

**Maryland Home Visiting Providers' Community Meeting
SUMMARY of FINDINGS**

INSTRUCTIONS

This document is the summary of key findings from questions for the home visiting providers. It is formatted as follows:

1. Original questions are first and in bold
2. Based on the transcripts shared, I pulled together the key highlights into a column for each county in case you need to pull out specific details at another time
3. There is a summary for each question that pulls together findings, comments and trends in the answers.
4. Yellow highlights are soundbites taken directly from the transcripts
5. Final summary on page 22

Introductions

I think it would be helpful to start by learning more about everyone in the room. Most of you probably know each other. Can you please introduce yourselves by sharing:

- **What program are you with?**
- **What is your role or title?**
- **How many years you have worked with your current program?**
- **Do you have any experience with other home visiting programs?**
- **Your motivation for this work: Why did you choose to work as a home-visitor?**

Program	Role/Title	# Years	Experience with other Programs	Motivation
Dorchester Healthy Families	Program Manager	13	Came from state psych hospital	prevention aspect of home visiting is really what snagged me
Dorchester Healthy Families	Part-time clinical supervisor, but also does all of the outreach with family support specialist.	11	no	believe that we can bring hope where there's a great deal of despair; truly intrigued with the stories, the family history that I get as the gate into the program. Truly, it's humbling because I feel like it's a great service because some of those stories are probably told to me and they've never said it again before in their lives, just the opportunity to serve
Dorchester Healthy Families	Full-time clinical supervisor	14 in role 21 in program	no	important work, that the families need support and that the children suffer when there is a lack of that and the parents suffer as well

HFA- Abilities Network Baltimore County	Program director	1.5	5.5 Early Head Start	at the youngest ages, is when you're going to have the greatest impact. You just have an opportunity to shape and love and nurture and create resiliency or support resiliency.
HFA- Abilities Network Baltimore County	a lead family services manager	4 years		able to see a need and support it. Particularly in my supervisor role, I do really enjoy watching the personal growth of home visitors and supporting them along the way, but seeing the impact on families and the impact on their relationship with their little ones.
HFA- Abilities Network Baltimore County	Family service manager	2 years		childhood history- I always knew that I would grow up helping people. I just wanted to be able to provide and just help people with some of the challenges that I went through as a child. I wanted to help other children as well. So that was one of the main reasons that I went to school for social work, so I have a bachelor's and master's in social work, and I also helped a lot of kids who have ED, which is that emotionally disturb disorder.

SUMMARY
<p>Six individuals participated in the two groups, three from each county. There were 2 program managers/directors, 2 family service managers, a clinical supervisor and a full-time staff person split between clinical supervisor and family support specialist. Experiences ranged from 1.5-14 years in HFA and over 21 years in home visiting. All 3 Dorchester staff had over 11-14 year each in experience with their current positions. The Baltimore staff had 1.5-4 years total experience in this program. Each was motivated by helping families in some way- either emotionally or for positive child outcomes.</p>

Providers' Expertise

As individuals you have the most direct contact with the families we serve, and so we recognize that when it comes to understanding home visiting programs and improving home visiting programs you are the experts.

What are the strengths of your current home visiting programs?

Dorchester County	Baltimore County
not asked specifically in the session- but covered in other sections	<ul style="list-style-type: none"> ● curriculum ● forming partnerships with families instead of imposing any ideas or planning ● meeting families where they're at and supporting them where they would like to grow [program is] grounded in research and there's a lot of that to lean on. train our staff to be excellent communicators and to be reflective and have challenging but supportive conversations and look for cues ● [we] prepare people better for that than any other program

SUMMARY
<p>Although only one county got the opportunity to share their comments for this question, these answers were covered in other sections as well. It is important to note some answers, specifically, the strengths of the current home visiting program included their evidence based home visiting curriculum, and partnerships with families [i.e., meeting families where they're at and supporting them where they would like to grow.</p>

What do YOU need to support your work with families?

Dorchester County	Baltimore County
not asked specifically in the session	<ul style="list-style-type: none"> ● predictable funding increases that account for cost-of-living increases. Not to be flat funded ● agencies that speak to each other ● network of funders and regulators [that] acknowledge the others' requirements and rules ● reflective supervision ● Ongoing training for myself ● Organizational tools to support the work ● able to provide that same support for direct staff ● transparency from the top to the bottom when it comes to the structure of the organization.

