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SCHOOL OF SOCIAL WORK

MIECHV BRIEF STUDY REPORT
Coordinated Intake Focus Group
November 2017

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Introduction

As part of its MIECHV evaluation plan, staff at the Center for Prevention Research and Development (CPRD) at the University of Illinois, School of Social Work, conducted a focus group with persons responsible for coordinated intake (CI) within the home visiting system. The focus group included eight persons responsible for coordinated intake in counties or service areas across the state. A ninth person with these responsibilities was unable to attend. These eight represented CI staff funded by the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) project. This focus group was conducted on November 15, 2017, and was digitally recorded, and then transcribed by an external vendor. Participants signed consent forms, and were provided with copies of the interview questions at the start of the session. Participants were assured confidentiality for their participation.

Two researchers moderated the focus group, which set out to ask 21 questions covering issues ranging from promoting home visiting and recruiting clients, program referrals, data tracking, caseload capacity, professional development and support, and several other areas detailed below. The focus group lasted approximately one hour and 15 minutes, and all 21 prepared questions were addressed. Participants varied in coordinated intake experience from three weeks up to five years. Most participants had been on the job between one and three years.

Promoting Home Visiting and Recruiting Clients

Participants were asked to share how they promoted the availability of home visiting services in their community with the goal of recruiting new home visiting clients. To recruit participants, some CI workers go to schools, school districts' and community events, and teen parent groups. Several mentioned the health department at WIC clinics, or prenatal clinics. One participant noted "when somebody goes to a WIC clinic, you know automatically that they're eligible, because they have to be pregnant and have a child under age five, and they have met an income guideline."

One gets calls from "social workers at the hospital." One said she does "recruiting booths at various locations." One attends a quarterly meeting of 26 community groups where they "go over the CI process and all our home visiting processes." They reportedly "do really well with that." Others go to AOK meetings, or "human services council meetings."

As for methods that are least effective, one mentioned billboards and bus ads. They reportedly received few calls from either, however, they were more successful with Facebook ads, relating that "we did that just recently in the last six weeks and we had a really good turnout from that - a lot more clicks on our website." But, she noted "I didn't see an increase in referrals or recruits."

They were also asked what prevents families from enrollment. Responses included that clients may have a reluctance to let someone into their home, and that clients work too much or are too busy to schedule home visiting. Perhaps more troubling is that clients can be worried that "DCFS is gonna take their kids." One participant reported being told by a client that "her family tells her

she shouldn't trust me." Her client reportedly said: "My Dad says you're white so you shouldn't be coming to my house. You're gonna call DCFS."

Program Referrals

Focus group participants were asked to share how they made decisions about what home visiting programs or other services to refer clients to. Most were based on conducting a risk assessment, with a focus on age and need, also "income is a big one," although this generated some interesting responses. Many programs are not income-based and, as one participant observed, "if a mother makes $100,000, it don't make her to be like the best mother in the world" or more simply "money doesn't make a person be a great parent."

Participants were also asked if some programs were harder to refer to than others. Some pointed out that this was clearly an issue that made their work challenging: "we have some in our community that I have to get them in before the baby's six months. There's another program that if they're outside of the school district they don't serve that population. They have to be within the school district. Another program wants them prenatally before 28 weeks gestation." Asked about parental preferences for certain programs, one participant related "sometimes we have to be the bearer of bad news, telling them, well, the program you requested you don't qualify for, but let me sell you this program." Another participant commented on issues that arose with program location: "For our community, it's more location. People want to be close to where the groups are gonna be, and transportation is an issue, so they want to be close to where the groups are gonna be and where the bus is gonna drop them off." For another participant, time was the issue: "A lot of our families – they are working a lot. They're working two, three jobs and managing crazy schedules. So we will refer them to the PI program or Family Ties based on that."

Language can also be a notable barrier: "One thing is the language barrier. The one Spanish-speaking home visitor we had, quit, and she had been there for like 15 years and they have not replaced her with another Spanish-speaking person." Another reported: "For our Spanish-speaking providers, they have to reside within the school district. So when you run across a family who doesn't reside in the school district and they speak Spanish, we don't really have options for them."

