] as well as a person who works with these people and has staff meetings with them and goes out to lunch and grabs a coffee on their break with them and knows the personalities"*
>
> — Lane County Public Health Leader

Implement Formal Structures & Agreements Between Program & System Partners

While relationships are foundational for effective coordinated intake and referral systems, partners shared that formal structures can play a key role in ensuring that partners have a shared understanding for how they are going to work together in making referrals. Key structures for success include: (1) Referral guidelines that have clear steps and criteria for making referrals to different partners (e.g., a referral tree); (2) Data sharing agreements and family consent forms; and (3) Memoranda of Understanding (MOU) for partner roles in the system.

Data sharing agreements are critical and a number of places have developed successful models that provide family consent and which facilitate confidential data sharing between partners. Nevertheless, the issue of data sharing continues to emerge as a frequently encountered barrier, especially for public health home visiting. Sharing the expertise of communities that have successfully addressed this barrier would benefit other regions as they develop their systems.

Conversely, one system partner shared a cautionary tale about how their effort to do coordinated referrals broke down because of ongoing competition for funds, lack of clarity in referral processes, and lack of sufficient staff and time to establish the relationships needed as a foundation for their effort:

> *"The project [centralized coordinated intake] went really well for a while. Eventually though, we started to see some challenges. One challenge was around shared referrals. The group agreed to a shared referral process where each organization would help connect families to the home visiting organization that was the best fit for them. A no wrong door approach for families. However, partners did start questioning if each other partner was participating in this agreement. Partners who were at the table who were referring to others regularly sort of felt jilted by those who weren't. Successfully continuing the project with those feelings present was difficult"*
>
> — Systems Partner Clackamas County

This story underscores the importance of formal shared agreements for how referrals will be shared and distributed across partnering programs.

Build Inclusive Networks & Intentionally Coordinate with Culturally-specific, Tribal, and other Community-Based ECHV Programs

In conversations with regional leaders, it was clear that, on the whole, CSOs and Tribal organizations/programs are frequently not included in coordinated referral partnerships and systems. More typically, coordinated referral systems are limited to a few programs within a single organization or agency, or, where larger networks are established, work has included some subset of the primary state-funded models (i.e., HFO,EHS/HS, NFP, Babies First, Relief Nurseries, FCO, and sometimes others). Other home visiting programs, including ones offered by ODHS, for example, as well as by local CBOs and Tribal communities, are much less likely to be included. Clearly, intentional work to strengthen these partnerships so that these key partners are included - and therefore, that families have more options for finding a program that best fits their needs - is important for improving the existing systems.

SYSTEMS ELEMENT 3:

FAMILY LEADERSHIP FOR ECHV SERVICES & SYSTEMS

In June 2024, the CCOHVS team developed a learning brief summarizing key principles and practices for creating governance models that authentically center the perspectives, voices, and experiences of pregnant and parenting families related to ECHV programs and systems. This document, Families at the Center: Leading for Home Visiting Systems Change[26] provides a definition and framework for Oregon's ECHV systems work that we use in this document, and which draws from research by Ann Ishimiru, who defines family leadership as "equitable collaboration" with families that requires a "shift in power and decision-making, so that families with young children can meaningfully transform the early learning system.[27]"

The framework that the CCOHVS team is using for the ECHV systems works is the Spectrum of Community Engagement to Ownership[28] (see Figure 7) which describes a range of ways that families or communities are engaged in leadership and decision-making. This framework characterizes the level to which families and communities are engaged, ranging from no engagement to listening to (e.g., getting input from), involvement/learning from, sharing power for some decisions making, to true community ownership and power. Importantly, this framework notes that family engagement at a variety of levels is important, but that those holding power who commit to more family leadership should be aware of, and work towards, shifting more decision making power to families in informing community development and social change.

26 Center for Coordinating Oregon Home Visiting Systems (June 2024). Families at the Center: Leading for Home Visiting Systems Change. Portland, OR: Center for Improvement of Child & Family Services, Portland State University.
27 Center for Coordinating Oregon Home Visiting Systems (June 2024). Families at the Center: Leading for Home Visiting Systems Change. Portland, OR: Center for Improvement of Child & Family Services, Portland State University.
28 Movement Strategy Center. (2019). The Spectrum of Community Engagement to Ownership. Oakland, CA. movementstrategy.org/wp-content/uploads/2021/08/The-Spectrum-of-Community-Engagement-to-Ownership.pdf

Figure 7

The Spectrum of Community Engagement Ownership[28]

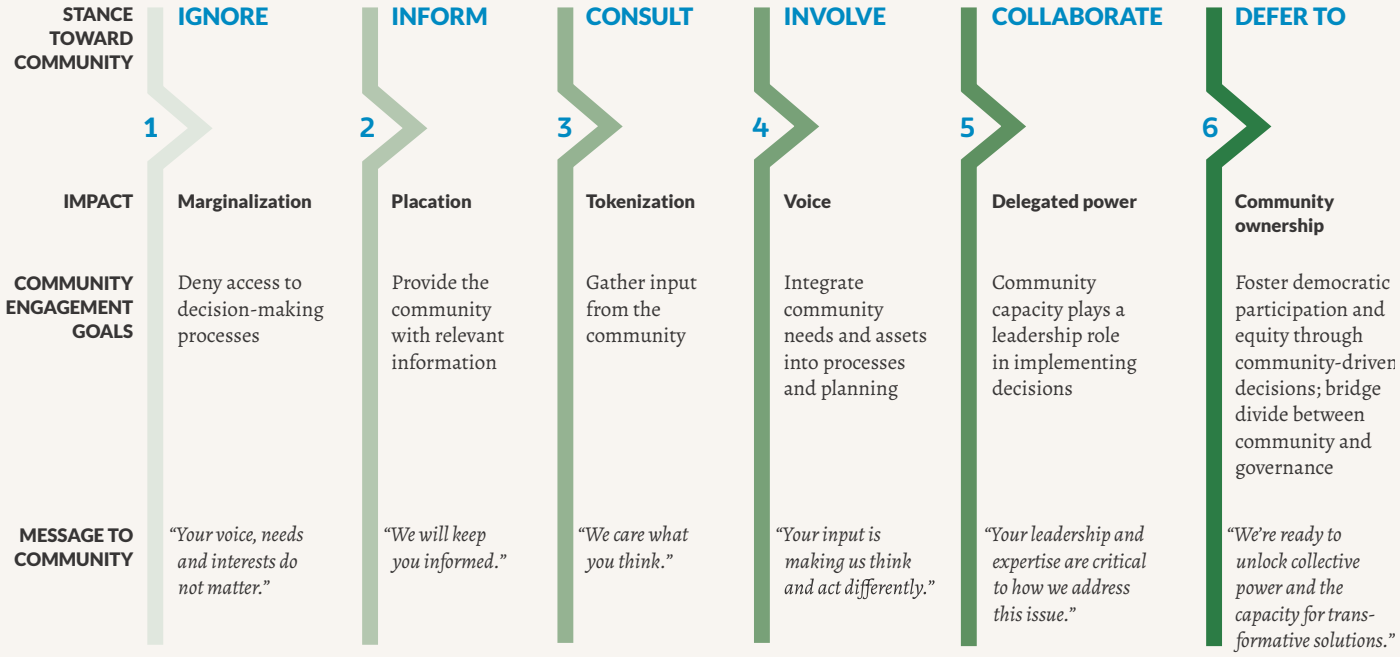


Chart adapted from Community Commons: https://www.communitycommons.org/entities/3aec405c-6908-4bae-9230-f33bef9f40e1

Setting the Priority for Family Leadership in ECHV Systems

Raise Up Oregon 2.0, Oregon's cross-sector early learning plan, prioritizes the importance of family leadership in shaping the early learning system under Objective 10, Strategy 10.3: "**Build or strengthen regional structures that ensure family leadership in the co-creation of policies, recommendations, and strategies that guide home visiting coordination."** This commitment was also clear in the HVS System Recommendations approved by the ELC in 2023 under Recommendation IIIK, Family Leadership which states: **"Build or strengthen local/regional structures that ensure ongoing parent/family leadership in the co-creation of policies, recommendations, and strategies that guide HV coordination efforts."** Work by the CCOHVS team to advance family leadership was further prioritized for the team's Year 1 work. This work has included the focus on understanding statewide family leadership for ECHV, as well as implementing a new family leadership group for the state ECHV system (described more below).

Finally, the state ECHV system survey conducted as part of the 2024 baseline evaluation of ECHV systems work also clearly identified that ECHV state and local partners are committed to family leadership as a top priority. This survey of 36

28 Movement Strategy Center. (2019). The Spectrum of Community Engagement to Ownership. Oakland, CA. movementstrategy.org/wp-content/uploads/2021/08/The-Spectrum-of-Community-Engagement-to-Ownership.pdf

(90% of members) current ECHV system advisory group members (HVS Committee, CCOHVS Steering Team, and the HV Model Collaborative) showed that almost half ranked improving Family Leadership as either the **first or second highest priority for future HV systems work in 2025.**

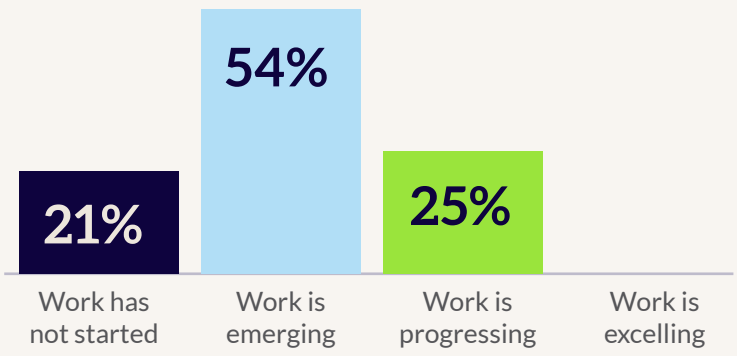
In 2024, initial steps were taken to begin to build state-level family leadership. First, the HV Model Collaborative (which includes state-level program model leaders representing 8 major ECHV programs) has developed a work plan to move forward on this goal. Second, the CCOHVS team, in partnership with ODHS, has established the first state-level ECHV family leadership group, with an initial focus on providing input to ODHS on their redesign of the Families First Preservation Services Act amendment, due in Spring 2025. This group will also be working with the HVS Advisories to provide input into final recommendations for statewide family leadership.

These initial steps towards statewide progress were reflected in responses to the State Systems survey, shown in (Figure 8) which shows that most of these state partners see this work as emerging, with room for progress in the coming years. Further, when asked to rate the extent to which people with lived experience utilizing HV programs are involved in the HVS advisory groups' decision-making process, only 33% of survey respondents (10 of 30) agreed or strongly agreed, indicating an opportunity for additional work to engage families and leaders also at state-level decision-making.

To support this critical work, the CCOHVS team included questions in our interviews with Hub Leaders, Program Model leads, FCO Community Alignment Specialists, and public health agencies to understand the current state of family leadership for ECHV programs and systems. Below we summarize what we learned, identify opportunities for growth, provide partners' recommendations for

Figure 8

Progress Towards State Level ECHV Family Leadership



Although the HV system does not currently have a cross-agency plan to engage families in leadership and and decision-making at the state-level, 79% of HVS advisory members who participated in the System Survey saw this as an area of work that is emerging and beginning to progress.

how state-level partners can support regional family leadership development, and describe where family leadership is already in place that can provide a building block for ECHV-specific family engagement without duplication of work or overburdening families.

Noting the importance of this work, one regional leader urged State and other early childhood partners to "start somewhere", acknowledging that family engagement requires value-centered action, rather than waiting, shared:

> *"We're not going to wait for us to get all of our systems [working], because your systems are never perfect. Sometimes you just have to jump in… Put all of that system-building energy into, 'what's the relationship I want to have and how do we get there…We have to break down those hierarchies and take the folks who have been crushed by them in the historical sense and put them at the top so that they are the folks that are guiding the work. You have to start somewhere, and you start by getting them in a room together."*
>
> — Hub director

Current State: Family Leadership for ECHV Systems and Programs

While family leadership structures are in place in a number of programs and systems that are related to ECHV, there is currently no state-level, cross-sector family leadership structure for either early childhood systems generally or for ECHV specifically. That said, there are programs and agencies that do have varying levels of family leadership in place. Below we summarize the ways that family leadership specific to ECHV programs or systems is being implemented either at state or local-levels. Following this, we highlight some of the opportunities for leveraging or building on existing family leadership structures that offer promise for creating more comprehensive state and/or regional family leadership informed by the unique needs and perspectives of those who have experience with early childhood home visiting. Overall:

1. **There is no current state-level family leadership structure** in place for cross-program early childhood systems generally or early childhood home visiting in particular.
    a. The emerging ECHV Family Input group supported by the CCOHVS team represents a step towards creating such a structure, with much work remaining to determine this group's role within ECHV system governance, and to develop clear guidelines for the type and level of decision-making power these parents will have.
2. **There is state-level family leadership being supported for a few ECHV programs**, specifically for Babies First and CaCoon (supported by OHA and OCCYSHN), as well as for EI/ECSE (supported by ODE).

3. **The most robust program-specific, community-level family leadership exists within Head Start/Early Head Start and Oregon Prenatal-to-Kindergarten(OPK) programs** (known as "Policy Council"). All EHS/HS and OPK programs provide at least some home visits (e.g., center-based programs provide at least two visits per year to enrolled families); fewer, however, offer the home-based model which provides services primarily through home visiting. Policy Councils are program-wide advisory groups and thus, while all families on HS/EHS Policy Councils have had at some experience receiving home visits (provided at minimum 6 times per year for center-based participants), there is not a specific focus on ECHV-related issues. That said, Head Start/Early Head Start Policy Councils provide an important model and existing structure that could be intentionally connected in emerging state and regional family leadership for ECHV.
4. **Early Learning Hubs are required to have Parent Advisory Councils** for their regional cross-sector early childhood systems. These PACs are, on the main, not focused on ECHV with a few notable exceptions (described below). A few Hubs have engaged in family listening sessions or other ways of gathering family input on specific topics related to the ECHV services and the needs of families in the pre- and perinatal period.
5. **Family Connects Oregon requires local sites to have Community Advisory Boards (CABs)**, but family members are not required. However, a few FCO CABs have engaged parent leadership in some places, typically in collaboration with Hub PACs. Similarly, the ODHS program **Family Support and Connections** requires local contractors to include families in community oversight/advisory groups for the program.
6. **Periodic family surveys or listening sessions** are the most frequently-used strategy for obtaining family input and feedback for ECHV programs. Almost all program model leads shared that they or their local program leads use this as a mechanism for family input. Hubs have also occasionally conducted these listening sessions or surveys.
7. **Regional and program leaders are concerned about duplication of family leadership groups** and are interested in strategies for developing shared models of family leadership for ECHV.

Opportunities: Leveraging Existing Family Leadership Groups

As Oregon begins to move forward to achieve authentic and meaningful leadership for ECHV programs and systems, it is important to build on and connect intentionally with existing ways that family leaders already function. This was a frequently-voiced theme in our interviews with both state and regional ECHV systems leaders. In this spirit, we summarize what we learned about where family leaders are being engaged, followed by recommendations that system partners made for how the HVS might best move forward.

Opportunity: State-level ECHV Program Model Family Leadership

While there is currently no overarching statewide family leadership group or structure for ECHV systems, a few of the state-led/state-funded home visiting programs have **model-specific** strategies for hearing from families at the state-level. Babies First! and CaCoon programs share a successful community advisory board that includes parents and caregivers, who are compensated for their participation. This group meets every other month for 1.5 hours and is facilitated by program staffwho work to support their engagement.

