

Family Engagement in Home Visiting

Good afternoon, everyone. This is Nancy Topping-Tailby from HV-ImpACT, and it's my pleasure to welcome you to today's webinar on Family Engagement in Home Visiting. We want to hear you, and so we're going to ask you to please mute your computer speakers if you hear an echo because that will get rid of the echo. We will ask you to mute your phone if you are not speaking by pressing star and then pound if it's noisy in the background where you are. You do have a phone line and we have the webinar pass for you, so you have two ways of communicating with us. And there will be an opportunity to ask a question using the phone line at different points during the presentation. But you can put a comment or a question in the chat at any time and we're happy to respond.

We are recording this webinar. And if you are experiencing-- which we hope won't be the case-- any technical issues, please write your problem in the technical support box if you need to reach one of our team. The technical support box is in the lower left-hand corner of your screen, right below the PowerPoint.

We have two files for you today that you can download at any time. One is a copy of the slides as a PDF, and that's the Family Engagement PowerPoint. And then the second one is a handout that Tiffany Kostelec has provided for her discussion around the work that she's doing with others in her state, in Michigan. And that's also available for you. And she'll reference that when she talks with you a little bit later today.

So to download any of the files, again, you just highlight the file, and then click the Upload File, and you'll be directed to another screen where you can save the file to your computer, and then close out and you'll come back to the main screen. We have an evaluation survey for you today. And that's in the very far left corner. There is the link. It will pop up automatically at the end of the broadcast, and you will actually receive it as soon as we close out. But if you want to copy it and paste it for future reference to use, if you have to leave a little early and you want to grab the survey link, please feel free to do that.

So, let me introduce our speakers today. We have four wonderful speakers who will be talking with us this afternoon. Our first speaker is Deborah Daro. Dr. Daro joined Chapin Hall in January of 1999. And she's been involved in child abuse prevention program and policy research for over 40 years. Most recently, her research and written work has focused on developing reform strategies that embed individualized, targeted prevention efforts within more universal efforts to alter normative standards and community context. She served as a faculty adviser for the CoIIN in the area of family engagement.

Joining Dr. Daro today is Jon Korfmacher. Dr. Korfmacher is an associate professor at Erikson Institute in Chicago. A graduate school in child development. He has been studying and working with home visiting programs for over 20 years. He is currently a faculty content expert for the Home Visit CoIIN, and overseas HARC, the Home visiting Applied Research Collaborative, a practice-based research network for home visiting programs.

Tiffany Kostelec is the acting MIECHV lead for Michigan, and the manager of the home visiting unit within the Michigan Department of Health and Human Services. Ms. Kostelec has worked in the field of early childhood for over 20 years in both prevention and intervention focused early childhood programs, including Part C of IDEA. Ms. Kostelec has a master's degree in clinical psychology and uses that experience daily, as she and her husband are living with two teenagers.

And our fourth presenter is Susan Zaid. Susan serves as the Deputy Project Director of the Design Options for Maternal Infant and Early Childhood Home Visiting Evaluation, or DOHVE TA project. She has over 16 years of experience and program evaluation, applied social science research and evaluation technical assistance, in the areas of home visiting, prevention services, and child welfare. In addition, Ms. Zaid works on other home visiting projects-- including the National Home Visiting Resource Center project, the mother and infant home visiting program evaluation administered by the Administration for Children and Families, a large-scale random assignment evaluation of home visiting programs, and the mother, infant, and early childhood home visiting report to Congress, administered by HRSA. So, those are your presenters for this afternoon.

Our objectives will be that we hope you will be able-- as a result of today's webinar-- to describe elements of successful family engagement practices and home visiting, explore a new family engagement tools developed by HV CoIIN that we're very excited to share with you, and identify how to adopt and spread practices to strengthen enrollment and retention of families, and support a system that promotes parent leaders within home visiting.

So I was too eager, and I went ahead to Jump Start the Brain. And those of you who participated in our webinars before know the drill. So we're going to ask you to complete these three questions. Kate, can you pull up the questions, please? So this is our attempt to gather some data to really see, both before and after, how well we're doing in terms of getting the information to you in ways that are useful to you and digestible.

So the first question is choose one word to complete this sentence. What is the strongest first step in predicting enrollment? The second step is true or false. Service delivery style and work experience are strong predictors of retention and dosage success. And the last question is choose one word to complete this sentence. Empowered parent leaders and some kind of partners are two of the three building blocks that Michigan has used to engage parents leaders. So I'll give you a moment.

Now, it looks like on the question about service delivery style and work experience, most of you are fairly confident that the answer to that is true-- that that's a true statement. Lots of different answers-- lots of answers around what predicts enrollment. And lots of thoughts about what kind of partners and empowered parent leaders are building blocks that Michigan has used. I'll give you just a minute more to finish up. And then we'll come back to this at the end of the broadcast, do it again, and then I'll share the answers with you.

So thank you to those who responded. Kate, why don't you close it out. Thanks so much. OK. It is now my pleasure to turn it over to Dr. Daro. Deb?

Thanks so much, Nancy. I'm just waiting for the slides to reappear on the screen. I'm going to be talking-- thank you all for joining us. Nancy, is there a reason I don't see the slides?

I'm not sure. Um--

I just see share my screen.

Kate, can you-- do you have any thoughts?

Looks like the poll maybe's not yet come down.

It has come down for me. Kate's trying to do it again. Please bear with us, everyone. I apologize for the interruption. So now it's back up. Deb, can you see it on your screen now? You should see the--

All I see is the screen.

Hmm.

[INAUDIBLE]

I'm not sure.

If you can see the slides, Nancy, I can just tell you to advance them.

OK, why don't we do that, Deb. And you follow along on your notes, because you have so much good information to say. Thank you everyone for your patience.

All right, I'm on the Enrollment Engagement Problem, and I want to talk a little bit about why that's the case. You know, there are problems when we go to study enrollment and engagement, both from a practice perspective, but also from a research perspective. From a practice perspective, we know that roughly about 1/3 of participants drop out of voluntary home visiting services. And this has been true for some time. Repeatedly, we see that about 70% of participants will remain enrolled for about six months, and a little over half remain for a full year. We're getting better at that, but there's still an issue that folks are not staying in programs quite as long as we'd like them to do.

We also know that when you have poor retention rates in a program, people don't stay around as long as you need them to. Then you run the risk of having an inability of going to scale, being able to keep all the accomplishments you want. We also have some problems, though, as we discuss the issue of enrollment, engagement. That for a long time, people, I think, saw this as a yes or no issue, that people either decided or not to do it. And what we've learned is that the actual process of enrolling and remaining in a program is a series of individual decisions that folks go through, balancing what the benefits are of getting enrolled with the cost associated with them being enrolled.

The other problem we often have is we tend to look at what individual factors influence engagement, or enrollment, or retention, when in fact, what we know, it's not just the individual, but it's a set of nested characteristics. Individuals live in families, families live in communities, communities live in cultures. And in each one of those stages there is contributions to making a program more or less exciting or interesting to families, and that, it's really the trade-off. Someone can be personally willing, but not have a program near them that meets their needs or is addressing the concerns they have. So there's kind of this disconnect.

