Healthy Families Oregon
Summary of Regionalization Strategies & Lessons Learned

Submitted to:

Oregon Early Learning Division
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Submitted by:

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Portland, OR

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NPC RESEARCH

Informing policy, improving programs

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TABLE OF CONTENTS

INTRODUCTION

The Early Learning Division, in collaboration with The Ford Family Foundation, worked with NPC Research and existing Healthy Families Oregon (HFO) regional programs to conduct a qualitative investigation into the process of regionalization for Healthy Families Oregon programs—that is, the process by which the county-level programs have begun to re-organize into larger, regional entities. The purpose of the research was to learn more about the key steps involved in the regionalization process, describe some of the benefits of regionalization, and to identify lessons learned that could be shared with other HFO programs that may be interested in a more regional approach. Surveys and/or interviews were conducted with nine representatives from 10 counties who have been involved in regionalization. Some have had an operational regional program for a number of years, while others were still in the process of regionalization. In addition, four state level HFO staff and consultants were interviewed.

The intent of this document is to provide a brief summary of key findings from the study, including (1) Benefits to families, programs and communities; (2) Keys to successful regionalization; and (3) Lessons learned during regionalization, from both the county and state perspectives. Finally, example materials that may be helpful for programs considering engaging in this process are provided as examples in the Appendices.

Historically, HFO programs in Oregon have been administered at the county level, first through the Oregon Commission of Children and Families system, and currently through contracts to counties from the Early Learning Division. However, the potential advantages of more regional administration were identified in early efforts to increase program efficiency through various program redesign efforts at the state level. Currently, the state of Oregon is undergoing a fundamental restructuring of how early childhood services are organized and administered, with a system of "Early Learning Hubs" funded through the state by the Early Learning Division. These hubs are meant to provide integration of early childhood services and to increase the efficiency of local early childhood systems by pooling resources and building strong partnerships between community partners that can cross county boundaries. HFO programs may soon be administered locally by Early Learning Hubs, and as a result, an increasing number of HFO programs are either in the process of regionalizing, or considering what a regionally administered program might look like in their community. The Early Learning Division has identified a number of potential benefits to regionalization, described briefly below.

BENEFITS OF REGIONALIZATION

Historically, program service areas have been defined by county borders, and funding has been allocated to each of Oregon's 36 counties to provide a stand along program. This has led to a number of challenges and inefficiencies that can be addressed through regionalization. Based on the interviews conducted, we summarize below the key benefits of regionalization described by these HFO programs. Table 1 presents some of the key issues that programs faced, and the associated changes seen or expected after regionalization.

1. MORE EFFICIENT USE OF LIMITED RESOURCES

Regionalizing allows counties to make better use of limited resources, by creating larger programs with more full-time staff. As an example, HFA suggests the typical minimum program size is one supervisor to every five to six home visitors; many programs in Oregon maintain part time managers and supervisors, and as little as one or fewer full time home visitors.

When HFO programs regionalize, more financial resources tend to be available, primarily as a result of having fewer different part time staff, as well as by reducing time spent on program governance and other management activities (e.g., a single local Advisory Board is needed, rather than multiple county-specific Advisory Boards). From a program perspective, having centralized administration with home visitor teams in different locations reduces office overhead costs, maximizes the efficiencies of managers and supervisors (combining funds for small "pieces" of multiple different managers/supervisors into a single role and resulting in a cost savings to the program), and allows home visitors to maintain full caseloads (resulting in fewer part time staff on payroll, less staff training time, and less supervision).

- Another noted that regionalization *"helped create a full-time FTE position where only part time FTE [for Home Visitors] was available [prior to regionalization]."*
- One HFO Regional Program Supervisor commented, *"Regionalization helped our programs make it through some very challenging financial times, reduced stress for staff [allowing them to keep] their full time positions and benefits, and allowed partners to see the efforts of our working hard with the resources we have."*

At the state level, regional programs allow better use of limited staff resources for technical assistance, quality assurance, and programmatic support. For example, Healthy Families America (HFA) accreditation requires annual site visits to each program; thus, having fewer individual programs equates to fewer individual site visits but allows more in-depth support to a smaller number of regional programs. This increases efficiency at the state central office level, and may improving the quality of program services provided locally as well.

2. Improved Program Quality

Regionalizing programs may help to improve program quality, both through the state's increased ability to provide substantive technical assistance and quality assurance, as well as by increasing staff retention and reducing staff stress. For example, counties with small populations may experience more staffing challenges (given the smaller number of families they traditionally serve). Often, program staff in these communities are either working fewer than their desired hours, or hold positions in which they have to "wear many different hats" in order to have full time work. These programs may have more difficulty retaining staff and providing adequate training and supervision given the lack of a sufficient program size to provide the needed infrastructure. Home visiting is a strongly relationship-based approach, in which families build trust with home visitors over time. Staff turnover creates disruptions in the home visitor-family relationship, as well as creating inefficiencies related to the need to continually re-hire and re-train.