The state's EI/ECSE program also has a state-level advisory group, the State Interagency Coordinating Council (SICC), that includes both parents and professional participants. The group provides advising and decision making for Early Intervention/Early Childhood Special Education services and is composed of 20% caregivers of

children with disabilities ages five and under. This group is not specifically focused on the home visiting component of EI/ECSE, but provides input more broadly on quality services for young children with disabilities and their families.

As other ECHV program models contemplate developing program-specific family leadership, it will be important to be intentional about creating separate (vs. shared) groups for family oversight. It is also important to be aware that model-specific family input and leadership can have quite different goals and requirements than cross-program, system-focused work. Work being planned by the HV Model Collaborative, as well as by the CCOHVS to develop state-level ECHV leadership is being intentionally coordinated to inform the next stages of family leadership, to avoid duplication and reduce burden on families.

Opportunity: Emerging State-level ECHV Family

Input Group

With the priority placed on family leadership, one of CCOHVS' goals is to work with the HVS Advisory groups to create family leadership recommendations for state and regional partners and to support implementation of ECHV family leadership at the state-level. After gathering information through the opportunity mapping interviews as well as the review of literature and other state systems for ECHV family leadership shared in the Families at the Center learning brief, CCOHVS realized that to finalize family leadership recommendations, we too would need input from family leaders. Moreover, new funding and a request in summer 2024 for family input for the state's redesign of the Family First Prevention Services Act (FFPSA) presented an opportunity to form a state-level family leadership group for ECHV.

With CCOHVS funding and staff support, a group of 14 family leaders from around the state was first convened in October 2024. Families were recruited with the help of regional partners working with families already engaged in some aspect of regional early childhood leadership and/or who were connected with ECHV program experience who were interested in playing a role in the newly emerging family leadership group. Because there is still work to be done to clarify important details about the role of this group within the larger HVS Advisory structure (e.g., the type of input that families will be asked to provide, the role of this group in decision-making, and the amount of power that the group will have within the system) the group has, at least for now, been asked to provide a time-limited role providing

input on two specific topics: (1) the ECHV System Family Leadership Recommendations being developed by CCOHVS and HVS advisory groups and (2) the FFPSA plan amendment that is happening through the Oregon Department of Human Services, and which is exploring an expanded array of services including those that may support early preventative services such as ECHV.

The working name of the group (Family Input Workgroup) is intentionally chosen, and we (the CCOHVS team) have transparently communicated that, at least for now, their role is advisory - providing input and making recommendations that will need to be approved and advanced by ODHS (for FFPSA) and the ELC (for Family Leadership recommendations). This group will be meeting between October 2024-April 2025, although our hope is that there will be support to sustain this, or an expanded group, for the longer term, ideally with a more formal leadership role in the HVS Advisory structure and decision-making.

Opportunity: Early Learning Hub Parent Advisory Councils (PACs)

All 16 regional Early Learning Hubs are required by DELC to have a Parent Advisory Council or Committee (PAC). Hubs are at different developmental stages of forming and working with these PACs, with some having robust, long-standing family leadership groups, and others still working to develop and sustain a core group. However, at the time of this writing, few Hub PACs have been working on, or intentionally asked to focus on, ECHV programs and systems change.

> *"[The Hub co-director] tends to let them really dictate what they want to engage around. Most of the time, home visiting hasn't come up a ton… They've been very focused on preschool. You know, preschool work, particularly Preschool Promise expansion and then work around STEAM integration for early childhood."*
>
> — Early Learning Washington County Hub Leader

> *"Not specifically home visiting. And I couldn't even say if any of the parents that are on our Parent Leadership Council… are actually accessing home visiting services… currently it's been a lot about child care and child care needs… child care has been a primary focus of everyone because lack of child care has made it almost impossible for a lot of people to work."*
>
> — Early Learning Hub of Linn, Benton, and Lincoln Counties Leader

Early Learning Multnomah (ELM), for example, has had a culturally, linguistically, and economically diverse and passionate PAC operating since 2014. The PAC provides guidance to ELM on investments, community collaborations and addressing local needs. This PAC has been nationally recognized for their leadership role, and provides a robust example of how family leadership can be developed that authentically moves power into the hands of families. However, this PAC does not directly provide family input or leadership specifically for ECHV. Hub leadership shared that the PAC sometimes collaborates with culturally-specific organizations that offer home visiting such as IRCO, the Latino Network, SEI, and Kairos PDX. At the same time, this group has not addressed issues specifically related to ECHV:

> *"But on the home visiting piece of this, [parents] are not engaged, not unless they're engaged with the organizations that they're with…."*
>
> — Hub Leader

Some Hubs, however, are beginning to more intentionally engage PACs in decision-making and guidance for ECHV. A key strategy being used is to create ECHV family leadership in ways that builds on and/or supports other existing or emerging family leadership in these communities. For example, the South Coast Early Learning Hub has been working with their PAC to get feedback to improve the materials used to provide information to families about ECHV. Their PAC suggested that having multiple pamphlets (one for each different program) was overwhelming, so their home visiting collaborative group, composed of key home visiting program partners, is working to streamline and consolidate information. A partner from the South Coast Early Learning region shared:

> *"We're a little on the precipice of flooding the market since we have our screening tool, we have info about preschools, Head Starts, home visiting. So now we have like six different pamphlets for people to pick up. No one really wants that much to read through. Especially if you've got your kids at the library and they want you to play with them, and you're like 'wait, I have to look at all these pamphlets'. So I definitely think that moving forward, something we're working out is streamlining. If the Hub sends out three emails a week, I'm sure our partners are like, 'ok Hub, I already saw two emails from you'. So having something really purposeful for our parent-facing materials without overwhelming them. That's the future work. "*
>
> — South Coast Early Learning Hub Leader

Other Hubs have also created shared PACs that support different groups and/or programs that want to work with families in advisory and/or leadership capacities. For example, some Hubs have leveraged existing Head Start/Early Head Start Policy Councils (e.g., Eastern Oregon). This leader shared:

> *"I think it's a situation that grows as you get some feedback and they see change made. That's where momentum starts. That's where we saw it start to grow. We got some voices to the table in Head Start, heard the concerns, made changes, acted on them, and were very public about that. Then more and more were interested in coming to the table. "*
>
> — Eastern Oregon Early Learning Hub leader

Other Hubs have PACs that share oversight with other partners in their early learning system. For example, Clackamas County has a PAC that advises both the Early Learning Hub and the OPEC Hub. Another region uses the PAC to advise their local HFO program. In Eastern Oregon, leaders are moving forward to build family leadership with attention to having a more coordinated family leadership system in their region. The Hub would like to support the coordination of programs and other groups that also have a charge to engage families as leaders, to minimize the asks on parents who might be approached by multiple entities:

> *"It's a challenge to engage families and we're all tasked with doing it and some of us have funding designated specifically for it. We need to ask ourselves, 'how can we collaborate and therefore make the opportunities we do get to engage with families more intentional and meaningful?' We're not sure that in the past, Hub leaders saw this opportunity with an early learning cross-sector coming together to talk about, 'what does it look like for you, what are you doing, how can we work together on this?' We work with many of the same families in rural and frontier areas in our region. How can we work together to get families in the right seat, so that their time and input is being valued and in the forefront of initiatives and planning."*
>
> — Eastern Oregon Early Learning Hub leader

Another way to build coordinated ECHV family leadership at the regional level has been to coordinate Hub PACs with FCO CABs, which are encouraged, but not required, to have parent participants. For example, in the Marion & Polk Early Learning Hub (MPELH) region, they have taken home-visiting related questions to the PAC, to get input about marketing for Family Connects Oregon, as their PAC has several parents who have been in home visiting programs. In the Central Oregon Hub, the PAC is set up so that parents can participate at varying levels depending on their interest (e.g., in committees, listening groups). The Hub has a relatively large group of potential parents with whom it connects depending on their expressed interests. Through the PAC network of parents, this Hub has engaged parents in their FCO CAB, which now has three parents participating in this group, one of whom was a previous participant in FCO. The Hub staff have worked to ensure that families in the CAB have the same rights to vote and share space with the other partners from organizations, providing support to families to prepare them for meetings and help them feel safe to share their opinions and experiences.

Early Learning Hubs are at varying stages of providing oversight specific to ECHV as well as in the ways Hub leadership is engaging families in discussions of ECHV programs and systems. Hub leaders emphasized the importance of the State providing additional resources if work that includes ECHV systems change is expected. Regional partners overall emphasized the importance of building on existing efforts and partnerships with families - rather than duplicating effort or creating artificially siloed family leadership structures.

Opportunities: Family Leadership in FCO Community Advisory Boards

Family Connects Oregon (FCO) programs are required to have a Community Advisory Board, but parents are not required to be part of these groups. State FCO partners are encouraging family engagement in these groups. One partner noted that engaging FCO participants in an advisory board can be a challenginge because the FCO model is so short term/light touch. However, some regions have meaningfully engaged parents for FCO. In Lane County, for example, the FCO program has two CABs that have been meeting for almost a year. One is for professionals and one is for families. Some regional partners described the potential to bring both groups together once a year, but expressed some concerns noting potential power differentials between families and professionals. These partners felt that bringing these groups together required attending to this issue, which may require intentionally preparing both professionals and parents to come together:

"When you look at educational attainment, there's already a huge disconnect there just between the families and the home visitor. And if you look at the families and the administrators that are over the programs, which are the folks that are in the advisory boards, that's an even bigger gap. "

— Lane County Public Health Leader and FCO CAS

Another ECHV program partner also noted the importance of preparing and supporting families, so they are ready to engage in these kinds of community advisory boards, sharing the need to:

"Listen to families and address self-esteem as they may feel like they don't have the skills or have anything to contribute. Families need to be built up. Let them know that they are experts at being parents and parenting their children and in knowing what they need."

— ECHV program leader

Opportunity: Regional or Local Program-Specific Family Leadership

As noted earlier, family leadership that is built around program model input and requirements often has different goals than system-focused family leadership. Nonetheless, existing program model family leadership groups provide an opportunity to learn from, and potentially engage or coordinate with, the existing family leadership structures in local communities.

As mentioned previously, Head Start and Head Start (HS/EHS; including Migrant, Tribal, and Seasonal programs) as well as Oregon Prenatal-to-Kindergarten (OPK) programs are some of the only early learning models in the state that require family leadership.[29] Specifically, federal Head Start regulations require programs to engage and support a family "Policy Council", defined as "*volunteer opportunities for families to participate in decision making for programming. Head Start Policy Council is a formal leadership and policy making role for parents. Through the Policy*

29 Note that not all Head Start, Early Head Start, or OPK programs provide the home-based model, which provides services that are most closely aligned with the definition of ECHV being used for this document.

Council, parents have a voice in decisions about how the program spends money, what children do in their classrooms and how the program works with community partners." These Policy Councils function as the governing body of the Head Start, Early Head Start, and Oregon PreK to Kindergarten programs. The Policy Council plays a crucial role in overseeing the programs and services provided by HS/EHS/OPK in Oregon and ensuring that they are aligned with the needs of the families and communities they serve; members advise leadership on service priorities, are involved in and approve hiring, and are often closely involved in developing and leading family engagement and other program activities.

All families in both center-based and home-based HS/EHS/OPK services receive at least some (minimum of 6 per year) home visits; thus, all caregivers serving on PACS do have experience with home visiting. PACs typically include families participating in both center- and home-based models, and therefore present a strong existing opportunity for engaging families around issues specific to ECHV. As described previously some Hubs have opted to partner with an existing Head Start/EHS Policy Council to serve as their required PAC. Certainly, at the state level, as well as in regional and community efforts, exploring how to build on or connect with an existing HS/EHS PAC could be an important place to start building ECHV leadership.

Neither HFO or NFP programs require specific family leadership at the local-level, but in some regions, family members with prior program experience may participate in the program's required community advisory board or other advisory group. Similarly, Family Connects Oregon requires a CAB (Community Advisory Board), which in a few regions, includes parent representatives. At the individual program level, family input for these (and other) models is typically obtained through feedback surveys.

Family Support and Connections (ODHS) provides services through contracts with community-based programs for income-eligible families with children 17 years and younger. Contractors convene local quarterly Steering Committees that are intended to include families to supports the design, development, and implementation of this program.

Some regions have other program-focused ECHV family leadership groups that are specific to local agencies or organizations, and sometimes provide input or leadership across several home visiting program models. While identifying all of these local program models was outside the scope of this information gathering for this document, a few examples were identified. Family Building Blocks (FBB), a large provider that houses several different ECHV programs in Marion and Polk Counties has had success in integrating family leadership across their ECHV programs (HFO, RN and EHS). FBB has a Parent Leadership Council which includes

representatives of all these groups and meets the requirements for EHS Policy council.

The FBB agency leader described the work as initially starting out asking families specific questions - for example, for input on the family exit interview tool. But now they are involved in a lot of other things:

> *"not only do they look over the financials and make sure that we're hiring and doing all those practices, we bring them in on our DEI, our equity work…we asked about all our COVID stuff"…"it's been awesome to know that it can give us feedback before we roll something out that might impact them."*
>
> — Marion & Polk Community Based Organization leader

Key Takeaways: Family Leadership

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

As with other areas of ECHV systems building, partners shared several different approaches to ECHV family leadership at the regional level, speaking to both the importance of having more clear guidance and support from state agency partners as well as for the need for these supports to allow flexibility in regional implementation. Successful regional efforts have shown that key existing structures that can be effectively brought together and/or built from include:

- Hub Parent Advisory Councils (PACs)
- Head Start/Early Head Start/ OPK Policy Councils
- FCO CABs and other program specific advisory groups
- Family leadership groups developed within larger ECHV program provders

At the state-level, home visiting program model leads as well as the CCOHVS-supported Family Input Working Group should continue to build on and/or connect with:

- Babies First/CaCoon Community Advisory Board
- EI/ECSE State Interagency Coordinating Council,
- ODHS family-led advisory groups for Family Support & Connections and/or Family Preservation/Families First

Partners shared that the most important things for the state to provide for ECHV family leadership are: (1) expectations that families with ECHV will be engaged in HVS leadership; (2) clear definitions and examples of what family leadership for ECHV can look like; and (3) opportunities to learn from other regions that

are creating ECHV family leadership. It is hoped that this document begins to address the latter two requests, and work is planned for the CCOHVS team in 2025 to continue to share examples and facilitate cross-regional learning.

Have an Intentional Focus and Clarity About ECHV-specific Goals in Family Leadership

Having an intentional focus on issues specific to families receiving ECHV services is important. Existing family leadership structures show us that without specifically engaging families with ECHV program experience, and bringing issues specific to these programs and systems, the group is less likely to pay attention to this service sector. Partners shared that ECHV rarely comes up in general early childhood spaces because it can easily take a backseat to what may seem more urgent topics such as child care accessibility, cost, and needs. The importance of avoiding duplication, however, was a common theme. One partner shared their vision for creating a family advisory council with members from multiple home visiting programs in order to address multiple program needs for family input and leadership.

Support Expectations with Resources for Families & Staff

As with other aspects of system-building, building family leadership for ECHV requires resources including staff time, compensation for families, and supportive resources for engagement such as child care, food, and transportation, etc. While there may be ways to engage families in ECHV program and system leadership that builds on currently available resources (e.g., through PACs or Head Start/EHS funds), shifting existing family leadership work to include ECHV will no doubt require additional resources to create a more inclusive "table." Currently, partners shared that there are not many sustainable funding sources accessible to be used for family leadership. Regions are often piecing funding together to provide families with the compensation, child care, transportation, and food that they deserve.