Well, what we've been increasingly trying to do-- Nancy, if you go to the next slide-- is to build an engagement model that really looked at things at multiple levels. And we started by saying that the most important thing to consider when we're deciding whether someone is going to enroll in a program, is that initial sense of intent. Are they ready to change? Are they open to the attitude, or to the idea, of being in a program? And that once they intend to enroll in a program, the strongest predictor-- if they're intended to enroll, that's the strongest single predictor of actually enrolling in a program.

In other words, if you're inclined to do it, that's what's going to, more or less, get you to entertain the idea of enrolling in a program. When you get to keeping someone in a program, though, it becomes much more complex. It's no longer just an individual's attitudes or intent, but it's their experience that they've maybe had in other service programs. Did they have a good experience with the service system? This is more likely to keep them not only to seek out a program, but then to remain with the program. We know that provider characteristics contribute a great deal.

The program itself. Is this a program that's part of a larger community-based agency? These factors often contribute to families staying in programs longer. And then if the community itself is a community that puts high value in engaging, and in reaching out and asking for help, and supporting public services, it's often easier for individuals to enter and remain enrolled in programs.

Nancy, the next slide talks about the simple enrollment decision process, and it really flows to three points. You say I want it, I'll try it, and then I'll stick with it. The most-- again, the most important part is that intent. That willingness to open themselves up to trying it makes a difference in how the program proceeds.

We conducted a study several years ago that looked at this profile for about a dozen home visiting programs around the country, about 270 families. And we tried to learn at each step, how did it go? What really was predicted? And did our theory of how this would work play out?

Well, and our general findings-- Nancy, that's the next slide-- we found that enrollment and retention decisions are indeed influenced by multiple levels, by multiple factors. And they occur at multiple levels. There is contributions by the individual, there is contributions by the program itself, there is contributions in the community in which it's located.

We learned that many new parents enroll in these programs, perhaps initially to help their infant, but at the end of the day, they remain in these programs to help themselves. Now this may not be true for all families, but at some point a parent is going to say, am I personally valuing this? Is

this getting me to where I want to be? Not just with my parenting, but perhaps with other issues that I'm facing.

And we know the families that are at higher risk-- their interest in their own self-development, their own concerns, may take precedence over their initial concerns about the children. Because, in fact, things are so chaotic in their lives that they're primarily looking for something to get them off to a good start so they're going to have the capabilities they need to care for their children. We know that high-risk families living in distressed communities can be enrolled. Communities don't bar people from enrolling, but community norms have to support and reinforce the idea of individuals reaching out and asking for help. It has to be OK in a community to ask for help without feeling that you're going to be judged, or feeling that people are going to recognize you as having a severe problem, or being incapable of acting in a certain way.

And we know that, when we deliver home visiting services, we learned that it was a combination of both service delivery style-- how the workers did their work-- as well as their own prior experience. Had they worked with similar families? Had they been involved in a home based program? So you might be saying to yourself, well, doesn't that cover just about everything? But here's the deal. When we look at educational qualifications as a single, unique predictor of who does well in this work, that was far less important than this idea of understanding the home visiting service delivery style and their work experience.

Nancy, if you can go to the next slide about areas of improvement. So what does this suggest to us as we go forward in trying to understand how to do this work better? Well, first and foremost, we focus on the capacity of the home visitors to build relationships. A competent workforce is the single most important thing you have to have in a program that prides itself on being relationship-based. We learned that we have to consider how programs are presented to families, and how you're going to draw families into services so you really build a welcoming and supportive environment for families. So families understand this is a program-- that they're going to receive help, it's going to be respectful.

The concept we talk about a lot is cultural humility. The sense of understanding, when you're engaging with a family, not believing that you as a provider know everything there is to know about this family's life experience, but to enter that relationship in a very humble way. Where you ask yourself, what can I learn? What does this family need to have presented to them? How can I approach them? What's going to be the best fit between what I want to offer families and offering it in a way that I know it can truly help them?

Third, it's really maximizing the script between what families want and what you want to provide, particularly during in the initial home visiting period. This was the period that we saw in our research-- and Jon's going to reinforce that when we talk about what we tested in the CoIIN-- that if you don't engage people and bring them in, in that first few months of enrollment, it's going to be very hard to undo the impression. You truly only get one chance to make a first impression. And for families, it's what they see when they first walk through your door that makes a difference.

And then, finally, we learned from this research-- and this may be the most surprising thing I learned from my work with the CoIIN-- is when you measure things, when you are intentional about looking at what you're doing and how you're doing it, it's remarkable what that does to your behavior. You suddenly see things you hadn't seen before. That odd case that you thought represented everybody, you realize that's the odd case. Here's where the theme is. Here's what's happening.

When we ask workers to keep track, what's the period of time between each home visit? We started to be able to see and begin to anticipate when families began to drift away. But if you're not monitoring some of these behaviors and practices in a very specific way, it's going to be very hard to know what families-- how they're responding to programs, and when they may be drifting off.

So, with that little background in research, I'd like to do a little poll to ask you all what you think is the single most important-- and Kate, if you can pull up the poll, hopefully I'll be able to see it. Because-- ah, yes. And you can only vote for one, as hard as this is. Because we want to know, at this point in your program history and in your history as a service provider or an agency manager, what's the one issue that's most important to you to understand better about how to improve your enrollment and engagement rates?

So people are jumping in. Not as many. OK. I'm going to give it just a minute to see how-- I understand this is like popping popcorn. When the kernel stops popping, I'll know you will have voted enough so that we can call it. All right, as I'm looking at this, it's so interesting because we really are gravitating to the retaining of families. That it looks like, for most of you, you can get them in the door. That you're not worried about. You're really worried about keeping them, and also making sure that they're getting the number of visits that you plan to give them. And you're very much the kinds of lessons we learned about during the CoIIN.

Kate, I think you can take the poll down. And I'm going to hand this over to my colleague, Jon Korfmacher, to talk specifically about how we tested out some of these ideas through the CoIIN. Jon?

Thank you, Deb. I hope everyone can hear me. Oh, there's the poll. So, Deb and I worked together on one part of the HV CoIIN which is the collaborative for improvement and innovation network. And it was a project that was funded by the Federal Government. Oh, now I might have just lost my slides. I'm sorry, just hold on a minute, folks.

Yeah, we're having some connectivity issues today. And I'm not sure why this is happening, but it will come back in a second. I apologize for the disruption because it's a bit distracting.

Yeah, I don't know, I'm just seeing something that says thank you, with evaluation survey on it. Is that one others are seeing?

Well, it's not over, so let's move back up and see if we can get back to--

Want me to try to move it back?

Sure. I'm just going to go to history of the CoIIN so that we don't have to go all the way backwards.

If you can do that, that would be great.

Yeah, hold on one second.

I'm doing a spoiler alert for Michigan right now. I'm sorry.

[LAUGHTER]

That's all right. OK.

That's OK, this is participation.

Now let's just see where this-- OK, Jon, do you want to go back from here? Because we're closer.