3. Providing Services to more families

Despite a legislative mandate to provide HFO service statewide, some areas of Oregon have struggled to provide the needed infrastructure to successfully implement the HFO program. As a result, there have been counties that have not had a functioning HFO program, sometimes for months or even years. Further, quality assurance efforts under HFA accreditation can lead to programs being identified as underperforming and, potentially, to being closed due to performance concerns. Thus, a regional approach can benefit families by allowing communities that struggle with implementing county-level programs to merge with other communities that can more successfully manage program implementation.

4. Expanding Program service areas across geographic boundaries

Geographically large counties are often faced with unique challenges serving families in remote locations due to distance from the program's physical location (typically in a single large city or town). While this is most often the case for rural counties, similar challenges are faced by counties such as Lane County and Clackamas County in serving families who reside at great distances from the HFO central offices. This can lead to inefficiencies in serving these families in the form of long home visitor travel times, or even to a lack of services, if programs are not able to provide services to families in some areas of a county. A regional approach could restructure service areas such that these outlying areas are served by adjacent counties that might more easily and efficiently provide services to these families.

Overall, there are a number of benefits to regionalizing HFO programs in terms of efficiency, service capacity, and program quality. Programs that have gone through the regionalization process have been quite positive about the results, as noted by program staff and managers:

- *"We have been successful in large part because we were all aware of the benefits and could see the positive results for families, the program, and the staff right away."*
- *"Our efforts made our services more streamlined for the families we serve!"*

Table 1. Benefits of Regionalization

Program Issues Prior to Regionalization	Changes Observed After Regionalization
More Efficient Use of Resources	
Many part-time staff used to fill management and home visitor positions, staff working fewer than desired/needed hours	Increased retention and reduced stress for staff by creating full time positions with benefits
Managers/supervisors performing various unrelated roles in order to fill a single position	The combination of management funds allowed for a single program manager.
Increased time needed for governance and management of multiple programs	Use of a single Advisory Board rather than multiple county-specific Advisory Boards
Financial concerns/limited funds	Central administration for multiple programs reduces overhead costs
Improved Program Quality	
Inability to retain staff/provide staff with desired amount of work can lead to higher turnover	Staff turnover effects home visitor-family relationships and well-trained experienced staff may be lost.
Annual site visit required by HFA reduces state central office staff time available for more focused quality assurance and TA.	Better use of limited state staff resources for technical assistance, quality assurance and programmatic support
Expanded Services & Service Area	
Some counties have not had a functional HFO program	Counties without programs have been able to regionalize with existing programs
Some county programs have not met HFA performance standards	Merging of underperforming county programs with existing programs meeting HFA accreditation standards and successfully managing program implementation
Challenges serving families who reside at a great distance from the HFO central office, long home visitor travel times, and lack of service	Outlying areas served by adjacent counties that might more easily and efficiently provide service to families

A ROADMAP FOR SUCCESS: EXPERIENCE FROM COUNTY STAFF

Interviews with key stakeholders who have been involved in regionalization highlight the fact that taking the first steps toward regionalization can feel overwhelming but that the work can be successful. Several key questions, highlighted below, can help guide programs considering regionalization in terms of knowing where to start and what might be most realistic.

Knowing the Right Questions to Ask

County stakeholders and key state staff identified major steps in the "roadmap" to regionalization as well as additional considerations to be made at each step. Table 2 describes those key questions and considerations.

Table 2. Regionalization Roadmap

Key Questions	Additional Considerations

What should you ask when considering regionalization?	• What are the benefits to regionalizing with another county(ies)?
	  ○ Will we be able to expand services into networks that are lacking existing services and/or help better reach traditionally underserved populations in the community?
	  ○ Will we be able to share resources related to office logistics, management, training, etc. in a way that is fiscally beneficial?
	  ○ Will we be able to offer full time work/benefits to current part time employees?
	  ○ What will be the cost-savings of regionalizing (for instance, administrative costs, program management duties) and how can those savings positively impact families?
	  ○ How does regionalizing further the strategic work plan of the Early Learning Hub?
	• What are the risks if we don't regionalize?
	  ○ Is the investment/cost of continuing the stand-alone program beneficial for the amount/quality of service provided?
	  ○ Can we continue to successfully implement an accredited HFO program?

