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Virginia's Early Childhood Home Visitation Programming:

Support for a Collaborative Model between Sectors

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Executive Summary

Home visitation programs represent a well-established method of service delivery for at-risk or otherwise qualifying families with children from birth to the age of five. Home visitation programming is an essential component of a comprehensive early childhood support system offering information, risk assessment, health programming, and parenting support interventions during in-home visits by various care providers.

Nationally, Virginia is well-known for the respected Home Visiting Consortium (HVC), established in 2006. The HVC is held in high regard as a national model of programming and serves to inspire collaborative efforts in the field of early childhood home visitation. The HVC has evolved in order to enhance collaborations between specific service providers and to foster a system for the equitable provision of home visiting services across the state and within each locality. With a consortium model in place, the HVC has the potential to support a collaborative system of early home visitation services for Virginia's families.

This document aims to present a model of collaboration between public and private sector stakeholders for home visitation programming in all states, to encourage the sustainability of such programs, and to maximize impact and resources.

Organizations in the public, private, and nonprofit sectors work together to solve both simple and complex problems in today's society. Virginia's HVC represents a unique collaborative organization. The HVC, itself, is comprised of a number of semi-independent home visiting providers. These programs vary in focus and scope. Likewise, each of these providers is funded through support from various public and private sources. The communities in which home visiting services are provided include groups of stakeholders, as well, including service recipients, businesses, private citizens, etc. In order to thrive, such a complex collaborative organization must function intentionally, according to sound theories.

An expanded collaborative organizational model could be developed to build upon the positive work already taking place within the HVC member programs while also attending to much needed expansion of efforts in data collection and management, tracking services and families, and braiding of federal, state, and private sector funding streams. The expansion of currently-funded services to Virginia families would be strengthened by growing the HVC's infrastructure to support collaborative efforts.

Introduction

Home visitation programs represent a well-established method of service delivery for at-risk or otherwise qualifying families with children from birth to the age of five. Home visitation programming is an essential component of a comprehensive early childhood support system offering information, risk assessment, health programming, and parenting support interventions during in-home visits by various care providers. In Virginia, home visitation programs vary with respect to the age of the children served and the risk status of the family, the range of services offered, the frequency and intensity of home visits, and the range of desired outcomes. Programs also vary in terms of who provides services. Service providers in Virginia include but are not limited to medical personnel, social workers, parent educators, and early childhood educators. Across all programs is a shared belief that home delivery of services will make positive impacts on the long-term health, education, and development of each child and family served.

Nationally, Virginia is well-known for the respected Home Visiting Consortium (HVC), established in 2006. Home visitation programming is an essential component to comprehensive early childhood support systems offering information, risk assessment, health programming, and parenting support interventions during in-home visits by various care providers. As of 2009, the Commonwealth was one of only five states that reported implementation of three or more home visitation programs (Johnson, 2009).

Virginia's home visiting programs are held in high regard as a national model of programming. That reputation has developed largely because of the HVC, an organization that has evolved in order to enhance collaborations between specific service providers and to foster a system for the equitable provision of home visiting services across the state and within each locality. The HVC has the potential to provide a collaborative system of early home visitation services for Virginia's families which will, in turn, serve to strengthen efforts to reach qualifying families and children in a comprehensive and systematic manner.

Recently, changes in Maternal Infant Early Childhood Home Visiting (MIECHV) funding have necessitated modification in service delivery and contributed to the continuing evolution of the HVC. The receptiveness of the HVC to these changes speaks to the consortium's commitment to finding solutions that enable systemic change.