SUMMARY

Although only one county got the opportunity to share their comments for this question, it is important to note what the less rural county stressed as important to support home visiting work. The top comments spoke most to organizational support and alignment including predictable funding increases that account for cost of living [not to be flat funded], agencies that speak to each other, and coordination of funding requirements/regulations across agencies. Supervision, ongoing training and tools to support the work as well as institutional transparency from the top to the bottom.

What does your PROGRAM need to support families with newborns?

Dorchester County	Baltimore County
not asked specifically in the session	<ul style="list-style-type: none"> ● meeting and creative outreach strategies ● material items- like car seats, pack-n-plays, diapers, wipes, figured out before ● breastfeeding support ● being able to have the hands-on support for moms ● mental health resources to deal with prenatal and postnatal depression ● earliest possible access to the families ● need to have referral sources that are the right people that are interacting with pregnant women, and pregnant women as early in their pregnancy as we can possibly get first contact with them. That increases our chances that we'll have that relationship before the baby's born, which really increases our chances of continuing it through that chaotic period once the baby's born when, of course, nobody has time or sleep or anything really

SUMMARY

Although only one county got the opportunity to share their comments for this question, it is important to note what the less rural county stressed as important to families with newborns. The top comments address access as early as possible to families, mental health, breastfeeding and referral sources and supports being available.

If you were crafting policies to change how home visiting works, what types of policy changes would you like to see?

Dorchester County	Baltimore County
not asked specifically in the session	<ul style="list-style-type: none"> ● more education given to home visitors regarding the mortality rate of mothers during delivery, specifically for African American women. The risks, the statistics are very high, as far as the mortality rate, as far as African American women dying during delivery. So I would like to see more education around that and policy, more policy around that ● less restriction around accessing home visiting services ● universal data criteria that's going to be adopted for everyone ● encouraging or requiring home visit programs to be more multidimensional

SUMMARY

Although only one county got the opportunity to share their comments for this question, it is important to note some of their answers specifically:

- more education given to home visitors regarding the mortality rate of mothers during delivery
- universal data criteria that's going to be adopted for all agencies

Outreach

In this and the next few sections, I'd like to learn the nitty gritty about your program. Starting with outreach.

Who is your target population?

- **What are the racial, ethnic, and cultural groups in your target population?**
- **What languages are needed to communicate with your target population?**

Dorchester County	Baltimore County
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<ul style="list-style-type: none"> ● pregnant women, families with newborns where mom or baby have MCHP or medical assistance ● we're not an incredibly diverse county, mostly Black and White. ● our Hispanic population does continue to creep up, approx 7%, ● our population is English-speaking. We do have a handful of only Spanish-speaking folks, and then, and an even smaller percentage Haitian-Creole that speaks French Creole. 	<ul style="list-style-type: none"> ● target population as defined by our program is any family who's either expecting or has a child up to three months old in Baltimore County as a whole, ● we are under-serving multilingual families and do not have the capacities to work with a family in their own language. So that is a very critically underserved population in our county, for sure, by our program.
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SUMMARY
<p>The population is the same for both groups: pregnant women, families with newborns where mom or baby have MCHP or medical assistance. This makes sense because it is a model requirement. Neither program felt they were incredibly diverse in the families they served and felt they were undeserving multilingual/Hispanic families.</p>

How do parents first learn about your program? From whom?

Dorchester County	Baltimore County
<ul style="list-style-type: none"> ● hospital will make a referral to us if they feel that a family needs service, a little bit more support, and sometimes they have pretty big expectations of what we do. So sometimes they hear it from the ● social worker at the hospital ● hear it from someone who's already participating in the program. ● majority of the time, we do direct outreach ● someone who's made a referral ● agency that's made a referral 	<ul style="list-style-type: none"> ● most referrals from the health department [more] than we have capacity for

SUMMARY
<p>Parents learn about the program from health dept referral (thru PRA) in both counties. Dorchester felt there were more ways families heard about them including partnering agencies, hospital and hospital social worker, word of mouth from other participants and direct outreach they do.</p>

Where do you receive referrals from?

