

## **RURAL HOME VISITING PROJECT**

### **LESSONS LEARNED FROM COMMUNITY ENGAGEMENT**

#### **THRIVE WASHINGTON**

Founded in 2006, Thrive Washington advances high-quality early learning—with a commitment to innovation and equity—throughout Washington state. We work with partners to activate communities, advocate for young children and families, and influence public and private investments. A leader in strengthening our state’s early learning system, we unite providers, funders and communities to improve the way we all support children and families, especially those furthest from opportunity. We make sure every public and private dollar invested goes toward the highest quality programs and gets the biggest impact. Specifically, Thrive’s efforts to advance early learning focus on:

- Expanding the Home Visiting Implementation Hub which provides coaching and support to home visiting agencies across the state.
- Elevating the voices of parents and caregivers, especially those in marginalized communities, to effectively share their stories with local, regional and state policy-makers.
- Increasing kindergarten readiness by advocating for the expansion of high-quality early learning programs for every eligible child in our state.

#### **OVERVIEW: RURAL HOME VISITING PROJECT**

The Rural Home Visiting Project began in 2012 as part of Washington state’s Home Visiting Services Account (HVSA). Created by the state Legislature in 2010, the HVSA is a unique statewide account that brings together federal, state and private funds to support and expand home visiting services for vulnerable children ages birth to five and their families. Focusing on communities with multiple risk factors, home visiting is a proven way to support the healthy development of babies and young children and to support family success.

Voluntary, family-focused services are offered either before a child’s birth or in a child’s first few years of life. Families are matched with trained professionals who visit them in their homes or community settings to provide information and support related to parent-child attachment, their child’s healthy development, and to provide information on the importance of early learning and connections to other information, services and supports in the community.

In partnership with DEL and the Washington state Department of Health, Thrive supports home visiting through its Home Visiting Implementation Hub (Hub)—a centralized technical assistance infrastructure designed to advance the implementation of high-quality home visiting services to ensure positive outcomes for children and families in Washington. The Hub team comprises experts in home visiting model fidelity, continuous quality improvement, trauma-informed practice, cultural competency, and systems building to holistically provide training and technical assistance to home visiting programs.

In 2012, DEL was awarded grant funding through the federal Maternal Infant and Child Home Visiting (MIECHV) program to expand evidence-based home visiting programs across the state. One of the funding priorities was to build home visiting programs in Washington's rural and frontier communities. MIECHV funding was used to expand existing evidence-based home visiting programs as well as to start new programs in communities of need.

Thrive, in partnership with DEL, worked with interested communities to help them launch home visiting programs. Through this effort, Thrive developed tools, resources, and a process to engage with communities, so that regions can determine their needs, readiness and capacity. This process was informed by the National Implementation Research Network and was featured at the Pew National Summit on Quality in Home Visiting—demonstrating the impact of Thrive's developed model to support communities to effectively meet the needs of families. As a result of the in-depth community planning processes, four counties (Adams, Grays Harbor, Okanogan and Walla Walla) now have services to support families in their communities.

In 2018, Thrive issued a Request for Letters of Interest for Home Visiting Planning and Support. While not specifically directed toward rural communities, this support attends to the Exploration Stage of Implementation Science<sup>1</sup> for starting a new intervention in a community and has incorporated the lessons learned through the two previous rural expansion projects.

## **ENGAGING AND MAINTAINING COMMUNITY RELATIONSHIPS**

The Rural Home Visiting Project (RHVP) was a pioneering collaborative effort to expand evidence-based home visiting services in Washington state's rural and frontier communities. Because rural communities face barriers for services (causing challenges in implementing high-quality, evidence-based home visiting services with fidelity), the goal was to work with communities to find innovative ways to meet families' needs and to support interested rural communities in preparing for, implementing, and sustaining evidence-based home visiting programs.

The RHVP project took place in two phases, with each step building toward decisions aimed at securing financial support and seeking model accreditation. Phase I focused on exploring interest, fit and community capacity. In this stage, a community planning group was convened to serve as the primary decision maker throughout the process. The community planning group was structured to include diverse perspectives from throughout the community, including representatives from public and private health providers, school districts, early learning, law enforcement, or any other organizations that work with at-risk families.

The planning group collaboratively came to consensus on the population that could most benefit from home visiting services and the model that was best suited to the community's resources and needs. The community planning group then selected which local implementing agency would house the home visiting service, prioritizing relationships with the identified population as well as the ability to meet model and funding source requirements. Phase II focused on communities selected to move forward in securing a state contract and supporting model accreditation from the home visiting agency. In this phase, members of the community planning group transitioned into

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<sup>1</sup> The Exploration Stage of Implementation Science is highly collaborative, led primarily by a planning group made up of a diverse array of parents and local providers that support the health and development of families and young children.

an advisory board for the new home visiting program, as well as formal referral partners for families. This process ensured that the design of the new home visiting program reflected true context of the community and was fully endorsed by other important community stakeholders.