Who should be at the discussion/decision table? ***Note: The example Workgroup Agenda (Appendix A1), Regionalization Goals worksheet (Appendix A2), and Building Community Connections & Promotional Materials (Appendix A3)***	• Managers/Supervisors from both (all) HFO programs considering regionalization. • Healthy Families State Coordinator. • Representatives from local program advisory and all other committees. • Early Learning Hub leadership representatives • Other relevant county stakeholders. • Representatives from other counties who successfully regionalized. • A discussion/meeting facilitator (if early discussions among programs and stakeholders seem overly strained or difficult). **Important! Be clear about which stakeholders make the final decision.**

Key Questions	Additional Considerations
may all be helpful during this process.	
How much time should you expect the process to take?	• Every regionalization process is going to be different. At minimum allow at least 3-6 months, but know that it could take up to 12+ months to be fully regionalized. • During the process, find opportunities to bring staff from the programs together through joint staff meetings, trainings, and other communication opportunities with staff from both (all) programs. • Maintain transparency with clear, regular, and multi-modal (written and face to face) communication about discussions and decisions with staff in both (all) programs

What <u>high level</u> decisions need to be made?
 	
Note: The sample Advisory By-Laws (Appendix A4) may be helpful during this process.
	• Which county will serve as the fiscal lead?
	  ○ Will funds be comingled or kept within each community?
	  ○ Which funds can be braided across counties and which cannot?
	• Which county will serve as the management lead?
	• How will supervision and staffing occur?
	• How will joint governance (for HFA) be structured?
	• How will you ensure participation from both (all) communities involved in the regionalization?
	  ○ How will you build relationships between communities?
	• How will employee contracts, compensation, and benefits be handled?

What are other decisions/considerations to be addressed?	• What is the plan for assessing the target population of both programs?
	• Who will have access to office space and where will that space be located?
	  ○ What will be housed at the site (for instance, family files)?
	• How will staff salary discrepancies from different county programs be remedied?
	• How will staff reimbursements of cell phone plans, mileage, etc. be managed?
	• What training needs are present?
	  ○ Have you considered training needs for staff who will be transitioning into new roles, or newly hired staff to fill new/vacated roles?
	• How will staff serving a different community or located away from central management staff receive supervision, management, and administrative support?
	• Will staff have increased travel commitments in order to serve families?
	• What messaging needs to happen with community partners? Who is responsible for the messaging and when will it happen?
	• What messaging needs to occur with families in service? Who is responsible for the messaging and when and how will it happen?

All stakeholders reinforced the importance of "the process" and allowing sufficient time for relationship building. Program Managers should be ready to lay the groundwork for building trust and buy-in by expending the effort to build community partnerships and committing time to staff team building. Existing program staff offered the following suggestions:

- Allow time for the discussions to happen.
- Set clear priorities and timelines.
- Create opportunities for everyone to have input.
- Respect the needs and uniqueness of each local community.
- Take the time to recognize the strengths each community brings to the partnership and how the region will benefit from that partnership.
- Make sure that the same efforts asked of staff are happening at the management level.
- Ask for assistance if needed; accept support when offered.

Appendix B contains additional materials submitted by programs participating in the formulation of this report, which may be of assistance once regionalization has occurred. These materials include:

- a sample staff work allocation worksheet (B1) which may assist your program in monitory monthly caseload points for home visitors,
- a sample home visitor monthly report (B2) which may help your program monitor services provided, including home visits, new enrollments and transfers/exits,
- a quarterly home visit tally sheet (B3) which compiles home visits and family service units quarterly, and,
- a quarterly report form (B4) which allows programs to track an monitor key performance indicators and service units each quarter of the year.

LESSONS LEARNED: PROGRAM AND STATE STAFF AND STAKEHOLDERS

Program and state staff and county stakeholders offered a variety of lessons learned that they felt would be helpful to programs considering regionalization. These are highlighted below.

1. **Take advantage of naturally occurring circumstances** — In some cases, naturally occurring events such as the retirement of a long-time program manager or regionalization with a county that had given up their HFO contract made the move towards regionalization go more smoothly. Moreover, counties that have a successful history of partnering on other efforts seemed to have an easier time managing the transition process.
2. **It takes time** — Most counties described a process lasting at least 6 months and in some cases much longer from beginning conversations to finalizing details of a regional approach. Allowing sufficient time for building buy-in among staff and community partners, working through details, getting input from the state, and ensuring that families understand the process were all seen as centrally important to successful regionalization. A State HFO staff commented, "Even in programs with pre-existing relationships, the process can easily take 6-12 months (or more if you are planning to have all of your policies and hiring decisions in place)."
3. **Transparency and communication are important** — In most cases, regionalization did result in difficult discussions and decisions, such as elimination of positions (especially at the management level) and resolution of wage discrepancies across organizations. Several of those with successful regionalization efforts noted the importance of good communication across all levels of staff (and with families) as such issues were discussed in order to keep staff informed, get feedback, and allow time for thinking through issues and introducing change ideas. Allowing time for these conversations was particularly important so that people's concerns (especially staff) could be heard, even if ultimately difficult decisions needed to be made.
5. **State support for the process was invaluable** — Almost universally, help and support from the state through the process was named as a key contributor to the successful regionalization process. Key roles for the state included facilitation of discussions; suggestions for staffing, supervision, and program structures; examples from other regional efforts; and help in working with local HFO advisory committees. Know that your state staff are not only encouraging the regionalization process, but are there to support your efforts in this process. State staff can help you identify the types of issues that are important for you to consider in your conversations and your meeting agendas.
6. **Stakeholder Identification and Relationship Building** — Be thoughtful and comprehensive when inviting partners and stakeholders to the table for regionalization conversations. Don't think that partnerships between government agencies and private/non-

profit agencies are impossible. They can-and do-work well as partners. Think about the ways in which a new partnership can improve program quality and stretch program resources and start there.