Dorchester County	Baltimore County
<ul style="list-style-type: none"> ● mobile crisis ● Department of Social Services ● hospital ● prenatal risk assessments from the prenatal providers ● local clinic here (health dept) ● people self-refer ● friends who refer ● no wrong referral source, take any referral. 	<ul style="list-style-type: none"> ● 90% of all our referrals come from the health department. Usually, that is through a referral system because they're using Medicaid or some type of public health insurance with their pregnancy. So there's a referral requirement and we are one of those agencies that the health department will very frequently refer to. ● the other 10% comes from hospitals. We, at this point, don't get any referrals from doctors' offices or OBs <p>Sometimes- occasionally-</p> <ul style="list-style-type: none"> ● people will refer a friend ● word of mouth ● referral form on our website

SUMMARY
<p>Although the health department and hospital were the majority consensus that both counties agreed upon, social services, mobile crisis and friend and self-referrals also appeared in the conversation.</p>

What groups/networking relationships do you currently belong to (e.g., Healthy Babies Coalition, add other examples)?

Dorchester County	Baltimore County
<ul style="list-style-type: none"> ● Healthy Families America- national ● newsletter from MDH for MIECHV Healthy Families Maryland Program Managers group. ● ECAC ([local] Early Childhood Advisory Council) ● Judy Center steering committee 	<ul style="list-style-type: none"> ● we haven't, because of COVID, and then a lot of turnover in our organization. ● we [prior to COVID] belong to several different community networking groups where a lot of providers came together and shared resources. We're not as active in those lately. ● linked in with the health department. ● FIMR (fetal infant mortality review) ● Healthy Babies Collaborative ● directors have a collaborative group and the managers have a collaborative group.

	<ul style="list-style-type: none"> currently, there's not any peer support groups for just home visitors.
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SUMMARY
Both groups referenced HFA (national as well as the MD collaborative). The local ECAC, FIMR, Judy Centers, and MIECHV were mentioned by at least one of the two agencies. COVID was cited as keeping folks from meeting in any of these groups regularly.

What types of outreach does your program do? What materials? What platforms?

Dorchester County	Baltimore County
<ul style="list-style-type: none"> rack card tips packet Stork's Nest (Stork's Nest, rewards families for doing the prenatal visits, getting the ultrasound, doing the blood work and things like that- get tangible things like diapers) safe sleep- we have a whole packet with the safe sleep onesie, and SleepSack and little book Facebook page but on state network (hinders social media) so we didn't use it so much. 	<p>It's incredibly minimal.</p> <ul style="list-style-type: none"> more referrals from the health department than we have capacity for. [So we really don't need to do any marketing or advertising, but it also means we pretty much get the people who are coming from the health department]. We're not diversifying our sources for participants. we have plans to adopt the Child Welfare protocols, which will let us enroll families with up to two-year-olds [if the] referral comes from CPS or CYF or the Department of Human Services we are under-serving multilingual families in the county, "...we're really limiting ourself to one economic demographic. We have a ton of work to do to diversify."

SUMMARY
Each jurisdiction named a few types of program outreach, mostly through written materials, some basic public health messaging (safe sleep, linking with folk like social services and breastfeeding (see separate question), but each also noted limitations and again it was mentioned that one program was under-serving multilingual families.

Before parents receive your formal outreach, what perceptions might they have about your program? What perceptions might they have about home visiting in general?

Dorchester County	Baltimore County
<ul style="list-style-type: none"> ● some people might think that you have someone in your home, in your business. ● "Enroll in Healthy Families, you can get the stuff that you need for your baby," or, "I can get to a house," and we don't do that. ● misconceptions about [the phrase], "home visiting," maybe call it "family support" instead, because they're finding that home visiting, perhaps, has this connotation of that you're a lesser in some way because, "Oh, you need home visits." Whereas, family support is more of a strength-based, "Hey, we're here to help and support you," not coming in, changing the rules, making up rules with a lot of expectations and things like that. 	<ul style="list-style-type: none"> ● people will often think that we're a resource place or we can give them tangible items or give them housing support. We get a lot of people thinking we're maybe a housing program. A lot of people confuse us with nursing programs, sometimes. We do have the nursing component, like Stephanie talked about, but our home visitors are not nurses, certainly not the main contact with us. ● I think that, in terms of people's perception of home visiting, I do think that a lot of people, not all, of course, but there is a lot of people who think that it might be more punitive, like looking to catch something rather than it being a supportive environment.