The HVC serves in an advisory capacity for MIECHV funding and worked together to develop the program and funding proposal. In recent years, Virginia has chosen to deploy significant MIECHV funding to support a systems building approach implemented largely by the HVC. A couple of the significant/tangible examples of this investment include:

- The HVC has developed and implemented a robust competency-based professional development system to ensure quality service delivery,
- The HVC is working to define common data indicators and reporting to streamline and unify reporting to improve accountability and quality improvement,
- The HVC is developing a “Tool Kit” for local providers to support messaging strategies for effective referral and engagement of eligible families, and
- The HVC is leading a cross-sector workgroup to develop a comprehensive early childhood approach to Medicaid reimbursement to support the needs of families with young children—including early childhood home visiting, early childhood mental health services, maternal behavioral health needs, and home health care for children and families with special needs.

Building upon and expanding the collaborative work of the HVC, this document is aimed at presenting a model of collaboration between public and private sector stakeholders for home visitation programming in all states to encourage the sustainability of such programs as well as maximizing impact and resources. We hope to spark conversation around this topic at this crucial time where we recognize the programming efforts made by many to provide support to children and families during the important birth-five years of early childhood. It is our hope that a collaborative approach to funding across public and private sectors could expand home visitation programs as well as maximize impact and resources.

Collaboration between the Sectors

Organizations in the public, private, and nonprofit sectors work together to solve both simple and complex problems in today's society. In many cases, complex problems cannot be solved by one organization alone and instead require collaborations of public agencies and private and nonprofit organizations to pool their resources and institutional knowledge. The processes by which multi-sector partners work together are intricate, and thus collaborative interactions are explored from many different perspectives. While many frameworks of collaboration exist, one in particular is the focus of this paper in that it provides a useful lens to help us understand why organizations form collaborations, how they work together in the collaborative setting, and what outcomes are expected within the collaboration.

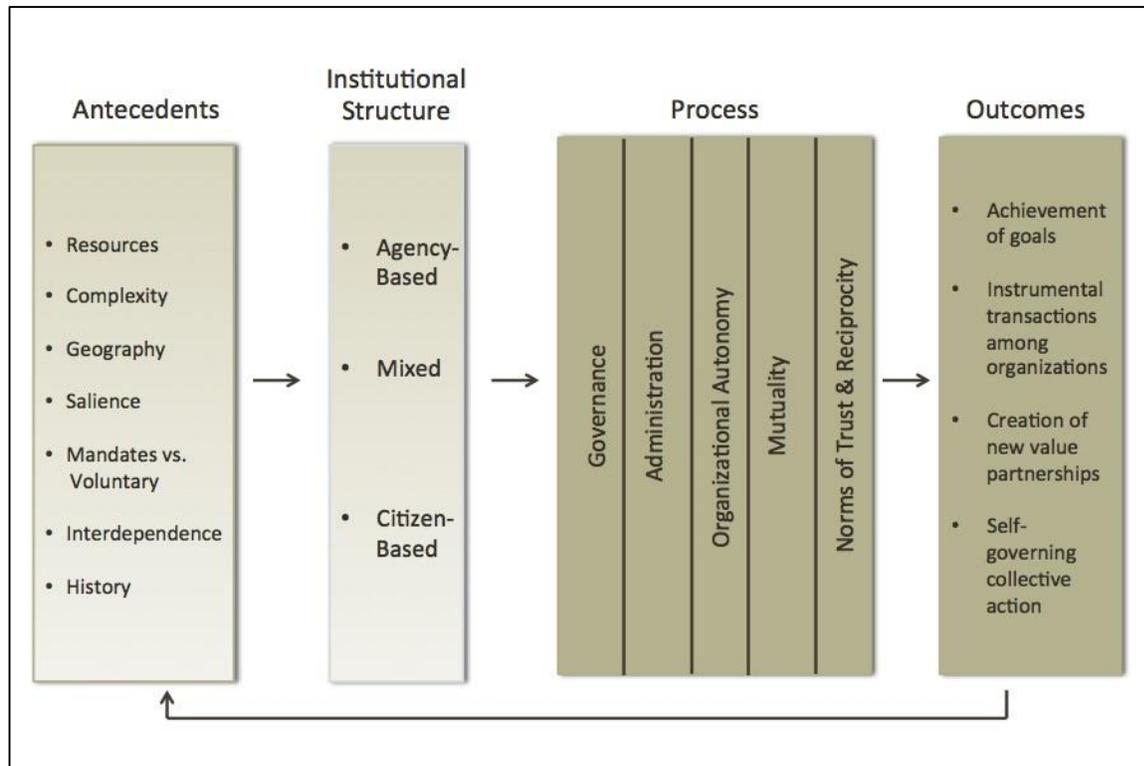
In its most basic form, collaboration is activity involving two or more people or organizations (Gray, 1985, 1989). Collaboration occurs between groups, organizations, individuals, or combinations of these units (Williams, 2016). Some scholars refer to collaboration as a type of organizational interaction. Research in this area focuses on explaining how organizations within a collaboration work together, share resources, and make decisions regarding the structure, goals, and outcomes of the partnership (Agranoff & McGuire, 1999; Imperial, 2005; McNamara, 2012). Another related approach explores the makeup of a collaboration by focusing on its members, in particular the types of organizations that make up the collaboration and the nature of the organization's participation in the collaboration (Gray, 1989; Kaiser, 2011; Moore & Koontz, 2003; Mandell & Steelman, 2003). An organization's decision to join a collaboration can be voluntary, that is it is entirely up to the organization as to whether it wants to participate. Or, participation may be mandated or required by government or another source. In this case, the organization cannot opt out of participating in the collaboration. The nature of an organization's membership and the types of organizations within the collaboration thus influence the interactions between members (Moore & Koontz, 2003).