Transportation Issues

Participants were asked about some of the referrals to other community services they make and they quickly focused in on transportation as a key need in their communities. Some participants provide gas cards to clients which reportedly helps, but clearly is not a solution for someone without access to a car. "When we all sit around a table, the one thing that everybody talked about was transportation, just being able to get there. So here at our agency we do have cars, but we're down to two now and we had a van, so now it's like I need transportation here, I need to get to the doctor, I need to come to the appointment. If they don't want you in their home we do opt them to come here, which means we had to pick them up and bring them here to do the appointment here." She went on: "So just getting to work, getting to school, trying to get a child to daycare. So there are a lot of great resources, but I think the biggest here was just transportation is inadequate to get access to the resources."

Utilizing the Coordinated Intake System

Participants were asked about use of the Coordinated Intake (CI) system by others in the system. There apparently is some reluctance to use that system, and perhaps even some mistrust. "I think in the beginning, earning community trust was very difficult, and then as time went on and they started to release some of that trust, and caseloads got filled, and program numbers and things got met, then they started releasing some of that, like now we can trust this position and now we see how the system works versus the vision of how it's supposed to work." Another said: "I have programs that do participate, and others say they will, but they don't. But nobody really says, like, 'No, we're not gonna use the CI system.' They all say they will, but some do, some don't." Another participant added: "They'll come to the table and they play nice, but they don't participate because they want to be able to write in the grant that they're going to these collaborative meetings so they can still get that money, but there's no teeth in it so they don't have to do it so they don't, but they'll take all my referrals and I'll fill them up so…" Asked why they don't participate in CI, one participant relayed: "I think it's competition to them. I have some that– they'll tell me how many they have, how many openings they have, how many spots they have, and some just say they always have openings, and - I know you don't - but they want to have like a waiting list to put people on. But they just don't really participate in how it should be even though they've signed an MOU."

Competition for Caregivers

Participants were also asked to rate the competition for participants among programs in their community. Generally, many felt that competition for participants was an issue in their communities. One participant mentioned that one of their programs "kind of has a monopoly over the hospitals. They do newborn encounters for every family that gives birth, but we have a monopoly over the health department – you know, it kind of works itself out. But there is a competitive spirit …" Others agreed that it was sometimes very competitive, with another saying "we have a good collaborative that comes to the meetings, but as far as referrals, they take referrals, but don't provide any back. They'll hold a waiting list over giving them to me so that I can farm them out to someone who's appropriate for them." Another participant simply observed "I don't know if it's so much competitiveness, but they all kind of look for the same participants."

Data Tracking

Participants were asked to share how they tracked the data they kept on home visiting recruitment, referrals, and home visiting progress once clients were in the home visiting system. Nearly all said they have created their own spreadsheets, and many also use a lot of post-it notes. "I created my own spreadsheet, so I keep track of all the people that I refer to and who are they going to and notes and what happened with them, so I keep follow-up spreadsheets aside from the recruiting spreadsheets." One uses an Access Database that their agency had created.

Few had positive comments for Visit Tracker. "I mean Visit Tracker's trash. There's no point to it. I can't use it, and someone just stays open forever even if their phone number changes 'cause there's no place to put – I mean I can close them and it asks you why you closed them and there's no spot there for – can't fill it in or anything. So I use a lot of Post-It notes especially because

most of the things I refer to are other things that have nothing to do with home visiting." Another said: "We use Visit Tracker, but I still use spreadsheets."

When asked what other data would be helpful from a data tracking system, the response was "We just need Visit Tracker to do everything it says it's gonna do on paper. It needs to be referrals to everywhere, not just home visiting. And it should be accessible by others – it should be much easier, because most of the programs I work with don't even use Visit Tracker, so it's not like I can refer to them via Visit Tracker. So I put it in Visit Tracker and then I have to scan it to them via email and then I have to fax it to them too to make sure that they get it, so I'm doing like three times the work to do something that should be really simple, and that's after calling them 15 times to get the people to actually answer the phone."

Asked if they were OK with Visit Tracker functionality, nearly all participants responded "No." Asked if everybody used it, would it then be fine, respondents said "No, it still wouldn't" -- "No." Against this opposition, one respondent admitted that "I like Visit Tracker, it's better than what we used to have. I only use if for CI; for home visiting."

