Understanding the Power of Collaboration in Pandemic Response:

Process and Outcome Evaluation of the Rapid Response Virtual Home Visiting Collaborative

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Executive Summary

**Description of RR VHV:** In response to the COVID-19 pandemic, home visitors in the United States had to shift to virtual methods of delivering services. From this shift, a Rapid Response Virtual Home Visiting (RR VHV) collaborative emerged whose mission was to disseminate empirical research and best practices in virtual home visiting (VHV) to providers and funders. Leaders in the national home visiting field formed a rapid response collaborative to create and support the dissemination of free resources on virtual family interactions for home visitors. The guiding principles of RR VHV were to be: (1) accessible; (2) strengths-based; and (3) have shared responsibility through broad engagement.

**RR VHV Activities:** During the evaluation period of March 2020 through April 2021, RR VHV produced 75 resources, 30 webinars, five model voice webinars, and six e-learning training modules.

**Description of the Evaluation:** RR VHV evaluation was designed to be a hybrid evaluation to examine both the process of RR VHV and the outcomes among participants who engaged in it. The process evaluation component focused on deploying mixed methods to test and assess the Rapid Response implementation strategy. The outcome evaluation component focused on quantitatively assessing the impact of both RR VHV implementation strategy and VHV approach in general on the workforce.

**Key Findings:** Through a commitment to being accessible and strengths-based, sharing responsibility, and engaging as a team, RR VHV reached over 12,000 participants and provided a suite of training resources to the field of home visiting. Ten key points illustrate the success and impact of RR VHV process and outcomes.

**Acknowledgements:** Generous support for Rapid Response Virtual Home Visiting was provided by Heising-Simons Foundation, the Pritzker Family Foundation, the W.K. Kellogg Foundation, and the Association of Maternal & Child Health Programs (AMCHP) through a grant from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a CARES Act award totaling $4,000,000 (grant #H7DMC37565). Funding for the evaluation and this report were provided by AMCHP (with 0% financed with nongovernmental sources). The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government.

Additional acknowledgement is due to RR VHV Evaluation Stakeholder team for providing guidance and expertise to the evaluation.
# Table of Contents

Introduction 1

Rapid Response Virtual Home Visiting 1
Guiding Principles

Rapid Response Virtual Home Visiting Outputs 3

RR VHV Evaluation 5

Methods
Collaborative Process Evaluation 5
RR VHV Outcome Evaluation 6

Results 7

Collaborative Process Evaluation: Quantitative Findings 7
Demographics
RR VHV Stakeholder Team Collaborative Process Outcomes 11
Collaborative and Implementation Assessments 18

Stakeholder Team Focus Group Findings: Qualitative Findings 19
Successful Strategies 19
Challenges 22
Collaboration 24
Future Planning 25

RR VHV Outcomes Evaluation 27
Respondent Demographics 27
Impact of COVID-19 on Home Visiting Practice 30
RR VHV Webinar Support 32
Transition to VHV 40
Feelings Related to VHV 47
Personal Well-Being 47

Conclusions 48

References 49

Appendix A: RR VHV Activities 51

Appendix B: RR VHV Stakeholder Focus Group Guide 55

Introduction

The COVID-19 pandemic has caused an unprecedented disruption in the lives of young children and families. Families face a perfect storm of stressors—including the closure of child care programs and schools, job losses or reductions in work hours, escalating financial hardships, and stay-at-home orders that lead to increasing social isolation and prevent families from accessing their natural social support systems. All of these factors can increase parental stress, impede effective parenting, and potentially negatively impact children’s developmental trajectories. Home visiting (HV) programs have historically provided critical support for families of infants and young children experiencing multiple stressors, consistently showing gains in measures of child, parent, and family well-being. HV programs may act as a particularly important buffer for families during the pandemic, since home visitors are often one of the first contacts for families facing multiple stressors.

The public health measures to mitigate the spread of the COVID-19 pandemic (i.e., social distancing, isolation) have disrupted ecological systems in which children develop. Child care and school closures, erosion of family and community connections and supports, and interruptions in social services diminish support systems for children and families. At the same time, heightened contextual stressors, including uncertainty about the future and economic vulnerability caused by the pandemic, have negative social and emotional consequences for families. Single-parent households, in particular, are losing jobs, income and health insurance at higher rates than other households with children. The erosion of support systems and exposure to multiple contextual stressors increases threats for the safety and parental supervision of children and exacerbates children’s risk of child maltreatment. Evidence indicates that rates of child maltreatment increased rapidly following prior emergencies and pandemics. The COVID-19 pandemic has resulted in significant increases in parental burden, likely increasing risk for parental stress and burnout.

The COVID-19 pandemic forced a field-wide shift to “virtual home visiting” (VHV) service delivery. At that time, most HV programs had not created large-scale investment and development of virtual service delivery of HV, though small-scale studies of HV by telehealth had some success. In addition, prior to COVID-19, no VHV were reimbursed through federal Maternal Infant and Early Childhood Home Visiting (MIECHV) funds. Yet, telehealth delivery systems are an important tool to address participation and engagement in home visiting programs, especially during COVID-19, and perhaps after as well. The current generation of parents has a high level of comfort with digital technology, and telemedicine is already being used to provide access to services to hard-to-reach parents to address urgent medical and behavioral health needs, including supporting low-birthweight newborns and occupational therapy. Additionally, research on computer-mediated interventions has shown promising results with digitally mediated interventions being viable, engaging and efficacious.

Rapid Response Virtual Home Visiting

When social distancing measures were enacted nationwide, the entire home visiting industry moved to remote delivery options.
Depending on family and provider resources, programs began offering VHV services by phone (two-way audio communications) or by interactive videoconferencing. To support this shift, a Rapid Response Virtual Home Visiting collaborative emerged whose mission was to disseminate empirical research and best practices in VHV to providers and funders. Leaders in the national home visiting field formed a rapid response collaborative to create and support the dissemination of free resources on virtual family interactions for home visitors. The Rapid Response Virtual Home Visiting (RR VHV) project is a field-facing collaboration, spurred by social distancing measures and the increased isolation of families. It represents a full-throttle effort to provide rapid, best practice principles and strategies to support home visiting professionals in maintaining meaningful connections with families during the health crisis.

**GUIDING PRINCIPLES**

The guiding principles for this collaborative include:

**Accessibility:** All information and resources shared will be designed to meet the needs of all home visiting professionals. All materials will be provided free of charge and made accessible to providers through the Institute for the Advancement of Early Support Professionals (The Institute) as well as other multiple platforms. All materials developed will remain available to support future needs of the field.

**A Strengths-based Approach:** Include as many provider networks as possible in content and resource development. All providers bring unique and important views. Expertise will be sought based on content area and specific needs. Every effort will be made to be as inclusive as possible.

**Shared Responsibility:** RR VHV will create a streamlined process for information gathering and sharing that is inclusive of all providers. RR VHV will create content that reflects the collective voice of all participating provider networks. It will be up to each provider network to determine the most efficient way for inclusion in rapid decision making and content review. To maintain a rapid response framework, perfection may not be possible. Deadlines will not be flexible. Each provider network is responsible for sharing this work with local providers.