Below is the template for the 2015 Planning Process:

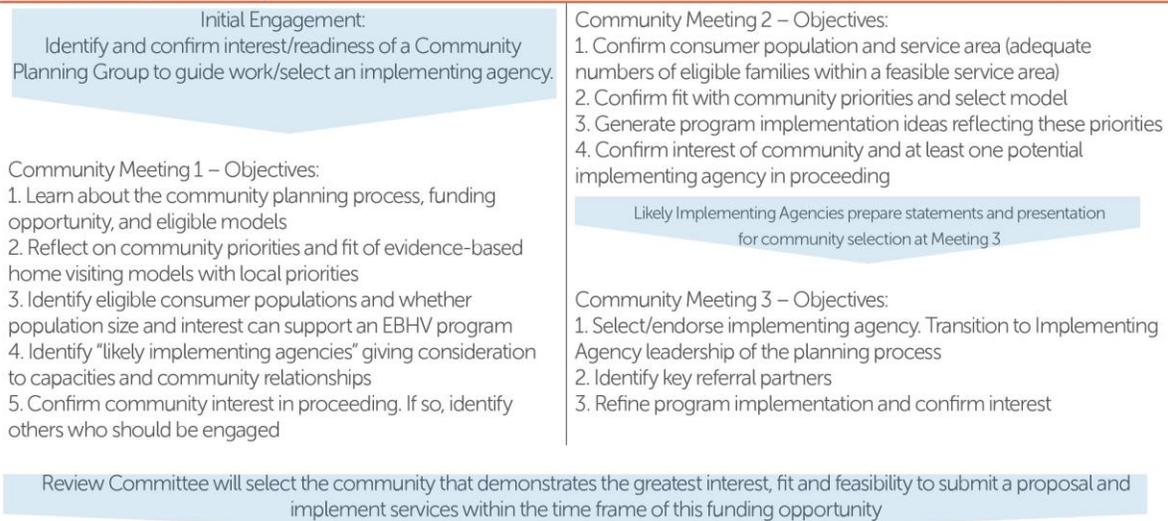
## Project Flow

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

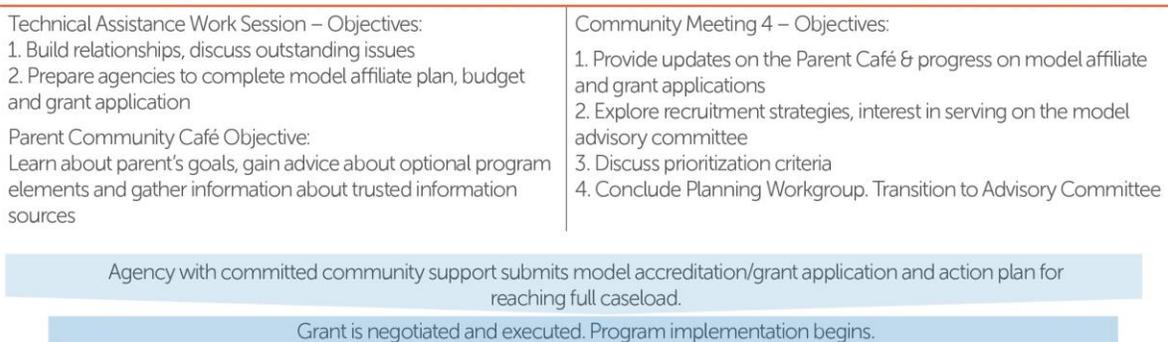
Phase I: Exploring interest, fit and capacity. Each community selects its implementing agency, and the most prepared community will be invited to submit a proposal.

Phase II: Model accreditation, grant agreement and action plan to reach a full caseload.

### Phase I: April - July 2015



### Phase II: August - October 2015



Community relationships are maintained through Thrive's Home Visiting Implementation Hub which supports home visiting agencies funded through this project. The Hub team provides support for home visiting model fidelity, continuous quality improvement, trauma-informed practice, cultural competency, and systems building to holistically provide training and technical assistance to home visiting programs.

## **CO-CREATING COMMUNITY SOLUTIONS**

The project was co-created by the Rural Home Visiting Project team, comprised of Thrive staff and Dovetailing Consulting, along with the community planning groups. Local partners provided leadership and insight about community needs and capacity, as well as connections to families and to other services and initiatives in their regions. The Project team had three roles: 1) manage the administrative logistics of the process 2) serve as a neutral, third-party facilitator in discussions among community members, and 3) provide expert information on all aspects of home visiting to the planning group. From the beginning, the Project team was committed to being transparent about what the exploration process could or could not change in the community, and honored community wisdom and expertise in assessing interest, fit and capacity to successfully implement a home visiting program. It was important for the Project team to remain agnostic about the group's decisions, ensuring that the final structure of the home visiting program fully reflected community consensus and alignment.