Yeah, we're closer. Oh, and you get to look at a nice little preview of my slides now. We're almost there. There we go. That's where I was.

Thank you.

And there's a little-- I see a little sidebar here. I don't know if other people can see it, but that's fine. There we go. So anyway, the purpose of the CoIIN was to be able to figure out a way to quickly disseminate practices that are known to work, to help programs to innovate, to be able to achieve results faster in certain topic areas that informally were called kind of the low-hanging fruits. So what are areas of change that we know that programs could need-- that, generally, our field collectively needs-- to work on, but are doable, and that programs can do that lend themselves to this process, and that you're able to measure.

And so, part of it is also helping develop the ability of programs to engage in quality improvement. So, there were 12 states and tribes that participated in the CoIIN. And those states and tribes represented 13 local implementing agencies, and they used six evidence-based models. And ultimately we had 39 quality improvement teams. They were divided across four different topic areas, which you can see there. Breastfeeding initiation and duration, developmental screening and surveillance, alleviating maternal depression, and then the focus area that Deb and I were part of, which is family engagement.

Family engagement was our innovation topic. And by calling it an innovation topic, it gave us a license to treat it differently than the other three, which were called improvement topics, because we know already from the beginning that we don't know enough. And we're not prepared enough to know everything that works for increasing engagement. So we included family engagement so we could get smarter, and learn what to do better. That was, basically, a way we could collectively all work together to figure out what works best for our future approaches.

So for each, the beginning of a CoIIN, with the set up, what we called playbooks, were materials that were designed to help teams move along the process. We wanted to create collaborative content to provide these kind of working documents so we could all be, basically, on the same page about it. And they included our charter, which outlines our overall aims, the key driver diagrams, which is the roadmap that leads to success, change packages that really go into detail about the strategies that programs can use to create change, and finally the measurement system to track the changes.

And I will show you a link at the end that you can access-- EDC, which oversaw the CoIIN, has created a website where you can get all of these materials for your own use. The framework that was used was the Institute for Health care Improvements Breakthrough Series framework. That was our model, and you can see kind of a diagram of what it looked like on the screen.

The Breakthrough Series has been used for several decades in the health care field. And it allows for, basically, a time limited learning effort, where you identify the topic right for improvement. So what I said was the low hanging fruit, one whether the gap between what we know and what we're doing. And then you end up recruiting faculty or experts to help develop the framework and the changes to test. You see that on the left hand side of the figure.

We enrolled the participants to participate. And so the way it's set up is that we had three learning sessions. Two of them were in person, and the middle one was the virtual session, where everybody is coming together. And then in between those learning sessions, the programs would go back-- the people who represent the programs would go back to their programs, and they would do what were called Plan, Do, Study After, PDSA cycles, where they would do rapid testing of activities or actions for quality improvement. Then they would come back together as a group and share the findings.

The idea is that the faculty, or the experts, were more involved in the beginning, but over time programs start to learn from each other and borrow from each other, and-- some of the famous words of the CoIIN, to steal shamelessly. And so it ultimately became much more of a peer-to-peer learning process towards the end.

And in between the learning lessons there would be monthly coaching calls with the improvement advisor, to work with programs around their plans for quality improvement.

Here's a cute picture of a baby. And just the transition to talk about family engagement.

I love it.

Cute baby. So, As I said, we sometimes talked about minding the gap, or identifying the gap that we want to tackle, from where we are and where we need to be. And if you boil down family engagement, or the way we boiled it down, is that the three things that programs really wanted help with is-- that referred families get enrolled, that these families get the home visits that they're supposed to get, and that families actually stay in the program. And as the participants on this call, the primary focus, or if you had to identify one area, you might say it's getting families to stay in the program. But, of course, getting the right families referred into it, and getting

families into home visits are some of the important steps that allow you to get families to be able to stay in the program.

So, every topic area in the CoIIN, there's ultimately a smart aim. This is the place where all of the programs are trying to move toward. And so this is kind of the collective agreement that all programs are going to work to this smart aim. At least 85% of families receive the expected number of home visits they're supposed to get.

And then, we identified five major components that we thought a targeted focus on would lead to achieving this aim. So having competent and skilled home visitors to recruit and enroll families, to have prompt and effective enrollment of eligible families, have families involved in intense early engagement, have families that are actively involved in the home visits and in the program, and then having a comprehensive data tracking system. All of the topics had comprehensive data tracking system as one of the key areas to work on, because if you can't-- what the thinking is, if you can't track what you're doing, it's hard to know whether you're going to be successful or not.

So, this is kind of an abbreviated view of what our key driver diagram is. And I'm sure you can all read the tiny print that I have up there. But this is available for download.

But you translate these five areas, that we showed you on the wheel before, into five primary drivers. And so, for each driver there are changes, there are specific interventions, that were developed that programs could then test to see if it worked for them. And so it ended up becoming kind of a menu where programs would discuss among themselves, and try to figure out, well, this is what we think would be important for us to try for this particular driver.

So, for example, under the first primary driver of having a skilled workforce, one of the changes interventions is that the program may focus on increasing observation of home visits by the supervisors. And the second primary driver, which is focused on data tracking, the example might be training home visitors on policies for data tracking or management, so that they become part of the process. The third primary driver is enrollment. So the example might be some of the programs developed a protocol or flowchart that allowed them to track families from the very initial assessment-- eligibility assessment-- all the way to the first home visit.

[INAUDIBLE]

The fourth primary driver is on early engagement. And so, an example of that is trying to develop the simple protocol for checking in at the three-month point, to see how a home visits are going. And then, the fifth primary driver, active involvement of families. An example might be just finding a relatively simple way to gather information on family needs and personal goals.

So the idea is, none of these activities in and of themselves might be kind of earth shattering, right? None of them are overly difficult or complicated to do, but these are things that programs can immediately implement. And then they can, at least on a small scale, test. And if it's successful, build up and start implementing across visitors, or across families, or across sites within their program. And I'll give you a couple of examples as we go through.

So, every program had to use what were called PDSA's, or Plan, Do, Study, Act cycles to test these changes. These PDSA's are the framework for the HP CoIIN's trial and error learning in real world settings. So, true to their name, step one is planning. So you plan to test through observation, including a plan for collecting the data. Step two is Do, so you try to test on a small scale. Like I said before, a very small scale. Maybe one or two home visitors with one or two families.

Step three, is you Study. You then set aside time to analyze the data, or study the results. So you're not going to study it over a long period of time, because you want this to be more of a rapid cycle. So you might collect the data over just, for example, a couple of weeks, and then see how are we doing? And then step four is Act. And by acting, you're abandoning, adapting, or adopting the change based on what was learned from the test.

So each LIA would define the beginning and end of the process. And then they would prioritize which recommended changes, or change idea, they wanted to test, and in what orders. And then the teams would submit these PDSA plans each month onto-- we had an online portal that allowed participants to access. So that was one way that you can look to see what other programs were doing. Where you could, as we've said, steal shamelessly from each other, and then encourage kind of this collaborative sharing.

And this is-- oh I see Vicki has a question. And I think we have a chat section. We'll get back to that question. It's a really good one.