**ENGAGEMENT**

RR VHV project is led by a partnership of the Institute for the Advancement of Family Support Professionals, Parents as Teachers National Center and the National Alliance of Home Visiting Models. These three partners make up the Steering Team guiding the rapid cycle of development, input, dissemination and growth that the project needs to continually meet the needs of the field. The project has multiple elements to ensure diverse input and engagement; this engagement includes an Advisory Team, Home Visiting Model Teams (Model Teams) encompassing all the national and regional home visiting models, and Content Development Teams. The engagement approach:
RR VHV Outputs

During the evaluation period of March 2020–April 2021 RR VHV convened a group of expert stakeholders to plan and execute project outputs including webinars and durable content on:

- Using interactive video conferencing and telecommunication to deliver visits
- Conducting other model activities virtually including coaching, information sharing, goal setting, resourcing supports for families
- Conducting screenings—child development, depression, intimate partner violence
- Hosting virtual group connections
- Workforce wellness
- Mental health
- Reflective supervision
- Consistent cross-model messaging about VHV

Project outcomes include (See Appendix A):

- 75 resources
- 30 webinars
- 5 model voice webinars
- 6 e-learning modules
- Published brief on virtual home visiting with Georgetown University Center on Poverty and Inequality

Project outcomes were guided by stakeholders who were organized into the following areas:

<table>
<thead>
<tr>
<th>Stakeholder Area</th>
<th>Focus of Collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steering</td>
<td>Direction, scope, budget, timeliness, and methods used to implement RR VHV:</td>
</tr>
<tr>
<td></td>
<td>- Establish schedule and approach for the work, guide the process, ensuring diverse stakeholder voice and involvement, and that timelines are maintained</td>
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<tr>
<td></td>
<td>- Represent voice and input from other bodies/meetings that Steering members participate in, or have leadership of</td>
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<tr>
<td></td>
<td>- Support implementation of guiding principles to maintain a field-facing, generalizable approach to virtual supports through home visiting, accessible broadly</td>
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<tr>
<td></td>
<td>- Ensure planning and process structure includes numerous points of input and is iterative in nature, yet moves quickly to produce the necessary resources for the field</td>
</tr>
<tr>
<td></td>
<td>- Work directly with project funders to ensure support of project and report on progress</td>
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<tr>
<td>Content Development</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Develop content for webinars, resources as needed</td>
</tr>
<tr>
<td></td>
<td>- Work collaboratively to ensure voice across multiple audience</td>
</tr>
<tr>
<td>Stakeholder Area continued</td>
<td>Focus of Collaboration</td>
</tr>
<tr>
<td>----------------------------</td>
<td>------------------------</td>
</tr>
</tbody>
</table>
| **Content Development continued** | – Ensure diversity in representation and presenters  
– Ensure the field is represented in the content development |
| **Advisory** | Group of experts in the field of home visiting from models, agencies, and government who provided feedback on RR VHV process  
– Support the implementation of the guiding principles  
– Raise content issues and dissemination needs, and participate in planning discussions to resolve issues and needs  
– Ensure diversity in representation and presenters  
– Ensure the field is represented in the content development |
| **Content Development Subgroup** | Sub-advisory group to provide advice about topics, pedagogy, and speakers |
| **Evaluation Subgroup** | Sub-advisory group of researchers from models, agencies, and government who collaborated on evaluation question and methods for both RR VHV and home visiting’s response to COVID-19 |
| **Models** | Representatives from home visiting models who shared model-level strategies and ensured that RR VHV content and strategies were applicable across the field of home visiting. The base of the collaboration was the National Alliance of HV Models. An additional ten regional and national models were engaged in the process.  
– Consistent model voice  
– Diverse model voice  
– Input on strategic direction of content frame  
– Input on content development  
– Dissemination support  
– Establishing/advancing best practice approaches for the field |
The current evaluation work on RR VHV is focused on process and outcomes of the initial period of the collaborative from March 2020 through April 2021. Documenting the process and outcomes of RR VHV is a vital step toward establishing replicability and effectiveness. This collaborative process happened because of unprecedented circumstances but it can serve as a vital foundation for future efforts in home visiting, early childhood care and development, and other allied fields.

For RR VHV, preliminary fidelity data existed to support the expansion of virtual home visiting and the consequences of inaction were profound. However, given the rapid scaling, differences in state-level guidance as well as model-level guidance, and variations in access to technology, there is a high likelihood that there are variations in the impact of RR VHV on virtual home visiting services. Therefore, a hybrid evaluation was developed to allow examination of both the process of RR VHV and the outcomes among participants who engaged in RR VHV.

Methods

**Collaborative Process Evaluation**

The process evaluation component focuses on testing and assessing the implementation strategy of RR VHV. Because this is a new strategy to the field of home visiting, the process evaluation needed to answer questions related to:

- Effective collaboration strategies
- Whether strategies were being implemented as planned
- How well the implementation has progressed
- What elements of the implementation need to be revised

These questions were answered through a mixed-methods approach. First, all RR VHV participants were invited to participate in a focus group with their stakeholder team. Larger stakeholder bodies were broken down so that 6-8 people would be present for each focus group. In total, 42 people participated in 10 focus groups. Each interview lasted an hour. Interviews were guided by a semi-structured interview guide (See Appendix B). Interviews were held from March 2, 2021 through March 15, 2021.

Interviews were analyzed with a rapid qualitative approach utilizing template analysis in April 2021. Template analysis is a version of thematic analysis that utilizes a coding template to develop hierarchies that show how themes relate to one another (King & Brooks, 2018). In this approach, the study principal investigator (PI) typically develops an initial coding template based on a subset of the data very early on and then applies and refines the template to the full dataset (King & Brooks, 2018). Template analysis is very structured and lends itself to leaving a clear audit trail demonstrating how the coding team arrived at the final thematic structure. Template analysis was chosen because it is a rigorous, structured qualitative approach that can be conducted in a short amount of time. It is also equipped to provide a rich depth of description, since it focuses on developing four or more levels of hierarchical coding.

For this study, a team approach to data analysis and template development was used. There were eight members of the coding team, including the PI, who is a professor of social work, and seven master’s-level social workers. Qualitative data analysis was primarily conducted using Dedoose.
The PI followed the steps outlined by Brooks et al. (2015) to conduct the template analysis. First, the PI became familiar with data by reading through transcripts of 5 of the 10 focus groups. Second, the PI chose 3 of the 5 transcripts to code to capture variation in the data and conducted preliminary coding in Microsoft Word. The PI used some *a priori* themes to guide preliminary coding, which were derived from the research questions. These *a priori* codes included goals and challenges, collaboration, and future planning.

In the third step, the PI organized emerging themes into meaningful clusters based on commonalities among segments of coded text. For example, issues around strategies used to include multiple constituent groups were clustered together as “Successful Strategies—Inclusivity.” Fourth, the PI developed a draft coding template based on the first three coded focus groups. Fourth, the PI and seven research team members applied the draft template to one additional transcript to assess fit and make changes to the template. The PI then finalized the template and the coding team individually coded the remaining interviews in Dedoose. As team members independently coded interviews they noted additional themes and codes on the template in a shared Google document, which the PI monitored regularly, and concurrent changes to the code structure were made in Dedoose. An audit trail was kept of the versions of the template analysis as they developed. As the PI noticed similar new codes emerging, she made decisions to cluster similar codes together under a new parent code or collapse codes in other cases. At other times the PI noted new integrative themes. Once independent coding was completed, the research team met to discuss findings and make final adjustments to the coding template.