Caseload Capacity

Participants were asked to share how they felt about being able to maintain their MIECHV caseload capacity, and what types of difficulty they had in maintaining an adequate or required caseload. Most of the participants said they had few challenges, but several said that they do have difficulty maintaining caseloads, particularly when home visitor turnover occurs. According to one participant: "Right now our PI numbers are very low, so all of the referrals I give them are going to PI, so I'm not seeing an increase in my caseload. And then we had somebody quit, and when somebody quits it has a huge impact. I mean our caseload was at 98 or 99 percent and it took it down to 43 percent."

Professional Development

Participants were asked to share their perceptions of support from their supervisors and the type of professional development they needed or preferred. Most participants felt they had strong support from their supervisors or that they were not directly supervised in their role at all. There was much discussion about trainings and professional development.

As for successful trainings, one participant stressed Baby Talk's newborn encounter: "I personally like the Baby Talk Encounter. That was one of my favorite ones. I always bring that up because it was like my missing key. It was like I had everything else I needed to fly this plane, but that was the key that I needed to turn the ignition. It was just – it was very valuable and it puts the focus on the family. It lets them talk about what they feel they want to talk about and you just fit in and just – it was just perfect." Another participant stressed that she liked motivational interviewing: "I think that was offered through my agency, but it's basically like car salesman 101."

One uniformly agreed-upon training need, was more training on working with fathers. "I think training with dad - having some training when it comes to the male population 'cause when I do talk to our participant and dad is there, it's great and I'm always like, okay, I'm gonna talk to both of them. So I'm like, okay, since you're here it's not just about her, but about you too, because I

know everything's geared for women, but I'm more so wanting some things so we can incorporate dads and talk to them." Another participant added: "You know, a lot of times they'll get there and, you know, they go into the bedroom and hide and, you know, they might be there, but they don't think it's for them really. And it really is, and we try to convey that. I'm like, 'Oh, dad, it's – so this is for you, too. You're more than welcome to come.'" Several other participants agreed with this.

Recruiting fathers directly into the home visiting programs was also identified as an issue that many agreed with. As one participant related: "We haven't got our men's group off the ground yet and I'm hoping that it's gonna start back up soon, but I literally had a list of over 30 men when they saw fliers. Some were like – they almost wanted to cry because they were like – they were very emotional – it's giving them a little hand up – you know what I'm trying to talk about. So I think just a little bit more training when it comes to the male." Another participant added: "I think just the training is helpful when it comes to our fathers and including them and making them feel important."

One participant mentioned success with hiring a male staffer: "We have a new male support worker. He is awesome, too. Everybody loves him and he's a native of our community, grew up there, kind of went through some of his own struggles. I mean – our girls are asking, "Oh, I want him" even if the father's not involved. I mean we just have that level of trust with him. He's just a great person and we're so excited." Other participants agreed that male staff would be a positive development.

Other training needs centered on networking and community work. "Networking with people - I mean – networking is hard for me." Two more participants agreed with this statement and another added "I hate it. I walk into a place and like everybody runs up and you smile and giggle and stuff and…it's just hard, it's hard, and I wasn't expecting that and I don't like it." Another participant added: "And then right now I'm establishing MOUs that have been very expired, so it's like meeting with … directors, meeting with superintendents and principals, and I don't feel like I have the support I need for that sort of thing."

Other participants explained how overwhelmed they sometimes feel with networking: "You know, we have that whole other aspect of speaking with program directors and public speaking and community awareness and I feel like I've got a good handle on recruitment and, man, I could recruit if that's all I had to do, but I would really like some supports in place for – I mean, I run big meetings with a lot of important people in our community and I am not qualified to do that." Another participant added: "Even sending out the invitations to directors of different places, it's not my thing. Somebody, please give me a format. And that's because we're doing more than one job. We're doing community systems development, we're doing engagement, recruitment, retainment; we're doing all of that, and then add more to that for some of the other people, too." Another participant added: "So it's not just one job that CI is. You're doing like three different jobs. Well, two or three." And added another: "I'm doing two and you're doing three or four."