For example, during the 2013 planning process, Thrive utilized an existing best practices approach for "Community Readiness."<sup>2</sup> However, as the process moved forward, it became apparent that some communities were further along the readiness continuum and would not require all of the steps prescribed in the readiness assessment. Further, we followed the lead of local community members regarding how to best listen to local families that may decide to participate in the new home visiting services.

## **ADDRESSING SYSTEMATIC INEQUITIES THROUGH COMMUNITY ENGAGEMENT**

The Rural Home Visiting Project arose from an assessment that demonstrated a critical need for home visiting services in underserved regions of Washington state such as rural and frontier communities. However, it was determined that competitive Request for Proposal (RFP) processes inherently leave certain organizations and service providers behind. With MIECHV funding for the expansion of home visiting services, Thrive was given the opportunity to address this systemic inequity by developing a community engagement strategy that focused on community need and was open to all organizations within a community. The RHVP process focused on supporting capacity building for organizations that are "of and from" the population to be served, or organizations which clearly demonstrated that they had an existing relationship and trust with families who were not currently receiving the supports from existing services. It is often much more difficult to "teach" organizations how to create trusting relationships with families or clients than it is to support capacity building for an organization.

## **BUILDING COMMUNITY TRUST FOR AUTHENTIC COMMUNITY RELATIONSHIPS**

To build community trust, Thrive is committed to transparency about what the exploration process can or cannot change in the community. At the same time, Thrive is deeply committed to being responsive and respecting participants' time by ensuring that Thrive is prepared for the process by collecting all the necessary information in advance and by honoring and listening to the community expertise. A successful planning process requires time to build trust among community members and to ensure community needs are met and accommodated.

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<sup>2</sup> The Community Readiness Model was developed at the Tri-Ethnic Center at Colorado State University to assess how ready a community is to address an issue. The basic premise is that matching an intervention to a community's level of readiness is absolutely essential for success.

For example, Parent Cafés—events that parents can attend with their children to obtain information and social support, as well as to provide input on the structure home visiting program— were designed to take place during Phase I of the process. However, communities suggested that parents should only be engaged in planning meetings once funding had been secured for their community, since they didn't want to seek input from families until they knew they could be responsive and provide them with services. As a result, Parent Cafés were moved to Phase II and conducted by the implementing agencies once they knew that funding had been committed to their region.

## ADDRESSING AND OVERCOMING CHALLENGES IN THE PROCESS

The time it takes for a community to move through the planning process often presents the most significant challenge. The Project Flow description on page 3 describes the proposed timeline and structure created for the project, with Phase I slated to take approximately four months. However, we have discovered that each community planning process is unique, with its own needs and circumstances, and that helping communities determine if they are ready to successfully get services up and running may require a longer timeline. Moreover, we have found that longer timelines are often beneficial. Indeed, the most significant outcome of the planning process is to fully execute the Exploration Stage—no matter how long it takes—for more effective and sustainable installation and implementation of services.

Some communities come to the process ready to move forward quickly, while others may need to address specific issues before moving forward. For example, a local hospital was interested in adding home visiting services, but the timeframe for the planning process moved too quickly for the organization that had a rigorous and time-intensive protocol for initiating new programs. As described earlier, the planning process with Organization A will likely take longer than anticipated because racial equity issues must be addressed before the process can move forward. This could hinder this community's ability to meet the deadline to receive funds. The size of the community also impacts how well community planning group members know and trust each other, and a longer process may be necessary for larger planning groups to establish relationships.

This community planning process was federally researched and affirms this valuable lesson: planning is critical to effectively expand services that meet the needs of families. Further, the Rural Home Visiting Final Report, March 2014: Supporting the Growth of Home Visiting in Washington State found that “Significant initiatives, such as home visiting, require navigation of complex goals and considerations among local, state and/or federal partners.” And that “Providing time and investing in tools and community engagement paves the way for a better ‘fit’ and more effective services.”

*The process was sequenced so well, each topic we discussed led us to where we needed to go in terms of being clear about our service delivery meeting the requirements of the funder, it allowed for intentional conversations and really focused planning for the services we needed to provide. —Okanogan County Child Development Association*

## HOPE FOR THE FUTURE

Over the past few years we have seen an increase in the number of opportunities for community engagement tied to funding sources. Indeed, there are now more “seats at the table” for community stakeholders to participate in the planning and decision-making process for home visiting services. While “more seats” and “more tables” provide more voices and hopefully more equitable access, it is critical that overlapping efforts are aligned to make the most significant change for the future. There is often an aspect of competition in communities resulting from limited funds and overlapping scopes of work. This process has demonstrated that most stakeholders are ultimately committed to improving the lives of children and families, and that communities will unselfishly select the intervention most likely to do so as long as time and care is given to ensure that all voices are heard and respected. This ultimately leads to a sustainable home visiting program more closely integrated within and supported by the community, ensuring more seamless supports for families.