All stakeholder team members also received an email invitation to complete a 27-item quantitative survey consisting of demographic questions, satisfaction survey, the Keeping Fit in Collaborative Work, the Internal Collaborative Functioning Scale, and the Implementation Leadership Scale. Twenty-three people completed the survey from February 1 through March 15, 2021.

**RR VHV Outcome Evaluation**

The outcome evaluation component allowed focus on assessing the impact of both RR VHV implementation strategy and VHV approach in general on the workforce. The outcome evaluation answers the following questions identified by RR VHV Evaluation Team:

- What are the characteristics of the people who engaged in training through RR VHV?
- What supports did the home visiting workforce need to transition to VHV?
- How confident did the workforce feel in making the transition to VHV?
- How were families and home visitors impacted by VHV transitions?
- How was the well-being of the workforce impacted during COVID-19?

All individuals who had registered for RR VHV through the Alliance Rapid Response (n=12,000) received an email inviting them to participate in a quantitative survey. The survey consisted of 39 questions assessing workforce demographics, RR VHV engagement, RR VHV content application, transition to VHV, satisfaction with VHV, and workforce well-being. Data were collected from February 1 through March 15, 2021 with 1,073 people responding. Participants were offered the opportunity to enter a lottery for an Amazon gift card if they completed the survey. Data were analyzed using Qualtrics data analytic software.
Results

Collaborative Process Evaluation: Quantitative Findings

**STAKEHOLDER TEAM RESPONDENT DEMOGRAPHICS**

Key demographics of RR VHV stakeholder team members who completed the survey (n=23) indicate membership was primarily:

- Over 45 years old
- White
- Female
- Highly educated
- Representative of 8 states and 9 home visiting models

- Those who had worked in home visiting for more than 10 years
- Those who had served in professional roles including program developer, program director, research and evaluation, and training

These findings are representative of senior leadership in the larger national home visiting organizations.

**Age of Stakeholder Team Members**

- 13% 25–34 years old
- 30% 35–44 years old
- 22% 45–54 years old
- 30% 55–64 years old

**Gender**

- 91% Female

**Race/Ethnicity**

- 87% White (not Hispanic)
Highest Level of Education

- 22% Bachelor’s degree
- 65% Master’s degree
- 0% Doctoral degree
- 0% High School
- 0% MD
- 0% JD

Geographic Representation

- California: 2.5
- Connecticut: 1.0
- Delaware: 1.0
- Georgia: 2.0
- Illinois: 3.0
- Missouri: 3.0
- New York: 1.0
- Virginia: 6.0

Scale: 0 0.5 1 1.5 2 2.5 3 3.5 4 4.5 5 5.5 6 6.5
Length of Time Working in Home Visitation

- 26% 6–10 years
- 65% More than 10 years

Organizational Role

- Program Development
- Program Director
- Research and Evaluation
- Policy and Advocacy
- Consultant
- Home visitor
- Home visitation supervisor
- Trainer
- Other
**RR VHV Stakeholder team Collaborative Process Outcomes**

The majority of stakeholders began engagement with RR VHV in March or April 2020, at the beginning of the process. An additional group of the Advisory Team was formed in the summer of 2020. The Content Development subgroup of the Advisory Team had the largest stakeholder team. The leadership, or Steering Team, was the smallest stakeholder team by design.

Respondents to the collaborative survey reported a high rate of satisfaction with their stakeholder team’s process noting that they felt respected, that leadership was shared, and that they felt energized by their participation. Standardized measurement revealed that respondents felt they were able to demonstrate a moderate to great level of knowledge, perseverance, and support during RR VHV implementation. Members of stakeholder teams showed less confidence in their ability to be proactive, which is likely related to the speed of the effort (see focus group results). Respondents also demonstrated positive appraisal of their collaborative efforts, feeling highly successful in the areas of shared vision, inclusivity and participation, sound decision making, facilitative leadership, effective communication, and sustainability.

Bivariate analysis did not reveal any statistically significant differences in satisfaction with the implementation process or collaborative efforts based on length of time in home visiting or position. Individuals who were aged 54-65 noted more challenges to sustainability (F=0.77; p<0.05), effective communication (F=0.73; p<0.05), facilitative leadership (F=0.71; p<0.05), and sound decision making (F=0.68; p<0.05).
Month Respondent Joined RR VHV

March 2020
April 2020
May 2020
June 2020
July 2020
August 2020
September 2020
October 2020
Total Stakeholder Team Participation

- Leadership
- Content Development
- Content Development Advisory
- Evaluation
- RR VHV Advisory
- RR VHV All Models
- Alliance RR
Describe how your stakeholder team accomplishes work

- Work is shared
- Work is more or less shared
- A small group does the work
- One person does all the work
- Work does not get done
Describe your contributions to your stakeholder team

- I do more than my share because I want to
- I do my share on time
- I do my share but I may be late
- I may do my share but it depends on my work schedule
- I don’t get involved

Feelings about stakeholder team meetings

- Feel good
- A high point in my schedule
- Sometimes worthwhile
- Avoid going
- A waste of time
Describe the leadership of your primary stakeholder team

- Leadership shared and rotated
- A few people equally share leadership
- One leader who listens to others
- Several leaders who compete
- One authoritarian leader

Are you respected and listened to in stakeholder team meetings?

- All the time
- Most times
- Not at all
- Occasionally
- Some but not enough
Describe your stakeholder team’s decision-making process

- Decisions are thoughtful, timely
- Eventually we decide
- Sometimes we avoid decisions
- No decisions, endless discussions
- Hasty decisions, not enough discussion

My primary stakeholder team’s process is open and I feel comfortable

- Everyone is part of the decision
- Members are heard nearly all the time
- Usually we work as a team
- Sometimes we work as a team
- No one knows the plan
When I leave a collaborative meeting I feel energized and excited about my work

![Bar chart showing feelings after a collaborative meeting]

**COLLABORATIVE AND IMPLEMENTATION ASSESSMENTS**

<table>
<thead>
<tr>
<th>Implementation Leadership Sub-Scales*</th>
<th>Mean</th>
<th>Min.</th>
<th>Max.</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>2.78</td>
<td>0</td>
<td>4.0</td>
<td>1.19</td>
</tr>
<tr>
<td>Perseverance</td>
<td>2.19</td>
<td>0</td>
<td>4.0</td>
<td>1.74</td>
</tr>
<tr>
<td>Proactive</td>
<td>1.65</td>
<td>0</td>
<td>4.0</td>
<td>1.53</td>
</tr>
<tr>
<td>Supportive</td>
<td>2.55</td>
<td>0</td>
<td>4.0</td>
<td>1.53</td>
</tr>
</tbody>
</table>

**Collaborative Self-Assessment**

<table>
<thead>
<tr>
<th>Keeping Fit in Collaborative Work Sub-Scales***</th>
<th>Mean</th>
<th>Min.</th>
<th>Max.</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared Vision</td>
<td>1.11</td>
<td>0</td>
<td>2.25</td>
<td>0.66</td>
</tr>
<tr>
<td>Inclusivity and Participation</td>
<td>1.39</td>
<td>0</td>
<td>2.57</td>
<td>0.91</td>
</tr>
<tr>
<td>Sound Decision Making</td>
<td>1.23</td>
<td>0</td>
<td>2.33</td>
<td>0.82</td>
</tr>
<tr>
<td>Facilitative Leadership</td>
<td>1.2</td>
<td>0</td>
<td>2.5</td>
<td>0.82</td>
</tr>
<tr>
<td>Effective Communication</td>
<td>1.25</td>
<td>0</td>
<td>3.0</td>
<td>0.87</td>
</tr>
<tr>
<td>Sustainability</td>
<td>1.28</td>
<td>0</td>
<td>2.5</td>
<td>0.84</td>
</tr>
</tbody>
</table>

