Minnesota Coalition for Targeted Home Visiting

Strategic Planning: Focus Groups

**Summary Information**

* Three different focus groups (30 people attended)
  + Mankato, 10/30/17
  + St. Paul, 11/1/17
  + Online, 11/6/17
* September 7th Coalition meeting (24 people attended)
* There were 53 unique participants, does not include (Beth, David, Etonde or Laura)
* Diverse participation
  + Leaders and active engagers of the Coalition
  + Previously active engagers of the Coalition
  + Passive/Remote engagers of the Coalition (newsletters predominately, some full meeting participation)
  + New to the Coalition
* Recruitment occurred using the Coalition’s List Serve and through assistance by some of the Minnesota Initiative Foundations and United Way Agencies.

**Focus Group Questions & Key Themes**

**Focus Group Questions**

1. Please describe or provide examples of your ideal community of practice.
   1. What about this community of practice made (or makes) it ideal for you?
   2. How did (or could) this community of practice support you professionally and personally so you could best serve families in your community?
2. Based on your experience with the Coalition (or what you know about the Coalition), please describe how the Coalition has had (or could have) a positive impact on your organization/program and/or your own professional development?
3. Recognizing the diversity of home visiting programs, models, resources, and delivery systems, how might the Coalition regularly and consistently engage you and other organizations providing home visiting services in its collaborative work?
4. Other

**Focus Group Key Themes**

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| **Elements Ideal Community/ies & How they Support Practice** | **Coalition Impact on Organization and/or Personal Practice (current and future needs)** | **How to Best Engage Diverse Home Visiting Programs & Providers across MN** | **Other** |
| 1. Making a big tent to include different models, types of programs and professionals/persons delivering the service 2. Its dynamic and you want to get involved and have an opportunity to make an impact. You focus on both marco and micro. 3. Knowledge of and recognition/respect of the diversity of programs helps everyone learn and they can take these learnings back to their own organizations (whether or not they are operating model/evidence-based programs) 4. Networking across diverse systems and programs is essential and connecting with others doing this work 5. It should be a safe place to learn, network, brain storm and support each other. Especially, to discuss working with high needs and high risk families 6. It should make me feel like I am getting and giving something when we meet. 7. We should be figuring out ways to collaborate and not duplicate our services. 8. Developing the home visitor to give them skills and knowledge. 9. Focus on our gaps in knowledge and/or success – especially figuring out who is and isn’t being served within our community or by our programs 10. Balance the need to train staff and offer high quality programming with keeping ourselves focused on the family (not what’s to be reported or what we are required to do) 11. Capacity building through training, application and knowing one another/what others are doing 12. Collaboration with aim to eliminate silos and/or competition among providers/programs and focus on the families 13. Connecting statewide with regional or local initiatives | ***Current Impact***   1. Online training and podcasts. I save them and use with new staff – or use them when certain issues need to address within program. 2. Newsletters are good way to stay informed 3. Creation of a community of practice for all HV programs 4. Legislative work and Day at the Capitol 5. Quarterly meetings; especially when we learn from one another (e.g. Show & Tell) 6. New funding for HV through legislation. 7. Meeting others, networking, & learning from others 8. Helping to build a home visiting system in our state 9. Messaging (beginning was helpful) but need more help with marketing    1. Message around recruitment/retention of families    2. Messaging and recruitment/retention of PHN of color and diverse background    3. Multi lingual staff    4. Family engagement   ***Future Needs for Impact***   1. It would be a good idea to involve legislators so they know what it home visiting looks like as well as how we work with others. 2. Continued/additional messaging (beginning was helpful) but need more help with marketing    1. Message around recruitment/retention of families    2. Family engagement    3. Multi lingual staff 3. Capacity building    1. Messaging and recruitment/retention of PHN of color and diverse background    2. Family engagement (learn new strategies to better engage families or understand why recruitment is challenging - and learn from one another)    3. Serving families in two households. Or working with fathers. 4. Data collection (Serving families in two households. Or working with fathers). 5. Workforce**.** How do we recruit and train new home visitors. How do we promote the field of home visiting? 6. Community of practice for managers or administrators of home visiting – offer across models and all types of programs | 1. It’s helpful to have meetings like this to get know one another – can we create more opportunities? 2. We need to be able to message to the broader umbrella of home visiting programs. 3. We need to diversify the leaders within the Coalition and get them to help us engage other diverse Coalition partners – especially those we don’t currently engage. 4. Coordinate with Minnesota Initiative Foundations (MIFs) and their Early Childhood Initiatives (ECIs) to better reach and coordinate with early childhood community across the state (which includes home visiting). 5. United Way of Greater Mankato has regional convening role. Determine how to better coordinate with Coalition? 6. Coordinate with other United Way agencies that fund home visiting and/or early education across Minnesota. 7. Training and webinars are very helpful. We can share these with staff or we can develop to target the leaders or stakeholders of home visiting programs. Topics include:    1. Marketing to build awareness about the services    2. Best practices in programming, quality and/or family engagement    3. Reflective practice training | 1. Having a resource list of home visiting service providers so we know who is delivering programs near us, or across the state (so many times families move to different areas of the state and its great to do a "warm hand off") 2. Address challenges associated with positioning of programs against one another. The discussions related to legislative work to support evidence-based models only versus all programs has made it less appealing to participate – and some people feel disrespected and unsupported. If we represent the big tent of home visiting programs – we need to remain committed to all programs. 3. Sometimes there is negative energy or feelings toward programs and services that are not evidence-based models. 4. Avoid competing for families (sometimes local and sometime within Coalition). There are plenty of families and we need to get to all of them who are in need. 5. Prefer the Coalition is inclusive of all HV models and agencies that do HV. 6. Recommend making specific requests to engage or reengage and share why it’s important. 7. Best Practices in Program Quality (formerly Program Standards), how can we support this again? 8. Aligning home visiting and early childhood picture is valuable. Speaking with Executives and Corporations who are paying attention because the lack of childcare is starting to affect their bottom line. |