Virginia's HVC represents a unique collaborative organization. The HVC, itself, is comprised of a number of semi-independent home visiting providers. The models of these programs vary in focus and scope. Likewise, each of these providers is funded through support from various public and private sources. The communities in which home visiting services are provided include groups of stakeholders, as well, including service recipients, businesses, private citizens, etc.

In order to thrive, such a complex collaborative organization must function intentionally, according to sound theories.

A Framework for Understanding Collaboration

Figure 1: A Framework of Collaboration



Source: Diaz-Kope, L., Miller-Stevens, K., & Morris, J.C. (2015). Collaboration processes and institutional structure: Reexamining the black box. *International Journal of Public Administration*, published online, 1-9. DOI: 10.1080/01900692.2014.949755.

In Virginia, the diverse providers who, together, comprise the HVC have different purposes and arose within different contexts. As such, their levels of involvement to the HVC, in general, are unknown and likely highly variable. Each provider relies on different funding sources—private companies/citizens as well as local, state, and federal funding from departments of health, social services, etc. The extent to which resources are shared equitably among HVC providers is unknown. Equitable sharing of resources is difficult to define in a state as diverse as Virginia, a state that includes affluence and poverty; dense and sparse populations; and rural, suburban, and urban areas. Virginia’s population’s commitment to home visiting is equally diverse. Though the benefits associated with high quality home visiting services is better known than was the case in years past, many Virginians remain unaware and, hence, uncommitted to addressing the challenges these services are designed to address.

Dimension One

The framework above provides a lens to view both the theoretical and functional aspects of collaboration using four dimensions: the antecedents or conditions needed to form a collaboration, the institutional structure of a collaboration based on its members, the processes or inner workings within the collaboration, and the outcomes of the collaboration. Before a collaboration between organizations can be formed, six antecedents or conditions are necessary. These six antecedents make up the first dimension of the framework.