Another important resource needed for family leadership are resources to ensure that staff supporting families to engage in leadership roles are well-suited and trained for this highly relational work. Similarly, resources, training, and time for coaching and mentoring to help families build leadership skills were mentioned as an important part of effective family leadership.

> *"We can do training with parents, but we need to do training with the professionals to get ready for the parents."*
>
> — Hub leader

Commit to Changing Practices & Be Clear About Family Leadership Roles

One partner noted that successful engagement, especially of families with infants and toddlers, takes a real commitment by professionals to meet families where they are and bring flexibility and creativity to how they work with families. This included times of day, ways of structuring meetings, and how family perspectives and input is obtained:

"Because people want to say, oh, well, we need a parent in this group, and then I say, yes, you're absolutely right. Would we be willing to change the time of this group to meet on an evening? There's more to it than just putting a parent in a group. I think it's really for us professionals to think about the parents as extremely valuable. The information they have is valuable. You might have them or at least their attention for a 10 or 15 minutes before the baby starts crying. What do you need to get from them? How could we make it concise? How could we make it easy to understand? And how are we going to follow up with them? I think those are really important pieces."

— Four Rivers Early Learning Hub leader

Finally, being clear and transparent with family participants about what they are being asked to do, what their role is in making decisions, the level of autonomy they have in creating their own priorities and agendas, as well as ensuring that they are prepared and supported appropriately to participate in these groups was identified as a key theme and important takeaway.

RECOMMENDATIONS FROM REGIONAL PARTNERS FOR STATE CONSIDERATION

In our interviews with Hub, public health, and other local and regional ECHV systems leaders, they shared their hopes and priorities for improving their regional ECHV systems, many of which have been synthesized in the sections above. In this final section, we summarize some of the key overarching messages for state partners to consider to effectively support ECHV system transformation. We also highlight some specific needs and ideas for state policy alignment and state-level supports that partners felt were most important for implementing change for ECHV systems at the regional level.

One resounding message that we heard from regional partners was **to support successful regional work that is already in progress, and to be mindful of the unintended consequences of proposed changes.** For example, we heard:

> *"As you're out there learning and putting policies in place and creating new systems, don't disrupt systems that are working. Look where it is working well and try to learn from them."*
>
> — Early Learning Hub of Linn, Benton, and Lincoln Counties Leader

This is an important guideline as our HVS state and regional leaders create additional guidance and support for systems change. These recommendations from regional partners speak to their hope for how the state can most effectively support regional work to build and strengthen coordinated ECHV systems and services.

Create Guidance & Set Expectations for Regional Cross-Sector Leadership for Home Visiting Systems

A repeated theme across all of the key systems components we asked about (ECHV systems leadership and governance, coordinated intake and referral systems, and family leadership) was the need **for more clarity around expectations for key partners** - in particular Early Learning Hubs, public health, and other key partners involved in home visiting — to engage in collaborative ECHV systems work. Hubs in particular, with their broader charge to support early childhood systems development, expressed a desire for more clarity from DELC on their role in ECHV systems work. Similarly, local public health staff who oversee nurse home visiting programs are critical to ECHV systems. Clearly stated and formalized expectations that these agencies will work together from state-level leaders is an important starting point.

Provide Flexibility in Local Implementation Within State Guidelines

Having clear expectations that intentional work needs to be done at the regional level to improve ECHV systems is clearly important. **How** this work moves forward, however, needs to be flexible. Regional partners from Hubs and public health emphasized the importance of allowing local choice in selecting designated agency leadership for ECHV systems work:

> *"For some communities, having things situated out of the Hub and having someone a little bit more neutral from the government is important. And then other communities like ours, if coordination was centrally done out of just the Hub, it almost wouldn't make sense, given how many of the programs are led by public health. That's something that I appreciate, is when there's some of that local choice about who needs to coordinate this and it can be the local sites to decide."*
>
> — Lane County Local public health leader

That said, given the charge to regional Early Learning Hubs to coordinate early childhood systems, it seems critical for Hubs to be engaged at some level - but models such as those in Lane County and Multnomah County suggest that the Hub does not necessarily need to lead the work. A shared decision or formal agreements between key ECHV system partners that outlines roles for Hubs, public health, and other key organizations engaged in home visiting would be an effective way to clarify and define leadership at the regional level. From the state-level, based on what we learned from our interview process, effective guidance might include language that both sets an expectation and allows local flexibility. For example, guidance might set the expectation that local Hubs need to work with partners to identify a lead for ECHV systems work, but allow flexibility in which agency takes on this role. This opportunity map report described different models for these partnerships that have been successful across the state.

Include a Full Array of ECHV Programs as Equally Valued Partners in the ECHV System

In creating a system of easily and equitably accessible ECHV programs, another hope is that there could be work done to either change current program eligibility requirements or expand ECHV program funding to include those with more flexible enrollment and eligibility requirements. Focusing solely on "evidence-based" programs can lead to a system in which not all families can be matched with the ECHV program that best meets their needs. Partners shared that more families could benefit from ECHV but aren't engaged because of specific eligibility requirements, especially the timing for enrollment for NFP and HFO. Geographic boundaries, which often are artificial given family mobility and living situations, were also mentioned as a barrier to providing families with the ECHV programming they might want. Moreover, very few of the dominant evidence based practices in ECHV programs are culturally-adapted and/or culturally-sustaining (Family Spirit is a notable exception). Many of these culturally-adapted/sustaining programs are offered by culturally-specific and other agencies, and often have much more flexible enrollment, eligibility, and service requirements. Such programs need to be

intentionally included in both ECHV systems work as well as in systems for coordinated intake and referral.

> *"We do have a huge and comprehensive landscape of home visiting services here... And the only barrier to opening those programs up to being universally offered is that they're currently limited to OHP, which could be overcome through state funding."*
>
> — Lane County Public Health Leader

When asked what they would change about the ECHV system if they had a "magic wand" one shared this:

> *"I would get rid of eligibility requirements. I think that's the biggest barriers families have. Like with NFP. The day the baby, they have that baby, you're no longer eligible. But if you learn about it afterwards or if you don't score low enough, you know, on the depression screen, you might not get into NFP. [For] HFO, if your baby's older than three months. Or if you make too much money, you can't get into early head start. And if you don't live in the right county, you can't get into babies first. And if you're not high risk, you can't get into Pioneer relief nursery. And if you don't have a disability, you can't get into Early Intervention. So if you're just like, I make a little too much and I'm not high risk, but I still want to know what to do, you're out of luck."*
>
> —Early Learning Hub Staff

Finally, it must be noted that building inclusive systems and tables for these other programs requires overcoming sometimes long-standing implicit (and sometimes explicit) biases that sustain the belief that these are the only programs that work for families, and that only staff with certain professional or educational degrees (e..g, nurses) can effectively provide ECHV services. Bringing these partners together to share, educate, and understand each others' programs can help to shift these mindsets.

Create Expectations and Provide Support for Working with Culturally-specific Organizations & Tribal ECHV Partners

Expanded partnerships also need to more intentionally focus on including CSOs and Tribal organizations/programs. This is clearly an area for growth at both the state and regional levels. Most of the Hub and public health collaborative groups that currently bring together home visiting program and system partners largely do not include local culturally-specific programs and organizations that provide home visiting or Tribal home visiting programs or agency representatives. For this to move forward, current collaborative group leadership needs to both build the expectation that local systems work needs to include these key partners, and provide additional support, training, and resources to build regional skills and capacity to make these connections and to build authentic partnerships that avoid tokenization.

Allow Regions Time to Create the Trusting Collaborative Partnerships

The importance of building collaborative relationships and shifting scarcity mindsets that can create competition cannot be overstated. Partners interviewed for this opportunity map reinforced this message, noting that building a collaborative climate is the foundation in places where ECHV systems work has been more successful. It is also important to understand that this process can take time. Regional TFFF-funded

system coordinators have shared that their systems work has taken time and ongoing effort to build trust and break down long-standing attitudes and silos between programs.

> *"I think that we're really fortunate in our region to have really solid relationships. When it comes to doing coordinated work, there has to be that level of trust there. So I think that is a really big strength of our region, those relationships and spending time to get to know one another. I'm more of a 'let's get down to the meat of the meeting' and figuring out what are we here to do, but there's been important time spent getting to know one another and building those relationships. I think that has been really crucial."*
>
> — South Coast Early Learning Hub Leader

One Hub leader, when asked what they would change if given a "magic wand" shared the following, which speaks to the key importance of collaborative culture. The reality of these ongoing feelings of competition and the lack of a shared investment in collaboration around ECHV systems and programs will take time to change.

> *"If I had a magic wand, it would be that people would get along and not feel like they're competing for families or children."*
>
> — Marion & Polk Early Learning Hub Inc. leader

Provide & Leverage Resources for Setting Collaborative Tables for ECHV Systems Work

Regional leaders noted the importance of having adequate resources to support ECHV systems building, and specifically, their hope and need for staff who could take on the role of an ECHV "system coordinator." Evidence for the importance of having designated staff support for ECHV systems work is provided by the TFFF-funded rural demonstration projects, which have benefited from full or close-to-full time staff dedicated to ECHV systems work in three Hub regions (Eastern, South Coast, and South Central Oregon).

Other regions have leveraged MIECHV systems funding, FCO community alignment, and/or other resources to more fully staff an ECHV system coordinator (e.g., Central Oregon, Yamhill, and Southern Oregon). In some of these places, the role of ECHV system coordinator has been intentionally separated from the service coordination function that is more focused on individual family referral support and connections; in others these roles are combined. These two roles are critical, but distinct, in driving effective ECHV systems change.

Finally, we heard about the importance of carefully considering the skill set of those charged with ECHV system coordination work, noting the impact that local-level coordination through relationship-based efforts can make —

> *"Fundamentally, coordination happens at the community level and the community engagement level, and having those people that are just super people oriented; they're well known in our communities, and who those are and how many of them you need are going to differ from community to community."*
>
> — Lane County Public Health Leader

Not all regions have had the same opportunities to build on resources like MIECHV systems funding, FCO, and/or philanthropic investments; however, the importance of having these resources was a common theme in regions who have done more coordinated work to improve ECHV systems.

Implement State-Level Collective Work to Increase Community Awareness and Destigmatize ECHV Services

A resounding message we heard across people interviewed was that Early Childhood Home Visiting on the whole suffers from a lack of communications and advocacy work that helps families and providers understand the benefits of early childhood home visiting. This was an area in which regional and local partners saw a clear role for Oregon's state leaders in helping to resource and build effective communications to promote early childhood home visiting.

The need to destigmatize early childhood home visiting, reduce barriers to participation based on families' fears of engaging in government programs, and doing other advocacy work that can help families see the value and have the opportunity presented in ways that are culturally and linguistically sustaining and responsive was also seen as a key priority. To do this, partners had a number of suggestions, including:

- Considering changing language from "home visiting" to more positive terms, highlighting parents as heroes and focusing on a strength-based approach.
- Resourcing and developing shared materials that could be used by local partners that includes information about home visiting generally, that are adaptable for regional specific information about how to connect with such services. Initial steps to develop shared messaging may be happening through FCO; as this moves forward it will be important to create materials that are not program-specific but which potentially could be tailored at the local-level.

> *"And we started thinking about, what are we missing? …if we were given one FTE dedicated to home visiting alignment, what would we want that person to do? What is something that we're not doing that we think we could be doing better? And one of the things we talked about was destigmatizing. Really working hard to have a specific focus on destigmatizing home visiting"*
>
> .— ECHV Leader

Regional partners also felt the state could play a key role in **creating a centralized system for accessing information about ECHV and the array of resources available for families in their communities.** Resources that could help share consistent information about what is available and the specifics of those programs as far as eligibility criteria would be useful for regional and local partners who are doing system and service coordination in having a better picture of the ECHV programs in their area. Regional partners shared that having this information in a central resource could also help when key

partners leave their positions and there is other staff turnover. They noted that frequent staff changes at partner organizations make it challenging to keep everyone informed:

> *"There's sort of this old model of like, 'let's meet with every partner and educate them about programs', and that's great. And then in 6 months, it's an entirely new staff set. So, if we have one spot that people can always go to, where information is consistent, then maybe that is a route we should be taking"*
>
> — Hub Staff

In addition, regional system and program partners we spoke with also urged state agency leadership to do more to **educate their own agency staff** at state, regional, and local-levels about ECHV. This includes both facilitating cross-agency education about the various ECHV models, as well as doing statewide efforts to reach out to professional associations and other opportunities to educate medical providers, community health workers, child care providers, and other professionals that work with young children.

Provide Funding & Guidance to Support Robust Regional Coordinated Intake & Referral Systems

As we have described in this report, considerable work remains to build the seamless, equitable system to support easy and equitable access to ECHV services that state and regional partners envision for Oregon. Currently, it seems clear that these systems, at least for now, will be moving forward at the regional level (e.g., to date we have not heard support for a state-level centralized intake and referral system, with the possible exception of further build-out of the Help Me Grow System, which could potentially link at the state-level to regional intake and referral structures). Key lessons about how to approach this work have been shared in this report, and are summarized here:

1. **Collaborative Culture Comes First**. Creating these systems is a component of ECHV systems work that will only be effective in places that have established solid foundations of ECHV system work focused on established cross-program and cross-sector partnerships, and where partners have committed to a shared goal for ensuring "best fit" access for families.
2. **A Centralized Point of Contact System is a Key Component**. Regions that are furthest along in developing effective coordinated intake and referral have established an easily accessible, centralized point of connection for intake and referral - a single place, phone number and/or website whereby families and referring partners can initiate a request for ECHV services, that ideally then connects them to the best match program.
3. **Formal Agreements Support Effective Coordination.** Having solid ECHV program and system partnerships are a necessary, but not sufficient, part of effective service coordination for ECHV programs.
4. **ECHV Partners Need to Make Shared Decisions about Data Systems & Platforms**. There are opportunities to build on service coordination platforms that are in place: Hub coordinated enrollment systems, UniteUs (Connects Oregon), Health Cloud (formerly Salesforce), and other community-based systems (Community Uplift, FamilyCore). It is important to avoid duplicating efforts and make sure data systems development is happening with input and engagement from ECHV program partners. Understandable resistance to learning multiple systems needs to be addressed and, ideally, solutions proposed that reduce administrative burden (e.g., multiple data systems, data systems that don't connect with each other).
5. **Resources are Needed to Build Effective Intake & Referral Systems,** including for developing data systems and web-based or other referral systems as well as for staff to support the referral process.

Provide Specific Guidance, Tools, and Opportunities for Learning for Regions Implementing FCO

Regional leaders also expressed the desire for more clear state guidance as well as specific tools and templates that could support better cooperation and coordination between FCO and other ECHV programs, in particular HFO. Regional approaches that seem to be working have been described in this report, and represent a key area for learning and a potential opportunity for strengthening state supports. Some regions and counties have developed practices and agreements that could be compiled and shared statewide to support communities just beginning to implement FCO. Further, state-level guidance that speaks to expectations that FCO program staff actively and intentionally facilitate referrals to ECHV programs was seen as something that would be useful. Partners suggested that the State could provide examples of MOUs between FCO and HFO based on how currently implementing communities have integrated these two programs. Partners also implied a role for the State in advocating for more flexibility within the national model, which dictates key practices for the Family Connects program.

> *"It's been really frustrating for a lot of reasons… Healthy Families has not been aligned at the policy level with Family Connects… Locally, I mean, it sounds good for our state partners to say, 'y'all just work it out'. And I normally, I love that because I think we can; but then when we work something out, then Family Connects International says, 'no, you can't do that'... They say work it out, but they don't really mean work it out."*
>
> — Hub Director

Develop, Compile and Share Examples of MoUs, Data Sharing Agreements, Release & Consent Forms, and Other Supportive Structures

While ECHV systems work is inherently relational, it was clear from partners that formal agreements, rather than hindering partnerships, can act as stabilizing guidelines when there is staff turnover, changes in funding or other resources, and to help groups stay aligned with their ECHV system goals.