SUMMARY
<p>Two perceptions noted by both agencies included that people may judge you or look at you in a punitive or lacking way if you "receive" services. It was also mentioned almost verbatim by both programs that some people think they are going to get help finding a home, other resources or even receiving tangible items.</p>

In what languages are your outreach materials provided?

Dorchester County	Baltimore County
English and Spanish	English

Who are your outreach partners?

Dorchester County	Baltimore County
<ul style="list-style-type: none"> ● anybody that's a referral source ● infants and toddlers ● hospital- We don't have a hospital here in Dorchester that delivers (haven't had a labor and delivery department in this county since 1997) ● social work staff <p>from other question:</p> <ul style="list-style-type: none"> ● Stork's Nest 	<ul style="list-style-type: none"> ● Health Department ● MedStar Franklin Square Hospital and Sinai ● the Healthy Babies Collaborative, we partner with them to provide breastfeeding support

SUMMARY

This question was very similar to referral agencies and included health dept, hospital, Infants and Toddlers, Healthy Babies Collaborative and some local referral sources. It is also important to not that geographically, the county on the shore did not have a birthing hospital unless families were transported out of the county.

In your expert opinion, who does your outreach really connect with?/ In your expert opinion, who does your outreach not reach well?

Dorchester County	Baltimore County
<p>Reaching Well</p> <ul style="list-style-type: none"> ● we look at acceptance data and we break that down by demographics and our goal is always match as [best as] we can with our target population, demographics. ● before COVID we were getting upwards of over 300 prenatal risk assessments a year, and we have anywhere from 325 to 425 births <p>Missing</p> <ul style="list-style-type: none"> ● two towns, both very White and rural. ● [perceptions of some of the people who live in those areas] ● this is government- perceived as the government. we don't do as well, our outreach, or connecting as well with some of the people in the more rural towns. ● [lack of father reach was also mentioned in another question]. 	<p>Reaching Well</p> <ul style="list-style-type: none"> ● meets the women who are going to the health department for their prenatal appointments. <p>Missing</p> <ul style="list-style-type: none"> ● I think we're then missing families who aren't getting prenatal care ● relationship with the fathers- even though we have recently had some collaboration with Fathers Forward, it's something that we're still going to have to diligently work towards- getting that family support when it comes to the mothers that are in the program. ● missing a lot of people who are undocumented and are not interacting with the health department for that reason.

SUMMARY

It was noted by both groups that COVID changed the way outreach happens- and thereby directly affected the reach of the program. The mid shore county looks at acceptance data, by demographics with the goal of matching target population demographics. The central Maryland county felt that it was easiest to reach families who went to the health department. Both programs felt they missed many groups including undocumented, and rural families based on the perception of HFA being a "government program." It was also noted that fathers were difficult to reach based on information

shared [or not shared by mom to the dad] or dad's work hours being at the same time home visit occurred.

Service

In this section, I'd like to learn the details of what your program offers.

What service does your program offer to families?

Dorchester County	Baltimore County
<ul style="list-style-type: none"> ● parenting and child development program. ● curriculum that we use, the tools that we use, it's all research-based ● trainings on the infant brain and how it develops ● what kinds of things a baby would need to have the best experience and best benefit ● anticipatory guidance ● developmental screenings ● giving parents that additional support and the affirmations for the things that they're doing right, because some of our parents have not had a whole lot of that so they can support their baby. 	<ul style="list-style-type: none"> ● parenting skills ● child development, and teach activities that they can do with their child to support their child's development. ● assessments to support the family. ● assessments on their child's development ● assessments for mental health, substance use, relationship concerns. S ● [we] provide support [referrals] after the outcomes ● offer support to families with identifying goals to build their self-confidence and self-efficacy ● safety gates ● since the pandemic, we've been able to provide tablets for our families and diapers and wipes, pack 'n' plays. We've also been able to provide some pandemic resources, such as hand sanitizer, things of that nature.

SUMMARY

Both programs noted parenting skills and child development [including a variety of assessments/screenings and curriculum] as the first items they offer families and emphasized support of families.

What does it take for a family to use your service?

