

Home Visiting System (HVS) Recommendations

North Star for HVS Efforts in Oregon: State partnership in developing priorities and strategies in support of local decision making and implementation.

I. Financing

Invest in Relationships

- A. Dedicate resources and use change management principles to support regular convenings of home visitors, home visiting leaders, and home visiting cross sector partners to learn about one another and one another's programs, share professional development/trainings, and begin to work to create stronger collaborations.

Home Visiting System Financing

- B. Oregon will adequately resource the implementation of the HVS Committee's recommendations, starting with FTE.
 - Dedicated state-level FTE to provide leadership, staff governance structures, and move recommendations into action at the local and state level.
 - Regional levels require dedicated FTE to actualize HVS recommendations
- C. Develop a clear process to align funds from public and private sources that can flexibly and equitably finance implementation and maintenance of the HVS recommendations.
- D. Conduct a comprehensive assessment of all state funds that support HV to identify inequities in order to implement more equitable prioritization of resource allocation.

Wages and Pay Equity

- E. Use data from a pay audit to inform strategies to improve compensation (wage and benefits) with special considerations for pay equity for racially and linguistically diverse home visitors.
 - A pay audit should include programs where home visiting is the principal method of service delivery (e.g. Healthy Families Oregon, Nurse Family Partnership), and those for whom it is a supplemental or secondary service (e.g. Head Start, Relief Nursery).

II. Home Visiting Workforce

- F. Recruitment/Retention. Collaborate and engage with cross sector parties and all communities to address the challenges of recruiting and retention of an equitable and inclusive workforce. Implement known culturally competent strategies and make technical assistance to expand the workforce.
- G. PD System. Work with Oregon's HV Collaborative, programs, state and national partners to leverage existing resources (e.g. OR's HV Core Competencies, IMH-E) to create an equitable, integrated approach for professional development including career pathways.
 - All roles within the home visiting workforce will be included and supported.

- Examine the potential for HVs to gain CHW certificates.
- H. Reflective Supervision. Increase the HV system’s capacity to equitably provide reflective supervision training throughout the state (e.g. IMH-Endorsement, PSU graduate school certificate, Facilitating Attuned Interactions training).
- I. Ongoing Training. Provide equitable access across all home visiting models in Oregon to ongoing training and coaching to increase cultural competency as well as knowledge and skills to work with families with children with special needs, families experiencing interpersonal violence, mental health concerns, and/or substance dependency.

III. Region & State Structures

Regional Coordinated Referral

- J. Create family-centered, easy to access entry points for home visiting and other services (e.g. basic needs, mental health) by supporting regional-level, home visiting programs and partners with time and resources to build (or strengthen) centralized, coordinated, agreed-upon intake and referral processes.
 - The HV Collaborative has knowledge, experience, and expertise to help these local processes, such as mapping home visiting services and intersections, support with MOU's for data sharing, etc.
 - Universal newborn visiting models are a mechanism in the home-visiting referral chain.

Governance/Leadership

- K. Family Leadership. Build or strengthen local/regional structures that ensure ongoing parent/family leadership in the co-creation of policies, recommendations, and strategies that guide HV coordination efforts.
- L. State Leadership. Leverage and expand (in some cases *streamline*) existing home visiting advisory bodies (e.g. HV Collaborative, MIECHV Advisory) to find efficiencies and to better represent HV program staff and those with lived experience to guide the development of a structured, comprehensive framework for home visiting that includes state/local leadership, shared goals, stable funding and paid state and regional staff.
 - Likely first step is to create an action plan to move these recommendations to action.
- M. Draft HVS framework. Resulting from a “mash-up” of BUILD HVS planning tool and TFFF HVSC Theory of Action)
 - Internal Communication – Creating and maintaining trusting relationships at all levels
 - Leadership/Governance - Established at state and regional levels for cross-sector, collective decision-making and monitoring of the HVS
 - DEI - A group or subgroup with tools to center equity
 - Financing - Shared and sustained funding for HVS

- CQI - Assessment, Planning, CQI of the HVS
- Home Visiting Workforce – Recruitment/Retention and Professional Development
- Messaging and Outreach – raise awareness and normalize HV
- Coordinated intake/referral - family-centered for HV and other services

Data/CQI

- N. Establish and support a process for ongoing home visiting system assessment and data collection/reporting to observe progress towards HVS success as well as assisting programs in ongoing quality improvement. (TFFF HVSC TOA and approach to evaluation as a source)
- O. Integrate state-level data interoperability and management to ensure accurate, useful data for decision making for the HVS.