Examples of key agreements like universal family release of information forms, inter-agency MOUs, and clear referral trees for decision making about program referrals would be useful for regions doing or beginning this work. Regional partners are willing to share examples of formal structures and documents that they have developed, which could be compiled and shared across regions. The state could also develop templates or models such as a universal Release of Information (ROI) that could be adapted locally. Partnership agreement templates, similarly, could be shared as tools for supporting ECHV collaborative partnerships.

Family screening tools for ECHV were also mentioned as a place where state leadership could be helpful in order to develop a more universal tool across programs. Given the intention for FCO to implement its universally-offered early home visiting and perinatal screening program, coordinating this tool with other ECHV program criteria could be helpful. Again, local or regional examples that integrate eligibility criteria for various programs would be helpful to share. Further, partners emphasized

that initial screening done at first point of contact is best supported by simple screening forms that do not burden staff or families to complete; such a tool could lead to additional questions to more specifically determine eligibility for other ECHV programs.

Additional System Recommendations

Additional recommendations for ECHV systems change emerged from our conversations with partners across the state. While less frequently discussed, these represent important areas for ECHV systems change.

1. **Continue to Advocate and Work for More ECHV Program Investments and Expanded Program Capacity.** While our interviews and information gathering focused on successes and challenges in changing ECHV systems, not surprisingly, the lack of sufficient funding for programs themselves came up as a key theme. Local program and system partners shared the need overall for more ECHV program capacity, as well as stories of the impact of losing funding or having major funding streams with few meaningful increases over extended periods of time. Systems leaders note that in a resource-poor environment, building effective collaboration becomes more difficult. One noted that funding issues can be particularly challenging, and told us that while they continue to look at ways to reallocate funds to ensure equitable funding and availability, without increasing funding "You are robbing Peter to pay Paul… you say that you don't want to pin programs against each other but that is exactly what you're doing."
2. **Build Better Data Systems for ECHV**. The need for more integrated statewide ECHV databases continues to come up across a variety of ECHV partners. Currently, data on program enrollment, family characteristics, and service delivery for ECHV exists within multiple different systems and is challenging to compile, due to lack of alignment in how information is stored. Related to the data systems is the lack of alignment of paperwork and reporting requirements across different ECHV programs. While beyond the scope of this report, this remains an area in need of improvement for ECHV systems.
3. **Consider (Re) Aligning Geographic Boundaries for Key ECHV Sectors**. An entrenched and ongoing problem for regional systems work generally as well as for ECHV systems work in particular are the different ways that Oregon local counties, districts, and regions are geographically conscribed. While this would take considerable work at the state level, at least one partner emphasized the transformative effect improving geographic boundary alignment would have, and shared their frustration with the current local boundaries:

"I would say that one thing Oregon hasn't been really good at is aligning their regions with different programs. Head Start is one district, our Regional Education Network is 5 counties, our Hub is three. At least our Hub and CCR&R align. "

— Eastern Oregon Hub leader

CONCLUSIONS & NEXT STEPS

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

Strengthen Regional ECHV Systems Governance including Family Leadership

HVS Recommendations K & L

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

1. **Develop clear but flexible guidance** for regional Hub Directors, local public health agencies, EI/ECSE and Oregon Department of Human Services (ODHS) district leadership that sets expectations for involvement in ECHV systems work and which defines roles and key partners. This guidance should offer flexibility in how local governance for ECHV systems is implemented, but provide a timeframe and clear language that:
    a. Directs these organizational leaders to engage in shared ECHV systems building, defines clear roles for leadership and governance across these agencies, and requires that issues specific to ECHV programs and services are consistently addressed by regional Hub governance.

   b. Names key partners that should be involved in governing partnerships, including but not limited to public health agencies, Tribal early learning partners, and existing culturally-specific organizations.
   c. Sets the expectation that families with lived experience in ECHV programs are included and meaningfully engaged in regional or county-level decision-making for ECHV systems work.
   d. Asks Hubs to include plans for ECHV systems change in their required Strategic and/or Workplan documents.
2. **Provide templates, examples and tools** that can support these relationships such as examples of existing MoUs or partnership agreements, and examples of logic models/theories of action for ECHV systems improvement.
3. **Provide resources** to support additional staff time and other costs related to building successful collaboration specifically for ECHV systems and programs.

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

HVS Recommendations K & L

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

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

1. **Clear expectations** that families with ECHV experience will be engaged in system and program leadership;
2. **Clear definitions and examples** of what family leadership for ECHV can look like and recognition of the different roles for program-specific family leadership (e.g., Head Start Policy Councils) and for family leadership focused on ECHV systems improvement and oversight.
3. **Opportunities to learn from other regions** that are creating ECHV family leadership and to design family leadership structures that build on, rather than create new and potentially duplicative, family leadership structures.
4. **Resources, technical assistance and support** specifically for building family leadership at the regional level for ECHV systems. Importantly, partners described the importance of investments in training and professional development for **both staff and families** to gain skills and learn strategies for building meaningful partnerships and knowledge about ECHV programs and systems.

Support More Centralized and Coordinated Systems for Accessing ECHV

HVS Recommendation J

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

1. **Develop guidance and expectations for ECHV programs,** especially those with state-level oversight, to collaborate with each other at the local level and to establish a clear plan for moving towards more coordinated intake and referral for their programs. Provide technical support and resources to these collaborative efforts.
2. **Require Hub regions to have a collaboratively-developed plan for improving ECHV service coordination** that includes naming an identified ECHV referral coordination lead in each county and/or Hub region and establishing partnership agreements between existing ECHV programs.
3. **Support each Early Learning Hub to have a working list of ECHV programs** being delivered in each county that is inclusive of culturally-specific, Tribal, and locally developed and or funded models. This work should build on and expand the current state-level Oregon ECHV Program Overview document (see Appendix B) and identify funds needed to transition this information to an interactive, web-based system that could act as a centralized resource for local level ECHV program information.

Support Education & Messaging to Build Awareness

HVS Recommendation P

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

1. **Establish a state-level ECHV Community Awareness Workgroup** charged with developing a statewide comprehensive, model-inclusive, marketing and communication plan to promote and raise awareness about home visiting services, purposes and impact.
2. **Provide cross-agency and cross-sector financing** to move an ECHV educational campaign forward across the state.
3. **Compile a centralized resource of educational and other materials** that includes existing materials and information to support state and local ECHV communications plans (e.g., examples from other states, Oregon communities, etc.). Use these materials to develop shared messaging and communications related to ECHV programs in multiple formats and languages.

Address Financing and Resource Needs to Support ECHV Systems Change

HVS Recommendations B, C,& D

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

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

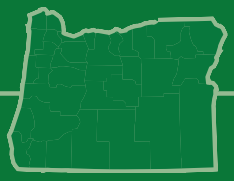
Conclusion

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

Appendix A: Acronyms Used in This Report

Acronym	
ACF	Administration for Children and Families
ECHV	Early Childhood Home Visiting
NHVRC	National Home Visiting Research Center
MIECHV	Maternal, Infant, and Early Childhood Home Visiting
BIPOC	Black, Indigenous, or other Persons of Color
HVS	Home Visiting System
CCF	Center for Improvement of Child and Family Services
CCOHVS	Center for Coordinating Oregon Home Visiting Systems
OPEC	Oregon Parenting Education Collaborative
CCO	Coordinated Care Organization
B1st!	Babies First!
CaCoon	CAre COordinatiON
EI/ECSE	Early Intervention/Early Childhood Special Education
EHS/HS	Early Head Start/Head Start
FCO	Family Connects Oregon
FS&C	Family Support and Connections
HFO	Healthy Families Oregon
NFP	Nurse-Family Partnership
OPK	Oregon Prenatal to Kindergarten
ODHS	Oregon Department of Human Services
PAT	Parents As Teachers
DELC	Department of Early Learning and Care
NWRELH	Northwest Regional Early Learning Hub
ESD	Education Service District
OCDC	Oregon Child Development Coaltion
TFFF	The Ford Family Foundation
RUO 2.0	Raise Up Oregon 2.0
CAS	Community Alignment Specialist
SCOELH	South Central Oregon Early Learning Hub
FBB	Family Building Blocks
UMHS	Umatilla-Morrow Head Start
LPHA	Local Public Health Agency
FFPSA	Family First Prevention Services Act
ELC	Early Learning Council
PAC	Parent Advisory Council
CAB	Community Advisory Board
MPELH	Marion & Polk Early Learning Hub

Appendix B: Early Childhood Home Visiting Program Overview 2024



EARLY CHILDHOOD HOME VISITING PROGRAMS IN OREGON

A working overview of early childhood home visiting programs serving Oregon's families (December 2024)

Welcome to the first edition of the *Oregon Early Childhood Home Visiting (ECHV) Program Overview*! Oregon offers a wide array of home visiting programs that support families from pregnancy through early childhood (and sometimes beyond). These programs provide critical resources to foster healthy development, school readiness and family well-being across the state. Each program has a unique set of practices, focuses and approaches, ensuring that families receive high-quality, personalized care that contributes to positive outcomes for their children and themselves.

To build shared understanding across program models and provide more comprehensive information on the variety and capacity of ECHV programs in Oregon, the Center for Coordinating Oregon Home Visiting Systems (CCOHVS) has developed this **working document** as an overview of some of the ECHV programs around the state. Although it is a more comprehensive summary than has been available in the past, **it still provides only a preliminary picture of Oregon's home visiting programs**. It does not yet include many locally funded and/or culturally and linguistically specific programs that provide communities with ECHV services.

The CCOHVS team's goal is to continue identifying relevant programs in order to paint a comprehensive landscape of available ECHV programs. Because funding and program availability can change rapidly, we recognize that this document may contain inaccuracies; we've done our best to minimize these as of the time of publication. The CCOHVS team will update this document regularly.

CCOHVS Center for Coordinating Oregon Home Visiting Systems

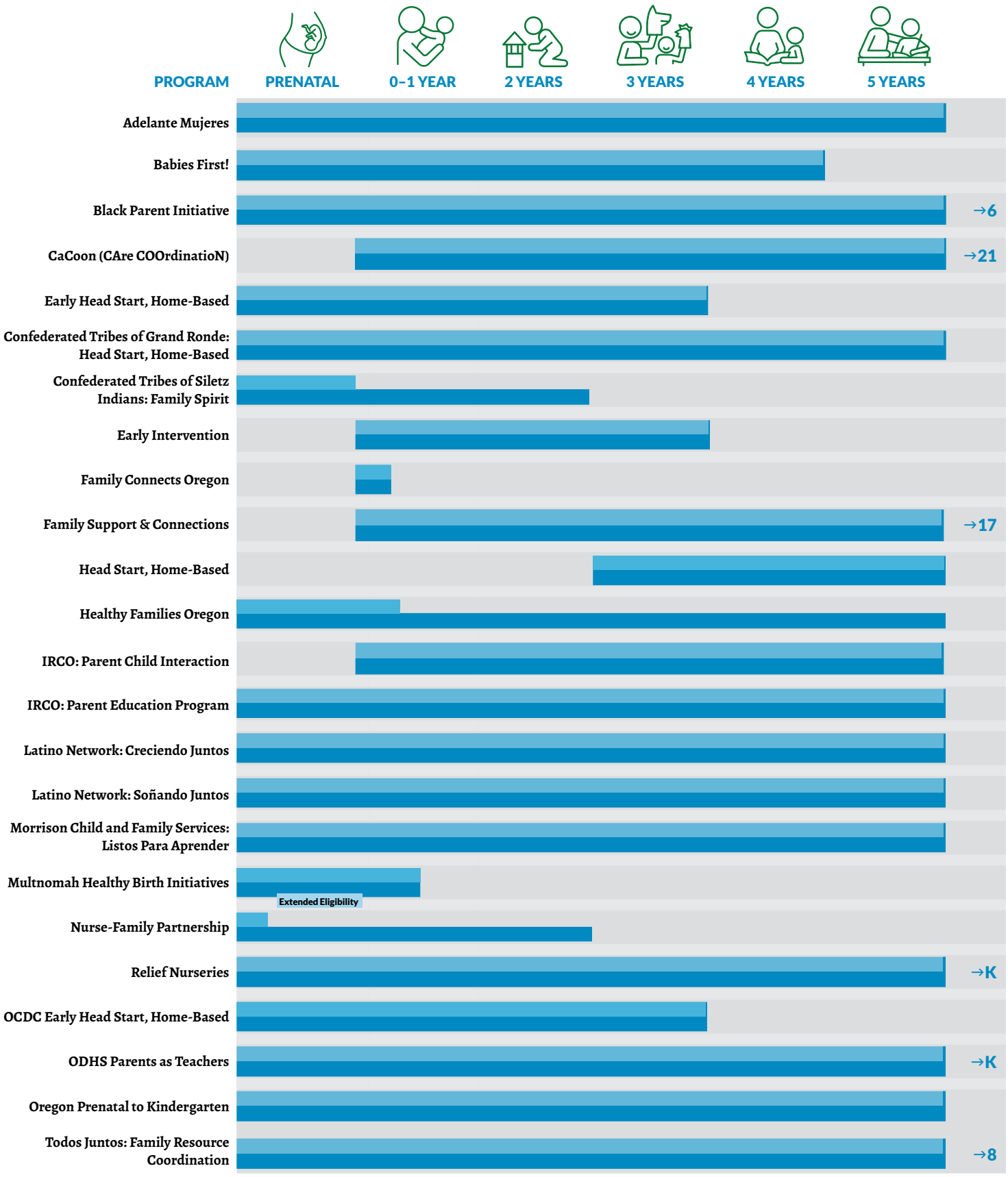
Portland State UNIVERSITY | Center for Improvement of Child and Family Services

The Center for Coordinating Oregon Home Visiting Systems (CCOHVS) was launched in 2024 at Portland State University. CCOHVS brings state and local partners together to build an effective and equitable system of early childhood home visiting programs in Oregon.

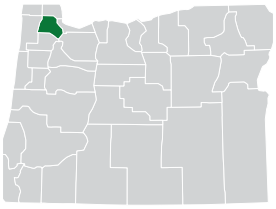
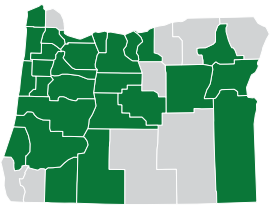
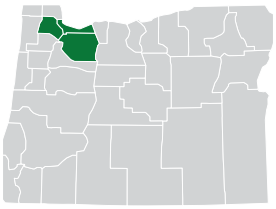
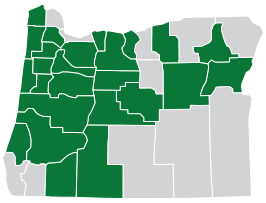
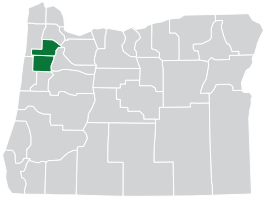
If you know of a home visiting program that should be listed here, please fill out our program information form at https://sites.google.com/pdx.edu/ohvscc/about-home-visiting?authuser=0#h.f72clek4l71q.