- **Communication?**
- **Transportation?**
- **Coordinating a visit?**

Dorchester County	Baltimore County
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<ul style="list-style-type: none"> ● a phone is helpful just for communication's sake for scheduling or if there's a blip and we don't connect for the home visit. ● with COVID we were, actually, surprised when we surveyed our families, after things shut down that about 75% of them had access to enough data or wi-fi ● our retention isn't as good as in-person visits ● their own stable housing, that really goes a long way <ul style="list-style-type: none"> ○ if staying in places where the person that's in charge of that apartment or that house, they don't want these visitors coming here to see someone else that doesn't even really live here ● challenge if transient [no stable or a predictable place that they were going to be] then where does the worker go to do a physical home visit? <ul style="list-style-type: none"> ○ No one knows where you are/can't find you 	<p>Parents need to have:</p> <ul style="list-style-type: none"> ● their workbook ● their curriculum- their side of the curriculum. ● that's something the home visitors are delivering to them once they've had their first visit. ● with virtual services, they need to have some internet connection so that they can meet over Zoom and also a phone or a tablet, some way of actually meeting. ● need to have their child with them, so trying to find a time when all family members who want to be present are able to be and their little one is there, not in daycare or something. ● having the space as well. We like to have visits on the floor so they can do activities, making sure that they have that available to them ● wanting the connection to be a better parent and enhance their parenting skills because it is a voluntary program, it's not a mandated program. So just having that desire to want to build a better connection with your child and being able to be open to different and new ideas, I think is ... and to be able to have the capacity to build trust with a person. ● transportation is not <i>a big barrier</i>. <ul style="list-style-type: none"> ○ pre-COVID, we used to have four groups a year, so having your own transportation would make it a lot easier to get to the group, the in-person group, but even then we would try to partner with a cab company or a bus company to support those families, and then they wouldn't have to go anywhere for home visits.
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SUMMARY
One county felt that it was just important to be able to stay connected whether it was via phone or some other way to track a family that may not have stable housing. The less rural county was more

concrete in it's consideration of needs which also included a phone, but additionally the curriculum, internet service- and even stated importance of having the child present for the visit and floor space to do activities. Transportation was discussed here (as well as another question and did not seem to be an issue since home visitors come to parents).

Who are referrals being sent to?

Dorchester County	Baltimore County
<ul style="list-style-type: none"> ● Judy Centers ● Infants and Toddlers ● WIC ● various mental health providers ● our outpatient mental health centers in town ● housing resources [that's through our action center] ● [Sometimes] we have to make referrals to social services/ CPS when we feel like babies are at risk. ● other programs within DSS [financial assistance programs or family preservation] ● "It's sometimes hard to get families to accept referrals to DSS, even if it's not to child protective services, because they're fearful that, might become a CPS situation or somebody's going to try to take their kids away." ● medical providers ● this time of year [winter holidays] we refer to some of the holiday giving programs that help families who are in need have a nicer Christmas, like The Salvation Army, or the Brighter Christmas Fund ● private resource here about adoption, if they're considering that and they don't know where to turn. 	<ul style="list-style-type: none"> ● Intervention Services because we do a lot of screenings ● mental health-anywhere and everywhere we could find that has the capacity to take on new clients ● WIC ● breastfeeding support groups through the Healthy Babies Collaborative ● hotlines in general, like the Baltimore County Crisis Response ● domestic violence resources, like Turnaround or the Eastern Family Resource Center ● financial resources, so any service through DSS ● Child Care Subsidy Program ● I hear home visitors using 2-1-1 often to get to a plethora of places. Again, the government for housing programs, like utility and eviction supports ● while we're mandated reporters and we've certainly made mandated referrals to CYF, we have also sent in referrals to their family preservation unit with the goal of crisis mitigation or education to keep a family intact, which was not necessarily an actual instance of abuse or neglect, but circumstances that could certainly lead to it.

SUMMARY

This question was very similar to 2 other questions (referral agencies and outreach partners) and cited several repeats including Infants and Toddlers, Healthy Babies Collaborative for breastfeeding support, WIC, DHS/DSS (housing, financial assistance, family preservation, utility, eviction support),

medical providers, mental health providers, hotlines in general, like the Baltimore County Crisis Response and 2-1-1, and some local referral sources including adoption services and holiday giving.

How are you currently conducting home visits (i.e., in-person, online, hybrid)?