So, one of the examples of a change tested, and again, the idea is thinking about-- because this is quick-- is thinking about, not what can we look at in six months to a year, but what can be done by next Tuesday? So, in terms of primary driver one, a competent and skilled workforce. So one of the programs developed a form that allowed the supervisor to shadow home visitors. They completed an active listening questionnaire that they filled out after observing the home visits, and then they set up a system to provide follow up reflective supervision. So, it's not an incredibly complicated form, but it was a way for the supervisor to kind of organize and track their thoughts. And then they set up a system for the supervisor to bring it back. So it's those small tests that you would try out.

This is another example of a change that, in particular, kind of caught on like a small wildfire, and a bunch of programs in our family engagement group started-- they basically just started lifting the form from each other and trying it out. But this would relate to primary driver five, active involvement of families. And so, you know, as we've said, one of the problems is that families leave home visiting services early. And so one of the tests they came up with is, how do we tailor services better to family interests? And for most home visiting program models, that is an inherent goal. To be able to individualize to some extent, and to address the individual needs and wants of the family.

But the question was with the programs, is how can we do this in a way that felt meaningful to families, and that was efficient, and that we could look at to see how it works? And so they introduced, one of the programs developed it, what's called the family impact checklist. And so at the third month, this is something they would bring back to families. So they would test it, for

example, by having two home visitors try it out with three families each. And then over a period of just a few weeks, study does that lead to-- do we see an immediate uptick in home visiting completion rates?

If it does, then you try to expand it to more home visitors if it's successful. If it's not, then you have to decide. Do we want to revise it? Was there something about the process or the form? Do we want to abandon it? Do we want to continue it with the families that were successful, or the home visitors that were successful, but find a way to tweak it for the home visitors where they didn't feel comfortable using it? So it then becomes kind of an engaged discussion within the program to do it. It does require that you be able to track home visits, and it requires that you set up a process that, the home visitors that are testing it really do promise to use the form and follow through on it.

And here is where we get to our chat section. So, as people have already started to do, you enthusiastic group, think about if you have questions. Or think about what's one of the best ideas for family engagement that you've tested or evaluated with positive outcomes? And, Deb, I didn't know if you wanted to jump in and try to address the question that Vicki Land brought up a few minutes ago?

Yeah, Vicki raises a great question about wait lists. I know in some programs, you're actually encouraged to have a wait list, in that you don't want to refuse anyone. So I have a couple of thoughts. One, it depends on the length of time families are going to be on the wait list. But even if they are, they need some immediate contact. It could be a phone call, it could be an in-home visit of some kind. There may be a staff member-- if you have waiting lists constantly, it's the real issue for you-- being able to assign someone to do a touch-point with those families. Providing them written material. Some sort of linkage to other services that may be able to give them some immediate feedback on an issue they are presented with.

The other piece that I had. Because these are early home visiting programs, if someone's on a wait list for, let's say, two months or three months, and it's a new parent, that's pretty hard to understand how a program is going to be effective. So there's this balance between wanting to certainly operate at capacity, and it's an issue we looked at on the CoIIN. There's no optimal way in which to run your program. If you are constantly at full capacity, you will have a constant wait list. If you're constantly running very under-utilised, you're not going to be able to use your resources in the most efficient manner.

So I don't have any magic answer, but if the wait list time is relatively small, doing something that would make the family feel they were indeed part of your system, even though they weren't getting the full tilt of services until you could weave them into your caseload, would be enormously important. Lest they get discouraged. Jon, did you other thoughts?

No, I'm just going to piggyback on what you said. In my travels, when you encounter a program that does this really well, they kind of walk that sweet line between knowing how to keep that family on their wait list engaged by some minimal level of individualized attention, but not in a way that becomes overly taxing to their program. You know, I think that home visiting in general is constantly trying to do a juggling of these different tensions.

And Bonnie also had a question in the chat link, about how do you deal with initial engagement when so many of your early sessions are just filled with so much paperwork that you're afraid you're turning families off? And I know that that's something we had so many conversations with, with the programs in our family engagement group.

That's right. That's why, you know, I think it's important to understand your family's tolerance for data collection, and what you can do. And having some system where they don't have to answer the same question three times. Being able to pull up some basic descriptive information from your referral source so that you have it already. You don't have to repeat it with the family, and the like. On the other hand, everybody wants data.

I mean, I do think that's-- right. Because you're kind of forced between trying to balance the needs of your funder, or your program model, but also trying to be responsive to families. And I think we often have this thought, well, it's just one extra form so why not just add it on? But I would argue that if you're going to do something, like Plan, Do, Study, Act cycle, that's something you could test. You could try some more kind of innovative approaches to maybe trying to find alternative ways to collect data, and try it out on a small number of families or home visitors and see how well it works.

One thing we did with the CoIIN is we made sure that the state leads were involved, because often the program said there's certain things they couldn't do unless they had permission from the state leads. And so developing a partnership with, I guess you could say with the infrastructure above you, becomes really important if you're going to be testing these more innovative practices.

That's right. I'm noticing when people are giving us their great ideas for engagement, it's a lot about involving the families and making plans for the next visit. In other words, you're always keeping the family looking forward, not just dwelling at the moment. You want people to focus on what you're doing when you're in the home visit, but you're always getting them to think about the next activity, the next opportunity that's available for them. So there's a little bit of that building up expectations. And a number of folks seem to have been doing that successfully in their programs.

And I saw the simple answer of just texting. And we had lots of conversations around texting, which both Deb and I think is an invaluable way to keep families engaged. And, again, what the reality is-- especially I think in some of the more public health-oriented programs, or programs that are part of a health department-- there was a lot of ambivalence about testing because they were worried about HIPAA compliance, and whether texts would end up being part of a medical record. And so, a lot of this ends up being things that you kind of have to negotiate and figure out what works out best for your program.

I'm just looking at some of these. Sometimes when I talk it's hard for me to read at the same time. Or my talking becomes less intelligent.

Yeah, some good examples-- some of these ideas are going to fit in very nicely to Tiffany's talk because they're talking about involving the families in other activities that the organization does.

Someone talked about a food pantry, and the like, so that families have opportunities. And I think I've heard this in some other work that I've done. That families really not only want to learn, but they want an opportunity to teach, and to give to their peers. So if you can create that exchange, where people can really feel empowered and validated in terms of their own skills, by being able to pass on some information to their neighbors, their code of participants, that can be another way to create some stronger linkages and connections.

Gifts. People are using gifts. We tested that out a lot in the CoIIN about incentives, and what the criteria are for giving a reward. For doing it, making sure that that's done in a way where people will feel-- it's something modest enough so that people won't feel terribly, really cheated if they don't get the same benefit, but substantial enough so that people really will think twice about not being there for that home visit.

It's also, I would say the idea of incentives, too, whether it's diapers, or some other common need a family has, it's a way to engage your local businesses. Whether it's a Target or a Wal-mart, somehow making sure-- they often will not be giving grant money, but they may be able to give you tangible items that will make it easier for you to meet the needs of your families.