Outreach and Messaging

- P. Create a comprehensive, model inclusive, marketing and communication plan to promote and raise awareness about home visiting services, purposes and impact. Leverage existing communication pathways and ensure the communication plan and materials can be tailored for local marketing considerations.
 - At regional level, consider developing a single resource for families that describes the types and purposes of home visiting programs.

Aligning Legislation and Rule

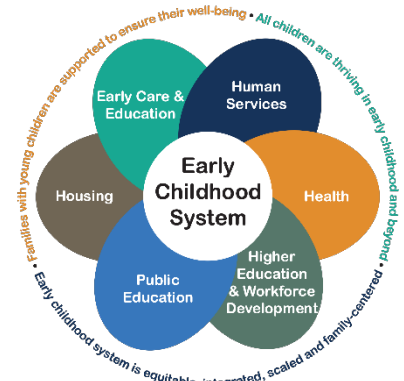
- Q. Review statute, rules, funder requirements of existing HV models to determine opportunities for improved alignment.
 - Assess and assure alignment for future HV model implementation.
 - Collaborate with communities regarding introduction of new home visiting models

Raise Up Oregon: A STATEWIDE EARLY LEARNING STATE PLAN Second Edition (2024-2028) DRAFT January 2023

Context

Raise Up Oregon serves as Oregon's comprehensive state system plan for early childhood prenatal to age five, bringing together government leaders from early care and education, public education, higher education, health, housing, and human services. Grounded in equity and the science of child development, *Raise Up Oregon* builds the firm understanding that it takes leaders from every system - together with families, communities, and the public and private sectors - to work together during this critical period of children's lives.

Since the Oregon Early Learning Council (ELC) adopted [Raise Up Oregon](#) in 2019 as the five-year state early childhood system plan, partners in the work have made significant progress in implementing recommendations. With the first edition coming to a close, a second edition of *Raise Up Oregon* is underway to reflect the work accomplished so far, as well as today's reality, vision, and strategies. Driven by the ELC, the plan is created in partnership with six state agencies whose directors serve on the council: Oregon Department of Education, Oregon Department of Early Learning and Care, Oregon Department of Human Services, Oregon Health Authority, Oregon Housing and Community Services, and the Higher Education Coordinating Commission.



When adopted in 2019, *Raise Up Oregon* was based on the following five core values to drive positive change for Oregon's youngest children and families:

1. Embed equity throughout by listening to diverse family experiences;
2. Represent all sectors within the early childhood system that support children prenatal through age five and their families;
3. Provide comprehensive objectives and strategies that meet the needs of Oregon's young children and families;
4. Address the whole child, nested in family and community;
5. Focus on outcomes that support Oregon's young children and families.

Seeking Community Feedback on *Raise Up Oregon*, Second Edition

Over the last few years, partner agencies in *Raise Up Oregon* have engaged thousands of families, professionals, and community organizations to learn about Oregon's unique issues affecting the early childhood system. *Raise Up Oregon*, second edition is the response to support all families with young children prenatal to five based on the feedback they shared. This first draft of *Raise Up Oregon*, second edition shares proposed goals, strategies, and objectives that bring together the six state agencies to coordinate supports and lift up families so that their young children can be happy, healthy, and thriving.

This first draft of the second edition is now available for public feedback – we want to hear what families, professionals, and communities think are the most important priorities to address in the plan and if anything needs added or modified.

Visit <https://oregonearlylearning.com/raise-up-oregon> to share feedback on the first draft of Raise Up Oregon, Second Edition. The deadline to complete a feedback form is Friday, **April 14, 2023**.

After receiving public comment, the goals, strategies, and objectives will be finalized and more deeply illustrated with proposed actions that government agencies can take to reach shared early childhood system goals. The final version of *Raise Up Oregon: Second Edition* will be submitted to the Early Learning Council for approval in June 2023, with implementation beginning shortly thereafter.