**Key Themes from September Coalition Meeting**

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| **Training & Capacity Building Needs** | **Going Big: Expanding the Coalition’s Scope** | **Emergent Topics for Coalition** | **Messaging & Making the Case** |
| 1. Reflective practice – getting more individuals infant mental health endorsed so you have the capacity embedded in organizations. 2. Reflective supervision 3. How do you get into HV without being a nurse or social work? 4. Challenge: workforce retention, which impacts families adversely (either lose them or have to go through the transition work). How do we mitigate this? 5. Sharing resources – learning about them & accessing them 6. Curriculum overviews and possibly curriculum training – statewide or regionally 7. Building collaborations 8. Data systems. Best practices in policies, procedures, etc. 9. Rigorous evaluation for emerging programs. 10. Trainings on self-care, safety, de-escalation, etc. 11. What small nonprofits need to work with the government? 12. Trauma and ACES | 1. The language around “targeted” is confusing to people who aren’t part of the Coalition. It’s unclear if “targeted” refers to the population or the type of programming. 2. Prefer inclusive and unifying language - refer to home visiting without naming it “targeted”. 3. Open to short and long term HV programs 4. Prefer resources are focused on meeting needs of families with highest needs (targeting resources) but could move away from naming it publically 5. Support for long-term and short-term HV programs 6. Making room for pubic health and education focused home visiting programs and services 7. We want to avoid silos when promoting home visiting services for families (it makes it harder to collaborate and to seek resources for families) 8. Recommend the Coalition focuses on home visiting within the P-3 field – not the needs of early childhood field | 1. Networking – connect with other agencies that are providing HV. Understand what their role and target populations are – eligibility criteria. 2. Messaging around the Coalition’s values along with its purpose and goals. 3. There is training for direct-service home visitors, but mid-level managers do not have an opportunity to connect with support, networking, etc.    1. A real need exists for mid-level managers to connect. E.g. practice matters works with administrators and middle managers with a focus on quality    2. Support around reflective practice. How do you integrate the clinic and administrative supervision into reflective practice piece? 4. Stay focused on targeted home visiting –focus on highest need. 5. Don’t want funding to drive deliverables. Instead Coalition should define deliverables (don’t chase funding). E.g. GTCUW Funding included deliverable to work with MinneMinds. We want these priorities to come from Coalition. 6. Consider new structure if resources aren’t available – E.g. Metro Local Public Health Association (MLPHA) is not funded – it has a rotating chair with responsibilities to take minutes. Another example is the Tobacco Coalition. Provides the freedom for slight changes of the focus if it needs to happen. 7. Additional Training - would be a good initiative to take on. Could take on more trauma-informed practice, racism issues, health and equity | 1. We have good messaging but need to continue to implement with them. 2. Messaging needs to differ for families, providers and legislators. We are confusing legislators and stakeholders with our messaging about evidence-based, traditional, evidence-informed, emerging practice, we’re getting stuck on that rather than talking about how do families benefit. 3. We’re talking about programs in a very complicated way when we all know there’s value to having variety of programs because families have different needs and we need all of them if we’re going to address the gaps. 4. Look for respected spokesperson (examples from early childhood efforts include Art Rolnick, Rob Grunewald, Richard Chase) 5. Move focus away from programs and services to outcomes for families. Positive outcomes for families and children include:    1. Positive school results,    2. Positive lifetime earnings,    3. Keeping kids out of jail,    4. Dealing with complex issues,    5. It’s a human capital/rights/development issues,    6. It’s profoundly moral,    7. It’s about health, too. It’s really a health campaign, from 0-3 to life. 6. Stigma still attached to home visiting, especially when served by government agency 7. How do we engage more people and/or organizations such as health plans to promote home visiting (universal) so as to normalize home visits, even if our focus is on universal |