

Home Visiting Community of Practice: Multnomah Project LAUNCH Issue Brief

Background



In early 2014, in response to the need to better align, coordinate, and support home visiting programs in Multnomah County, Multnomah Project LAUNCH began to establish a Home Visiting (HV) Community of Practice (CoP). A community of practice can be created specifically with the goal of

gaining knowledge among those who share a profession or it may evolve because of members' common interest in a specific domain. Through the process of sharing information and experiences with the group, members learn from each other, and have an opportunity to develop themselves personally and professionally.¹

While home visiting program directors intermittently had opportunities to share information through various early childhood meetings and conferences, there was a recognition that there was no central forum for bringing together the large array of different programs providing home visiting, and no mechanism for convening home visiting program leaders to work towards a more coordinated system of home visitation for children and families.

With funding and support from both Multnomah Project LAUNCH and the federal grant for Maternal Infant & Early Childhood Home Visiting (MIECHV), staff were provided to facilitate the process of developing the HV CoP, and subsequently, to staff the CoP and related workgroups.

The first project undertaken by the HV CoP was to inventory the early childhood home visiting programs operating in Multnomah County to collect and review information about existing programs, their models and curricula, target populations, waitlists, and other features. This was also used as an opportunity to reach out to, and engage, a broad array of home visiting program staff in the HV CoP.

A leadership team was formed, as well as workgroups focused on referral coordination and workforce development; the CoP also convening quarterly for networking/ information-sharing meetings. In August 2015, the HV CoP held a retreat to review progress and make decisions about how to move forward given the close of Multnomah Project LAUNCH on October 1. The HV CoP plans to continue to meet and the Multnomah County Health Department agreed to fund a .10 FTE staff for administrative support. Other CoP members have committed in-kind staff time for leadership of workgroups.

Understanding the Purpose & Value of the CoP

As part of the Multnomah Project LAUNCH evaluation, and to learn more about the successes, challenges, and perceived usefulness and sustainability of the Home Visiting CoP, seven (7) key stakeholders were interviewed by phone or in person. Stakeholders were individuals involved in varying ways with the CoP, and included Early Learning Multnomah (ELM) hub representatives and home visiting program managers and supervisors.

Stakeholders shared their perspectives on the value of the CoP, both to themselves professionally and to their organization. Stakeholders frequently commented that this group was unique, and that there had not previously been any mechanism or forum for engaging such as large and diverse a group of home visiting providers. Stakeholders saw the **value of the CoP** in terms of:

- Increasing connections across, and understanding of, the different home visiting program models
- Providing peer support and information sharing about specific practices and approaches
- Creating a forum to elevate the practice of home visiting, by identifying and documenting the services that are both available and most needed, and as a platform for advocating for resources and support with the broader county and state early childhood systems
- Helping to support culturally responsive practice in home visiting
- Learning about the broader home visiting system and changes in the early childhood policy realm (e.g., ELM, MIECHV, etc.)

- Providing a way for providers to improve program quality and maximize resources through shared professional development

First and most frequently, the CoP was described as creating a forum **for improving the connections between home visiting programs** and providers to improve practice, increase coordination, and leverage resources more effectively:

"The purpose is to give providers who have the same approach and methodology, a chance to come together to improve their own professional skills, to improve and find efficiencies across programs, to think about their own systems change work. How do we improve the referral systems for HV? How do providers work together to change the systems they're a part of? How do we have a shared system for training and workforce development?"

Second, stakeholders described the important role of the CoP and related workgroups in creating a safe space for sharing challenges, brainstorming, and providing **professional peer support** at both the leadership and staff levels.

"I love being with my colleagues, directors of evidence-based home visiting programs. We have had conversations about home visitor safety, mileage reimbursement, do staff actually use their locking bags in the field like we're all supposed to? We all know we are supposed to but how can we help each other? In conversations with funders we don't want to talk about our weaknesses, but we [here] are able to talk about the challenges too."

Specific Accomplishments

Stakeholders were asked to describe what they saw as the most significant accomplishments so far of the HV CoP. Several specific aspects of the work were frequently mentioned, including:

- Progress made in developing a **shared professional development** system including the Trauma-Informed Care (TIC) training, a shared set of professional competencies, a shared training calendar, and a mechanism for ongoing work in this area (the workforce development work group)
- **Increased knowledge and understanding** across home visiting programs about other home visiting program models, approaches, and requirements, especially among program leadership

Another goal of the group that was articulated was helping to **develop a shared voice** for home visiting programs to work together around funding and policy issues:

"There was a need for coordination and for there to be a voice with the state, with funders and when grant opportunities came up...There'd be all these conversations happening in different places, but I thought it really makes sense for us to speak together. Part of forming this group is to get to that place too, but the relationships are being built and we can get there."



The HV CoP made concrete and specific efforts to do outreach to, and engage, providers working with culturally diverse communities. This work appeared to pay off, as one of the key benefits that was described was around the opportunity created through the CoP and related workgroups to learn more about how to **improve the cultural responsiveness** of home visiting practice and to listen to parents' voices.