7. **Reaching Common Ground** — Program managers have the added responsibility of being ambassadors in this process—you need to get the community partners involved in the conversation. Assess and consider how your community stakeholders are interacting and working together, and if necessary find ways to help everyone feel at ease about the process. Often, roadblocks to partnerships occur when one partner feels like it is losing power, control or resources. As a key player in the process, find a way to make stakeholders understand that one doesn't have to be the lead in order to get their fair share.
8. **Recognize success** — Several individuals mentioned the importance of "celebrating successes" in terms of making progress towards regionalization, and of acknowledging and recognizing staff efforts to adapt to the changes.
9. **Make sure unique aspects of county programs acknowledged** — Directly recognize the unique ways of doing business in different programs and provide opportunities for sharing of experiences and resources across programs through joint team meetings, joint advisory board meetings, etc.
10. **Take the time to build regional teams with home visiting and other staff** — Take the time to make sure that combining staff from multiple programs is successful and creates a foundation for a truly team-based "regional" program (team building activities, opportunities for connections, sharing of experiences). Don't forget to budget for things like mileage and travel for managers/supervisors. This is a program expense that is often overlooked because it is rarely needed in a traditional single-county program model. State HFO staff commented, "Don't short circuit the process, do the groundwork to build trust and interest."
11. **Build buy in by being explicit about benefits and cost-benefits for the program and families** — Be clear and provide data about the costs that can be saved for regionalization and how these savings can support more time for direct services for families. For example, that families can move across county boundaries and remain in the same program; that reductions in management salary can fund more home visiting time; that fundraising efforts can be pooled to maximizing effectiveness and the results used across the region; that training costs can be reduced. The economic rationale was a driving force behind several regionalization efforts.
12. **Remember** — The purpose of regionalization is to assure higher program quality, more invested staff, and more overall program resources. The goal is to consider what is in highest service to the families.

APPENDICES

Appendix A1: HFO Regionalization Workgroup Agenda

Sample agenda for an initial stakeholder meeting discussing the possibility of regionalization.

Appendix A2: Regionalization Goals and Strategies

Sample worksheet (for using during a stakeholder meeting) of the goals of regionalization and the strategies for implementing/attaining those goals.

Appendix A3: Building Community Connections; Promotional Materials

Handouts for program staff describing how to build partner relationships, and a list of promotional materials available from the state office.

Appendix A4: Advisory Committee By Laws

A sample of advisory committee by-laws in use by an existing regional program.

Appendix B1: Staff Workload Allocation Worksheet

A sample staff workload allocation worksheet for monitoring caseload points.

Appendix B2: Home Visit Monthly Reporting Form

A sample home visitor report for monitoring monthly services.

Appendix B3: Quarterly Home Visit Report

A sample tally sheet for compile home visits and other family services.

Appendix B4: Healthy Families Quarterly Reporting Form

A sample template for reporting and monitoring quarterly progress of key performance indicators.

APPENDIX A1: HFO REGIONALIZATION WORKGROUP AGENDA

Healthy Families Oregon Regionalization Workgroup Agenda

Date

Location

10:00-10:15 Welcome and Introductions

1. What is our goal for today?

10:15-11:00 Establishing Group Norms

1. Whose concerns or successes are you representing?
2. Level of information/summaries to be provided to staff
3. Take care of your personal needs (bathroom breaks, beverages, etc.)
4. Stay positive!

11:00-11:10 Short break

11:10 – 1:00 Working lunch, small-group break out

1. Program Structure
    a. Staff and management structure/staffing
    b. Supervision
    c. Hiring of new staff
    d. Other
2. Community Participation
    a. Identifying new partnerships
3. Service Expansion
    a. Review of existing program performance data
    b. Additional service opportunities
    c. Enhancement of wraparound services
4. Funding Considerations
    a. Who will be financial lead?
    b. Areas in which cost savings can occur
    c. Potential additional expenses
    d. Site location
    e. Building and supply needs
    f. Other

1:00-1:20 Short Break

1:20-3:00 Report back from small group break out

1. Identify agreements
2. Identify key concerns
3. Identify next steps

3:00 – 4:00 Wrap-up

1. Topics for next meeting?
2. Homework: Things to think about before the next meeting

<u>Parking Lot:</u>

1.
2.
3.