Dorchester County	Baltimore County
<ul style="list-style-type: none"> • Mostly (80%) virtual right now, we've conducted HVs in library, church, park, Judy Center if Mom can't be in own home 	<ul style="list-style-type: none"> • we are going to be transitioning to in-person events, family events, and then probably in the spring, we'll offer face-to-face visits. • our preference, and we will certainly try to make sure it's in the home whenever possible, but if we need to brainstorm around alternatives, we can certainly do that and offer services somewhere else in the community once return to in-person if needed • [during COVID] it wasn't uncommon for a visit to take place at: <ul style="list-style-type: none"> ○ library so that the family could bring their little one and have story time in the library ○ playground in the neighborhood

SUMMARY

Both agencies were at least 80% virtual but planning to return to in person visits at the time this was conducted. Both also noted that they will continue visits as preferred by the family in or outside the home or visual- although not preferred.

What are some possible obstacles that your program poses to families? (e.g., will you call child services if you see something that is not "good")

- Does the service have to be provided in the home or can it be done in the community?
- What are family household contexts that may make people hesitant to participate in HV services? Examples: immigration status, housing instability, domestic violence, or even logistics of the visit (e.g., working full time or variable schedules)

Dorchester County	Baltimore County
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<ul style="list-style-type: none"> ● can't look past obvious abuse and neglect. <p>“We can't do that, so we let them know that up front. That's one of the things that we have to make them aware of. For some, that might be a barrier, knowing that we are mandated reporters and it's like, "Well, there's some odds in my house might see something," so I think that that is one that makes people step back a little bit.”</p> <ul style="list-style-type: none"> ● if they don't live in their own home, or if they have other family members there <p>“...even if we're doing virtual visits if there's constantly other people around and you can't really talk openly, or you're not comfortable, I think that can be a barrier as well, especially if it's not their housing, or if the mom has a grandmother that she's living with who doesn't agree with all this new-fangled information about infants and "Of course, you need to let that baby cry, and you're going to spoil them if you hold them too much. Let's put some cereal in that bottle. It can be a delicate balance to not offend while you're working with mom, but that can definitely be a barrier.”</p>	<p>not asked specifically in the session- but covered in other answers- including CPS opinion and transient population</p>
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SUMMARY
<p>Some obstacles noted that the program poses to families included being a mandated reporter (parents feeling judged or possibly afraid to disclose information) and even family household contexts like home not being theirs so person doesn't want someone in the house, or getting information from family members that is opposite guidance and support that the program offers (see highlight for example above)</p>

Understanding Parent Use and Decline of Services

In your experience, what are reasons why parents decline Home Visiting?

- **Are there differences by the race, age, culture, language of families?**

Dorchester County	Baltimore County
<ul style="list-style-type: none"> ● immigration status ● people don't feel they have time, and that's in particular for working families, even though we offer to try to 	<ul style="list-style-type: none"> ● if they're in work in school, if they're occupied during normal business hours or just during the week, that can be a big barrier

<p>accommodate work schedules, come later past the regular work day, which is easier with virtual</p> <ul style="list-style-type: none"> ● dad often needs a later visit because of his work ● could be living with other people that object ● occasionally you'll see people refuse because maybe they're embarrassed by the condition of their house ● don't want anyone to come in because it's whatever's going on in there. Maybe it's a certain type of activity that's happening in there, or maybe it's got an infestation <p>"I know recently we had a girl, she's in the program, but she wasn't able to do her first visit at the original scheduled time because her mother and her brother were fighting and yelling so badly that she knew she couldn't have a conversation and hear her support worker on the other line."</p>	<ul style="list-style-type: none"> ● language barrier ● level of involvement of the program, some people aren't ready for something that they're going to do every week ● a lot of our families have a lot of trauma that they're bringing into being a parent. <p>"So just building trust is way harder, I think, and for us to have the time to show someone that we're going to be consistent and supportive, and we can be trusted, it takes a lot longer."</p> <ul style="list-style-type: none"> ● mental health challenges <p>"If somebody's struggling with depression and anxiety, that can be really hard to answer the call or open the door, particularly postpartum right after the birth."</p> <ul style="list-style-type: none"> ● complicated or traumatic birth experiences or infant health. So if the baby's in the NICU, 50% of the time, we're not going to hold onto that family.
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SUMMARY	
<p>This was a list of items that included: Immigration status and language barrier, lack of time [particularly for working families and reaching dad- often needs a later visit because of his work schedule- also noted in an earlier question], could be living with other people that object, embarrassed by the condition of their house, [work and/or school] then occupied during normal business hours or just during the week, level of involvement of the program [some people aren't ready for something that they're going to do every week], families experiencing trauma.</p>	

In your experience, what are the reasons why parents are accepting Home Visiting?