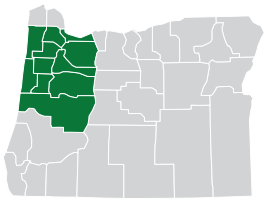
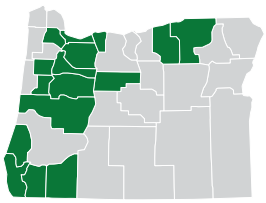
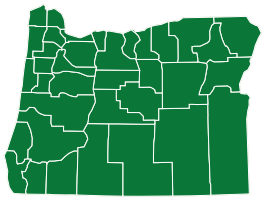
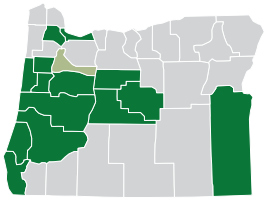
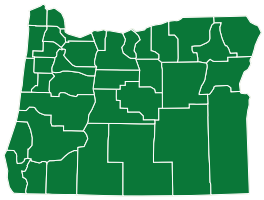
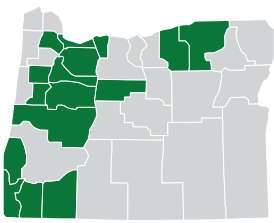
For more information, please contact the CCOHVS team at ccohvs@pdx.edu.

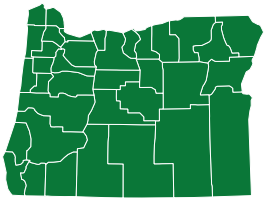
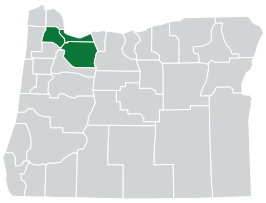
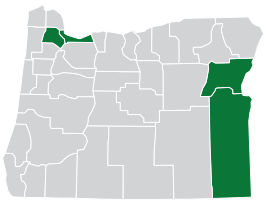
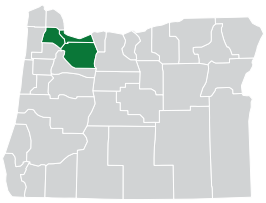
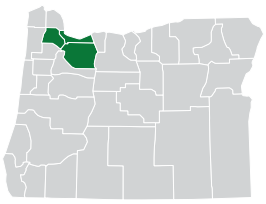
Family Enrollment & Service Periods by Child Age

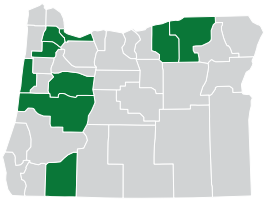
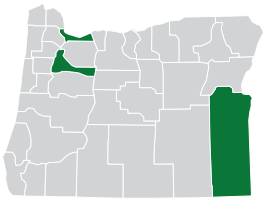
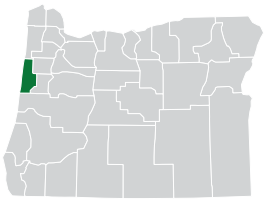
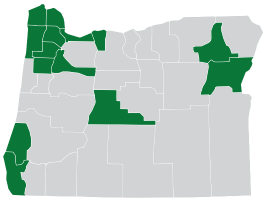
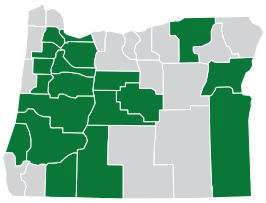
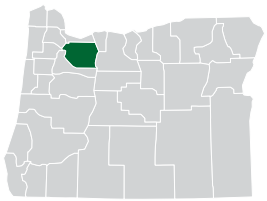


Program Description, Service Areas & Eligibility

PROGRAM		DESCRIPTION	ELIGIBILITY
Adelante Mujeres: Multigenerational Programming *Washington* www.adelantemujeres.org/early-childhood-education		Wraparound family engagement for Latine women and their children, including center-based and home visits focused on school readiness and social-emotional learning from a Latine cultural perspective. Offered in Spanish, Quechuaj, Chuj, Mixteco and English.	• Pregnant Latine people and families with children ages 0-5. • 200% of federal poverty level (FPL) or qualified for DHS (varies by program).
Babies First! *Baker, Benton, Clackamas, Clatsop, Coos, Crook, Deschutes, Douglas, Gilliam, Grant, Hood River, Jackson, Jefferson, Klamath, Lane, Lincoln, Linn, Malheur, Marion, Multnomah, Polk, Sherman, Tillamook, Union, Wasco, Washington, Yamhill* www.oregon.gov/oha/ph/healthypeoplefamilies/babies/healthscreening/babiesfirst/pages/index.aspx		A public health nurse program that partners with families to support prenatal, family and child health, and to connect them to quality health care and community supports. Eligible children can receive services regardless of parent/caregiver status.	• Pregnant people. • Newborns up to age 5. • Caregivers of enrolled children up to age 5. • Families may be seen without regard to economic or insurance status based on local agency policy.
Black Parent Initiative: Together We Can and Sacred Roots Doulas *Clackamas, Multnomah, Washington* www.thebpi.org/aboutbpi		Culturally specific, relationship-based home visiting supporting Black/African American families with children 0–10. Sacred Roots Doulas support Black and multi-ethnic families during the prenatal, labor/birthing, and postpartum periods.	• Parents and caregivers of African, African American, and African American multicultural children prenatal–6.
CaCoon (CAre COOrdinatioN) *Baker, Benton, Clackamas, Clatsop, Coos, Crook, Deschutes, Douglas, Grant, Hood River, Jackson, Jefferson, Klamath, Lane, Lincoln, Linn, Marion, Morrow, Polk, Sherman, Tillamook, Union, Wasco, Washington, Yamhill* www.ohsu.edu/occyshn/cacoon-carecoordination		Public health nurse home visiting program that works with families of children/youth with special health needs to coordinate care, connect with health care and community supports, and make sure the child's health team works well together. Home visitors help families develop knowledge, skills and confidence to access and navigate services and to care for their child.	• Children or youth (birth to 21) with special health care needs who have one or more diagnosis or very high risk factor (see State Plan Amendment, Table 2). • A parent or primary caregiver of an enrolled child or youth may also be enrolled. • Children and their families are eligible without regard to economic status.
Confederated Tribes of Grand Ronde (CTGR): Head Start, Home-Based *Polk, Yamhill* www.grandronde.org/services/education/early-childhood-education/		Culturally specific program with comprehensive support for children and families, including child development, screening and assessment, health screenings, family goal-setting, and specialized service referrals.	• Pregnant people and families with children 0–5. • Residents of Grand Ronde and Native American families or descendants. • Families with a low income.

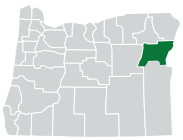
PROGRAM		DESCRIPTION	ELIGIBILITY
Confederated Tribes of Siletz Indians (CTSI): Family Spirit *Benton, Clackamas, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Washington, Yamhill* ctsi.nsn.us/home-visiting/		Tribal home visiting program using Family Spirit curriculum with culturally tailored, strengths-based supports promoting optimal health and well-being for federally recognized American Indian, Alaska Native and Native Hawaiian families. Parents gain knowledge and skills to promote healthy development and positive lifestyles for themselves and their children.	• Head of household or child is enrolled with a federally recognized tribe in the 11-county service area. • Family is expecting or has a child under 12 months. • At least one of these criteria: income below 300% of FPL for the last 30 days; rural with limited employment opportunities; first-time parent; household with at least one adult without a postsecondary certificate; family experienced trauma, chemical dependency or mental health barriers.
Early Head Start, Home-Based *Benton, Clackamas, Coos, Curry, Hood River, Jackson, Jefferson, Josephine, Lane, Linn, Marion, Morrow, Multnomah, Polk, Umatilla, Washington* Head Start Center Locator https://www.oregon.gov/delc/programs/Pages/head-start-opk.aspx		Weekly home visits focus on parent-child relationships, child growth and development, school readiness, family support, referrals, and family self-sufficiency. The home visitor works directly with parents to help them weave learning moments into the family's daily routines.	• Pregnant people or families with children ages 0–3 years old who meet federal poverty guidelines. • Children in foster care, homeless children, and children receiving public assistance (TANF or SSI) regardless of income. • Pregnant people.
Early Intervention *Statewide* www.oregon.gov/ode/students-and-family/SpecialEducation/earlyintervention/Pages/default.aspx		Services promoting development and learning for children 0–3 with developmental delays or disabilities, including speech and language therapy, occupational therapy, physical therapy, special instruction, assistive technology, audiology, and vision services.	• Children 0–3 may qualify for services if they have a developmental delay, a medical diagnosis likely to cause a delay, or a specific condition such as autism; hearing, orthopedic or visual impairment; or traumatic brain injury.
Family Connects Oregon *Benton, Coastal Douglas, Coos, Crook, Curry, Deschutes, Douglas, Jefferson, Lane, Lincoln, Linn, Malheur, Multnomah, Polk, Washington (Yamhill to launch in 2025; Marion is currently paused)* www.familyconnectsoregon.org		Evidence-based program offering all families a no-cost home visit from a registered nurse (RN) shortly after a baby's birth or adoption. The RN provides caregiver/newborn support relating to physical, mental and emotional health; responds to immediate family needs; and connects them to services and resources (including home visiting programs referrals) that strengthen families and support healthy child development.	• Free services for all birth, adoptive, and resource families with a newborn 0–12 weeks old. Families receive one integrated home visit and up to three additional visits. • Families experiencing loss of a newborn.
Family Support & Connections *Statewide* www.oregon.gov/odhs/children-youth/pages/family-support.aspx		ODHS home visiting program supporting families through community-based family advocates and local resources. The program aims to reduce stress, strengthen protective factors, and address each family's unique needs with personalized support and guidance.	• Free services for families with children 17 or younger in the home. • Families with income 300% below federal poverty level who are not receiving Child Welfare services.
Head Start, Home-Based *Benton, Clackamas, Coos, Curry, Hood River, Jackson, Jefferson, Josephine, Lane, Linn, Marion, Morrow, Multnomah, Polk, Umatilla, Washington* Head Start Center Locator		The home visitor works directly with parents to promote secure parent/child interactions and school readiness, providing a foundation for parents to weave learning moments into the family's daily routines.	• Children 3–5 in families who meet federal poverty guidelines.

PROGRAM		DESCRIPTION	ELIGIBILITY
Healthy Families Oregon *Statewide* www.oregon.gov/delc/programs/pages/healthy-families-oregon.aspx		Support and education for families expecting or parenting newborns. Healthy Families Oregon's strengths-based, family-centered approach respects each family's unique cultural and individual differences. It focuses on building family strengths, fostering resilience and empowering parents/caregivers to be their child's first and most important teacher.	• Prenatal–3 years (and up to 5 years). • All families are eligible for Healthy Families Oregon screenings. • For voluntary intensive services, a family needs to have two or more risk factors that negatively impact child/family outcomes.
Immigrant and Refugee Community Organization (IRCO): Parent Child Interaction *Clackamas, Multnomah, Washington* irco.org/services/early-learning/		Culturally specific home visiting for immigrant and refugee families utilizing PAT curriculum focused on optimal health, cultural identity development, parent education, and ensuring parents and caregivers have the necessary resources to help their children succeed.	• Immigrant and refugee families with children 0 -5 who speak Arabic, Chuukese, Dari/Farsi, Somali, Russian, Ukrainian, or Burmese/Karen.
Immigrant and Refugee Community Organization (IRCO): Parent Education Program *Baker, Malheur, Multnomah, Washington* irco.org/services/early-learning/		Provides culturally specific home visiting for immigrant and refugee families using the PAT curriculum focused on optimal health, cultural identity development, parent education, and ensuring parents/caregivers have the necessary resources to help their children succeed.	• Pregnant people or families with children under 5. • Immigrant and refugee families who speak Chuukese, Dari/Farsi, Russian or Ukrainian.
Latino Network: Creciendo Juntos *Clackamas, Multnomah, Washington* www.latnet.org/creciendo-juntos		Provides culturally specific home visiting by community education workers (promotores de educación) for low-income families, families of color and English language learners, with a focus on families who have a child age 5 and under. Services are available in Spanish and English.	• Pregnant people or families with children prenatal to 5.
Latino Network: Soñando Juntos *Clackamas, Multnomah, Washington* https://www.latnet.org/sonando-juntos		Provides culturally specific home visiting by parent educators for low-income families, families of color and English language learners using the Parents as Teachers curriculum, with a focus on families who have a child ages 5 and under. Services are available in Spanish and English.	• Pregnant people or families with children prenatal to 5.
Morrison Child & Family Services: Listos Para Aprender *Multnomah* morrisonkids.org/what-we-do/culturally-specific-home-visiting-listos-para-aprender/		Provides culturally specific home visiting to Latinx families with a focus on school readiness for children ages 5 and under who live in Portland. Languages include Spanish, English and Indigenous languages from Guatemala and Mexico.	• Portland-dwelling Latinx families who are pregnant or have children 5 and under. • Not enrolled in any other HV or ECE program.
Multnomah County: Healthy Birth Initiatives *Multnomah* www.multco.us/children-and-family-health-services/healthy-birth-initiative		This program opens access to health care and provides ongoing support to pregnant Black and African American people and their families before and after birth. Services include Afrocentric and individualized in-home case management.	• Pregnant Black or African American people in Multnomah County. • Father of a Black child under 18 months.

PROGRAM		DESCRIPTION	ELIGIBILITY
Multnomah County: Healthy Birth Initiatives *Multnomah* www.multco.us/children-and-family-health-services/healthy-birth-initiative		This program opens access to health care and provides ongoing support to pregnant Black and African American people and their families before and after birth. Services include Afrocentric and individualized in-home case management.	• Pregnant Black or African American people in Multnomah County. • Father of a Black child under 18 months.
Nurse-Family Partnership *Jackson (NFPx), Lane, Lincoln, Linn, Morrow, Multnomah (NFPx), Umatilla, Washington, Yamhill FIX LIST* www.nursefamilypartnership.org/locations/Oregon/		A nurse-delivered program supporting healthy pregnancy, child health and development (including child abuse and neglect prevention), and self-sufficiency using a strengths-based approach based on the theories of self-efficacy, attachment and human ecology.	• Pregnant people can enroll up to 28 weeks' gestation (Jackson and Multnomah county services provide Extended Eligibility (NFPx), where services are *not* limited to first-time parents or 28 weeks' gestation). • Financial eligibility is 185% of the federal poverty level.
Oregon Child Development Coalition (OCDC): Early Head Start, Home-Based *Malheur, Marion, Multnomah* www.ocdc.net		Home visiting for migrant and seasonal farm worker families, and pregnant people and children 0–3 who meet eligibility criteria. Visits focus on strengthening parent-child relationships, child development, school readiness, and connecting families with resources.	• Pregnant people and children 0–3 meeting at least one of these criteria: meet the federal poverty guidelines; have three or more births within five years; substance use; mental health; teen pregnancy; or children in foster care.
Oregon Department of Human Services (ODHS): Parents as Teachers *Lincoln (expanding service areas in 2025)* www.co.lincoln.or.us/681/Parents-as-Teachers		An early childhood development program offering research-based curricula for raising healthy, safe and school-ready children.	• Prenatal to kindergarten-eligible.
Oregon Prenatal to Kindergarten, Home-Based *Baker, Clatsop, Columbia, Coos, Curry, Deschutes, Hood River, Lane, Marion, Multnomah, Polk, Tillamook, Union, Washington, Yamhill* www.oregon.gov/delc/programs/Pages/head-start-OregonPrenatal to Kindergarten.aspx		Oregon Prenatal to Kindergarten follows Head Start Program Performance Standards. Programs support early learning, health, and family well-being, including multigenerational approaches to poverty, family stability and empowerment, early childhood education, early detection of special education needs, mental health and nutrition for the whole family.	• Pregnant people and children 0–5. • Income at or below 130% FPL, or children who are in foster care, homeless or on public assistance (TANF or SSI), regardless of income. • 10% of enrollment may also include children and families who do *not* meet the requirements above. • Note: Tribal, migrant and seasonal programs have recently changed.
Relief Nurseries *Baker, Benton, Clackamas, Crook, Coos, Deschutes, Douglas, Jackson, Jefferson, Klamath, Lane, Linn, Malheur, Marion, Multnomah, Polk, Umatilla, Washington, Yamhill* www.oregonreliefnurseries.org		Relief Nurseries provide flexible and individualized home visits, therapeutic classrooms, mental health services, peer support, respite care and parenting education.	• Families with children prenatal–6. • At least five stressors that negatively impact child/family outcomes.
Todos Juntos: Family Resource Coordination *Clackamas* www.todos-juntos.net/family-resource-coordination		Resource coordination for families with children 0–18, and culturally and linguistically appropriate direct service and home visiting mainly for children 0–5 in rural Clackamas County (e.g., Sandy, Estacada, Canby, Molalla). Services are available in English and/or Spanish using the Abriendo Puertas curriculum and other materials to support school readiness and optimal development. and connect families with resources.	• Live in rural areas including Sandy, Estacada, Canby and Molalla. • Primarily families with 0–8 year olds (with exceptions).