APPENDIX A2: REGIONALIZATION GOALS AND STRATEGIES

Regionalization Goals and Strategies

*Determine which work group or committee should be involved in developing the goals and strategies. Use this form to (1) describe your overall goals, (2) the strategy that can accomplish that goal, (3) the rationale behind the strategy, (4) how the strategy may impact services (pros & cons), and (5) what implementation may look like.

Goal	Strategy	Rationale	Services Impact	Implementation
Protect and preserve the number of families served and the program's effectiveness in meeting its benchmarks.	Shared Staffing	Reduces duplication of effort	Does not directly affect families.	Retains HFO presence in all communities. Requires collaboration.
	Reduce screening expenses	Reduce cost of screening system to maintain funds to serve additional families	Improves access to program.	Use volunteer screeners. Use partner's staff for screening.

APPENDIX A3: BUILDING COMMUNITY CONNECTIONS; PROMOTIONAL MATERIALS

Building Community Connections

Programs work with Advisory Board members to ensure that the community understands Healthy Families Oregon (HFO) mission and the success that the local program has achieved. By creating a positive image of HFO and letting people know they can help; programs can build community support.

Communication

Effective public relations depend on having a plan for what messages will be conveyed, how they can best be conveyed and by whom and/or what. In planning, program managers should recognize that people are drawn to positive visions and actions, not problems and guilt. Consider the following strategies:

- Produce and distribute a local "Status Report" by using NPC Research's annual data reports (www.npcresearch.com). Use the information to trumpet local successes.
- Recruit parents to tell stories about how HFO affected their lives. Statistics will have much more punch when coupled with success stories from real people in the community.
- Use local media to get your messages out. Provide press releases to draw attention to successes. Develop information on positive parenting practices and make it available to the media. Write letters to the editor about HFO.
- Make presentations about HFO to local organizations and agencies. Sponsor or co-sponsor special events for families and young children.
- For HFO programs, the key to success lies in partnering with other groups who share a commitment to children and families. Let people know how the community is working together to achieve HFO's results. Highlight how others can and do get involved.
- Seek opportunities to present about HFO to community agencies, hospitals, and partners. Have these partners come present their services to your staff as well.

Hospitals, Clinics, Agencies

Establish working relationships and agreements with hospitals, clinics and other sources where families will be identified. Written agreements will clearly define expectations and responsibilities for both the cooperating organization and the HFO site, and will usually provide stability when there are staff changes at these organizations.

Matching Funds

HFO programs are required to demonstrate at least a 25% local match as part of their base operating budget. The match includes such items as cash contributions, in-kind contributions, volunteer hours, and the value of donated items.

Some of the ways in which HFO programs have successfully involved community members and/or organizations to create these matching resources include:

- sharing resources like space, staff, or training opportunities,
- receiving cash contributions or conducting fund-raisers
- providing material goods, such as groceries or baby supplies and,
- volunteering to assist with grant-writing or providing services such as screening/outreach and clerical support.

Promotional Materials

Central Administration has a variety of materials and other resources that programs can use to promote Healthy Families Oregon. Central Administration can provide information on these items and technical assistance for their effective use.

Healthy Families Materials

Materials	**Availability**
Healthy Families Brochures: Family friendly program description—with information on local contacts.	Available in English and Spanish
Reading for Healthy Families: Brochure describing the importance of, and effective practices for reading to young children.	Available in English, Russian and Spanish
Healthy Families Display Board Layout: Words and pictures for a standard table-top tri-fold display. Local contact information can be added.	Available in English and Spanish
Healthy Families Elevator Cards: What you might say if somebody asked "What is Healthy Families"	Available in English

APPENDIX A4: ADVISORY COMMITTEE BY LAWS

ADVISORY COMMITTEE BY LAWS

HEALTHY FAMILIES OF X AND Y COUNTIES

Healthy Families of **X** and **Y** Counties shall structure and govern itself according to the following guidelines:

Introduction

The role of this group is NOT to provide day-to-day management of the program nor contractors.

I. PROCEDRUES:

A. Business will be conducted according to Roberts Rules of Order.
B. A quorum shall be a majority of total membership.
C. A consensus of a majority of members present shall pass or reject a motion put before the Advisory Committee. A minority report shall be included in the minutes upon request of a member.
D. A third of the members must be present when voting on motions that include finances.
E. In situations where action is required before the next scheduled meeting, the Advisory Committee may authorize the Chair to poll all available members of the Advisory Committee and act in accordance with the majority opinion.
F. Members who have conflict of interest shall declared that conflict and abstain from discussion and voting unless requested to participate in the discussion by another members.
G. Meetings shall be held quarterly. They may be held more often if requested by the membership.
H. The Advisory Committee shall approve the guidelines for the expenditure of Discretionary Funds.
I. Program concerns shall be discussed at the Advisory Committee meeting following the incident causing the concern. The Advisory Committee shall make a decision and a recommendation to the Oregon Early Learning Division.
   Program concerns shall include but not be limited to: service delivery and barriers to program success.
   Program concerns do not include personnel issues regulated by contracted agency procedures and policies.
J. As an advisory body, the Healthy Families Committee shall conduct meetings in accordance with Oregon Public Meeting Laws.
K. In the event that confidential matters are discussed, members of the public shall be excluded.