DRAFT

Raise Up Oregon: A STATEWIDE EARLY LEARNING STATE PLAN

Table of Contents

Raise Up Oregon, Second Edition Vision, Goals, and Principles	p. 3
Goal 1 Objectives and Strategies	p. 3
Goal 2 Objectives and Strategies	p. 5
Goal 3 Objectives and Strategies	p. 6

Abbreviations

Abbreviations used in the plan indicate which state agencies will be involved in the draft strategies.

DELIC Oregon Department of Early Learning and Care

ODE Oregon Department of Education

ODHS Oregon Department of Human Services

OHA Oregon Health Authority

OHCS Oregon Housing and Community Services

HECC Higher Education Coordinating Commission

For more information

Raise Up Oregon: A Statewide Early Learning State Plan (2019-2023)

Raise Up Oregon: 2nd Edition Roadmap

oregonearlylearning.com/raise-up-oregon

Contact us

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Raise Up Oregon: A STATEWIDE EARLY LEARNING STATE PLAN
Second Edition (2024-2028)
DRAFT January 2023

Vision

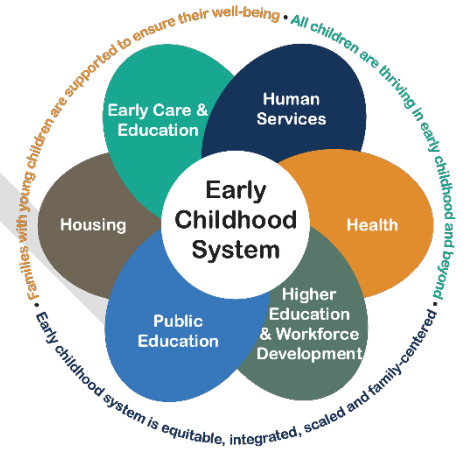
All of Oregon’s young children, prenatal to age five, experience an early start that results in positive health, educational, and life outcomes regardless of zip code, race, and family income.

Goals

1. The early childhood system is equitable, integrated, scaled, and family-centered.
2. All families with young children are supported to ensure their well-being.
3. All children are thriving in early childhood and beyond.

Principles

1. Ensure that the early childhood system embeds racial, economic, and geographic equity and inclusion
2. Build a system that addresses the whole child, nested in family and in community, and treats people with respect
3. Integrate community and family leadership and decision-making in the design and implementation of the early childhood system
4. Be jointly accountable across all sectors and work together to positively impact outcomes for young children and their families
5. Ensure equitable and affordable access to culturally-responsive services for young children and their families
6. Ensure high-quality implementation and continuous improvement of early childhood policy, program, funding, services, and practices for young children and their families



GOAL 1. THE EARLY CHILDHOOD SYSTEM IS EQUITABLE, INTEGRATED, SCALED, AND FAMILY-CENTERED.

Objective 1. Multi-agency partnerships are developed at the state and local levels to systematically support improved, equitable outcomes and streamlined access for young children and their families.

- Strategy 1.1 Co-locate affordable housing and early childhood programs (OHCS, DELC, ODHS, OHA)
- Strategy 1.2 Coordinate supports for young children and their families across agencies in support of ODHS’ Family Preservation Initiative (ODHS, OHA, OHCS, DELC, ODE)
- Strategy 1.3 Increase access to One Eligibility to other programs serving young children and their families (ODHS, DELC, OHCS)

- Strategy 1.4 Create successful pathways for children’s enrollment and participation in Early Intervention/Early Childhood Special Education (EI/ECSE) through partnerships with the health, child welfare, and early learning and care sectors (ODHS, ODE, OHA, DELC)
- Strategy 1.5 Implement a locally developed, state-supported system to coordinate home visiting services (DELC, ODE, OHA, ODHS)
- Strategy 1.6 Implement expanded housing, food, and climate supports as part of 1115 Medicaid waiver (OHA, OHCS, ODHS)
- Strategy 1.7 Align community engagement and culturally specific partnership strategies across all six agencies (HECC, OHA, ODE, ODHS, OHCS, DELC)
- Strategy 1.8 Advance higher education workforce solutions that meet early childhood system needs and support a diverse workforce (HECC, OHA, ODE, ODHS, OHCS, DELC)
- Strategy 1.9 Establish data use agreements and share data across state agencies (HECC, OHA, ODE, ODHS, OHCS, DELC)
- Strategy 1.10 Coordinate food supports across Supplemental Nutrition Assistance Program (SNAP) and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (ODHS, OHA)
- Strategy 1.11 Align early literacy development standards and practices between grades K-2 and early learning and care (ODE, DELC)

Objective 2. Hubs are leveraged and resourced to advance regional early childhood systems that are equitable, integrated, scaled, and family-centered.

