



LA County Perinatal and Early Childhood Home Visitation Consortium

Implementing Home Visiting Program Quality Standards: Recommendations for Facilitating Peer Support

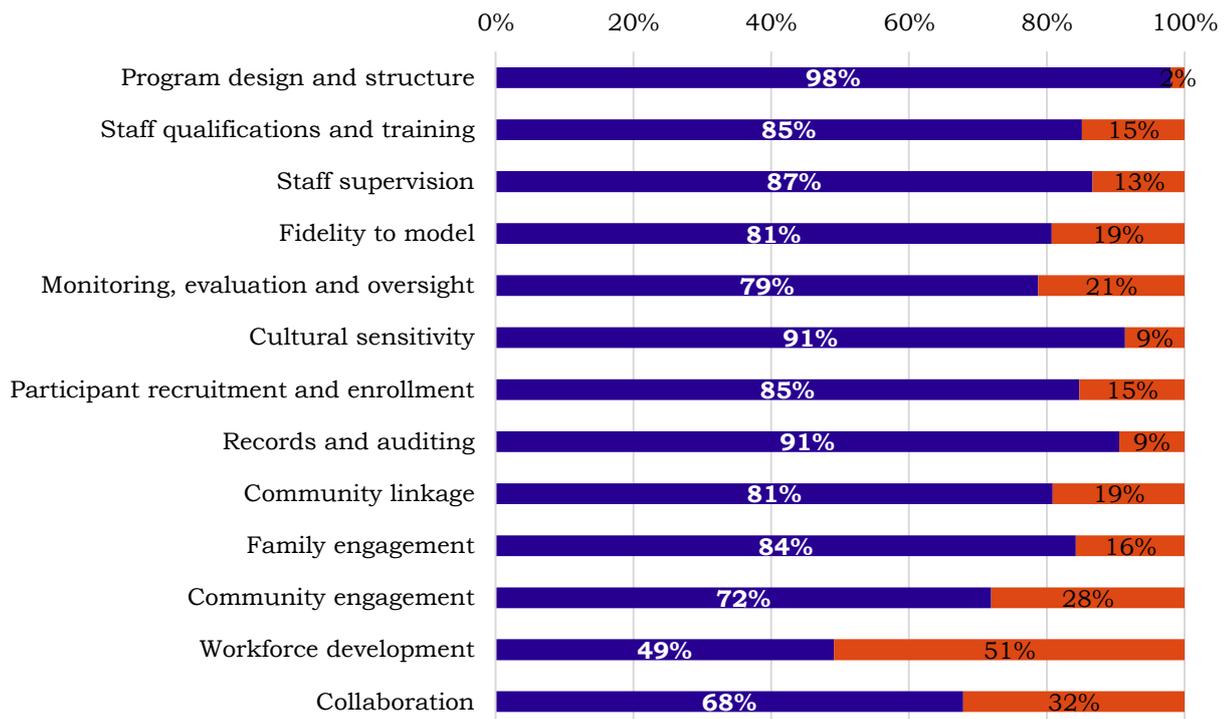
In early 2017, the Consortium’s Best Practices Workgroup released its “[Quality Standards for Home Visiting Programs](#),” a set of recommendations to support the implementation of established best practices at the program level.ⁱ The Standards were developed based on a review of the requirements of the major models used in LA County, as well as by the Department of Health and Human Services’ Home Visiting Evidence of Effectiveness (HomVEE) review, and of other states’ legislation regulating home visiting quality. In addition, the Standards included several aspirational recommendations specific to the goals of the Consortium and the LA County context.