*0 = Not at all; 1 = Slight extent; 2 = Moderate extent; 3 = Great extent; 4 = Very great extent

**Scores range 0–7 with a score of 0 being negative appraisal and 7 positive appraisal

***1= Successful; 2 = Partially Successful; 3 = Challenging; 4 = Very Challenging
Stakeholder Team Focus Group Findings: Qualitative Findings

Mirroring results from the quantitative outcomes, focus group respondents expressed deep pride and admiration for their involvement in RR VHV; they felt they had risen to meet a challenge in the field; worked very hard despite personal hardships; and created a body of work that will have long-standing implications for the field of home visiting even after the COVID-19 pandemic. Overall, stakeholder team members felt that they had created a new model for collaboration in the field of home visiting.

“So I think from my understanding, this actually started out of a response to COVID and being a space where home-based providers could come together and share ideas, learn from one another as we were all kind of going through this very new and unnerving situation, and then utilize our learnings and then share that out even further across the home-based ecosystem, if you will. And then it’s kind of evolved into being something that’s very useful long term for continuous quality improvement, shared best practices, and then also just a place for shared learning, so bringing in other experts and resources for us as a whole to learn and grow together.” (1783-2435)

“One thing that I will say is that, all of these meetings that we had with people from across the country were done with babies crawling on mothers’ laps and disasters going on in the other room—just all kinds of havoc going on—because whether you’re a family living in a trailer in Nebraska, or you’re the executive director of a national model program, you’re all going through the same thing. You’re all adapting at the same time. So, I just got so much admiration for people to be able to pull up these resources from within themselves.” (17087-18074)

“Figuring out how to do this pivot and how to support home visitors out in the field was something everybody was struggling with. I do think there was, I mean, in a sense a whole bunch of the barriers got broken down. We were forced, they forcibly broke down, and that gave us a real opportunity to build from.” (25516-25824)

“The first thing that came to my mind in March of 2020 is we don’t get to just stop seeing families. We have to figure this out and we have to figure it out right now. I think that everyone did it but I want to believe that the collaborative helped at least give us a place, one as models where we could feel like we weren’t in this alone and the same for the professionals.” (25916-26308)

Successful Strategies

Stakeholder team members noted that they felt the success of RR VHV effort was rooted in their alignment with the overall RR VHV goals to be accessible, strengths-based, have shared responsibility, and be rapid. To achieve these goals, stakeholder team members developed specific strategies to be inclusive (including tapping into personal networks to recruit members), were organized, had a fast response, and communicated effectively.
Inclusivity. Members were very clear that they had to be “model agnostic” to ensure the applicability of RR VHV content. They also felt that by being inclusive, they were able to harness the potential of home visiting to better meet the needs of families. They expressed that the level of inclusivity was unique to RR VHV and had the potential to change home visiting moving forward.

“So, we all come to the table with very specific language and thoughts and fidelity and all the things related to our own model. But through this work group, in our collaborative efforts, we really worked to make it model agnostic so that these are materials that any home visitor can access and learn from. And that was like when you think about it, it feels like pretty small to do, but I think for all of us to really think on a larger level, it was just such a huge collaborative effort.” (4873-5419)

“From the steering committee perspective [we focused on how to make] sure that smaller models that were not members of the Alliance had the opportunity to engage separately and then had in addition to that the joint sessions to make sure that they had an opportunity to share their voice in a way that they wouldn’t feel like they were a small fish in a big pond, so to speak. And then took the time, overtime, to have the joint sessions with all of the models. I think that even though it didn’t start at the beginning, we knew we were compensating models and content supporters financially. Not that it was in alignment with the time that people were giving but just making sure we acknowledged to let people know we know that this time is expensive and people have a lot of other things on their plates. I think that was helpful.” (23164-23969)

“I was so appreciative that we had a concrete way to be able to be more effective as a coalition. I know it’s true, we’ve done a lot around advocacy but I am very aware of while we may get the disease under control, I think there are many consequences that will evolve from it in terms of the impact on the economy and all the things we’re going to be dealing with for a long time. I believe that home visiting in terms of being an important network reaching families in their environments that it will behoove us well to be able to bring to light issues that have to be dealt with and be responsive. And they might not be able to be dealt with rapidly because they’re deep-seated problems. But I’m hoping that this built up some confidence of our ability to tackle other issues together.” (31407-32381)

Organization. Having a clear organizational structure and flow that was constantly evaluated was crucial to the success of RR VHV. The rapid nature of the outputs, the high level of organization, organizational support, and continuous feedback were vital to keeping the process moving forward.

“Oh my gosh, [colleague name] was just amazed and had a CQI PDSA brain. And so not only helped orient the speakers and the multiple speakers so that they were comfortable in that transition to tech and presenting. She did that also in chat real time supporting the field in their tech abilities who were still learning that at the same time. But the wraparound, the back end of it, and the realization as a group
that we could not debrief the second after the end of the webinar, we needed 30 minutes to take a breath and then come back and then take 30 minutes to debrief caused us to learn and validate and get that energy back to get back to the next one.” (10889-11599)

“I really appreciated that I felt that there was so much organization. This was one group that I could always feel like I could go back to and follow what was going on in the middle of every other Rapid Response area that I was a part of. So, I want to lift that up as a real positive thing and thank you to those who kept us organized and the meetings organized and everything.” (7971-8350)

Rapid Response. The fast nature of RR VHV collaborative was a point of pride for stakeholder team members. They felt they were fulfilling an important need in the field and had been able to sustain the rapid response for a longer duration than they had expected.

“We got it going quick and fast. I think when you step back and think of how quickly from those first emails of ‘could this be a possibility?’ to when we started meeting, and then those first webinars... I mean, to really think about how fast and not just to get stuff out there, it was good stuff. People really came in and it was meeting a need from right away. And there weren’t the lines of like, ‘Well, this is my turf. This is your turf.’ I think that’s part of maybe that modeling, too. We all were like, ‘No, this is for the field. This is for the families.’ And we never wavered from that.” (6093-6685)

“I think having this, the collaborative, as a space where we can still take opportunities to leverage the learnings from the professionals that are supporting families every day is something that may not be as rapid as we go forward but the pace is not slowing that much right now.” (30977-31257)

Communication. Communication was noted as the primary practice that promoted RR VHV inclusivity, organization, and rapid response. Not only was information effectively shared across stakeholder teams to promote RR VHV efforts, RR VHV provided a new platform to home visitors.