I like what, Claudia, what you wrote. As a supervisor, I go to the intake visit to get to know the parents. And I think that's important too. We're talking about finding ways for families to be engaged, not just with the individual home visitor, but with the program overall. And as you can see, this chat, in many ways, emulates the discussions we would have in our learning collaborative. Where people would give us suggestions, and other people would sometimes have to qualify those suggestions.

So, giving gift cards or incentives is great, but some programs can't. They're not allowed, ethically, to go ask businesses for donations. So a lot of it is a trade-off in trying to figure out what works for you.

That's right. Or, in some ways thinking about what other organizations, that do have the ability to ask for donations, can you partner with them in ways that will increase your ability to meet the needs of your families? No program does this alone. I mean, at the end of the day, if any program is successful, it is certainly in part to the work that they are doing with families. But they also need to give some recognition to, perhaps, some of the other organizations that are also working in the community and helping with families.

Nancy, you know, we have one little summary slide. I don't want to--

Oh, right.

What are you thinking? And then I know we also want to talk to people about the publications and material available. There is a rich body of information from the CoIIN. I will say that. There's a lot of activities. We've categorized them and the like. But when we think about what we take-- and these are some thoughts that I had, but Jon may want to chime in with others. It really is that one size does not fit all. It's not like we're going to find the inoculation, or the truth

germ, or some kind of combination of drugs that we can give families, and that they'll always stick around and be there, and that will work for all families equally.

This is really a nuance task, which requires home visitors to be highly trained in how to do this, and then well-supervised to be able to discern when they approach families in certain ways. We need to pay attention to both, the kind of routine things about participation in a program, like the number of visits, how long people stay, the length of time between initial referral and enrollment. All those are good things to track. And they give us some indication about how engaged, or how connected, a family is to a program.

But there is also this substantive engagement. Is our families really computing, understanding, welcoming, living, adopting, the very practices you're talking about? And that level of engagement is very difficult to monitor. But it's something that programs always have to keep an eye out for. That home visitors need support and training. This is very tough work. It was raised to us repeatedly, that because it's not automatic, workers are going to constantly need support and encouragement to make good judgments. And to have those good judgments, when they do make them, reinforced.

To understand where your referrals come from and how your program is presented to others in the community. What's your pipeline? Where are families coming in? How are you using other resources in your community? For the most part, we're talking about trying to build a system of care for newborns and their parents, of which home visiting is probably one component of it.

And then finally, the idea of measurement. You know, you do what you measure. And that is something we just can't underscore. I know we talked about all the problems of collecting data, and it is difficult. But sometimes if there's some quick way to, when a visit is over, a home visitor make a notation about some things they want to track. Those kinds of reminders can be very helpful in making sure nothing falls through the cracks. Jon, do you have other thoughts?

I thought you summed that up very well, Deb.

Jon, you were going to talk about the--

Yeah, I will. I was just looking at Kay Johnson put in a note in the chat about central intake to promote a systems approach and avoid competition. And I agree. I think one of the challenges with the CoIIN, as always, is how do you-- where do you do the change process? So is the change process happening at the level of the individual program? Or can you try to evoke change at the broader systems level? Again, that's one reason why we brought in the MIECHV state leads, so they could think about that as well. But, you know, programs are-- we all take ownership for the things we're responsible for, but also recognize that we're part of a larger kind of mechanism.

So what's next, is that HV CoIIN has created a whole series of playbooks, spread strategies, which is, I think, our term for dissemination in publications. Deb and I are actually working with a group that's thinking about ways to create publications to disseminate those materials more. But in the meantime, you can find our current charter, our key driver diagram, and change

packages, available on the HV CoIIN website that EDC is running. The link there is the overall web site. If you go to the tab there that says About, click on that, and then scroll down to the bottom, you can find a specific link to family engagement.

And also in the chat, somewhere in the middle of this big long chat, there is a link specifically to get to the family engagement tool kit if you don't want to go to the overall web site. But I recommend the overall web site because there's incredible amounts of information about breastfeeding, about developmental screening, and about working with families where there's concerns about maternal depression. So it's a really, really rich resource for home visiting programs.

And I believe this is the point where I do a warm handoff to Tiffany.

Thank you. Yes, I appreciate that. Good afternoon everybody. I'm really excited to be here, and to be able to share what is happening in Michigan with our parenting engagement experiences. I'm going to approach this a little bit differently than the information that Deb and Jon have shared. And I'm going to come at this from more of a systems perspective, and give you a glimpse into how we created a really strong parent engagement system here in Michigan.

So, we look at our system here in Michigan in terms of what building blocks do we need to have at all levels of the early childhood system, and systems that engage [INAUDIBLE] both the state and the local level. What do we need to have in place so that we can support parents to become that active parent voice within their communities, and then, ultimately, be that voice for the initiative at the state level. And we've been very lucky to have been doing this for a number of years. So I'm going to share a little bit of what we've learned.

So, the first block that we really looked at, is that we want empowered parent leaders. And so what this means, is that we have a system of support in place, so that any parent that wants to get involved and is identified through any number of means, either through their home visitor, or any other program that they're involved in, that these parents really feel like they have a lot that they want to contribute. We want to make sure that we have something in place for them.

So there's a financial support shared policy that we have in place. There is leadership training and coaching that we provide to families. And then, on a couple different levels, we have different learning communities so that parents have the opportunity for peer-to-peer learning. We also make sure that we have responsive partners. And this is something that has taken a little bit of time. And we are very lucky now to be in a place where, in most of our communities, I think the expectation is going to be that we want communities and agencies to work with families, and that we want them to see that we value a parent voice. And so that, ultimately, the community is also going to value the parent voice.

And the second step, besides just valuing the voice, is also being able to make change based on parent input. And sometimes that can be a little bit challenging for some folks who are very, very used to it being very professional driven. And we certainly don't want to imply that any voice is more important than another. We try to make this a true partnership, so that if you are having a

group of people come together, and some are professionals, and some are parents, that everybody has an equal voice at the table.

We also want to make sure that we have settings that support the parent voice. And so what is happening at the community level so that we can mobilize those parents and get their voices to the statewide effort. And ensure that parents are connected to that larger parent group.

So the other components that we think are necessary are having visionary leaders. And I would say in our history, we've been very, very lucky to have some leaders that really saw the benefit, a number of years ago, to organizing a system that would benefit the entire state. One of the things that they've done is prioritize funding, and leveraged some investments to be able to support a lot of this work we do with parents. We have been pretty fortunate in that we've had a lot of support from HRSA under the MIECHV grant, to be able to continue, and sustain, and even build a lot of the parent engagement work. So we feel very fortunate to be able to do that and have the support from HRSA around that.

The other way is to interconnect the funding layers, and have one organization be that organization that kind of pulls everything together. And in Michigan, we do have an organization that is contracted to do that. It used to be in one State Department. It got a little cumbersome, but we do have an inter-agency agreement amongst a lot of different state departments that spells out pretty clearly everybody's funding that they can contribute to the effort, and what everybody's roles are, and actions that they are going to take. So that's something that took a little bit to get in place, but it's very valuable to have.

We also want to make sure that communities are ready for this new piece. You have that culture that understands and values family expertise. And, again, that's something that does take a little bit of time sometimes. I think it's sometimes a shift in mindset from being used only hearing from professionals who have years and years of experience, but realizing that these families also have this experience. And we are hoping to tap into that.