- Strategy 2.1 Hubs convene early childhood system partners across sectors, families, and community organizations to co-develop community strategic vision and plans, and to support partners in implementation and problem-solving (HECC, OHA, ODE, ODHS, OHCS, DELC)
- Strategy 2.2 Hubs engage families and community organizations, prioritizing those who are historically under-represented, in the development and implementation of equitable state early childhood policies and programs (HECC, OHA, ODE, ODHS, OHCS, DELC)
- Strategy 2.3 Hubs work with Early Learning Council and its partner state agencies to provide input on state design, implementation of the early childhood system, and development of council priorities (HECC, OHA, ODE, ODHS, OHCS, DELC)
- Strategy 2.4 Agencies provide public resources to Hubs and engage their regional and local offices to successfully implement these strategies (HECC, OHA, ODE, ODHS, OHCS, DELC)

Objective 3. The business and philanthropic communities champion and support the development of the early childhood system.

- Strategy 3.1 Build the supply of child care through public-private partnerships involving business, philanthropy, and state and local government (DELC, OHCS, HECC, ODHS)

- Strategy 3.2 Stimulate early childhood innovation and system building at local and state levels (HECC, OHA, ODE, ODHS, OHCS, DELC)
- Strategy 3.3 Support and expand services (e.g., paid leave, health insurance, apprenticeships, family wage jobs, home visiting) that promote families' wellbeing (HECC, OHA, ODE, ODHS, OHCS, DELC)

Objective 4. Honor and recognize the sovereignty of the nine federally recognized Tribes within Oregon's borders and ensure strong government-to-government relationships to benefit Tribal communities.

- Strategy 4.1 Support implementation of the Oregon Tribal Early Learning Alliance (DELC)
- Strategy 4.2 Bring together all Tribal Affairs Coordinators across state agencies to coordinate work and align engagement strategies (HECC, OHA, ODE, ODHS, OHCS, DELC)
- Strategy 4.3 Promote and preserve Tribal culture in coordination with the Oregon Tribal Early Learning Alliance (DELC)

GOAL 2: ALL FAMILIES WITH YOUNG CHILDREN ARE SUPPORTED TO ENSURE THEIR WELL-BEING.

Objective 5. Families with young children are supported in knowing about and accessing a full range of services that meet their needs and are culturally and linguistically responsive.

- Strategy 5.1 Create or strengthen coordinated, family-centered intake and referral processes into home visiting, and from home visiting into other desired services (OHA, DELC, ODE, ODHS)
- Strategy 5.2 Expand navigators/coordinators across the early childhood system (HECC, OHA, ODE, ODHS, OHCS, DELC)
- Strategy 5.3 Promote co-location of services as a one-stop local strategy for service information and access (HECC, OHA, ODE, ODHS, OHCS, DELC)
- Strategy 5.4 Support Connect Oregon statewide (OHA)
- Strategy 5.5 Incorporate additional programs into One Eligibility (ODHS)
- Strategy 5.6 Fully implement continuous Medicaid/Oregon Health Plan enrollment for children through age five (OHA)

Objective 6. Families with young children have increased access to economic supports.

- Strategy 6.1 End full family sanctions of Temporary Assistance for Needy Families (TANF) (ODHS)
- Strategy 6.2 Extend approval program for school lunches to children, including young children, enrolled in the Oregon Health Plan (ODHS, OHA, ODE)
- Strategy 6.3 Support implementation of paid family leave and state Earned Income Tax Credit EITC (HECC, OHA, ODE, ODHS, OHCS, DELC)

Objective 7. Families have equitable access to support for their physical, social, emotional, behavioral, and oral health.