“Just thinking about compensation and what we really appreciated in the experience, I think the leadership involved in all of this has been wonderful, clearly communicating and planning meetings and just making everyone feel heard and involved to the extent that they can be.” (33906-34181)

“[Our] success is [that we have] much more of a unified voice around supporting the workforce that’s home visiting. That’s now given rise to other conversations that we’re starting to have as a group around compensation and other kinds of support. I really think it built the base for that and made those next steps seem much more feasible and like things that not only the models could but should be working on together. Certainly, just from looking at the chats during the webinars, it did feel like there was this camaraderie and strength-building across models the way people were talking to each other and sharing experiences. I think that’s a whole new level of, I don’t know, unity in the home
visiting world. There’s always been a lot of collaboration around advocacy and people understood why we were on the same page about that. I think thinking about a new round of collaboration about how we support the home visiting workforce in a way that parallels the way that child care world supports child care workers is going to be really beneficial for the field going forward.” (7501-8560)

“But what I really loved was it gave us a great opportunity to give a platform to practitioners in the field that I thought was a real boost in the arm for people to think that their voices were important to others in the field. And to think oh my gosh, there’s 1000 or 2000 people listening and that they could talk about their own personal experiences of what they were doing and their expertise I think was very reaffirming. That was really nice to be able to, even though we’re a small organization, that we could tap into the experts in the field.” (20814-21605)

**Challenges**

Stakeholder team members also reflected on challenges they had experienced while developing RR VHV. These challenges primarily occurred due to the rapid nature of the project which led to challenges in s, communication, and making project transitions.

**Rapid Response.** Having to respond quickly to needs in the field was the most commonly cited challenge in the focus groups. While there was acknowledgement that a fast response was essential and part of the core mission, developing a process and content so quickly resulted in staff fatigue.

“Someone else said it, well, when this pandemic is over, we won’t need a rapid response. Well, rapid doesn’t mean temporary, it means fast.” (29326-30536)

“The challenge is it was exhausting. I’m just going to say, I’m just going to be very, quite blunt. Yes, we had another job. Fortunately, and unfortunately, it was a pandemic that caused me to have to say something to the other staff, and they had great empathy for other deliverables and picked up what we couldn’t do sometimes just in our own organization to get out the content. To be honest, it’s not a livable process. Quarter horses run only seven minutes, they don’t run that fast for that long and that’s what I felt like we were. And it was an amazing moment, but to be honest it was weekends, it was late nights. So, you do that for the cause, but also, we have to realize that by June, we were beginning to decompensate when needed and we needed others to come in and take the reins and keep going.” (17475-18292)

“This was very hard and hugely stressful. And the people who were really in the leadership positions at the forefront of putting all of this together and making it work, paid a price in hours worked around the clock, in challenging, stressful conversations that didn’t always go the way you wanted them to. There were relationships that were strengthened. There were relationships that were frayed. It probably hung together better than any of us could expect given that it was COVID and given the weight and the responsibility. But we owe a real debt of gratitude to the folks who made this happen, because it was personally very hard on them at times.” (11188-12107)
Communication. The fast-moving nature of RR VHV was also cited as a challenge to maintaining communication. Local implementing organizations had difficulty responding as quickly as needed by RR VHV. Additionally, communication was muddied by requirements added by funders over the course of RR VHV. To address these issues, members of RR VHV engaged in a continuous quality improvement strategy to address communication missteps.

“So, I did have a challenge, specifically around inviting our local implementation agencies or local program to participate. There was miscommunication, and I think the word is Rapid Response to Virtual Home Visiting. The word ‘rapid’ came into play because things were going so quickly. So, there were a few things that as a model developer I was told what’s going to happen and it didn’t happen, or there’d be a little confusion. It all worked out and I think because the open communication that I have with my local program, we have a really good work relationship, there were no hurt feelings or anything. I think it was confusing but we were able to work it out. And that final product was top notch. So, that whole webinar was just incredibly great.” (6361-7114)

“We had some difficult conversations, clearly. We hosted some meetings that were very uncomfortable to facilitate. We did a lot of talking behind the scenes about how to host them, what was our goal with the meeting, what were we trying to achieve. Those things didn’t just happen, there was stuff that went into those to try and handle them in the best possible way. What’s the best possible outcome out of what’s happening right now? Why is this important to us, our funders, the field? Holding all those pieces together.” (25831-26354)

“I think the CQI element ...is an important one to note because we did schedule debriefs after every webinar to really figure out what went well. And what we liked about that, I think for me, what was most valuable was hearing the person or people who were new to the group because we always had new people every week, whether they were the field rep or different model. And so, they had no idea how we had ever done it? And then they would give us their feedback. And that was incredibly valuable to hear what was working and where were we missing the boat still and we needed to make some adjustment.” (23638-24258)

Inclusivity. Inclusion of various model voices was another core value to RR VHV and one raised as a strength. However, other respondents noted that inclusion was challenging. It was difficult to recruit from other models due to impacted schedules and gatekeeping. Additionally, respondents noted a long-standing hierarchy in the home visiting field based on scientific evidence to support a model. This hierarchy was initially present in RR VHV as well.

“I think for me, one of the challenges was that the shared responsibility I think there was a vision for it to truly feel and be cross-model voices. I think that is where we struggled with shared responsibility... We struggled to get other models to engage and step in. We could get people from the
field level, we had really good field level and there were certain models that did engage...But I do think there was something missing funneling from a certain level above what the content group could do, that people were not being funneled to us.” (10416-11305)

“And even if it conflicted with one of our model meetings, I made sure to participate in [RR VHV] meetings. So, I think it’s where your priorities could be, how many plates you’re spinning at one time, that could have been a factor?” (10673-11007)

“But my experience would say that there is exclusion of models that are not blue ribbon, gold standard models. If you are not a randomized control trials studied model, there is a division between you and those other models.” (22823-23266)

“Anytime groups merge or join together to do something, there’s often some gatekeeping. I think there was some of that, which I think is expected. I think some of that is as we came on board, there were also maybe some other role clarifications happening for what was going to continue. All those people who had worked so hard to make it happen for the first three months or however long it was before we came on board, they were so invested in it.” (17640-18159)

“There are a lot of advantages to having a large, diverse pool of resources. Resources that are just not available in other settings. So, we have the capacity to bring in a wide range of experts and stakeholders, and that’s really important. It allows us to think about things from different perspectives, which can lead to more innovative solutions.” (12663-13324)

“Then for those players that had been there from the beginning and remained with us for the entire duration, I think there has to be a level of trust, like, “Oh, this is a new way. Is it going to work? Because this other way also works.” Getting to that place where everyone can trust and see, like, “Oh, they don’t do it that way, but it still works and it’s okay.” All of that, I think just happens anytime there’s collaboration, anytime new people come on board and it’s just part of the process. We take what fits. Then what needs a little tweaking, you adjust until it really becomes part of the way of doing it and then you just keep going.” (4536-2718)

**Collaboration**

Respondents unanimously noted that the ultimate success of RR VHV hinged on the overall collaborative model. By making sure additional strategies were deployed to ensure wide representation within RR VHV, stakeholder teams were able to achieve an augmented level of collaboration. Additionally, resources related to adequate funding and release time to focus on RR VHV efforts made it possible for the stakeholder teams to mobilize quickly and efficiently.

**Casting a wide net**

“One thing I want to say about the HRSA and the Feds, and everyone, there was a lot of relationships leaned on to get folks to meetings. And there was a lot of, I do think it was a look at what is happening in order to meet the needs of home visiting and you can be part of it. I think there was something that we all are excited by the idea of being part of a solution to a major scary problem. So, I think there was an element of that in the cell. But we were reaching out to people directly and talking to them about it, and then getting them to the adviser and they came on faith that they trusted what you delivered. That they knew your work and would come.”