At the end of 2017, the Best Practices Workgroup administered a self-assessment with home visiting managers, supervisors, and directors to establish a baseline understanding of programs’ progress toward implementation of the Quality Standards. A total of 68 staff completed the survey, with sufficient sample sizes from each home visiting model (Early Head Start: N=11; Healthy Families America: N=15; Nurse-Family Partnership: N=6; Parents as Teachers: N=9; Partnerships for Families: N=7; Welcome Baby: N=13). Overall, respondents reported a fairly high level of implementation of the Quality Standards in their programs;ⁱⁱ implementationⁱⁱⁱ was 80% or greater in nine of 13 Quality Standard “domains.” Implementation was highest in **program design and structure, cultural sensitivity, and records/auditing**. Implementation was lowest in **workforce development, collaboration, and community engagement**.

Mission:
To coordinate, measure and advocate for high quality home-based support to strengthen all expectant and parenting families so that the children of Los Angeles County are healthy, safe and ready to learn.

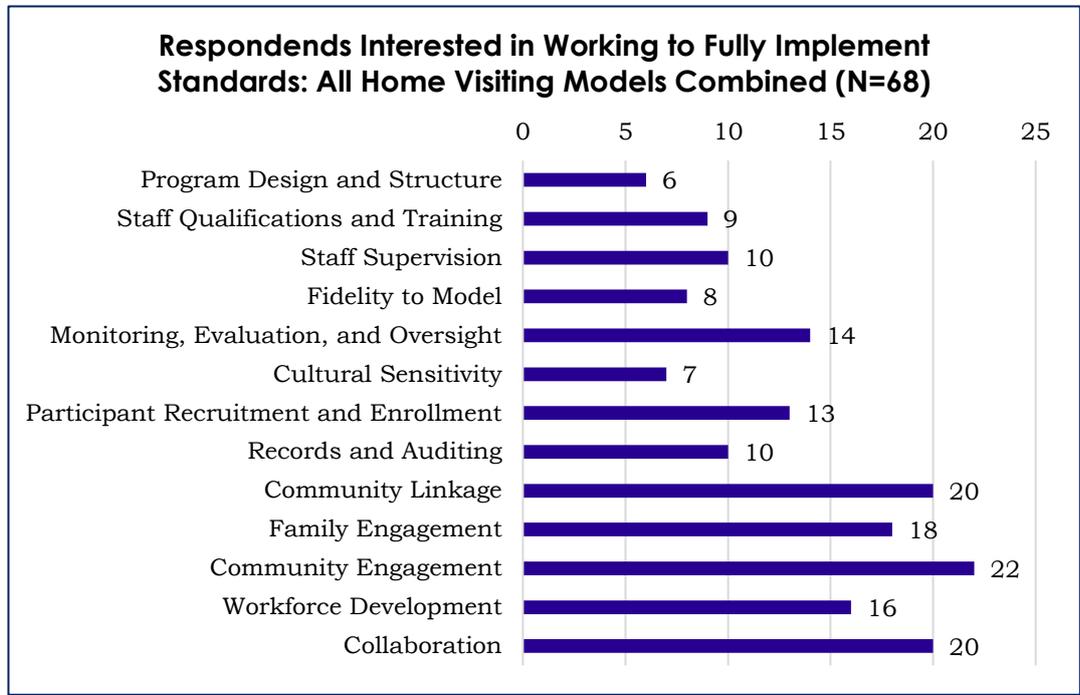
Respondents Indicating Overall Implementation of Consortium Quality Standards: All Home Visiting Models Combined (N=68)

- Best Practice Standard Implemented
- Standard either not or only partially implemented





Another purpose of the Self-Assessment was to help facilitate peer support across home visiting programs and models. Of the 68 respondents, 37% said they were interested in receiving peer support to assist with implementation of the Quality Standards, and 18% said they would be interested in providing peer mentorship. The Standards they most wanted to work on implementing are shown in the chart below.



Given that “collaboration” was one of the Quality Standards with the lowest levels of implementation, and in light of the Workgroup’s goal of facilitating peer support, we enlisted the help of staff at programs that have successfully collaborated with other programs in a variety of ways to share their experiences. Some of the many benefits of collaboration and peer support they noted are detailed on the right.