- Strategy 7.1 Increase equitable access to reproductive, maternal, and prenatal health services (OHA)
- Strategy 7.2 Improve access to culturally and linguistically responsive and specific, multi-generational approaches to physical, social, emotional, behavioral, and oral health (OHA, DELC, ODE, ODHS)
- Strategy 7.3 Improve access to nutritional support including breastfeeding and WIC (OHA)
- Strategy 7.4 Improve utilization of community health workers and doulas by strengthening their integration on care teams providing community-based access for families and through the development of sustainable payment models (OHA)

Objective 8. Families have expanded access to culturally and linguistically responsive and specific family preservation strategies, resources, and programs focused on the prenatal-to-five population.

- Strategy 8.1 Increase access to Family Support and Connections services by expanding funding to recruit, support, and grow culturally specific programs to keep families together (ODHS)
- Strategy 8.2 Continuously consult and coordinate with Tribes to collaborate on creating and funding services that meet the culturally specific needs of tribal communities and inform potential evidence-based practices for implementation (ODHS)
- Strategy 8.3 Increase access to evidence-based, culturally responsive, and specific early childhood programs (e.g., Relief Nurseries, parenting education, home visiting programs) proven to reduce abuse and neglect for families at imminent risk of entering into the child welfare system (ODHS, OHA, DELC)
- Strategy 8.4 Utilize data being collected from the Family Preservation work at ODHS to identify and address gaps/needs for families of color in order to prevent entry into foster care (ODHS)
- Strategy 8.5 Improve coordination between child welfare agencies and early learning and care programs (ODHS, DELC, OHA)

Objective 9. Affordable housing is available statewide for families with young children.

- Strategy 9.1 Incorporate preferences through the Qualified Allocation Plan (QAP) and other affordable housing funding program frameworks for developers to build and provide units, spaces, and services required by families with young children (OHCS)
- Strategy 9.1 Incentivize developers in rural and other underserved areas to prioritize and work towards meeting the need for affordable housing for local families with young children (OHCS)
- Strategy 9.3 Identify and modify state and local regulations that are not related to safety and are barriers to co-locating affordable housing with services and resources that help families with young children thrive (OCHS, DELC)

Objective 10. Parents and families are supported and engaged in enabling their children to thrive.

Strategy 10.1 Expand parenting/family education (DELIC, ODHS, OHA)

Strategy 10.2 Scale up all home visiting, prioritizing culturally responsive programs (DELIC, ODE, OHA, ODHS)

Strategy 10.3 Build or strengthen regional structures that ensure family leadership in the co-creation of policies, recommendations, and strategies that guide home visiting coordination (DELIC, ODE, ODHS, OHA)

Strategy 10.4 Increase equitable access for home visitors to reflective supervision and training on cultural competency, families with children experiencing intellectual or developmental disabilities and/or long-term special health care needs, interpersonal violence, and mental health (DELIC, ODE, OHA, ODHS)

Strategy 10.5 Increase collaboration among home visitors, home visiting leaders, and cross-sector partners (OHA, DELIC, ODE, ODHS)

GOAL 3: ALL CHILDREN ARE THRIVING IN EARLY CHILDHOOD AND BEYOND.

Objective 11. Families have access to high-quality, culturally, and linguistically responsive birth to five pediatric health care services.

Strategy 11.1 Ensure effective implementation of continuous birth to five Oregon Health Plan eligibility and enrollment (OHA)

Strategy 11.2 Increase and improve equitable access to early childhood oral health (OHA)

Strategy 11.3 Ensure birth to five health care services are comprehensive, accessible, high quality, and culturally and linguistically responsive (OHA)

Strategy 11.4 Ensure trauma-informed care and resilience training and professional development for all pediatric providers participating in the Oregon Health Plan (OHA)

Strategy 11.5 Require all pediatric providers participating in the Oregon Health Plan to screen for trauma history and resilience factors (OHA)

Strategy 11.6 Increase the supply of clinical mental health providers who reflect the communities that they serve and are trained in and provide infant early childhood mental health clinical services (OHA, HECC, OHA)

Objective 12. Families have access to high-quality, culturally, and linguistically responsive birth to five social and emotional supports.