However, regarding networking, another participant countered: "I know she says she hates it. I enjoy it because then it gets me a lot of connections with different agencies, and then they're able to trust me and give me those referrals, so as long as I make a personal connection with their higher-ups, the workers have to give me those referrals."

As for the means of professional development, most participants preferred in-person trainings, but interestingly, many participants felt that their greatest opportunities for learning about their work came from the ability to meet with their home visiting and CI peers in other counties and in other agencies. One participant noted the importance of the quarterly meetings where MIECHV providers are brought together: "I think these meetings are a good support system when you talk to other peers and if they're maybe going through the same things you're going through, same challenges, so you can throw ideas off of each other that maybe you didn't think about, and also share successes too, so I think that's very helpful."

Some mentioned shadowing as a preferred means of learning about their work: "I mean I'm new, but I've been concentrating since I started on shadowing and everybody's been really welcoming about that, and just letting me tag along and take notes and pay attention, and kind of figure out what the home visiting program looks like and what it is and all of that. So I – I mean - that's not a formal training but that's just an incredibly helpful thing that I think should be stressed, because it's just not something you can understand until you see somebody do it." Another participant offered: "I would agree with that. When I first started I didn't know what home visiting was, so by talking to the home visitors and taking any trainings that they take, I would also take even though I don't do home visits. It's good to understand what the idea you're selling is, so just doing everything that they do helped me."

Continuous Quality Improvement

Participants were asked about their experiences with Continuous Quality Improvement (CQI). Nearly all reported tremendous satisfaction with the CQI experiences and with CPRD CQI staff: "Mary Anne is one of my very best supporters – if I have an issue and my supervisor isn't available I can contact Mary Anne. She's like my outside of the health department support person and contact, and I find CQI just extremely helpful." Others agreed. Another participant related: "It just puts all the data on paper. It lets you see the trends that you need to see, and find out where your next focus needs to be." There was only one person who raised any level of concern: "I like CQI. I think the idea of it is good, but sometimes it's like, oh, more work. I got so much I'm doing and then I'm like, oh yeah, I gotta do this, too."

Takeaways and Lessons Learned

CI providers engage in a variety of means of recruiting clients, mostly including getting out into the community. WIC clinics are very productive ground. Less successful experiences came from general advertising, and while Facebook advertising generated some interested inquiries, it did not increase actual referrals. There are no shortcuts for getting out into the community and building trust.

There are several issues with program referrals, including the different requirements of different programs. An interesting point focused on the need for home visiting services even for parents who are relatively well-off financially. A different issue is language and the need for Spanish-speaking home visitors, as well as challenging issues that arise from lack of transportation.

Overall, the CI system is good, but participation across local community systems can be a challenge as there is sometimes a competition among service providers for clients. Some agencies say they participate in CI, but only in as much as they receive referrals, but don't share

their referrals with others. Some maintain separate wait-lists as opposed to referring clients to other agencies.

As for data tracking, few CI providers liked the Visit Tracker system, preferring to track their clients with some combination of spreadsheets they created themselves and post-it notes. The problem with Visit Tracker is its lack of system-wide use, and its limited functionality.

Few CI providers reported issues with maintaining caseload capacity unless caseload management was impacted by staff turnover.

There were many professional development needs mentioned focusing on networking and community coalition work. Another gap appeared to be more training on working with fathers. As for training methods, most preferred in-person trainings and some pointed to 'shadowing' home visiting workers as a means of learning about the work that goes on. Others pointed out the need for more sharing opportunities among CI providers such as quarterly meetings.

Nearly everyone liked the CQI process and seemed to get a lot out of it. Only one participant mentioned the challenge of competing time demands and engaging in CQI.

Conclusion

Overall, CI providers are a key linchpin of a very successful and highly functioning system. They are committed workers operating under complex circumstances with challenges arising in very different ways within the system. This focus group has allowed for participants to share some of their ideas, and to let new ideas emerge. It also allowed sharing of frustrations and some difficulties with an eye toward the possibility of improving the system for the future. We hope many of their thoughts and ideas can guide future efforts to make this system even better.