II. MEMBERSHIP

A. The Healthy Families Advisory Committee shall be comprised of a minimum number of 10 members and maximum number of 15 members. Including at a minimum of three members for each county.
B. Members shall be ratified by the Oregon Early Learning Division.
Every effort will be made to include members who: represent all geographic areas of **X** and **Y** Counties, have an interest in strengthening families and in early childhood development, are consumers of Healthy Families services and represent the diversity of the population.
C. Membership shall be reviewed annually. If a member has not participated regularly or advised the committee of their status they may be asked for their resignation.
D. Members shall be required to sign an Agreement of Confidentiality.

III. DUTIES

A. It is the responsibility of members to attend meetings regularly and keep informed about the local Healthy Families program.
B. Members are bound to confidentiality.
C. Members shall provide leadership and support (including raising the matching funds) as necessary to accomplish the goals and outcomes of the program and a comprehensive system of early childhood services.
D. Members shall adhere to the policies and procedures developed by Healthy Families Oregon and the local Advisory Committee.
E. Members shall be knowledgeable about and respect the policies and procedures of the agencies contracted to provide program services and those included in the Interagency Agreement.
F. Representatives of the committee shall attend Oregon Early Learning Division Quarterly Report review meetings. Representative may be the Chair and Vice-chair.

IV. OFFICERS

A. Officers shall be elected by majority vote.
B. The officers shall consist of Chair and a Vice-Chair or Co-Chair.
C. The Vice-Chair shall conduct business in the absence of the Chair.
D. One of the Chair or Vice-Chair must be from opposite counties.
E. Office holders may be re-elected to the position.

APPENDIX B1: STAFF WORKLOAD ALLOCATION WORKSHEET

Staff Workload Allocations by FTE September 2014

Proposed after transition	*County X Max Points*	*County Y Max. Points*	*TOTAL MAX POINTS*		County X HS FSW	County Y HS FSW	County X Screen	County Y Screen	Parent Educ.	FSC	Open Enroll-ment	County Expan-ded H.V.	RBV & PTS	Play Group	Fund-raising	Total FTE
Program Manager																0.00
Supervisor																0.00
Home Visitor 1																0.00
Home Visitor 2																0.00
Home Visitor 3																0.00
Admin Assistant																0.00
Other																0.00
Other																0.00
Totals	***0.00***	***0.00***	***0.00***		**0.00**	**0.00**	**0**	**0**	**0**	**0**	**0.00**	**0**	**0**	**0.00**	0	**0.000**
FSU obligation per budget	##.#	##.#			######	#####									FSU/FTE	##.##

Tot. HS: **0** **FTE**

Home Visitor FTE	90% Capa-city Points	Hours per Week	HFA Max Pnts	HFA Max Fami-lies
1	**27.0**	40	**30**	**25**
0.95	**25.7**	38	**28.5**	**24**
0.9	**24.3**	36	**27**	**23**
0.85	**23.0**	34	**25.5**	**21**
0.8	**21.6**	32	**24**	**20**
0.75	**20.3**	30	**22.5**	**19**
0.7	**18.9**	28	**21**	**18**
0.65	**17.6**	26	**19.5**	**16**
0.6	**16.2**	24	**18**	**15**
0.55	**14.9**	22	**16.5**	**14**
0.5	**13.5**	20	**15**	**13**
0.45	**12.2**	18	**13.5**	**11**
0.4	**10.8**	16	**12**	**10**
0.35	**9.5**	14	**10.5**	**9**
0.3	**8.1**	12	**9**	**8**
0.25	**6.8**	10	**7.5**	**6**
0.2	**5.4**	8	**6**	**5**
0.15	**4.1**	6	**4.5**	**4**
0.1	**2.7**	4	**3**	**3**
0.05	**1.4**	2	**1.5**	**1**

APPENDIX B2: HOME VISIT MONTHLY REPORTING FORM

Healthy Families of X & Y Counties (7.30.14)