Strategy 12.1 Ensure trauma-informed care and resilience training and professional development for professionals working in pediatric physical health, behavioral health, child welfare, human services, home visiting, Early Intervention/Early Childhood Special Education (EI/ECSE), and early learning and care settings (OHA, ODHS, ODE, DELIC)

- Strategy 12.2 Provide culturally responsive and culturally specific infant and early childhood mental health supports in early learning and care, home visiting, EI/ECSE, child welfare, and health (OHA, DELC, ODHS, ODE, HECC)
- Strategy 12.3 Include social, emotional, and trauma-responsive screening in all health, child welfare, human services, EI/ECSE, early learning, and care programs, and home visiting programs (ODHS, OHA, ODE, DELC)

Objective 13. Young children with developmental delays and disabilities are identified early and provided with inclusive services to reach their full potential.

- Strategy 13.1 Increase outreach and completed referrals for Early Intervention/Early Childhood Special Education (EI/ECSE) (ODE)
- Strategy 13.2 Broaden eligibility criteria for early intervention (ODE)
- Strategy 13.3 Increase the number of children with developmental delays and disabilities receiving services in typical early childhood settings (ODE, DELC)
- Strategy 13.4 Update EI/ECSE personnel standards to prepare professionals who provide services and support to young children who have developmental delays and disabilities and their families, across home, classroom, and community settings (ODE, HECC)
- Strategy 13.5 Strengthen the alignment of early childhood special education, early intervention services, early learning and care, health, and home visiting through coordinated governance (ODE, DELC, OHA)

Objective 14. Families have access to high-quality (culturally responsive, inclusive, developmentally appropriate) and affordable early learning and care that meets their needs.

- Strategy 14.1 Expand the supply of early learning and care, including workforce and facilities (DELC, OHCS, HECC)
- Strategy 14.2 Increase state support and investment in quality early learning and care (DELC)
- Strategy 14.3 Preserve and expand federal funding for quality early learning and care (DELC)
- Strategy 14.4 Improve professional development opportunities for the full diversity of the early learning and care workforce (DELC)
- Strategy 14.5 Build pathways to credentials and degrees that recruit and retain a diverse early learning and care workforce (DELC)
- Strategy 14.6 Ensure child care licensing and compliance is rooted in equity, facilitates the application approval process, and supports child care providers to be successful in caring for Oregon's children (DELC)
- Strategy 14.7 Increase inclusion opportunities for children with developmental delays and disabilities in early care and education settings (DELC, ODE)
- Strategy 14.8 Prevent suspension and expulsion in early learning and care settings through infant and early childhood mental health consultation and professional development supports (DELC, OHA, ODE)
- Strategy 14.9 Reduce family financial burden for access to early learning and care (DELC)

Strategy 14.10 Implement the Co-location Fund for affordable housing and early learning and care, and expand statewide (OHCS, DELC)

Objective 15. The early childhood workforce is diverse, culturally responsive, high quality, and well compensated.

Strategy 15.1 Improve professional development opportunities for the full diversity of the early childhood workforce (DELC, OHA, ODHS, ODE, HECC)

Strategy 15.2 Build pathways to credentials and degrees that recruit and retain a diverse early childhood workforce (DELC, OHA, ODHS, ODE, HECC)

Strategy 15.3 Develop and resource approaches for retention of the early childhood workforce including increased compensation, mental health support, ongoing training and coaching, and supervision.

Objective 16. Children and families experience supportive transitions and continuity of services across early learning and care and public education (K-12) settings.

Strategy 16.1 Update the Early Learning and Kindergarten Guidelines to ensure a consistent framework across educational settings (ODE, DELC)

Strategy 16.2 Establish an integrated system of support for the provision of joint professional development opportunities for the early learning and care workforce and k-2 educators (ODE, DELC)

Strategy 16.3 Align policies and programs to provide supportive transitions and continuity of services from early care and education to K-12 settings. (ODE, DELC)



HOME VISITING SYSTEMS COMMITTEE

A Standing Committee of the Early
Learning Council

January 25, 2023

HVS COMMITTEE CHARTER

2

Its purpose is to advance the development of Oregon's statewide comprehensive home visiting service network by