And sometimes it does take, this is something similar to what I just said a second ago, but communities have to sometimes be a little bit courageous and step out and do this if it's new for them. And, again, supporting the parents to be able to have parents provide their expertise. And a lot of times it does start at that local level, and then it grows up through other states systems.

Excuse me, it's Nancy. Can I ask you to talk a little louder, please, into your phone? Just because a few people said they were having trouble hearing. I'm sorry to interrupt you. I apologize.

Oh, that's OK. I'll move the speaker a little closer as well.

Thank you.

Sure. So, many years ago, a lot of our parent involvement actually developed out of our Part C of IDEA program. And I think this is the requirement for a lot of states, but we did require in Michigan that 20% of the local inter-agency coordinating council be parent representatives. And that also was paralleled at the state. And then at the state level, a family involvement committee

was created so that that voice could be a body that presented and shared their feedback and their input to the ICC.

From that, we realized that families needed a little bit of extra support, and a parent leadership program was developed. And we wanted parents to be able to come and receive support. To be able to come to these state level teams, and be considered to be a member, and to be comfortable with going into that environment that, for many of them, was quite new. That they had never done before. All of that work, then, led to a standard policy for supporting parent involvement that is adopted across state agencies. That includes fiscal policy, it includes other policies about how parents are incorporated into things, a guidebook for really, what is the best way to help support parents-- especially new parents-- that are coming into these initiatives.

And then, where we are now, is we have a parent leadership in state government project. And that is a huge-- not huge, but a very large statewide initiative that brings together folks from all sort of parent advisory bodies, different departments for the state. We have, obviously, parents from local communities and other initiatives that come. And it really is to help support the parent voice at all sorts of initiatives at the state level.

And some of them that we've included have been Project Launch, obviously Part C, the early childhood comprehensive systems grant, race to the top. So there is a lot of initiatives that have included parent support.

We also have local early childhood committees. This is in every county here in Michigan. They're called Great Start Collaboratives. And each collaborative has a parent coalition that is also another voice for the early childhood community.

So, the Michigan [INAUDIBLE] home visiting grew out of all of that work that we had done previously. So in Michigan, our home visiting initiative started funding local leadership groups in our MIECHV funded communities, back at the inception of MIECHV. And these are all connected to our local Great Start Collaboratives. We certainly didn't want to have duplicate advisory bodies in all of the communities that were receiving the MIECHV funds.

So we want to have them directly tied to the Great Start collaborative so that we could have home visiting be a part of that early-- or that larger early childhood system. The LLGs do require parent involvement, and we have staff at the state level who provide coaching and support to the LLGs and to the parents of the LLGs so that we can ensure that we have quality parent involvement. And it's a requirement that parents are asked and supported to become members of the LLG-CQI team, and that has been going fairly well for a number of years now.

The parents who participate in the local leadership groups, they do convene as a local leadership group parent representative learning community. And these are parents that have been-- a lot of them were identified through their efforts, or through their connections with their home visitors who thought that these were parents who were in a place where they really had a voice. They had information they wanted to share. They were interested in making a change in that community. And these are parents that became really invested-- and we do have to say that you have challenges at every level.

You have parents who really want to provide their voice and then sometimes life just interferes, and it makes it a little bit difficult for a time, and we may have a little bit of turnover. But we have a solid system in place that we encourage new parents to be thinking about this all the time. So there might be efforts that-- maybe there's not an effort right that moment that they are able to join, but we do know that there are parents out there who would be interested if an opportunity opens up. And hopefully by having that ease of transition, we're going to be able to continually have parents available.

So the parents that are with this learning community, they have actually become a really valuable piece of our home visiting system. They've provided a lot of information, and we had invited them to give a workshop at our 2014 annual home visiting conference. It was pretty well received-- a lot of home visitors, and administrators, and supervisors came up afterward to let us know that they really heard a lot from the parents that they hadn't considered before-- that they really were listening to the parent voice.

So we asked them to be the opening plenary for the next year's conference. And we had a very large panel of 14 parent reps who-- each was encouraged to share what they felt comfortable sharing. So we had parents who were sharing their entire story why they felt that home visiting was so beneficial to them, and really why they wanted to come and be a part of that parent learning community and be part of that parent advocacy at the state level.

The conference that we-- the theme of our conference that year was Educate, Engage, and Empower. And if you click on the little box at the bottom of your screen that says Filed, just under the slide, you will see a handout that was created by our parents. And if you read over it, it's information that comes directly from the parents' voice. It's their insight into what they feel engages them, how they would like to proceed with education while they're enrolled in the home visiting program, as well as empowering them to continue to do wonderful things in the future.

And I do want to mention that we realize that these are families that are in a place where they feel they can participate. We know that not every family is able to do that at this point, but we do want to have this opportunity available for those families who get to a place where they do want to share their experiences, and they maybe want to move into more of this leadership role. So the parents also gave our opening tee notes for a session in phase one of the CoIIN-- it was one of the learning collaborative sessions. And they shared the same information. And I would just encourage you to download that information and take a look at it, and see if it matches some of the things that you're hearing from some of your parents that are involved in your programs.

So we do have a couple-- I'm sorry, am I speaking loudly enough? OK.

We do have some examples of how families have been included in some of our ongoing work-- both with the LLGs, which are our local leadership group, and then we're moving forward in different ways now. But our Kent County local leadership group-- and Kent County is where Grand Rapids, Michigan, is located. Our 2016 learning collaborative was on outreach. And so the focus of the learning collaborative was to bring different groups together to all focus on outreach and share the information that they were learning as they move forward with their continuous quality improvement plans.

So one of the things that Kent County did, the local leadership group did, was they're very aware of how to work together as a community, and to hopefully decrease some of that competition that we heard mentioned a little bit earlier. And they focused on a way to improve outreach for the entire community. So it would be awareness of home visiting in general, as opposed to awareness of one particular model. It's a beneficial effort-- it's not the easiest thing to do, but in Kent they really made it work.

They really focused on parent peer outreach, they developed a referral postcard with parent feedback. And this is something that they heard from parents, and they did a lot of focus groups to figure out what they thought would work. It was even some simple comments from parents who mentioned things like, if you're going to include a photo on materials to give out to parents, they prefer it to be a family, or a parent, or a child looking directly out at them. They didn't feel the same level of engagement if the photo was of a parent looking down at something-- or even if the parent was looking down at the baby they said it was very lovely, but they really preferred to have the parent's eyes and the children's eyes looking right out at them. They felt that was very engaging-- drawing them in. So those changes were made.

And then the local leadership group did support parent leaders and some of the parent coalition members to go and attend community events, and provide that peer outreach to other families-- and to be able to have this postcard and information that when they were speaking with friends, when they were speaking with others who they thought could benefit, or would be interested in home visiting, they had things to give them to know how to contact and answers to questions that they might have.

So the number of referrals did increase substantially. Not all of those led to enrollment, but it certainly has increased the referrals that are coming into the models in that community. So that was certainly a highlight, and they are continuing to modify and move forward with other CQI plans.