- **Are there differences by the race, age, culture, language of families?**

Dorchester County	Baltimore County
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<ul style="list-style-type: none"> • some people maybe truly want the support- that the support would be helpful and also, that “there's a lot they can learn about their babies and also they want them to do well in school.” • sometimes people accept because they have a friend who had a worker [because they have friends or they have family who've done the program, then they're more inclined to be open to receive services from us] • relationship with the worker that they have, because everything is relationship-based 	<ul style="list-style-type: none"> • connection <p>“Parents are really looking for that support with that socialization.”</p> <ul style="list-style-type: none"> • interested in child development • those extra supports in the community • not only talk about your child, but talk about yourself and possibly talk about housing challenges. <p>[Having a] “ home visitor that can support you with a multiplicity of things, and mainly just having that person that you can talk to that can help you navigate through tough times.</p>
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SUMMARY
<p>Both counties agreed that parents who accepted the program really wanted that support. Both also agreed they wanted to learn about child development and being ready for school. It was noted as well that the relationship with the home visitor was very important. Interestingly, both groups said these almost verbatim.</p>

How Do Specific Contexts Apply to Your Program or to Your Families

We have a list of conditions that commonly serve to support use of programs, and that commonly hinder the use of program and I'd like to get your thoughts on how these conditions may or may not apply to your program or the families that you serve.

How is it _____ for some families? How could it be not _____?

Easy to get information on the program...or not

Dorchester County	Baltimore County
<p>Yes- it's easy if you know who to call, but that might not be that might not be common knowledge.</p>	<p>No</p>

SUMMARY
<p>There was discussion in both groups, but the more established county program felt that although it was easier to get information- people still needed to know <i>how</i> to locate that information. The less rural county did not believe it was easy to find information on their program.</p>

Application was easy to complete ...or not

Dorchester County	Baltimore County
Parents don't have to fill out anything to start the process. They just have to sit down with program worker to do a virtual visit with her	Yes, but really not applicable. We don't have an application other than a self-referral. [filled out by worker for them]

SUMMARY
Both agencies discussed that the program completes enrollment- parents do not complete anything [this is all done when the assessment worker contacts the parent to determine if they qualify for the program].

Short wait time between applying and being able to access services and benefits ...or not

Dorchester County	Baltimore County
<p>Short</p> <ul style="list-style-type: none"> • I prefer to call in an interview, when really it's just a conversational exchange, and they're sharing information about their lives, but I'm sharing information about the program and how we can support some of those things that are going to happen down the road after this baby is born • usually in touch within a day or two • full services in a week to 10 days <p>“...for the most part with the population that we serve, because you have a phone number this week, it doesn't mean that it will work next week. So some of that is a little glitch in there, and sometimes I will deliberately wait so that I can make sure that this family is ready and capable of receiving the services.”</p>	<p>No- super complicated question because ...haven't had any spaces open on caseloads because we've had a lot of attrition of visitors.</p> <p>Interviewer asks “think about pre-pandemic and try to answer pre-pandemic. Is there a short wait time between applying and being able to access, or enrolling and being able to access services?”</p> <ul style="list-style-type: none"> • it's still complicated because we do it in a totally different way now and will forever going forward. So going forward, it's going to be very quick. It'll be instant.

SUMMARY

As with some previous answers, the more established HFA program has a short wait time from screening to first visit, noting that the program is usually in touch within a day or two and parent(s) will receive full services in a week to 10 days. The less rural county expressed challenges with staff retention- which directly affects the # of people that can be enrolled (based on the EBHV program caseload requirements). It appears through their answer that they have tried a different process to ensure prompt enrollment.

Services are affordable...or not

Dorchester County	Baltimore County
yes	yes

Easy to schedule use of services...or not

Dorchester County	Baltimore County
not asked specifically in the session	<ul style="list-style-type: none"> as long as you are available, Monday-Friday during working hours If you're not available during working hours, then what/then?-- it's case-by-case, less easy.

SUMMARY

As with some previous answers, this was mentioned in more than one section and cited that program hours may not be aligned with parent working hours or availability of a M-F, business hour schedule.