(12663-13324)

“It was all set up so that it could be a response across the field but that it could
also happen rapidly. And so, you can’t always get 100% of the people at the table for everything but you get people at the table for the different piece. And particularly for the pieces that were most important to them or where there was something they were hearing most robustly from the field that they wanted to make sure got to be part of what was happening with the webinars.” (4292-4859)

“So, in particular for this group because it’s all models, we weren’t part of the MIECHV group. We weren’t part of the Alliance, we weren’t asked our opinion, we hadn’t been involved at all. So, this group being invited to this group, meant a lot. That we were able to sit in and listen and also share our expertise in this group, and this was the only table we were invited to. Especially during the pandemic, when all of our home visitors were feeling the exact same way. It didn’t matter what model you were in.” (21070-21583)

“What’s happening now and what’s my place in it?” Our goal was to join and respect that and so I hope that people felt like that. I think some of the markers of the relationship down the road was that some of the people who maybe there was a little tension with, they now are some of our ... biggest supporter isn’t the right word, but they, in meetings now, are saying, ‘Oh yeah, this works’ or, ‘We did it this way and it is another way.’ Maybe even we’re willing to try that because we’ve tried other things with them and it’s been okay.” (27836-55437)

**Resources needed for successful collaboration**

“I mean, you look back on the texting and the phone calls that were happening [to get] prepared for the meetings. So, a resource is just really, I think, the commitment from my boss and from our organization that was important.” (30285-30544)

“So, we got some money. So, we had resources, and we had the flexibility to make things happen for the field, and it wasn’t about this is our path, this is your path. It was about, what do we need to do? And what does it cost? What will it take to stand up what we want to stand up here? What do we need to support not just the webinars, but the website support to push that information out and be a place where people can access it? So, I think it’s nice, very nice, I don’t think we would have been able to do this without the resources. And initially very flexible resources, which allowed us to truly be rapid early on.” (6752-7373)

“I think the stipend structure helped, too. And not that it was this ton of money that saving any model or anyone, but the fact that we considered everyone’s time valuable and understood that they were taking away time from something else, and we should compensate for that. And those that engaged more, the stipends were higher.” (16719-17046)

**Future planning**

When asked if RR VHV could have occurred in the absence of the COVID-19 pandemic, all respondents stated that it would have been impossible. They felt the sense of urgency in the field allowed partners to abandon previously entrenched barriers to collaboration. The unprecedented nature of the pandemic and the needs of families motivated all par-
ticipants to employ new strategies for collaboration. Respondents resoundingly stated their desire to see RR VHV collaboration continue. They felt that valuable lessons had been learned and procedures put in place that could be leveraged for future efforts to mitigate social issues that create disparities in family and child development (e.g., Black maternal mortality, racism, poverty). Additionally, respondents felt that VHV was a tool that had long been requested by parents yet not provided. They expressed hope that funding partners would make it possible to continue to offer families options for the methods through which they receive home visiting.

“Before the pandemic we were only reaching a drop in the ocean of the families that could benefit most from home visiting. The ocean is bigger and the drop is the same size if not smaller. So, I think there’s also this opportunity to lift up home visiting as a strategy that can truly help family’s close gaps around racial disparities and other challenges. I think because the need is even bigger it behooves us to move forward as collaboratively as we possibly can. At some point not just advocate for dollars but just advocate but it’s not just about the federal dollars but the state and the local dollars that are available to implement home visiting as a strategy. We have to keep moving forward on that front as well.” (32957-33759)

“I think that’s actually been our messaging during our planning. Best practice is best practice, whether it’s a pandemic or not.” (27242-28327)

“I would hope that everyone sees the benefit and the value of what has been created and that it continues to be a place where the field can come to get new ideas, get fresh perspectives or just get some validation about, ‘Hey. My program is not alone in that struggle.’ We’re all in it and it’s hard, but, oh, there’s one little bit of a takeaway or just whatever they get when they come. Maybe it’s not to the same level of frequency that it’s been happening because again, we’re not in that place where we were a year ago or it was new to everyone, but there’s a definite piece of this, that I hope remains, that the field maintained as new possibilities, new ideas, new ways of doing the work. I would hope that it can continue to become a place for just continued learning and also for people, like we mentioned at the beginning, to have a platform, a space to come to speak to their peers about new ideas.” (32777-34346)
Key demographics of RR VHV webinar registrants (n= 1,073) indicate that participants were primarily:

- Older than 45 years of age
- White or Hispanic
- Female
- Holding a bachelor’s degree or higher
- Representative of 48 states, a U.S. territory, and several international locations
- Representative of over 20 home visiting models
- Were either newly employed in home visiting or had worked in home visiting for more than 10 years, representing the general distribution of the workforce.

**Age of Respondents**

- 25% 35–44 years old
- 35% 45–54 years old
- 24% 55–64 years old
- 1% 18–24 years old
- 12% 25–34 years old
- 4% 65 years old

**Race/Ethnicity**

- 54% White (not Hispanic)
- 23% Hispanic or Latino
- 2% American Indian or Alaska Native
- 2% Asian
- 17% Black or African American
- Native Hawaiian or other Pacific Islander (0%)
- Other (2%)

**Gender**

- 97% Female
- 2% Male
- 1% Prefer not to say
- 0% Non-binary/third gender
- 0% Other
I do not reside in the U.S.

U.S. Territory

Tribal Nation
Impact of COVID-19 on Home Visiting Practice

Over 80% of RR VHV participants reported that they had transitioned to VHV in March 2020 (79%) or April 2020 (14%). They had experienced locally implemented restrictions on size of gatherings, as well as requirements to close businesses, wear masks, and socially distance. In response to local restrictions, the majority of home visitors accommodated families by offering them visits by telephone and video conferencing.

In response to COVID-19, when did you transition to virtual home visitation?
COVID-19 Restrictions Implemented in Respondents’ Location

- Social distancing
- Masks required
- Majority of businesses closed
- No small gatherings
- No large gatherings

Adaptation to standard home visitation that were offered in response to COVID-19

- Exclusive phone visits
- Exclusive video visits
- Combination of phone and video visits
- In-person visits
- I stopped seeing families
**RR VHV Webinar Support**

Webinar content was offered on a range of VHV topics over the past year. Respondents reported accessing webinars related to COVID-19, VHV engagement, and parent-child interaction the most. Motivation to attend webinars was to support families and staff in transitioning to VHV. They also reported that they primarily attended live viewings of the webinar because it better fit their learning and engagement preferences. For those who reviewed recorded webinars, they primarily elected that option because of scheduling conflicts.

Respondents indicated that their primary place of training and support outside of RR VHV was in model-specific guidance. Models and organizations primarily offered this support through trainings, supervision, and peer-led consultation. However, 15% of respondents said that RR VHV was the only form of support they received when transitioning to virtual home visiting.