- First, organizations must be willing to share and pool resources (Thomson & Perry, 2006). Types of resources can vary greatly and may include such items as institutional knowledge, employee and volunteer time, or funding.
- Second, a complex problem needs to be present that cannot be solved by one organization alone (Gray, 1989).
- Third, geography must be considered through the frames of area and scope. Organizations in geographic areas with few people tend to have difficulties forming collaborative partnerships, while more densely populated areas are more likely to have organizations that form collaborations (Irvin & Stansbury, 2004; Nelson & Weschler, 2001).
- Fourth, citizen and institutional salience addresses the interest citizens or organizations have in solving a specific problem. Higher salience, or interest and devotion, of stakeholders in a community results in feelings of responsibility and a desire to participate in grassroots collaborative efforts (McKinney & Field, 2008; Meyer & Konisky, 2007).
- Fifth, the nature of an organization's participation in a collaboration impacts the structure and formation of the collaboration. In some cases, government agencies are mandated by state legislatures or other government bodies to participate in collaborative endeavors (Jennings & Krane, 1994). In other cases participation is completely voluntary and organizations or groups join a collaboration through their own desire to solve a complex issue.

- Sixth is interdependence and stakeholders' willingness to collaborate. Organizations will have different levels of motivation to participate in a collaboration, yet all participants must agree to depend on one another (Logsdon, 1991). And finally, historical context of the problem or organizations in a collaboration is necessary to understand why specific groups and organizations come together to collaborate (Gerlak, 2005; Kettl, 2006).

Dimension Two

The next dimension of the framework for collaboration is institutional structure. Once antecedents are in place and conditions have been met, the structure of a collaboration is formed from the types of actors that make up the partnership. Based on Moore and Koontz's (2003) typology, three structures of collaboration are presented here including agency-based, mixed, and grassroots collaborations (Moore & Koontz, 2003). In an agency-based collaboration, partnerships are initiated by government agencies. Members of these collaborations primarily include public representatives such as elected officials, research universities, and interest groups (Hardy, 2010; Korfmacher, 2000; Margerum, 2011). Mixed partnerships are comprised of government agencies, private sector businesses, and nonprofit organizations in addition to citizens and grassroots groups. Unlike agency-based collaborations, mixed collaborations are self-organized and participation is voluntary. Citizen-based collaborations are primarily comprised of private citizens and citizen groups. Citizen-based collaborations are initiated by individuals living in the community experiencing the complex problem. Public, private, and nonprofit sector organizations may provide support for these collaborations but they are rarely an active partner.

Dimension Three

The next dimension of the framework is process. This dimension identifies what Thomson and Perry (2006) refer to as structural (governing and administering), social capital (mutuality and norms), and agency elements (organizational autonomy). Together, these elements explain the necessary processes for organizations to successfully work within a collaboration.

The element of governance refers to the ways in which actors in a collaboration make decisions. Specific rules and agreements may govern the behaviors, activities, leadership arrangements, and goals set for organizations within a collaboration (McCaffrey, Faerman, & Hart, 1995; Wood & Gray, 1991; Crosby &

Bryson, 2005). Governance focuses primarily on decision-making processes within a collaboration. In most cases, decisions made between actors in the collaboration do not have unanimous agreement. Rather, the best possible solution is found and there is a willingness from those in disagreement to support the decision once it is made (Thomson, 2001a).

The administration element of the process dimension addresses the implementation of decisions made by the collaboration (Thomson & Perry, 2006). Administration includes assigning clear roles for each member of the collaboration, standardizing communication mechanisms between members such as how information is disseminated, and coordinating responsibilities among actors in the collaboration. Administrative steps are essential for multi-sector collaborations since organizations from the private, public, and nonprofit sectors may operate using different standards. Simplified administration is a key element of a collaboration successfully reaching its goals (Pressman & Wildavsky, 1984).

The next element in the process dimension is organizational autonomy--the duality of an organization maintaining its distinct identity while simultaneously working within the identity of the collaboration (Thomson & Perry, 2006). This tension may drive an organization out of a collaboration since organizational mission often trumps a collaboration's mission (Thomson & Perry, 2006). This duality leads to problems within the collaboration such as an organization's struggle to determine what kind of, and how much, information should be shared with other actors in the collaboration (Wood & Gray, 1991). In many cases, actors remain in a collaboration because *not* participating would be more harmful than participating in a collaborative environment that threatens the autonomy of the organization (Logsdon, 1991).