"Especially with the home visiting piece...one of the things that worked well are a lot of culturally specific organizations that add to the richness of that group. That you don't experience that in other similar groups."

- Progress made in developing and implementing a **shared referral system**, including the development of a universal referral form
- Providing specific opportunities to learn from parents and culturally-specific home visiting providers, and more generally, the strategic **focus on cultural issues** and addressing disparities in home visiting program access
- Creating a forum for **peer support**, especially at the leadership level
- The ability to successfully convene a large group of very **diverse home visiting programs**

What Supported Success?

When asked what has helped most to make the CoP successful, the most frequent responses, by far, mentioned the fact that there was strong collaborative leadership, and facilitation and ongoing staffing support for convening, communication, and other logistics.

"I would say staffing. That there is admin support to bring people together, and that these things don't happen without that, or have a hard time happening without that"

"[CoP facilitators] were both proactive making sure everyone was at the table, that's how I got included. [Facilitator] was instrumental bringing diverse providers to the table. And [facilitator] continued to allow space for people to talk about race issues. She wasn't the leader, everybody was part of the entire process. It wasn't seen as someone taking the lead for us, it was a collaborative effort throughout. That approach helped people who were committed to continue to come, and help those come when they could."

Challenges & Sustainability

A variety of challenges were mentioned by respondents. The most frequently-voiced challenge was related to sustaining ongoing engagement of participants. Several noted that attendance and participation had dropped after some of the initial meetings, although others noted that this should not be seen as an indicator of lack of value for the CoP work. Challenges included:

- Engagement of CoP members, especially in terms of knowing what level of staff should be invited/encouraged to participate in different workgroups (e.g., program directors, supervisors, home visitors)
- Related to this, having specific projects for people to work on together
- Defining the "universe" of home visiting and what programs are a "good fit" for the CoP, e.g., early childhood-focused programs versus all-ages, core home visiting programs versus periodic, etc.
- Funding for ongoing staffing and convening support
- Strengthening family voice and sustaining culturally-specific voices

Strategies to deal with these challenges included having an "open door" policy for attending the

In addition, other factors that were described as supporting progress included:

- Specifically reaching out to, and supporting culturally-specific providers to attend and have a voice
- Clarity of roles, so that those who attended understood their role and why they were there
- Having a strong workgroup structure with clearly defined tasks and purpose
- "Doing the groundwork" through the initial work on the home visiting inventory, which helped to connect with a large array of different home visiting programs and bring that information together to help providers see commonalities
- Persistence and buy-in among those who attended
- Legitimizing CoP roles by electing people to different positions
- Having opportunities to work together on specific projects (e.g., TIC training, competencies)

workgroup and other meetings so that people felt they could come whenever possible:

"Because people are so busy we have approached the work groups with an open door policy, like you can come to one and contribute or you can come to all and really drive the work...The problem is that if only 3 or 4 people show up and if they're newer and then [CoP staff] are there to staff the meeting, it then feels like it's not a community meeting and we want to have enough community to make it feel like it comes from the community...We didn't want people to feel flakey, and we wanted to always say some was better than none."

Another strategy has included implementing specific one-on-one outreach to culturally specific providers:

"Early on, it was noted that we didn't have as much participation from culturally-specific programs, and so we did some individual outreach with the leadership group to do phone calls between meetings and to do personal invites. We thought a more relationship-



based approach would work better than email, and it does make it difference. It's still hard because they're busy too and not getting paid to go to these meetings and have to prioritize other work."

The CoP also made decisions during the year-end retreat to more consciously include and reach out to staff at different levels (e.g., leaders, supervisors, direct service) around specific events and workgroups. This was seen as a way to help strengthen participation by those who were seen as most directly impacted, e.g., by shifting the target audience for the CoP quarterly meetings away from leadership and focusing more on direct service staff, and having separate time for supervisors/managers to reflect on their own practice at other times.

"There have also been the normal challenges of initial excitement about coming together, but then figuring out how to make the content related to everyone at different levels...Really, the challenge in attendance is how to meet the needs of folks who are attending. In home visiting especially, the constant conversation is 'do we want managers here? Supervisors? Home visitors? What is the right combo?' Different interests and different needs."

With the end of the Multnomah Project LAUNCH grant, there was a high perceived need and desire for the CoP to continue. Although some staffing support is being provided by Multnomah County Health Department, respondents were concerned about the reduction in resources, both for staffing and for special projects such as the Trauma Informed Care training, especially given the crucial nature of having some paid staffing support noted above. Respondents described their collective commitment to identifying strategies to continue the work of the CoP in the absence of LAUNCH funding.

Although HV CoP interviewees described challenges related to clarifying membership, addressing and responding to culturally-specific program needs, and sustaining the work of the CoP, the benefits were described as invaluable. The CoP has served as a venue for increasing understanding of different home visiting models, sharing specific practices and supporting culturally-specific practices, and providing a way for home visiting programs to improve program quality and maximize resources through shared professional development.

Reference

¹ Lave, J., & Wenger, E. (1991). *Situated learning: Legitimate peripheral participation*. Cambridge: Cambridge University Press.

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Endnote

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