Respondents were extremely satisfied with the topics, presenters, use of polls, and date and time of the webinars. The most noted place of dissatisfaction was with the time of the webinars. The topics that respondents felt were most valuable to their transition to VHV were webinars on general information about the VHV approach, specific implementation skills, and parent-child interaction. Specific techniques that respondents applied after learning them include engagement strategies, recruitment strategies, supporting families to transition to VHV, active listening and reflection, screening techniques, supervision strategies, and self-care techniques.
Respondents’ Report of RR VHV Webinar Topics Accessed

- COVID-19 related information
- General VHV introduction and overview
- VHV engagement
- VHV screening and assessment
- VHV procedures
- VHV supervision
- Wellness and self-care
- VHV parent-child interaction (PCI)
- Spanish VHV
Specific topics sought: virtual supervision, virtual service engagement

**Primary Reason for Participating in Webinar**

- Peer support
- Learn how to transition families to virtual home visitation
- Learn how to support staff in transitioning to virtual home visitation
- Learn self-care techniques
- Webinar format
- Webinar presenter
- I wanted more information on a specific topic

**Webinar engagement format**

- Attending live webinars
- Reviewing webinar recordings

**Specific topics sought: virtual supervision, virtual service engagement**
Primary Reason for Attending Live Webinar

- Live instruction with presenters
- I was able to ask questions directly
- I feel more engaged with live presentations
- The time fit well in my schedule
- My employer set the live webinar time aside for me to attend
- Peer support
- Other
Other organization’s webinars accessed: Brazelton Touchpoints, Office of Head Start, First 5 California, model-specific webinars

**Primary Reason for Viewing Webinar Recordings**

- Flexibility to watch webinar when I had availability
- Ability to fast forward through content
- I could do other tasks while watching the recording
- I missed the announcement for the live webinar
- I was not given time by my employer to attend the webinar
- Conflict of timing with live webinar
- Other

**Support Received to Transition to VHV**

- Model guidance
- Model webinar
- Other organization webinar
- No additional guidance was received

**Other organization’s webinars accessed: Brazelton Touchpoints, Office of Head Start, First 5 California, model-specific webinars**
Model and Organizational Support Offered to Transition to VHV

- Training
- Consultation group
- Peer-to-peer support group
- Support from a supervisor
- Technology (e.g., laptop/tablet/Internet connection)
- Other
Webinar Satisfaction

- Extremely satisfied
- Somewhat satisfied
- Neither satisfied nor unsatisfied
- Somewhat dissatisfied
- Extremely dissatisfied

Webinar topics
- Webinar presenters
- Use of polls and chats to engage audience
- Date of webinars
- Time of webinars
Most Important Webinar Content

- General information about VHV
- Specific skills to supplement VHV
- Wireless resources
- Virtual screening and assessment resources
- Virtual supervision resources
- Virtual parent-child interaction strategies
- Other


**Transition to VHV**

When asked about the transition to VHV, the majority of respondents stated that their own caregiving duties were a minor challenge or no challenge. This is likely due to the age of the sample. Close to 75% of the sample said that the transition to VHV had been a bit to moderately challenging while 22% said it was very challenging for the families they served. Almost 90% of home visitors felt families were “somewhat” to “very” engaged in VHV and respondents said they facilitated engagement primarily through offering telephone or video visits or offering evening visits. Barriers to engaging families were equally distributed across difficulty for families remembering appointments; distractions at home; having multiple children; balancing schedules of multiple children; or having limited Internet access. Home visitors reported the most common barriers to their own engagement were distractions at home and access to Internet. Home visitors had a high level of confidence in being able to deliver VHV after participation in RR VHV webinars.

Despite high levels of confidence, home visitors reported challenges in finding resource referrals for many family needs include housing, basic needs and mental health care. They also said that recruitment, screening, and parent-child interaction were particularly challenging elements of delivering VHV. Prior to the pandemic, studies of VHV also noted challenges in recruitment and screening.\(^{15,16}\)

Almost three-quarters of respondents reported the transition to VHV as being challenging and less than half felt they had adequate training to make the initial transition. Just over half felt they did have adequate supervision and technical support in making the move to VHV. Over half of the respondents experienced frustration or were concerned about their ability to deliver VHV, further signaling the vital importance of RR VHV support.

Despite concerns in their ability to transition to VHV, respondents had high levels of satisfaction with delivery of VHV and high levels of personal well-being once they made the transition to virtual.

Bivariate analysis indicated that there was a statistically significant relationship between length of time in the field of home visiting and confidence in engaging families in VHV \((V=0.10; p<0.01)\). There were no statistically significant relationships between length of time in the field of home visiting and difficulty adapting to VHV. There were no statistically significant relationships between age of home visitor and confidence in engaging families or difficulty adapting to VHV.
How much have your personal care giving duties been a challenge for you?

- Not at all challenging
- A bit challenging
- Moderately challenging
- Very challenging
- I have been unable to work because of family care duties

How difficult was it to adapt to VHV?

- Not at all challenging
- A bit challenging (42%)
- Moderately challenging (32%)
- Very challenging

How difficult was it for families to adapt to VHV?

- Not at all challenging (5%)
- A bit challenging (34%)
- Moderately challenging (37%)
- Very challenging (22%)
- Unable or resistant to virtual visits (2%)
Family engagement during VHV

- Mostly engaged
- Somewhat engaged
- Briefly engaged
- Very engaged
- Not at all engaged

Home Visitor Accommodations for Families

- Evening visits
- Weekend visits
- Early morning visits
- Telephone visits
- Video visits
- Outdoor visits
- Other
Barriers to Family Engagement

- Remembering appointments (15%)
- Distractions at home (23%)
- Multiple children (20%)
- Limited Internet access (21%)
- Balancing schedules of other children (11%)
- Other (29%)

Barriers to Home Visitor Engagement

- Remembering appointments (5%)
- Distractions at home (29%)
- Limited Internet access (21%)
- Other (26%)

Home Visitor Confidence in Engaging Families

- Not at all confident
- Somewhat confident
- I am building my confidence
- Mostly confident
- I am a virtual home engagement rock star
Referral Services Difficult to Access During the Pandemic

- Housing
- Basic needs
- Breastfeeding
- Mental health
- Domestic violence
- Child development
- Food
- Child maltreatment
- Other
Most Challenging Area to Complete via VHV

- **Recruitment**: 300% (most stressful)
- **Enrollment**: 100%
- **Consent**: 50%
- **Screening**: 150%
- **Parent-child interaction**: 100%
- **Supervisions**: 0%

Transitioning to VHV was Stressful

- Somewhat agree: 48%
- Strongly agree: 26%
- Somewhat disagree: 8%
- Neither agree nor disagree: 11%
- Strongly disagree: 8%

I had adequate training to transition to VHV

- Somewhat disagree: 21%
- Somewhat agree: 34%
- Neither agree nor disagree: 20%
- Strongly agree: 13%
- Strongly disagree: 12%
I experienced frustration during the transition to VHV

![Survey Results]

- Strongly disagree (9%)
- Somewhat disagree (11%)
- Neither agree nor disagree (15%)

- Strongly agree 42%
- Neither agree nor disagree 23%

I had adequate supervision to transition to VHV

![Survey Results]

- Strongly disagree (7%)
- Somewhat disagree (12%)
- Neither agree nor disagree (19%)

- Somewhat agree 33%
- Strongly agree 29%

I had adequate technical support to transition to VHV

![Survey Results]

- Strongly disagree (9%)
- Somewhat disagree (14%)
- Neither agree nor disagree (18%)

- Somewhat agree 38%
- Strongly agree 21%

I was concerned about my ability to transition to VHV

![Survey Results]

- Strongly disagree (11%)
- Somewhat disagree (11%)
- Neither agree nor disagree (21%)