Organizational autonomy leads to issues in the next element of the framework, that of mutuality. Unlike the concern to remain an autonomous organization within the collaboration, mutuality is the necessity of sharing among actors (Thomson & Perry, 2006). Actors in a collaboration must find mutual benefit in the partnership, and these mutual benefits must go beyond an organization's individual interests (Powell, 1990). Mutual benefit may occur when one actor has resources another actor can benefit from, or it may occur when actors with differences find a way to forge their interests for the benefit of the collaboration (Hellriegel, Slocum & Woodman, 1986).

The final element in the process dimension of the framework addresses norms of trust and reciprocity. For a collaboration to succeed, trust must exist between the

actors. Trust in this context refers to being honest in negotiations, adhering to the rules and processes set forth by the collaboration, and not taking advantage of another member of the collaboration or of the collaboration itself (Cummings & Bromiley, 1996; Thomson & Perry, 2006). Directly relating to trust is the need for reciprocity between participants of the collaboration. A willingness to interact and fulfill obligations to other actors should exist and is expected among members of the collaboration (Ring & Van de Ven, 1994).

Dimension Four

The final dimension of the framework for collaboration is outcomes. Outcomes in this context refer to the impacts of actions within the collaboration itself, not impacts external to the collaboration. The first outcome in the framework is the achievement of goals. If a collaboration works successfully within the process dimension of the framework, it will likely achieve its goals (Bardach, 1998; Gray, 2000). The second outcome is instrumental transactions between organizations. If the collaboration works effectively in the process dimension, transactions between actors in the collaboration will eventually become long-term socially embedded relationships (Ring & Van de Ven, 1994). The next outcome for the collaboration is the creation of new value partnerships where trust between actors results in more willingness between members to share and leverage resources (Sagawa & Segal, 2000). The final outcome is self-governing collective action to solve problems of institutional supply and commitment (Ostrom, 1990). As organizations within the collaboration work together to negotiate expectations, they will build more commitment to one another and the collaboration.

Concluding Thoughts

Virginia's foresight into the establishment of the Home Visiting Consortium in 2006 makes the Commonwealth a natural model for other states as they work to develop a comprehensive network for home visiting programs. Presently, there are 12 programs that serve families with children five and under in the HVC, and these programs are designed to address children's safety, wellbeing, health, and physical, cognitive, emotional, and social development by supporting the family's needs. Given the increased focus and support for home visitation by the current leadership in Virginia, the HVC stands poised to serve greater numbers of families than ever before. However, in order to build an effective support system for home visitation providers, emphasis needs to be placed on the development of programmatic infrastructure for the HVC—specifically, a centralized administrative structure. A centralized administrative structure could support service provider efforts to recruit, administer, and evaluate the best possible programming for Virginia's families. Currently, no comprehensive process or clearinghouse is in place to compile available classes, examine quality and outcomes, or track the number of families served in these programs. Given the vast number of programs and providers and the current models, efforts to collect and report these data poses challenges for service providers. A successful model of collaboration will surely benefit from infrastructure that supports reasonable efforts toward documentation and evaluation.

An expanded collaborative organizational model could be developed to build upon the positive work already taking place within the HVC member programs while also attending to much needed expansion of efforts in data collection and management, tracking services and families, and braiding of funding streams. The expansion of services to Virginia families currently being funded would be strengthened by growing the HVC's infrastructure. A centralized administrative structure would ensure that caseloads remain manageable for home visitors and long-term impact is maximized. It can orchestrate coordination between the service providers to provide a systematic approach to meeting the needs in the community including training and oversight to contribute to retention of valuable home visiting personnel. The "big picture" perspective that a central administrative unit would provide could also allow for transfer of personnel to new projects when funding and needs change. In order for gains to be long-term and the need in the state to be met, building a strong infrastructure for home visiting services should be a priority.

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