Home Visitor Monthly Report

Review Date: _____
Sup. Initials: _____

HV: _____ Mo/Yr: _____ **HV Initials: _____**

Caseload Status from 1st to last day of reporting month

	X Co.	Y Co.	Total or Avg.
A. Home Visitor FTE (same as HVC form):	_____	_____	T: _____
B. Number of caseload points Maximum (A x 30 pts):	_____	_____	T: _____
C. Number of caseload points Delivered:	_____	_____	T: _____
D. % of Maximum points Delivered (C÷B) (goal ≥90%)**	_____%	_____%	T: _____%
E. Number of **families** Maximum allowed (A x 25):	_____	_____	T: _____
F. Number of families served (count from HVC & List):	_____	_____	T: _____
G. Number of **children** served (count **all** kids in families):	_____	_____	T: _____
H. Number of Home Visits completed:	_____	_____	T: _____
I. Number & % of HVR turned in to Sup.(min. 90%):	_____%	_____%	T: _____%
J. % of families meeting HVC Standard (goal ≥75%):	_____%	_____%	Av:_____%

*D**: If <90%, please comment on plan for meeting 90% minimum for next month:* _____

_____

New Families Outreached This Month

	List all received this mo.	1st Attempt Date:	w/in 2 wks Y/N?
1. MOB Init: _____ Screen date: _____	Rec'd date: _____	1st attempt: _____	____
2. MOB Init: _____ Screen date: _____	Rec'd date: _____	1st attempt: _____	____
3. MOB Init: _____ Screen date: _____	Rec'd date: _____	1st attempt: _____	____
4. MOB Init: _____ Screen date: _____	Rec'd date: _____	1st attempt: _____	____

NEW Families Enrolled (new, not transferred from w/in county's program)

	County	1st H.V. Date*:	PN	< 3 mos.	> 3 mos.	R&C on 1st HV?
1. MOB Init: _____	_____	_____	____	_____	____	_____
2. MOB Init: _____	_____	_____	____	_____	____	_____
3. MOB Init: _____	_____	_____	____	_____	____	_____

* Goal is ≥90% receive 1st Home Visit within 3 months of baby's birth.

TRANSFERRED Families This Month (transferred from w/in county's program)

	County
1. MOB Name: _____ Start Date: _____	_____ From HV: _____

EXITED Families This Month (including exits from one county to another) **NPC Exit Form Submitted?**

1. Initials: _____ County: _____ Last HV date: _____ Mos. in pgm: _____ Reason*: _____ Y N
2. Initials: _____ County: _____ Last HV date: _____ Mos. in pgm: _____ Reason*: _____ Y N
3. Initials: _____ County: _____ Last HV date: _____ Mos. in pgm: _____ Reason*: _____ Y N

* A) Can't locate B) Child removed C) Reached age limit/graduated D) FSW safety E) Not interested/busy/declines F) Transf. to non-HS pgm. G) Moved H) Other: _____

Please include, in this order: 1) HV Monthly Report (combine 2 counties if applicable) (2-sided); 2) HVC Form(s) (separate by county); and 3) Caseload List(s). Due to Supervisor by the 5th (or before) of every month. Also email HVC(s) to Superv.

(HV Monthly Report Continued) **HV: _____** **Month/Year: _____**

Healthy Families, Family Outcome and Service Delivery Goals:

90% + New IS families stay engaged for at least 90 days
65% + IS families remain engaged for 12 months or longer
80% + Children have a primary medical provider:
80% + Children with up-to-date immunizations
85% + Parents reading to child at least 3 times weekly
85% + Parents reporting positive parent-child interactions
65% + Parents reporting reduced parenting stress
85% + Parents reporting Healthy Families helps with social support
Families currently free of substantiated reports of abuse/neglect

Comments to Supervisor:
_____
_____
_____
_____
_____
_____
_____

PROFESSIONAL ACTIVITIES (Trainings, Committees, Presentations, Community Forums, Job/Health Fair, etc.)

Training/Activity/Meeting/Committee	Location	County	Date	# Hours	Training in Binder?	Role/Other Information

Trauma Stewardship Plan & Self-Care Activities (deep breathing; movement/exercise/walking/stretching; laughter; sleep; drink water; healthy food; sunshine; socializing; knowing your triggers; close relationships; delegate; non-chaotic work area/environment; support from co-workers; recognizing triggers; "brain gym" activities; positive self-talk, etc.)

Changes in my work day to minimize stress; Things I added or took away from my personal time to stay balanced; and/or How my co-workers and agency can support me:

_____
_____
_____

General Work Successes/Challenges/Comments: _____
_____
_____

Home Visit Completion Monitoring

Please list all your families that got 50% or less of required number of home visits. Use the space below to note the following:

1) The *reason(s)* the appropriate number of visits were not completed.
2) Your *plan* for ensuring that the appropriate number of home visits will be completed this quarter.

Discuss with Supervisor at the beginning of month. Levels can be changed after 30 days of missed home visits, no sooner.