- Generating and sustaining momentum for coordinated, equitable system
- Engaging responsible state agencies and their partners in the development and implementation
- Ensuring effective collaboration on governance and administration across government entities, funders, and home visiting partners

HVS UPDATES

3

Progress-to-Date

- HVS Committee and Working Team First Meetings in August 2022
- Recommendations Process from September to December 2022
- HVS Committee Amended & Approved Rec's December 8, 2022
- Committee Co-Chairs Presented Recommendations to ELC Dec 14th

HVS RECOMMENDATIONS

4

- North Star: State support and framework for local decision making/implementation
- Language focused on ‘what’ is needed to strengthen home visiting coordination, not the ‘how’, ‘who’ or ‘when’
- Recommendations Organized (but not in priority order, except Rec. A)
 - Financial (A-E)
 - Workforce (F-I)
 - Structures – Region and State (J-Q)

HVS RECOMMENDATIONS

5

Early Opportunities

- Investing in Relationships (A)
- Align HVS Funds (C)
 - Initially to fund FTE/staffing at the state level
- Reflective Supervision (H)
- Ongoing Training (I)
- Family Leadership (K)
- Outreach and Messaging (P)



HVS UPDATES – JAN AND FEB

6

HVS Working Team and Committee Are

- Identifying elements that contribute to successful planning processes
- Shining a light on existing and needed resources
- Outlining action-planning process(es)

SUCCESSFUL PLANNING PROCESSES

7

Elements

- Shared purpose and vision
- Trust
- Dedicated funding
- Realistic timelines
- Effective tools
- People-power

Is there anything that you would add or any you would emphasize?

PLANNING FOR SUCCESS

8

In the works

- Aligning multi-year funding to resource a state-level leadership position
- Identifying a neutral, capacitated backbone to house the position/HVS effort
- Creating a realistic timeline for longer-term planning and faster movement on 'early opportunities'



HOME VISITING SYSTEMS COMMITTEE UPDATE

A Standing Committee of the Early
Learning Council

February 22, 2023

HVS IS LIKE A COMMUNITY GARDEN

2



HVS RECOMMENDATIONS

3

Early Opportunities

- Investing in Relationships (A)
- Align HVS Funds (C)
 - Initially to fund FTE/staffing at the state level
- Reflective Supervision (H)
- Ongoing Training (I)
- Family Leadership (K)
- Outreach and Messaging (P)



North Star: State support for local decision making and implementation

APPROACH TO HVS PLANNING TIMELINE

4

Jan 2023

Early Opportunities

Longer-term, more comprehensive planning
aligned with 2025 legislative session

Nov 2024



North Star: State support for local decision making and implementation

BUILDING RELATIONSHIPS

STATE

- Re-engage Oregon HV Model Collaborative
- Time, space for HVS Committee to strengthen relationships
- Update, engage EL Hubs, OPEC Hubs, Advocacy Coalition, etc.
- Consider gathering in-person

REGIONAL

- Form HV learning circles for awareness-raising, sharing
- Host shared professional development for HV, family support professionals
- HVS collaboration baseline data
 - Use or modify TFFF annual system survey



North Star: State support for local decision making and implementation

IDENTIFYING, ALIGNING FUNDING

STATE

- FTE and budget
 - Identify multi-year commitments from public and private sectors
 - Determine governance, oversight
- Exploring options for 'housing' the HVS state-level FTE

REGIONAL

- Identify financial and other resources for regional work
 - Federal MIECHV Funds
 - Oregon Parenting Education Hubs and EL Hubs have structure, resources and experience
 - Framework: TFFF Rural Home Visiting System Coordination Theory of Action



North Star: State support for local decision making and implementation

FAMILY LEADERSHIP

STATE

- Identify existing resources, individuals to support regional family leadership

REGIONAL

- Identify, document existing prenatal-to-five parent leadership groups that could be engaged, strengthened to guide HVS development

SUCCESSFUL PLANNING PROCESSES

8

Elements

- Shared purpose and vision
- Trust
- Dedicated funding
- Realistic timelines
- Effective tools
- People-power

SUCCESSFUL PLANNING PROCESSES

9



“Trust is a shared resource that enables networks of people to do collectively what individual actors cannot.” – Lancet, Feb 2021