Parents feel respected by service provider and staff...or not

Dorchester County	Baltimore County
<p>I hope so. I hope they feel respected.</p> <p>"We do surveys every year to our families where they can give anonymous feedback. Of course, not everybody provides their feedback. We also send them out when somebody closes out. So if they really had a problem, they also have an opportunity. But the answers are overwhelmingly positive - and I think feeling respected in relation to practices and parenting and supported and understood and are overwhelmingly positive."</p>	yes

SUMMARY

Consensus was yes. See highlighted comment for how feedback is gathered.

Open at convenient hours...or not

Dorchester County	Baltimore County
<p>not really</p> <p>“...that definitely impacts families taking advantage of services, and staff are aware that they need to have some flexibility from the point that they're hired, that it may not [always] be 8:00 to 4:30. I think we have a couple of families now who even maybe do Saturday visits because that's the only time the family can really do it, but it can definitely have an impact.”</p>	<p>no</p>

SUMMARY

Consensus is no. See highlighted comment above.

Transportation to locations is not a challenge...or not

Dorchester County	Baltimore County
<ul style="list-style-type: none"> ● [not for staff] we have state vehicles. At this time each person has their own assigned state vehicle that they can use to go out to the home or to transport. ● we do not push that as a service or encourage a lot of it just because really their schedules aren't set up to do, and of course, with COVID, we really stopped all transportation for a while. ● we definitely have vehicles available and funding to use those vehicles ● our families definitely have transportation barriers, but we try to connect them with sources that they can use and not rely on their workers. 	<ul style="list-style-type: none"> ● home visitors are going to them. So I would say no.

SUMMARY

Home visitors do the driving to families, so both sites say that transportation is not an issue. One site did discuss that sometimes families were assisted by home visitors getting families to referral appointments or other meetings, but COVID has changed that. They do however connect families with other sources for transport. Additionally, from the conversation one site provides state vehicles for staff to drive, the other appears to use their personal vehicles to get to each home for the visit.

Close to parents' homes...or not

Dorchester County	Baltimore County
not asked specifically in the session	n/a home visitors are going to them

SUMMARY

This was addressed in several places above and found to be not applicable since home visitors GO to home.

Staff in the office can answer parents' questions...or not

Dorchester County	Baltimore County
not asked specifically in the session	yes

Staff in the office can refer me to services I needed...or not

Dorchester County	Baltimore County
not asked specifically in the session	yes

Friendly staff...or not

Dorchester County	Baltimore County
not asked specifically in the session	yes

Trustworthy staff...or not

Dorchester County	Baltimore County
not asked specifically in the session	yes

Information is available in a language that parents speak/read...or not

Dorchester County	Baltimore County
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not asked specifically in the session- but addressed earlier- not really available except for English and Spanish materials (as noted in above answer)	no
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Parents believe that this service is helpful for their children’s development...or not

Dorchester County	Baltimore County
<p>Yes</p> <p>“Based on what we've seen in the surveys, they've shared a lot of nice things that they appreciate about the program and how it has been good for them and their baby and their family, so I think generally speaking, there's an awareness and appreciation of that.”</p>	<p>yes</p>

OVERALL SUMMARY
<p>Six individuals participated including 2 program managers/directors, 2 family service managers, a clinical supervisor and a full-time staff person split between clinical supervisor and family support specialist. Experiences ranged from 1.5-14 years in HFA and over 21 years in home visiting. All 3 Dorchester staff had over 11-14 year each in experience with their current positions. The Baltimore staff had 1.5-4 years total experience in this program. Many of the questions had very similar answers including program strengths, target population, referrals and limitations. Outreach, and collaborative agency work varied greatly in the different locations. Although both groups cited similar (or the same) challenges with hours of the program and language barriers, staffing was a bigger issue in the less rural county and created additional challenges for the time it took from referral to enrollment. This same county also brought up needing more/stronger infrastructure and organizational support and alignment. Transportation was not a concern to either program (since home visitors go to the family).</p> <p>Both programs noted that COVID changed the way home visits were conducted both from the national level and directly in their programs (from virtual visits to screenings). Both programs shared creative ways to follow families and reach new ones. One program lost many staff which presented a challenge for taking on new families as well as providing continuity of their program. COVID also changed the way programs met (or could not meet) with other agencies and collaborative organizations, thereby limiting access to additional supports outside their county.</p>