Family	% Completed	Reason(s)	Plan
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPENDIX B3: QUARTERLY HOME VISIT REPORT

County X and Y Quarterly HV Report Tally Sheet
Quarter & Year: Q4 2013 -14

A	B	C	D	E	F	G	H	I	J	K		L	M		
HOME VISITOR	**Mo. in Qtr.**	**FTE**	**Max Points (FTE x 30)**	**Points Deliverd**	**Pro-Rated Pts. Delivrd**	**% Max Points Delivrd**	**# Fams Servd X Cty**	**# Fams Servd Y Cty**	**Total FSU's**	**FSU's per FTE**		**Home Visit Compl. Rate**	# of Home Visits	# of Kids Served	rows
	1														1
	2														2
	3														3
	1														4
	2														5
	3														6
	1														7
	2														8
	3														9
															10
	2														11
	3														12
	1														13
	2														14
	3														15
	1														16
	2														17
	3														18
TOT		0	0	0	0.0	0%	0	0	0	0.0		0%			
Div.by		3	3	3	9	9	3	3	3	9		9			
		0.00	**0**	**0.0**	**-**	**0%**	**0.0**	**0.0**	**0.0**	**0.0**		**0%**	0	0	

	Avg. FSW FTE based on months	Max Points Possible based on months	Total Monthly Pts Delivrd based on months	Average Caseload Pts per FTE based on rows	% Capactiy Met based on rows	County X FSU's based on months	County Y FSU's based on months	Total FSU's based on months	Avg. FSU's per FTE based on rows		Home Visit Completion Rate based on rows			
				P.I. #7		**FSU's**					**PI #4**			

New I.S. Families						**Exited Families**					
# New	**HV**	**County**	**MOB**	**1st HV Date**	**<3mos?**	**# Exits**	**HV**	**County**	**MOB**	**Date**	
1						1					not interested
2						2					moved
3						3					grad
4						4					grad
5						5					not interested
6						6					
7						7					
8						8					
9						9					
10						10					

APPENDIX B4: HEALTHY FAMILIES QUARTERLY REPORTING FORM

X COUNTY HFO PROGRAM
Address, Phone, Fax

Y COUNTY HFO PROGRAM
Address, Phone, Fax

QUARTERLY REPORTING FORM
Q4: April 1, 2014 – June 30, 2014

Program Name: Healthy Families of **X** and **Y** Counties
Organization: Program
Program Manager:
Date Completed:

2010-11 Healthy Families Oregon Goals X & Y Counties	*Yrly Goal*	*Qtrly Goal*	Q1	Q2	Q3	Q4	Year-End
1st Births: **X** ### **Y** ### (Vital Stats)							**13-14**
PI 1 **Screen 50% of first births** (60% exceeds)							
PI 2 **Screen 70% prenatally or ≤ 2 wks old** (80% exceeds)							
PI 3 **80% receive 1st Home Visit ≤ 3 months** 90% exceeds)							
PI 4 **65% of IS families get 75% of exp. H.V.** (75% exceeds)							
PI 5 **75% of families stay in IS for ≥90 days** (90% exceeds) (							
PI 6 **50% of families stay in IS for ≥12 mos.** (65% exceeds) (Note that these calculations are not how NPC will be making the calculations for their report)							
PI 7 **18 points average caseload per FT FSW** (30 is max (100%) & cannot go over; 25 (83%) exceeds state goal; 18 (60%) meets state standards.							
PI 8 **25% match, including at least 5% cash** GF = $##,###; 25% match = $##,###; 5% = $##,### cash. Total match/cash match							
FSU's X County **##.# Family Service Units monthly avg.**							
FSU's Y County **##.# Family Service Units monthly avg.**							
FSU's Total Region **(34.4 FSU's state requirement)** **FSU's locally budgeted regional goal: ##.#**							

	Measurement	Q1	Q2	Q3	Q4	Total
A.	Total Home Visitor FTE					
B.	Max. Points Possible (Ax30 pts)					
C.	Tot. Avg. Qtrly. Points Deliv.					
D.	PI 7: Avg. Pts. per FTE					
E.	Max. Pts. per FTE possible					
F.	% of Max Pts. Capacity met (D/E)					
G.	Avg. FSUs per FTE					
H.	# New Families received 1st HV					
I.	Running Total IS Families					
J.	Number of Children Served					
K.	Number of Home Visits Delivered					

***** Total Avg. Quarterly Points Delivered is each Home Visitor's average quarterly points delivered added together for the total program points delivered that quarter. For example, if Home Visitor 1 delivered an average of 15 points; Home Visitor 2 an average of 24 points, Home Visitor 3 12 points, Home Visitor 4 18 pts, and Home Visitor 5 10 points = 79 points total. Remember that FTE varies greatly between Home Visitors.

Healthy Families of X & Y Counties Program Update

Additional Services (Family Socials, Play Groups, Fundraising, etc.):

- Ongoing Weekly Play Groups:
  - ## sessions
  - ## families
  - ## children
  - ## adults
  - ## individuals
- HF Other:
- Changes:
- Fundraising events:
- Program Updates:

(Note: Value of volunteer hours is calculated at $##.## per hour (for calculating in-kind match)