The following vignettes are examples of what other home visiting programs in LA County have done to establish peer support in their region, and their suggestions and “lessons learned” to guide you in creating these opportunities yourselves.

Benefits of Peer Collaboration

1. Increased knowledge among service providers of other programs and services in their region.
2. Sharing professional development opportunities and leveraging cross-discipline expertise increases common knowledge and maximizes scarce resources.
3. Families are better served if programs can use peer relationships to make linkages and facilitate “warm hand-offs.”
4. Discussing common professional experiences can validate shared feelings and inform collaborative approaches to preventing burn out and vicarious trauma.
5. Shared knowledge and strategy improve efforts to access and serve hard-to-reach populations.





SPOTLIGHT: The Antelope Valley Home Visitation Coalition

In 2013, Antelope Valley Partners for Health (AVPH) created the AV Home Visitation Coalition (AVHVC) in an effort to coordinate and collaborate with other home visiting programs in the region. While the LACPECHVC existed for this purpose Countywide, AVPH had noticed that many of the services and resources discussed weren't available in the AV, despite significant need in the local community. Building off of the former Best Babies Collaborative, AVPH pulled together various home visiting and other 0-5 resource providers for monthly meetings, which have grown to ~40 participants. Despite changes in funding sources and the merging of various community coalitions, the AVHVC has continued, and has achieved some of the following: Established referral MOUs between home visiting programs; hosted trainings; provided presentations on local programs and services; planned meet-and-greets for home visitors. Best Practices and lessons learned include:

1. **Establish regular meeting times and location, and create a listserv to make communication and attendance easy.**
2. **Designate a facilitator and note taker, and discuss future agenda items with participants at each meeting.**
3. **Invite new staff from your programs to familiarize them with community resources.**
4. **Tailor presentations and resource sharing to regionally-specific needs and services.**

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SPOTLIGHT: Best Start El Monte/South El Monte Meet-and-Greets for Home Visitors

The Healthy Families America (HFA) and Welcome Baby program managers and directors in Best Start El Monte/South El Monte meet on a monthly basis to discuss program referrals and shared issues or concerns. Based on the issues they were discussing, the managers decided that hosting peer-to-peers for their home visiting staff would be helpful for building relationships across programs, sharing resources and training, and addressing referrals barriers. Sharing minimal costs for food, the programs host two- to three-hour mandatory peer-to-peers for their home visiting staff twice per year, which have included a training on self-care and inter-staff relationships, giveaways, and resource sharing. The managers have reported positive feedback from staff, an increased sense of cohesion and shared values within program teams, and an increase in successful referrals to the other programs participating in the peer-to-peers. Best practices and lessons learned for hosting the peer-to-peers include:

1. **Check in with your staff prior to planning peer-to-peers to assess what topics they would like to discuss, what they would like to learn from other programs, and any issues they have encountered in making referrals to other programs or services that could be addressed in a meet-and-greet.**
2. **Have pre-meetings with the program supervisors/directors to plan the agenda, discuss cost sharing and logistics, and agree if the meet-and-greet will be mandatory for staff.**
3. **Share meeting facilitation between programs.**
4. **Staff turnover means that it is useful to review program details and do introductions and ice breakers at each meet-and-greet.**
5. **Twice per year is the “sweet spot” for home visitors meet-and-greets; given their visit schedules, it can be difficult to meet more frequently.**

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SPOTLIGHT: BEST START CENTRAL LONG BEACH HOME VISITATION COLLABORATIVE

The Best Start Central Long Beach Home Visitation Collaborative began with the First 5 LA Healthy Births Initiative and the resulting Long Beach/Wilmington Best Babies Collaborative in 2007. Though the Collaborative was scheduled to end as Welcome Baby ramped up, the partners recognized the importance of the relationships that had been formed. In order to maintain these relationships, build on what had already been accomplished, and ensure continuity of services provided to the community, the current collaborative was formed. The Best Start Central Long Beach Home Visitation Collaborative has now grown to include multiple home visiting programs and models, as well as other organizations that provide perinatal and early childhood support services. The development of a vision and mission statement, as well as defined goals and objectives, has been critical to guiding the Collaborative's work. The Long Beach Health Department has supported the work of the Collaborative through a grant from First 5 LA. Best Practices and lessons learned include:

- 1. Schedule regular meet-and-greets with home visiting staff to increase understanding of services offered by other programs in the region.**
- 2. Establish a regular monthly meeting schedule with a designated facilitator and note taker; discuss and set the agenda prior to meetings.**
- 3. To maximize time and participation, schedule the meetings in conjunction with other required meetings (in this case, the Healthy Families America quarterly Community Advisory Board (CAB) meetings directly follow the Collaborative meetings.**
- 4. Provide trainings to local home visitors (as funding allows) to ensure professional development tailored to regionally-specific needs.**

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SPOTLIGHT: Early Head Start Cluster 3

The California Head Start Association (CHSA) divides its grantees into regional "clusters" throughout the State, with non-LACOE grantees representing Cluster 3 in LA County. Because there is an expectation that Cluster representatives (chosen by the programs) act as liaisons to and from CHSA and the Office of Head Start (OHS), the representatives organized the Cluster 3 programs to meet together every other month. The meetings rotate location on a voluntary basis among the Cluster programs; whoever agrees to host is also in charge of planning the agenda, producing materials, and providing refreshments (from the agency's own budget). In addition to sharing resources and updates from CHSA and OHS, the meetings also can include topical trainings and presentations from local organizations. Over time, Cluster agencies have become more engaged in sharing information and resources, despite the fact that these programs are also sometimes in competition for funding. Successes to date have included establishing a referral MOU with DCFS and sharing of funding and other resources to co-host trainings for home visitors from multiple EHS programs.

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SPOTLIGHT: Healthy Families America National Accreditation Collaboration

In 2014, early in the development phase of the First 5 LA-funded Healthy Families America (HFA) programs, a group of 10 grantees agreed to develop the policies and procedures manual required by the HFA National Office in collaboration with each other. Ten organizations spread throughout LA County met on a monthly basis to divide up the detailed HFA best practice standards. Each organization drafted a set of policies and procedures and brought it back to the group for review and editing. The grantees also incorporated a call with the HFA National Office into the meetings to ask questions and receive feedback on the manual and other issues, which the oversight entity (and occasionally funder) also attended. Though the draft of the manual was completed after several months of hard work, the group continued to meet to provide mutual support and advice as grantees began to go through the accreditation process for the first time. The organizations found that working together helped form a supportive network of professionals who were passionate about creating a quality experience for the families they served, and many of the relationships and partnerships continue to flourish today. Additional benefits included:

- **Grantees collaborating on, and at times pooling funding for, training opportunities for staff.**
- **Sharing best practices related to staff retention, team building, and management.**
- **Using the collaborative as a sounding board to ensure accurate interpretation of the HFA Best Practice Standards.**
- **Sharing valuable resources and information across organizations.**
- **Participating on Community Advisory Boards of fellow grantees.**

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ⁱ The Consortium's Quality Standards for Home Visiting Programs can be accessed at: <http://homevisitingla.org/wp-content/uploads/2017/01/LACPECHVC-Best-Practices-Workgroup-Best-Practice-Recommendations-FINAL-1-20-17.pdf>

ⁱⁱ Survey findings by home visiting model are available by request to: LACPECHVC_Coordinator@labestbabies.org

ⁱⁱⁱ For the purposes of analysis, "implementation" is defined as scoring a four "plan implemented, results are being reviewed" or five "nothing to do, we are a 'well-oiled machine'" on the one through five likert scale of implementation. When Quality Standards were broken down into sub-domains, this score represents an average of the sub-domain responses within one Quality Standard domain.