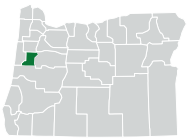
Working Program List by County

BAKER



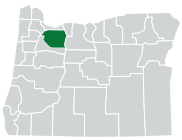
Babies First! ▪ CaCoon ▪ Early Intervention ▪ ▪ Family Support & Connections ▪ Healthy Families Oregon ▪ IRCO: Parent Education Program ▪ Oregon Prenatal to Kindergarten ▪ Relief Nurseries

BENTON



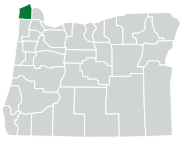
Babies First! ▪ CaCoon ▪ CTSI: Family Spirit ▪ Early Head Start, Home-Based ▪ Early Intervention ▪ Family Connects Oregon ▪ Family Support & Connections ▪ Head Start, Home-Based ▪ Healthy Families Oregon ▪ Relief Nurseries

CLACKAMAS



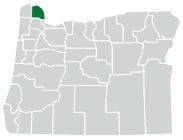
Babies First! ▪ Black Parent Initiative ▪ CaCoon ▪ CTSI: Family Spirit ▪ Early Head Start, Home-Based ▪ Early Intervention ▪ Family Support & Connections ▪ Head Start, Home-Based ▪ Healthy Families Oregon ▪ IRCO: Parent Child Interaction ▪ Relief Nurseries ▪ Todos Juntos

CLATSOP



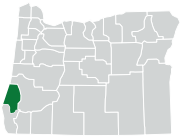
Babies First! ▪ CaCoon ▪ Early Intervention ▪ Family Support & Connections ▪ Healthy Families Oregon ▪ Oregon Prenatal to Kindergarten

COLUMBIA



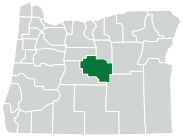
Early Intervention ▪ Family Support & Connections ▪ Healthy Families Oregon ▪ Oregon Prenatal to Kindergarten

COOS



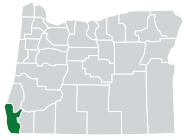
Babies First! ▪ CaCoon ▪ Early Head Start, Home-Based ▪ Early Intervention ▪ Family Support & Connections ▪ Head Start, Home-Based ▪ Healthy Families Oregon ▪ Oregon Prenatal to Kindergarten ▪ Relief Nurseries

CROOK



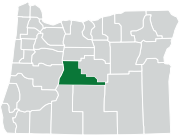
Babies First! ▪ CaCoon ▪ Early Intervention ▪ Family Connects Oregon ▪ Family Support & Connections ▪ Healthy Families Oregon ▪ Relief Nurseries

CURRY



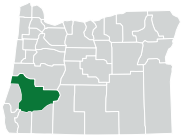
Early Head Start, Home-Based ▪ Early Intervention ▪ Family Connects Oregon ▪ Family Support & Connections ▪ Head Start, Home-Based ▪ Healthy Families Oregon ▪ Oregon Prenatal to Kindergarten

DESCHUTES



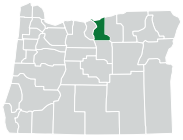
Babies First! ▪ CaCoon ▪ Early Intervention ▪ Family Connects Oregon ▪ Family Support & Connections ▪ Healthy Families Oregon ▪ Oregon Prenatal to Kindergarten ▪ Relief Nurseries

DOUGLAS



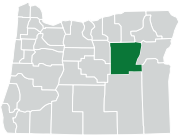
Babies First! ▪ CaCoon ▪ Early Intervention ▪ Family Connects Oregon ▪ Family Support & Connections ▪ Healthy Families Oregon ▪ Relief Nurseries

GILLIAM



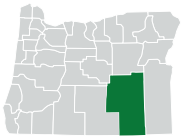
Babies First! ▪ Early Intervention ▪ Family Support & Connections ▪ Healthy Families Oregon

GRANT



Babies First! ▪ CaCoon ▪ Early Intervention ▪ Family Connects Oregon ▪ Family Support & Connections ▪ Healthy Families Oregon

HARNEY

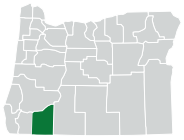


Early Intervention ▪ Family Support & Connections ▪ Healthy Families Oregon

HOOD RIVER

Babies First! ▪ CaCoon ▪ Early Head Start, Home-Based ▪ Early Intervention ▪ Family Support & Connections ▪ Head Start, Home-Based ▪ Healthy Families Oregon ▪ Oregon Prenatal to Kindergarten

JACKSON

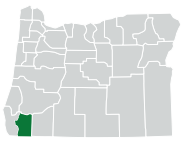


Babies First! ▪ CaCoon ▪ Early Head Start, Home-Based ▪ Early Intervention ▪ Family Support & Connections ▪ Head Start, Home-Based ▪ Healthy Families Oregon ▪ Nurse-Family Partnership ▪ Relief Nurseries

JEFFERSON

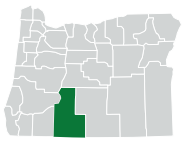
CaCoon ▪ Early Head Start, Home-Based ▪ Early Intervention ▪ Family Connects Oregon ▪ Family Support & Connections ▪ Healthy Families Oregon ▪ Head Start, Home-Based ▪ Relief Nurseries

JOSEPHINE



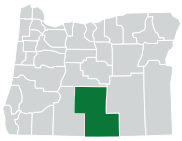
Early Head Start, Home-Based ▪ Early Intervention ▪ Family Support & Connections ▪ Head Start, Home-Based ▪ Healthy Families Oregon ▪ Relief Nurseries

KLAMATH



Babies First! ▪ CaCoon ▪ Early Intervention ▪ Family Support & Connections ▪ Healthy Families Oregon ▪ Relief Nurseries

LAKE



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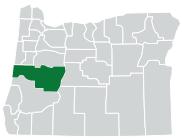

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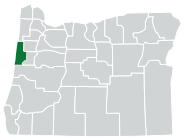

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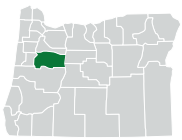

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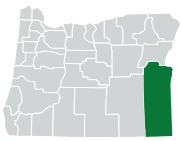

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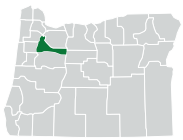

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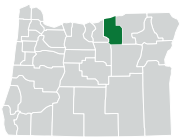

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MULT-NOMAH

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POLK

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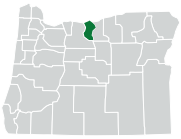

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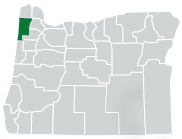

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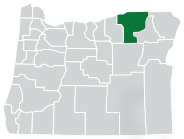

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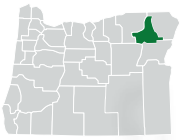

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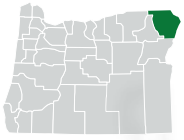

Early Intervention ▪ Family Support & Connections ▪ Healthy Families Oregon

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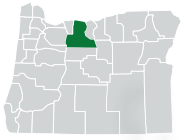

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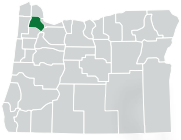
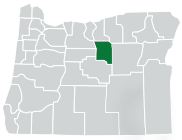
WASHINGTON



Adelante Mujeres ▪ Babies First! ▪ Black Parent Initiative ▪ CaCoon ▪ CTSI: Family Spirit ▪ Early Head Start, Home-Based ▪ Early Intervention ▪ Family Connects Oregon ▪ Family Support & Connections ▪ Head Start, Home-Based ▪ Healthy Families Oregon ▪ IRCO: Parent Child Interaction ▪ IRCO: Parent Education Program ▪ Nurse-Family Partnership ▪ Oregon Prenatal to Kindergarten ▪ Relief Nurseries

WHEELER

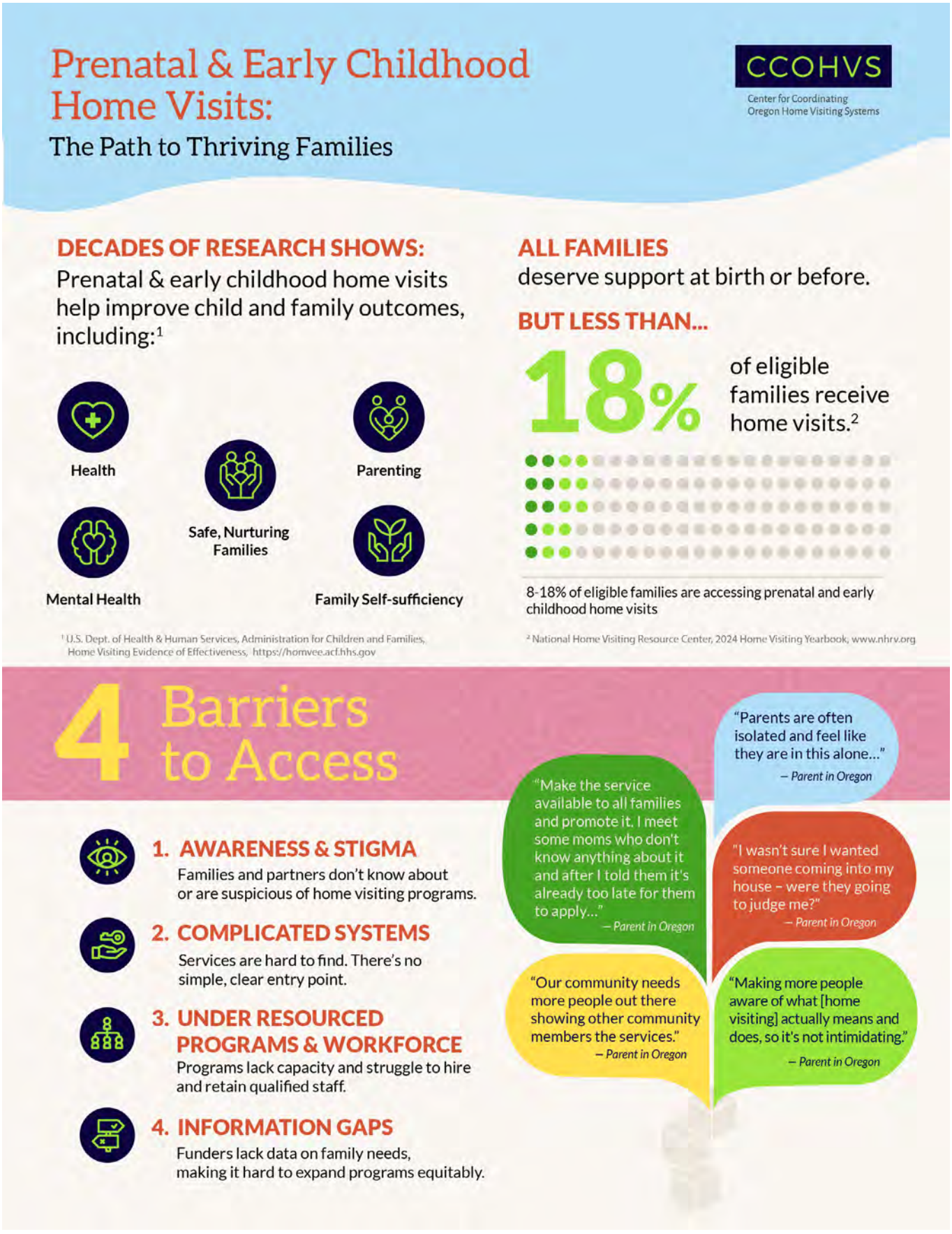


Early Intervention ▪ Family Support & Connections ▪ Healthy Families Oregon

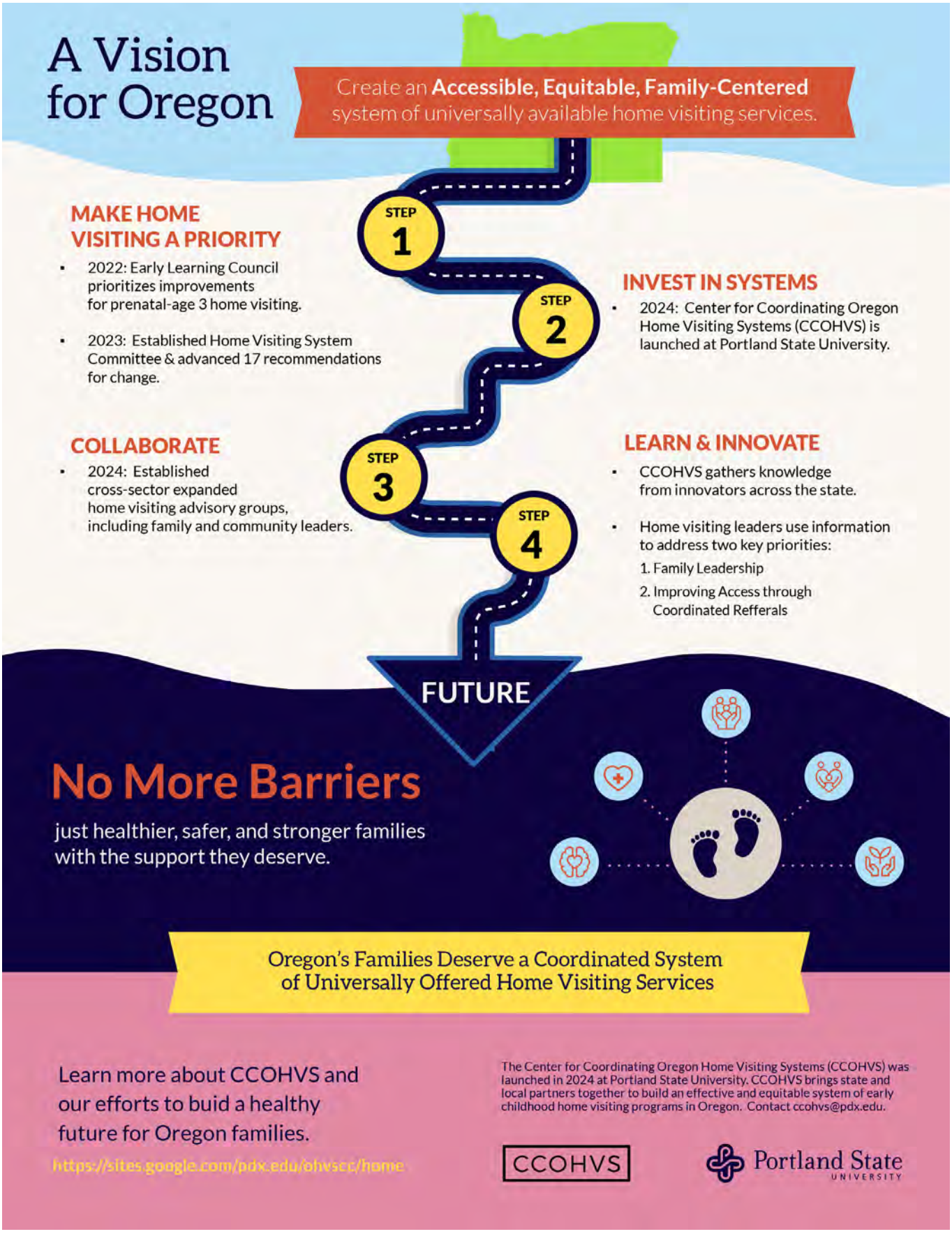
YAMHILL

Babies First! ▪ CaCoon ▪ CTGR: Head Start, Home-Based ▪ CTSI: Family Spirit ▪ Early Intervention ▪ Family Support & Connections ▪ Healthy Families Oregon ▪ Nurse-Family Partnership ▪ Relief Nurseries