So the Wayne local leadership group project was very, very similar. Wayne county is where Detroit is located, and they wanted to also focus on peer-to-peer outreach. And they created parent outreach liaisons who would then attend community events and really have a presence on social media to try to improve the awareness of evidence-based home visiting within their communities in Wayne county. This one was a little bit different-- they learned a lot of great lessons about coordinating attendance at outreach events and supporting parents to make sure that they could get there. Working in teams, they found that the first couple-- that if they didn't have give-aways to get people to the table they weren't getting a lot of interested people coming by.

And they also learned that dads wanted to be approached by dads. That's certainly not anything that is earth shattering, but it was, again, one of those things that Deb said. Sometimes if you don't think about it, you don't always see it and know how to react to it. So we do a lot of work to incorporate dads into a lot of the parent leadership and parent engagement work that we do. There's certainly some work to do on that here, but we definitely value that father's voice as well.

So they did end up stopping that cycle of their CQI project, and they moved forward onto a second cycle where they paired parent outreach liasons with home visitors-- because they wanted to have that dual perspective when they were speaking to potential families that might want to enroll in home visiting. So they would hear from the parent voice about what they loved about home visiting and anything that they could share, and they could also hear from the home visitor-- maybe some more of those details about what happened, and how enrollment went, and other things that-- the logistics types of things, and then what the home visitor also thought they could bring for home visiting-- because we want to make sure that we had both perspectives. So both of those were ongoing.

One of the things that we're moving to next is that we are focusing on including parents on local implementing agencies-- CQI projects. And we started this a little while ago, and we recognize that there are some barriers to having this happen. And we were just having some conversations last week about trying to work through some of the barriers and figure out how we can make this work. We know that we want to be respectful of parents wanting to participate and then not always being able to because of transportation issues, or child care issues, their work schedule. So a lot of our LIAs are really starting-- they're trying to think very carefully about how they can have parents be involved and make it work for everybody.

And we do want this to go beyond providing surveys and feedback. Those are very, very valuable pieces, but we also want to make sure that parents feel that they are a valued member of the team. And one of the things that we had done, was we provided a mini parent CQI training. And that was a one day training that focused on, basically, what CQI is, and the steps of the PDSA cycle, and all of those pieces that they would have more information on as they participated-- but we certainly didn't want them to go into anything without knowing about that.

But also sharing other information with them about parent leadership. And if these were parents that hadn't participated in the past, we wanted to make sure that they also felt comfortable moving forward to become part of that team. So it's kind of like a mini cross-over training of getting them up to speed on parents CQI-- I mean CQI training-- and also on some skills and information that we thought would be helpful so that they would feel comfortable moving into a new situation.

One of the things I did want to mention-- I'll [INAUDIBLE] I'll go back to that with my contact information up-- one of the things that we do want to mention is that we do have a lot of turnover in parents who are going to be involved at the local level. I mentioned that a little bit ago. But we do know that in areas where the parents receive the support and the engagement, those are the parents who tend to stay a little bit longer.

And what we ultimately want to have out of this, is we want to have the benefit of programs hearing from the parents, having that parent voice, that then impacts some of what they do with their parents, which we hope is ultimately going to lead to better outreach, perhaps. It could lead to different enrollment engagement strategies. And, hopefully, learning some things that work-- hearing directly from the parents, hearing what works, so that they can use that to also retain families.

So we feel, in Michigan, by having this strong parent component, this whole system level that we have working, we do hope that that's going to translate to these pieces that we've been talking about today-- about the engagement, enrollment, and retention. And that can happen if families are valued, and if their voices are valued. And using simple strategies to support parents, if you invite them to a meeting where they've never attended before, maybe you want to give them a call ahead of time, or maybe you want to sit down with them ahead of time, and let them know what's going to happen.

Let them know who's going to be there-- maybe give them a little bit of an update about the history of the group, the personalities of the group. I mentioned that there's a guidebook that is sometimes used so that parents can understand just different processes of meetings if they've never participated in one-- some of them have. And then also, supporting that parent during the meetings and at least helping them to be comfortable to be able to share their voice-- which, granted, can take some parents a couple meetings to do.

So that kind of goes through it in a really quick nutshell of what we do here in Michigan. I did want to mention that we are planning on presenting at the all grantee meeting for MIECHV, the HRSA all grantee meeting in September. We did submit an abstract to talk about our parent engagement effort at the leadership level, and that was accepted. So we will be talking about it in more detail there-- a little bit longer than what we can do in about 10 to 12 minutes. So if you have any questions, I'll be happy to answer a few questions before we move into to Susan's presentation.

So, it's Nancy, and there were a few questions, Tiffany, for you. Someone was interested in knowing about whether or not you offered any stipend or monetary support? And then if you just read to the chat-- because it is hard to read and talk at the same time. There are a number of questions that you could either answer now, or you could just respond to the chat as we move on, whichever you prefer.

OK, yeah, I tend to try to focus on my presentation otherwise I tend to babble.

Me too. I think that we all do that, so it's not just you. So there are questions there for you.

OK, so I will answer the question that I saw-- I did see from Bonnie that your families are homeless, and focusing on basic survival needs. You're right. We do have a variety of families who are in different places, and you're going to be doing this with families who are fully-- who are ready to engage, I guess, at that level. So we do know that that does have to be in place first.

And when we say parents are supported, yes, we are supporting them with a stipend. We felt very strongly-- this is part of that financial documentation and those policies and procedures that have been written. They're revised every year or two to make sure that we are keeping up with an appropriate amount of stipend for parents to participate-- because we feel that if a professional is going to participate, they are being paid for their time there, we certainly want to honor the parent voice in the same way. So parents are compensated for travel time, prep time, being at the meeting, they receive mileage reimbursements, and they also receive a stipend for child care as well if they need to have child care while they are attending the meeting.

So thank you for answering those questions. I'm sorry, did I interrupt you? I didn't mean to.

No, go right ahead.

So, perhaps, just in the interest of time, you could respond to the chat or people can email you because you were kind enough to share your email address if they have further questions and want a follow up before September. Would that be OK?

Absolutely.

And I will circle back if we have time at the end.

OK.

OK? So I'm going to just thank you for your very interesting and thoughtful remarks and turn it over to Susan.

Thanks, Nancy. What great presentations. So I'm going to shift gears for a minute and talk about family engagement from a different perspective. And the purpose of this part of the webinar is to give you a taste of what other states are exploring and alert you to a few resources that can help you learn more about what other state evaluations are doing. I know in DOHVE that's the most frequent question we get-- what are other states doing? What are other grantees doing?

So because we have very limited time left during the webinar, we want to be sure that there's plenty of time later for questions and comments in the chat section. This is going to be a really high level overview, but at the end I'll tell you how you can learn a little bit more about the evaluations that are featured on the next few slides and a few others.

So many states are using part of their MIECHV funds to better understand family engagement. Today I'm going to talk briefly about some of the key questions MIECHV awardees are answering with their evaluations and use a few state evaluations as examples. But first, what do I mean by family engagement? So in DOHVE, part of our role is to review MIECHV evaluation plans. And as we review the evaluation plans, we've categorized them as addressing family engagement using the definition that you see now on the slide. We refer to family engagement and home visiting as the initial recruitment of families in the program, the families level of engagement during home visits, and the ability to retain families so that they are able to complete the intended number of home visits for this service model.

So of those states that were funded to conduct an evaluation between fiscal year 2011 through 2015, there were approximately 25 evaluations of family engagement during that period. These evaluations have either recently been completed or are currently under way. And the evaluations of family engagement address three main topics, which you'll see on the slide-- to identify family and community characteristics associated with engagement, best practices and strategies to promote engagement, and father engagement too-- father engagement and home visiting. So the evaluations on the next few slides are going to talk about those three topic areas.

Just a quick note, many of the studies are still underway so we're not summarizing the results of the studies. We're just providing a brief description of the evaluations themselves. And at the end we'll tell you how you can learn more about each of these studies and others.

So we all know there are many factors that influence family engagement, and many states are looking at how family and community characteristics are associated with family engagement. Here we featured three state examples of how they're exploring this topic. For example, Alabama examined how long families remain enrolled in home visiting, particularly in areas that are mostly rural and have high rates of poverty. The evaluation identified which family characteristics are related to patterns of enrollment length, to better understand why families either remain enrolled in services or choose to leave the home visiting program.

Georgia tested an enhanced engagement protocol, in which program graduates introduced and explained the program to potential participants. The evaluation used-- well it assessed whether the protocol increased enrollment length, and the number of home visits that were received. And through a separate evaluation, Georgia also worked to identify families and community factors related to engagement. Potential family factors influencing engagement include education, occupation, ethnicity, and perceived and assessed needs. Community factors included social capital, social disorganization, concrete resources, and social cohesion.

Oregon identified family staff and system characteristics associated with recruitment and satisfaction. The evaluation gathered characteristics at multiple levels of program operation, including program leadership and administration, and direct service provision. Oregon surveyed participants, and they also conducted interviews with program staff at different levels to assess the program infrastructure and service delivery.

So lots of states are identifying promising strategies to promote engagement and services, and three of those are highlighted here. Arkansas investigated program factors that enable families to engage in and benefit from services. The evaluation explores several factors on engagement and enrollment length, and that includes matching family needs with service models that are good for the family. They looked at the association of both family characteristics and program characteristics, like visit content and how they were related to the family's level of engagement.

California explored strategies to engage families with specific risk factors like substance use, domestic violence, or mental health issues, and identified best practices for engaging families with these specific risk factors. They explored whether the participant-provider relationship, the home visitor's background, and the home visitor's training, were related to retention.

Vermont examined how referral, intake, and home visiting processes influenced the participant recruitment and enrollment length. And they focused on identifying barriers and facilitators to engagement-- like whether establishing trust between the participant and the provider during that first visit supported longer enrollments and services, and whether coordination of care and collaboration with other agencies promoted longer enrollment.

And several states looked at other engagement in in-home visiting. Alaska, they identified strategies home visitors are using to engage fathers, and whether the amount and type of the

engagement strategy used by the home visitor was associated with the father's participation in services. They also looked at characteristics of families, home visitors, in-home visit content, and whether those were also related to the father's participation.

Connecticut looked at the effects of father-focused home visiting on engagement. Something Tiffany mentioned earlier that they're doing in Michigan, they also used fathers as home visitors, and they explored how father-focused home visiting improves outcomes for both mothers, children and fathers.

And West Virginia explored multiple barriers and facilitators that contributed to father engagement by comparing those that participated in home visiting and those that didn't. And they'll be using what they've learned to develop new strategies and materials that promote father [INAUDIBLE] services.

Susan, did we lose the audio? I can see your slide, but I can't hear you. I think we might have lost Susan so I'm going to just move through the end of her slides for her and wait for her to rejoin us. So--

Hello?

Are you back?

Oh, can you hear me? I don't know what happened.

We lost you, but you have returned, so please.

OK, well I was just talking away until you mentioned that, but I'm not sure what you heard. I did want to let you know that even though this was a high level overview, and just a taste of what some of the states are doing in this area, there are lots of opportunities to learn more about these specific state evaluations and those that weren't mentioned today. First, lots of states are using opportunities to share findings through--

Oh dear.

Susan? Are you there? So I think Susan, for whatever reason, is having some technical challenges. And I know she wanted to-- she was very excited and wanted to tell you more about upcoming opportunities. But I'm going to give her one more second. Oh, she's typing, so one second here. Let's see. So while we're waiting, I think I'm going to advance her slide for her.

So what she wanted to say-- and maybe she'll be back in a moment and say it herself-- that if you have further questions, please contact your DOHVE TA liason for technical assistance on state-led evaluations, and here's the link to the DOHVE resource page. And she's also included a few resources for you to take a peek at for other additional information.

Susan sends her apologies. She is saying that she's speaking, but for whatever reason we can't hear her. So I'm sorry we've had a technical challenge. So I think, before we move into closing

out, I just-- there's been such a wonderful dialogue from everyone back and forth today. And a couple of people asked about this chat, which has so many wonderful ideas. So we can make a file out of this, and when we upload materials to the awardee portal, we can include the chat so that you can go back and see what some of your colleagues are doing, and see if you might want to follow up with anyone. Or we could start a discussion on the portal as well about some of these innovative ideas.

But before we close, I wanted to see-- because we have a few minutes-- if anyone had a question that they wanted to direct, not this one-- unless she can rejoin us, but to Deb, or to Jon, or to Tiffany. Your lines are unmuted, so if you do have a question and you're feeling--

Your microphone has been turned on.

Oh! Excellent! Well, that's great news.

[INAUDIBLE]

Anybody have a question for any of the presenters?

[INAUDIBLE]

I think we're hearing chatting, but not questions. All right, so I'm going to move us forward, Kate.

So let's go back to our Jump Start the Brain. OK, here were the questions that we began with. Choose one word to complete this sentence-- what's the strongest first step in predicting enrollment? Kate, can you pull up the poll, please? Thank you very much. Service delivery style and work experience are strong predictors of retention and [INAUDIBLE] success.

And from Tiffany, choose one word to complete this sentence-- Empowered parent leaders and, use a descriptive word that goes with partners, are two of the three building blocks that she spoke about in terms of Michigan's work on engaging parents leaders.

So I will say that you were very close, if you remember most of you were fairly confident that the second statement was true. And now 100% of you are saying that service delivery style and work experience are indeed strong predictors of retention and [INAUDIBLE] success-- and that is absolutely correct.

The first one was around intention. And most of you seemed to be talking about intentionality and intention in the first question. And the last question is responsive partners. So thank you for sharing and completing our Jump Start the Brain post-test. OK, you can take it down, Kate. We're all set. Thank you very much.

So you've been with us and hung in through a few technical challenges, but it's just been such a wonderful, rich discussion, and I thank you so much for joining us this afternoon. And we will now conclude our webinar. And we do ask that you please, please, fill out the evaluation survey.

Here's the link. And when you close out it will pop up for you. So thank you everyone, and enjoy the rest--