Appendix C: A Vision for Oregon's Early Childhood Home Visiting System



Appendix C: A Vision for Oregon's Early Childhood Home Visiting System



Appendix D: Oregon Early Childhood Home Visiting System Advisory Group Members

Home Visiting Sub-Committee of the Early Learning Council

(Home Visiting System Committee)

Co-Chair: Peter Buckley, Southern Oregon ESD, Southern Oregon Success, ELC Member

Co-Chair: Peg Miller, Willamette Valley Medical Center, ELC Member

Irvin Brown, Oregon Department of Human Services

Brenda Comini, Early Learning Hub of Central Oregon

Peg King, Health Share of Oregon

Christopher McMorran, Office of Representative Lisa Reynolds

Joel Metlen, Department of Early Learning and Care

Sue Miller, Early Learning Council Chair

Ruby Ramirez, Oregon Community Foundation

Rick Ruzicka, Oregon Housing and Community Services

Julie Siestreem, Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians

Kali Thorne Ladd, Children's Institute

Tenneal Wetherell, Office of Enhancing Student Opportunities, Oregon Department of Education

Cate Wilcox, Oregon Health Authority

CCOHVS Steering Team Liaison: Pamela Ferguson, Oregon Health Authority, Maternal & Child Health

CCOHVS Steering Team Liaison: Robin Hill-Dunbar, The Ford Family Foundation

Center for Coordinating Home Visiting Systems (CCOHVS) Steering Team

Co-Chair: Pamela Ferguson, Oregon Health Authority, Maternal and Child Health, Committee Liaison

Co-Chair: Robin Hill-Dunbar, The Ford Family Foundation, Committee Liaison

Gwyn Bachtle, Department of Early Learning and Care

Velynn Brown, The Black Parent Initiative

Dana Castaño, Department of Early Learning and Care, Oregon Tribal Early Learning Alliance Liaison

Donalda Dodson, Oregon Child Development Coalition

Mary Geelan, Oregon Department of Human Services, Family First and Integrated Policy

Heidi Grogger, DELC, Healthy Families Oregon, HV Collaborative Co-Chair

Chelsea Hamilton, Oregon Parenting Education Collaborative

Lisa Harnisch, Marion & Polk Early Learning Hub

Norma Hernandez, Adelante Mujeres

Roberta Hunte, Portland State University

Cady Lyon, Umpqua Health Alliance

Anna Stiefvater, Oregon Health Authority, HV Collaborative Co-Chair

Kara Williams, Oregon Department of Education

Appendix D: Oregon Early Childhood Home Visiting System Advisory Group Members

Home Visiting Model Collaborative

Co-Chair: Heidi Grogger, DELC, Healthy Families Oregon, CCOHVS Steering Team
Co-Chair: Anna Stiefvater, Oregon Health Authority, CCOHVS Steering Team
Heidi Beaubriand, Oregon Department of Human Services
Rachel Elliot, Department of Early Learning and Care
Tina Gorin, Oregon Department of Human Services, Family Support and Connections
Cynthia Ikata, Oregon Department of Human Services, Nurse-Family Partnership
Kaitlyn Lyle, Oregon Health Authority, Family Connects Oregon
Amber Ziring, Oregon Association of Relief Nurseries
Lindsay Pearson, Department of Learning and Care, Oregon Prenatal to Kindergarten
Julie Plagenhoef, Oregon Health Authority, Nurse-Family Partnership, Babies First!
Lois Pribble, Oregon Department of Education
Erika Rosin, Oregon Health Authority, CAcoON
Drew Strayer, Oregon Health Authority, MIECHV
Kim Tice, Oregon Center for Children and Youth with Special Needs (OCCYSHN)

Appendix E: Home Visiting Systems Recommendations in Brief

Transforming the Oregon Home Visiting System
Early Learning Council Recommendations & Background

Background

Oregon's commitment to child development and family support is reflected in its many prenatal and early childhood home visiting services and programs. These programs provide high-quality, comprehensive services to families with young children, starting prenatally through age two and beyond. At the same time, Oregon, like other states, has failed to create the kind of seamless, easy-to-access system that is needed to ensure all families are provided with the critical early health and family supports they need. The result is a fragmented, often confusing system that creates barriers for families, increases burden for the workforce, and perpetuates inequities in access at the state and local levels.

In response to this problem, the Early Learning Council, as part of their mandate to support cross-agency early childhood systems improvement, created the Home Visiting Systems Committee, which was charged with developing recommendations and priorities to address this critical systems gap. In 2023, the following ***HVS Recommendations*** were adopted by Oregon's Early Learning Council, and serve as the guideposts and goals for transforming the Home Visiting System. *Recommendations in blue were prioritized by the HVS Committee for 2023-24.*

HVS Recommendations in Brief	
AREA 1: Support Foundational Connections Across Programs & Agencies	A. **Invest in supports to build a cross-model, cross-agency collaborative culture** around funding, professional development, community engagement, and intake and referral for home visiting
AREA 2: Finance the HV System	**B. Invest in system building** starting with 2 FTE for the Home Visiting System Coordination Center at PSU.
	C. Align public and private funding for implementing the HVS recommendations, ensuring long term funding for supporting systems change.
	D. Fund home visiting programs equitably and collaboratively, based on an audit of state, federal, and other funds that support HV programs
	E. Support pay equity with a focus on racially and linguistically diverse home visitors
AREA 3: Invest in the HV Workforce	**F. Improve recruitment and retention**, to build a more equitable & inclusive workforce
	G. Expand career pathways and professional development, focusing on equity
	H. Ensure equitable access to reflective supervision by expanded training and implementation support
	I. Ensure equitable access to professional development that supports a skilled, culturally sustaining and responsive workforce

Appendix E: Home Visiting Systems Recommendations in Brief

Families	J. **Create a seamless referral and access system** through family-centered entry points and coordinated intake and referral
AREA 5: Support Effective System Leadership	K. **Build parent and family leadership** in state, local and regional structures
	L. **Improve, streamline, and coordinate HVS advisory structures**, expanding representation by culturally-specific, Tribal, and other programs and partners.
	M. **Create shared HVS vision and guiding framework** articulating strategies and outcomes for improved governance, finances, workforce, communication, CQI, and intake and referral.
Learning by Improving and Using Data	N. **Develop ongoing system-focused learning and assessment** through data collection, reporting, and analysis.
	O. **Improve HV data systems** and utilization
Awareness	P. **Create a marketing and communication plan** to raise awareness of HV services
Community-Informed Program	Q. **Address policy barriers for local implementation of HV models** caused by statutes, administrative, rules, and funding requirements

Appendix F: Crosswalk of CCOHVS Activities and Raise Up Oregon

Center for Coordinating Oregon Home Visiting Systems (CCOHVS) 2024 Activities
Crosswalk with RUO Goals, Objectives, and Strategies for Prenatal-Age 3 Home Visiting (P3HV) Systems

Raise Up Oregon System Goals	CCOHVS North Star
1. ***The early childhood system is equitable: integrated, accessible, inclusive, antiracist, and family centered.*** 2. ***All families with young children are supported to ensure their well-being.*** 3. ***All children are thriving in early childhood and beyond.***	*To strengthen and support state partnerships in support of local decision-making and implementation of an equitable, accessible, inclusive, anti-racist and family centered* ***system of prenatal to age 3 (and beyond) early childhood home visiting services (P3HV).***

Raise Up Oregon – Home Visiting Related Strategies	***CCOHVS Activities & Accomplishments***
CCOHVS Team Year 1 Activities & Accomplishments	
OBJECTIVE 2 - Multi-agency partnerships are developed at the state and local levels to systematically support improved outcomes and streamlined access for all young children and families.	
Strategy 2.2: Coordinate supports for young children and their families across agencies in support of ODHS' Family Preservation Initiative. ● 2.2.4 Engage home visiting and Relief Nurseries in the statewide expansion of Family Preservation demonstration sites	● Connected ODHS staff with key P3 home visiting program leaders in Families First Preservation Services Act (FFPSA) Design Amendment process ● Scheduling and convening planning meetings between ODHS and P3HV program and agency leadership for ongoing input on redesign ● Gathering and sharing information from other states using FFPSA funding for P3HV
Strategy 2.6: Implement a locally developed, state-supported system to coordinate home visiting services. ● 2.6.1 Address barriers to statewide and regional coordinated home visiting systems. ● 2.6.2 Develop local systems capacity for home visiting coordination. ***Related Strategies:*** ● *8.2.8 Establish a coordinated home visiting system linked to local systems of*	● Established and meet regularly with three cross-sector P3HVS Advisory groups that includes representatives from DELC, OHA (Maternal & Child Health), ODHS, ODE and EI/ECSE, CCOs, philanthropy, culturally specific organizations, tribal leaders, Hubs, and P3HV program staff. ● Convened full day planning Summit for cross-sector P3HVS Advisories in October 2024. ● Recruited for a P3HV family leadership/input group ● Established cross-sector, consolidated communications through a P3HV website and monthly CCCOHVS newsletters with system updates, research,

Appendix F: Crosswalk of CCOHVS Activities and Raise Up Oregon

services and care. • *10.2.7 Increase coordination between Early Intervention/Early Childhood Special Education (EI/ECSE) and home visiting system.* • *10.1.8 Establish coordination and collaboration between the coordinated home visiting system and parenting education system.* • *10.5.1 Establish and support a sustained and coordinated home visiting system at the state and regional level*	and information • Conducted P3HV systems survey to establish baseline metrics for P3HV system coordination • Gathered, synthesized and compiled existing information about barriers to coordinated home visiting systems • Collected information from each region about current P3HV successes and challenges • Developed regional and statewide opportunity & assets maps describing the current state of existing regional coordination systems and identifying barriers to full implementation • Supporting home-visiting specific advocacy committee to develop legislative ask for expanded regional P3HV coordination capacity • Coordinating with OPEC, OHA, and the HV Model Collaborative to plan workforce development activities • Coordinating with PSU Infant and Toddler Mental Health Certificate and Early Childhood Education programs to identify opportunities to expand pipeline for home visiting **Upcoming Activities (2025)** • Share opportunity maps and other data with CCOHVS Advisories to support development of recommendations for regional and state P3HV system changes • Work with CCOHVS Advisories, state and regional leadership and community partners to implement changes that leverage existing local work and existing address barriers • Identify existing regions for piloting additional supports and enhancing regional innovations • Provide support for shared learning between regional P3HV coordinators
Objective 5 - Families with young children are supported in knowing about and accessing a full range of services that meet their needs and are culturally and linguistically responsive	
Strategy 5 1: Create or strengthen coordinated, family-centered intake and referral processes into home visiting, and from home visiting into other desired services • 5.1.1 Establish Family Connects Oregon in every community to provide referrals to home visiting programs and other desired services • 5.1.2 Include key referral partners, including hospitals and prenatal providers, in the development of coordinated home visiting intake and referral	• Included representation from FCO, medical, CCO, and other referral partners in CCOHVS Advisories • Mapped FCO sites with existing P3HV programs for cross-system coordination and knowledge sharing • Developed P3HV state and regional P3 program infographic describing available P3HV programs to share knowledge and build understanding • Interviewed and learned from current FCO Community Alignment Specialists about successes, needs, and challenges, include this data in opportunity

Appendix F: Crosswalk of CCOHVS Activities and Raise Up Oregon

• 5.1.3 Provide guidance and policy for consistent coordinated home visiting intake	map • Identified existing local/regional C/I&R referral structures and factors supporting or impeding progress and described in opportunity maps **Upcoming Activities (2025)** • Share opportunity maps and other data with CCOHVS Advisories to support development of recommendations for improving regional coordinated intake and referral systems • Work with CCOHVS Advisories, state and regional leadership and community partners to implement guidance that supports regional implementation of effective C/I&R • Identify and expand resources available to support C/I&R systems for P3HV in every region
Strategy 5.4: Support Connect Oregon statewide • 5.4.1 Support linking home visiting to the Connect Oregon referral system where available	• Learning about where Connect Oregon is/is not being used for P3HV referrals and resources needed to improve system effectiveness • Identified through opportunity maps where Connect Oregon could be used to improve referral pathways into HV for TANF/CW families and referring partners • Identified other existing data platforms being used to facilitate referrals into P3HV and with other community services **Upcoming Activities: (2025)** • Supporting state guidance for effective use of Connect Oregon and/or other systems for P3HV program referral that leverages local system strengths
OBJECTIVE 8 - Families have expanded access to culturally and linguistically responsive and specific family preservation strategies, resources, and programs focused on the prenatal-to-five population	
Strategy 8.1: Continuously consult and coordinate with tribal nations to collaborate on creating and funding family preservation services that meet the culturally specific needs of tribal communities and inform potential evidence-based practices for implementation • 8.1.1 Consult with the Oregon Tribal Early Learning Alliance to adopt culturally responsive and supportive home visiting services that meet the needs of tribal communities	• Connecting and learning from Tribal P3HV program leaders and staff to identify existing tribal P3HV programs, including regular meetings with DELC tribal liaison • Included tribal HV programs in P3HV Program Infographic and opportunity mapping • Meeting with tribal HV program leaders and staff to learn how they would like to connect with CCOHVS and other P3HV system leaders • Offering connection between Tribal P3HV leaders with CCOHVS Advisories • Building relationships with tribal HV programs and facilitating their desired level of connection with other HV programs within regions
Strategy 8.2: Increase access to evidence-based, culturally responsive and culturally specific early childhood programs (e.g., Relief Nurseries, parenting education, home	• Providing support to the Home Visiting Collaborative that includes ODHS nurse home visiting program staff

Appendix F: Crosswalk of CCOHVS Activities and Raise Up Oregon

visiting programs) proven to reduce abuse and neglect for families at imminent risk of entering the child welfare system • 8.2.4 Provide home visiting services for families with infants who are in Child Protective Services (CPS), and for all families in Family Preservation, through nursing services for infants, the SafeCare® curriculum, Family Advocacy and Support Tool (FAST), and Adverse Children's Experiences' (ACE) education teaching module • 8.2.7 Focus parenting education and home visiting expansion on culturally specific models and programs	• Connecting with Doris Duke pilots to ensure coordination of P3HV systems work with supported referrals for families screened out by CPS • Convening and facilitating information sharing between CCOHVS Advisories and ODHS Family Preservation leadership • Included representation from culturally specific organizations (CSOs) in CCOHVS Advisories • Including local culturally specific and adapted programs in Program Infographic of P3HV programs available, and continuing to elevate presence of CSO models by including in P3HV systems leadership • Using an equity-centered approach to CCOHVS' facilitation, data synthesis, information sharing, and communications
OBJECTIVE 10 - All parents and families are supported and engaged in enabling their children to thrive	
Strategy 10.1: Expand parenting and family education • 10.1.8 Establish coordination and collaboration between the coordinated home visiting system and parenting education system	• Identifying and strengthening connections between state-level P3HV workforce efforts and OPEC hubs to expand capacity to connect parenting education and P3HV staff and professional development opportunities
Strategy 10.2: Increase access to home visiting, prioritizing culturally responsive programs • 10.2.2 Invest in the expansion of home visiting programs, such as Families First's Parents as Teachers and Nurse-Family Partnership and DELC's Healthy Families Oregon • 10.2.3 Provide supports through TANF home and community family coach visits • 10.2.4 Ensure communities are impacting the array and organization of home visiting services	• Connected with P3HV systems leaders in five other states to learn about and share with Oregon's P3HV leaders successful strategies for expanding funding • Contracting with consultants to do a fiscal/funding stream analysis of Oregon's P3HV funding streams to identify opportunities to increase funding • Supporting P3HV Advocacy Committee to develop a shared advocacy plan for expanding funding for P3HV home visiting • Supporting P3HV engagement with FFPSA redesign to expand federal funding for P3HV programs, centering the need for culturally specific programs such as Family Spirit • Mapping existing culturally specific programs to elevate their presence, role, voice in and access to expansion of funding streams • Working with Home Visiting Model Collaborative to expand the number and diversity of programs participating
Strategy 10.3: Build or strengthen regional structures that ensure family leadership in the co-creation of policies, recommendations, and strategies that guide home visiting coordination • 10.2.6 Develop systems to gather input from families to inform the approach to building a coordinated home visiting system • 10.3.1 Use best practices from ODHS' Regional Demonstration Projects	• Reviewed research and conducting interviews to compile data on best practices in implementing family leadership for P3HV programs and systems • Developed and shared a P3HV Family Leadership Brief synthesizing best practice information • Identified and learned from existing regional and program/model specific family leadership structures for P3HVS • Synthesized successes and barriers to P3HV family leadership at the regional

Appendix F: Crosswalk of CCOHVS Activities and Raise Up Oregon

community and family engagement • 10.3.2 Family Leaders participate in the development of an amendment to the Oregon Title IV-E Prevention Plan • 10.3.3 Coordinate family and parent engagement across DELC and partner agencies • 10.3.4 Build capacity at the community level to develop the system of family and parent engagement	level in family leadership opportunity maps • Implementing a P3HV family leadership group to provide input on Families First Preventions Services amendment and redesign and generating recommendations for sustainable P3HV family leadership structures **Upcoming Activities (2025)** • Work with P3HV family leadership group to finalize recommendations for P3HV family leadership structures • Support and sustain final structures for state level P3HV family leadership • Develop shared agreements for role of P3HV state level leadership with other P3HV Advisories
Strategy 10.5: Increase collaboration among home visitors, home visiting leaders, and cross-sector partners • 10.5.1 Establish and support a sustained and coordinated home visiting system at the state and regional level	**See Strategy 2.6**
OBJECTIVE 12: Families have access to high-quality, culturally, and linguistically responsive birth-to-five social and emotional supports	
Strategy 12.2: Provide culturally responsive and culturally specific infant and early childhood mental health (IECMH) supports in early learning and care, home visiting, Early Intervention/Early Childhood Special Education (EI/ECSE), child welfare, and health. • 12.2.5 Work with community-based organizations to refer children in child welfare to community home visiting programs, such as Family Connects, Nurse-Family Partnership, Babies First, and CaCoon for children with complex medical needs.	**See Strategies 5.1 & 8.2**
OBJECTIVE 13 - Young children with developmental delays and disabilities are identified early and provided with inclusive services to reach their full potential.	
Strategy 13.5: Strengthen the alignment of early childhood special education, Early Intervention (EI) services, early learning and care, health, and home visiting through coordinated governance. • 13.5.5 Establish a coordinated home visiting system linked to local systems of services and care.	**See Strategy 2.6**

UPCOMING - CCOHVS YEAR 2: Expanded Focus on Home Visiting Workforce
Strategy 2.9: Advance higher education workforce solutions that meet early childhood system needs and support a diverse workforce. 2.9.1 Implement recommendations for home visiting workforce development.
Strategy 7.4: Improve utilization of community health workers and doulas. 7.4.3 Integrate community health workers and doulas into home visiting services to extend the home visiting workforce.
Strategy 10.4 - Increase equitable access for the professional development of home visitors • 10.4.1 Expand opportunities for all supervisors to be trained in reflective supervision across the home visiting system. • 10.4.2 Expand home visiting workforce development and training opportunities related to children with special health needs and children experiencing intellectual or developmental disabilities. • 10.4.3 Expand opportunities for supervisors and home visiting workforce related to family violence. • 10.4.4 Expand home visiting workforce development and training opportunities related to cultural competency and mental health
Strategy 12.1: Ensure trauma-informed care and resilience training and professional development for professionals working in pediatric physical health, behavioral health, child welfare, human services, home visiting, Early Intervention/Early Childhood Special Education (EI/ ECSE), and early learning and care settings.
Strategy 12.3: Include social, emotional, and trauma-responsive screening in all health, child welfare, human services, Early Intervention/Early Childhood Special Education (EI/ECSE), early learning and care programs, and home visiting programs.

Appendix G: Home Visiting System Survey Instrument

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

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

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

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

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

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

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

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

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

Appendix G: Home Visiting System Survey Instrument

D. Which best describes your <u>role</u> in your organization? *(Select all that apply).*

◯Parent/caregiver or home visiting service consumer
◯Direct service provider or home visitor
◯Program supervisor
◯Program coordinator
◯Program manager or director
◯Another type of role, please describe:_____

For the following questions, please think about the cross-organizational effort that is supporting systems building **across** home visiting programs. This includes efforts to address practices, policies, and funding sources that facilitate coordinated referral between home visiting programs, share training and professional development resources, build community awareness about home visiting and/or improve communication and knowledge across home visiting programs and providers across Oregon.

Please think about your experience with the **primary** home visiting group that you have been involved with over the past year:_____*(Qualtrics to display this group based on response to QA)*

Collaborative Group Functioning

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Group members are effective at working together to improve the overall HV system.	◎	◎	◎	◎	◎
2. Group members have the knowledge about each other's programs that is needed to collaborate successfully.	◎	◎	◎	◎	◎
3. The group has a shared, common vision.	◎	◎	◎	◎	◎
4. The group has a clear action plan that guides the steps for improving the HV system.	◎	◎	◎	◎	◎
5. The group has explicitly committed to goals or strategies that will identify and disrupt systemic racism in the home visiting system.	◎	◎	◎	◎	◎
6. People with lived experience utilizing HV programs are involved in the group's decision-making process.	◎	◎	◎	◎	◎
7. Organizations that are critical to the success of the collaborative group are actively engaged.	◎	◎	◎	◎	◎

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
8. I feel like a valued member of the collaborative group.	◎	◎	◎	◎	◎	◎
9. There is a high level of mutual respect and trust among members of the collaborative group.	◎	◎	◎	◎	◎	◎
10. There is effective communication between members in the collaborative group.	◎	◎	◎	◎	◎	◎
11. There is effective information-sharing between home visiting system initiative governance/advisory *groups*	◎	◎	◎	◎	◎	◎
12. The collaborative group takes time to periodically reflect on what we are learning,	◎	◎	◎	◎	◎	◎

Appendix G: Home Visiting System Survey Instrument

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
including the effectiveness of our collaborative structure and processes.	◎	◎	◎	◎	◎	◎
13. The collaborative group has access to data that is needed to make decisions about priorities for home visiting systems change work.	◎	◎	◎	◎	◎	◎

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

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

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

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

Appendix G: Home Visiting System Survey Instrument

H. **Of the priorities identified by the ELC HV Committee for the work of the CCOHVS, what are you *most* interested in engaging in work around through the collaborative group you are part of:** *(Please rank in order from most interested to least interested in):*

- Cultivating cross-agency support and resources that help regions develop coordinated intake and referral processes for families to access HV and other family support programs.
- Building structures and supports for families to be involved in leadership and decision-making at the state level to inform HV systems change.
- Strengthening cross-agency support and plans that focus on HV workforce development, retention, and pay equity.
- Expanding cross-agency support and plans that strengthen community awareness-raising efforts about the availability and benefits of HV.
- Helping to increase sustainable and expanded funding for HV programs and systems, such as braiding/ blending funding from a variety of sources and building advocacy efforts with policymakers
- Some other priority area of work, please describe:

Appendix G: Home Visiting System Survey Instrument

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
20. Referral partners in Oregon such as medical providers, child care providers, self-sufficiency workers, in Oregon have access to sufficient information about the *availability* of HV programs and services.	◎	◎	◎	◎	◎	◎
21. Families in Oregon have access to sufficient information about the *availability* of HV programs and services.	◎	◎	◎	◎	◎	◎
22. Referral partners in Oregon such as medical providers, child care providers, self-sufficiency workers, in Oregon have access to sufficient information about the *benefits* of HV programs and services.	◎	◎	◎	◎	◎	◎
23. Families in Oregon have access to sufficient information about the *benefits* of HV programs and services.	◎	◎	◎	◎	◎	◎
24. Referral partners in Oregon such as medical providers, child care providers, self-sufficiency workers, in Oregon have access to sufficient information about *helping families access* HV programs and services.	◎	◎	◎	◎	◎	◎
25. Families in Oregon have access to sufficient information about *how to access* HV programs and services.	◎	◎	◎	◎	◎	◎
26. Families in Oregon can equitably access their best match HV program according to geographic, language, and cultural diversity.	◎	◎	◎	◎	◎	◎
27. Competition for funding between HV programs makes it hard to collaborate.	◎	◎	◎	◎	◎	◎
28. HV programs work together to increase funding and support for all home visiting programs.	◎	◎	◎	◎	◎	◎

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

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

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

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

Appendix G: Home Visiting System Survey Instrument

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

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

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

Appendix H: Crosswalk of Selected Home Visiting and Related System Building Initiatives

Early Learning Hubs		MIECHV	THE FORD FAMILY FOUNDATION REGIONAL HVS COORDINATION	FAMILY CONNECTS OREGON	ODHS FAMILY PRESERVATION DEMONSTRATION SITES	OHEC UPSTREAM INITIATIVE	OPEC PARENTING EDUCATION HUBS	DORIS DUKE REFERRAL PILOTS	SOUTHERN OREGON SUCCESS
Blue Mountain	Umatilla								
	Union								
	Morrow								
Clackamas County	Clackamas								
Central Oregon	Crook								
	Deschutes								
	Jefferson								
Multonomah	Multonomah					Kairos	In Process		
Linn, Benton & Lincoln Counties	Linn								
	Benton								
	Lincoln								
Washington County	Washington								
Eastern Oregon	Baker								
	Malheur								
	Wallowa								
Four Rivers	Gilliam								
	Hood River								
	Sherman								
	Wasco								
	Wheeler								
Frontier	Grant	Eligible but no MIECHV funding							
	Harney								
Lane Early Learning Alliance	Lane								
Marion & Polk Early Learning Hub Inc.	Marion			Currently paused					
	Polk	Eligible but no MIECHV funding							
Northwest	Clatsop								
	Columbia								
	Tillamook								
South-Central	Douglas	Eligible but no MIECHV funding							
	Klamath								
	Lake	Eligible but no MIECHV funding							
South Coast Regional	Coos	Eligible but no MIECHV funding							
	Curry								
Southern Oregon Early Learning Services	Jackson								
	Josephine								
Yamhill	Yamhill								

Appendix I: List of Current MIECHV-funded Counties & Programs

	MIECHV Grantee Organizations			
County	**Early Head Start Home Based**	**Healthy Families America**	**Nurse-Family Partnership**	**Home Visiting System Coordination**
Clatsop		NW OR Healthy Families - Community Actio Team		NW OR Healthy Families - Community Actio Team
Multnomah	Oregon Child Development Coalition	Impact NW - Portland; Insights Teen Parent (Janus Youth)		Multnomah County Public Health
Yamhill	Head Start of Yamhill County	Lutheran Community Services Northwest	Yamhill County Health Department	Yamhill Community Care Organization, Inc.
Marion	Family Building Blocks; Oregon Child Development Coalition	Family Building Blocks		Family Building Blocks
Lincoln			Lincoln County Health Department	Lincoln County Health Department
Lane	Head Start of Lane County	Parenting Now under Lane County Health Department	Lane County Health Department	Lane County Health Department
Jackson	Healthy Families of Southern Oregon - Siskiyou Community Health Center		Jackson County Health Department	Southern Oregon Education Service District
Klamath		United Community Action Network		United Community Action Network
Crook		High Desert Education Service District		High Desert Education Service District
Morrow	Umatilla-Morrow County Head Start	Umatilla-Morrow County Head Start	Umatilla County Health Department	Umatilla-Morrow County Head Start
Umatilla	Umatilla-Morrow County Head Start	Umatilla-Morrow County Head Start	Umatilla County Health Department	Umatilla-Morrow County Head Start
Baker		Immigrant & Refugee Community Organization		Malheur County Education Service District
Malheur	Oregon Child Development Coalition	Immigrant & Refugee Community Organization		Malheur County Education Service District

Appendix J: Links to Selected Regional and County Program Referral Forms

Counties/Region	Organization	Link
Umatilla/Morrow/Union	Blue Mountain Kids	https://www.childplus.net/apply/en-us/BE47341B8001CBBD7ECDC004201201CF/C626BFB49C07625F3FCB5318CEA7674D
Grant County	Families First of Grant County	https://docs.google.com/forms/d/e/1FAIpQLSee72egi7X9pqrr7Fx-nsZvgnJAzl5zun4aFIvj5diq2Cmfvg/viewform
Lane County	Lane County Public Health	https://www.cognitoforms.com/LaneCountyTechnologyServices/PregnancyParentSupportResourcesRequest
Linn/Benton/Lincoln	Pollywog	https://pollywogfamily.org/request-resources/
Polk County	Babies First! And CaCoon	https://docs.google.com/forms/d/e/1FAIpQLSeeCwcHiX_Kz4xldAJbV_ZWqxekAewEWvBitcub_TPlZ3aw2A/viewform
Marion and Polk County	Family Building Blocks	https://www.childplus.net/apply/en-us/2591A9F461420A0/41FD69D884048C343EDC666428E879F5
Southern Oregon (Jackson and Josephine)	Southern Oregon Success	https://www.soesd.k12.or.us/sors/#:~:text=Community%20Resources-,THE%20SOUTHERN%20OREGON%20SOCIAL/EMOTIONAL%20WELLNESS%20NETWORK,-WHO%20ARE%20WE
Jackson County	Jackson County Public Health	https://forms.jacksoncountyor.gov/Forms/HHSPregnancySupport
Multnomah County	Multnomah County Child and Family Health Services	https://docs.google.com/forms/d/e/1FAIpQLSed-NaqLyI-Y8TXWJq--anivHaNWmmabZ1I1jAav7KLZbMz8g/viewform?gxids=7628
Multnomah County	Healthy Families	https://docs.google.com/forms/d/e/1FAIpQLSetj0vd-KW4461FIgkWaagElgr_CYlgQsGVEpMu2coriu7DrA/viewform?gxids=7628
Yamhill County	FamilyCore	https://yamhillfamilycore.org/request-services/
Washington County	Help Me Grow	https://caowash.org/programs/early-childhood-development/ec-app.html