- Somewhat agree 40%
- Strongly agree 17%
### Feelings related to VHV

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Min.</th>
<th>Max.</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is easy to use virtual home visiting</td>
<td>3.72</td>
<td>1</td>
<td>5</td>
<td>1.04</td>
</tr>
<tr>
<td>I feel confident using virtual home visiting</td>
<td>3.99</td>
<td>1</td>
<td>5</td>
<td>0.93</td>
</tr>
<tr>
<td>I feel at ease using virtual home visiting.</td>
<td>3.9</td>
<td>1</td>
<td>5</td>
<td>0.98</td>
</tr>
<tr>
<td>Virtual home visiting gives me the chance to build and keep a personal bond with each of my clients.</td>
<td>3.89</td>
<td>1</td>
<td>5</td>
<td>1.06</td>
</tr>
<tr>
<td>The images and sounds of virtual home visiting are clear and crisp.</td>
<td>3.28</td>
<td>1</td>
<td>5</td>
<td>1.08</td>
</tr>
<tr>
<td>I get more done in my day when I see clients through virtual home visiting.</td>
<td>3.6</td>
<td>1</td>
<td>5</td>
<td>1.12</td>
</tr>
<tr>
<td>Virtual home visiting allows me to see more families.</td>
<td>3.43</td>
<td>1</td>
<td>5</td>
<td>1.19</td>
</tr>
<tr>
<td>I am able to meet my families’ needs well through virtual home visiting.</td>
<td>3.28</td>
<td>1</td>
<td>5</td>
<td>1.08</td>
</tr>
<tr>
<td>I prefer virtual home visits over visits that are in person.</td>
<td>2.58</td>
<td>1</td>
<td>5</td>
<td>1.37</td>
</tr>
<tr>
<td>For the most part, I am satisfied with the work I have done through virtual home visiting.</td>
<td>3.9</td>
<td>1</td>
<td>5</td>
<td>0.97</td>
</tr>
<tr>
<td>I am better able to reach my clients through virtual home visiting services.</td>
<td>3.11</td>
<td>1</td>
<td>5</td>
<td>1.19</td>
</tr>
<tr>
<td>I am concerned about the lack of physical contact I have with my clients while providing care through virtual home visiting.</td>
<td>3.78</td>
<td>1</td>
<td>5</td>
<td>1.12</td>
</tr>
<tr>
<td>Providing care through virtual home visiting is just as effective as in-person care.</td>
<td>2.66</td>
<td>1</td>
<td>5</td>
<td>1.24</td>
</tr>
<tr>
<td>Virtual home visiting has improved my provider client relationships.</td>
<td>3.0</td>
<td>1</td>
<td>5</td>
<td>1.05</td>
</tr>
<tr>
<td>I find communication with my clients is easy through virtual home visiting.</td>
<td>3.23</td>
<td>1</td>
<td>5</td>
<td>1.1</td>
</tr>
<tr>
<td>Virtual home visiting allows me to have more frequent contact with my clients.</td>
<td>3.4</td>
<td>1</td>
<td>5</td>
<td>1.15</td>
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### Personal Well-Being

<table>
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<tr>
<th>Personal Well-Being Scale*</th>
<th>Min.</th>
<th>Max.</th>
<th>Mean</th>
<th>Standard Deviation</th>
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<tbody>
<tr>
<td></td>
<td>1</td>
<td>6</td>
<td>1.60</td>
<td>1.24</td>
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*A score of 3 or higher is considered high-frequency workplace distress. A score below 3 indicates feeling distress less than once a month.
Conclusions

RR VHV was guided by a set of three core values that ultimately inform its unprecedented success. Through a commitment to being accessible, strengths-based, and having shared responsibility through team engagement, RR VHV reached over 12,000 participants and provided a suite of training resources to the field of home visiting. Ten key points illustrate the success and impact of RR VHV process and outcomes.

1. RR VHV was guided by inclusive stakeholder teams that consisted of seasoned home visiting model developers, model and home visiting field leaders, researchers, and trainers.

2. In fulfilling RR VHV mission to be collaborative, stakeholder team members had high rates of satisfaction with their stakeholder team’s process noting that they felt respected, that leadership was shared, and that they felt energized by their participation.

3. Through a shared commitment to RR VHV core values, stakeholder team members were able to quickly develop a system for informing and training the field in best practices of virtual home visiting.

4. Flexible and adequate funding made it possible to invest in resources that ensured the success of RR VHV effort.

5. RR VHV was able to reach home visitors across almost the entire United States as well as internationally. RR VHV activities were attended by home visitors from numerous models indicating its success in being model agnostic and applicable and accessible to all home visitors.

6. Home visitors had trepidation about their ability to transition to VHV but ultimately had high levels of satisfaction with their ability to deliver services and engage families.

7. RR VHV was a vital portion of the support needed to transition to VHV, as a significant number of home visitors received no other form of support in making the transition.

8. Home visitors noted challenges in recruitment, screening and parent-child interaction but also stated that they learned skills to address each area and were able to apply them after participating in RR VHV.

9. Despite high levels of stress experienced nationally related to the COVID-19 pandemic and social unrest, home visitors reported a low level of workplace distress and high levels of personal well-being.

10. Home visiting stakeholders believe that RR VHV process and outcomes should be a template for future collaborative efforts in the field of home visiting. They also believe that virtual home visiting is a necessary component of advancing the field and meeting families’ needs.
References


22. Taylor-Powell E. *Evaluating Collaboratives: Reaching the Potential* (No. 8); 1998.


Appendix A

Rapid Response Virtual Home Visiting Activities

**WEBINARS**

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
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<tbody>
<tr>
<td>4/3/2020</td>
<td>Home Visiting Models and COVID-19 Response (Hosted by Model Alliance)</td>
</tr>
<tr>
<td>4/8/2020</td>
<td>Engaging Families in Virtual Visits: A Protective Factor’s Approach</td>
</tr>
<tr>
<td>4/9/2020</td>
<td>Using ASQ-3 in a Virtual Environment (Brookes Publishing, repurposed for RR VHV)</td>
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<tr>
<td>4/15/2020</td>
<td>Screening in Virtual Visits</td>
</tr>
<tr>
<td>4/22/2020</td>
<td>Engaging Families in Virtual Visits: A Protective Factor’s Approach</td>
</tr>
<tr>
<td>4/29/2020</td>
<td>Enrollment and Consent</td>
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<tr>
<td>5/6/2020</td>
<td>Reflective Supervision</td>
</tr>
<tr>
<td>5/13/2020</td>
<td>Self-Care: Strategies to Regulate and Recharge in Times of Stress</td>
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<tr>
<td>5/20/2020</td>
<td>Home Visiting Service Delivery as States Re-Open: Q&amp;A Session with HV Models</td>
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<tr>
<td>5/27/2020</td>
<td>Home Visiting is Essential: Action Steps to ensuring program sustainability during COVID-19</td>
</tr>
<tr>
<td>6/3/2020</td>
<td>Observing, Listening &amp; Understanding in a Virtual Environment</td>
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<tr>
<td>6/17/2020</td>
<td>Back to Basics: Reflecting on the work during COVID-19</td>
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<tr>
<td>7/8/2020</td>
<td>Supporting Families Mental Health Part 1</td>
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<tr>
<td>7/15/2020</td>
<td>Model Voices on Virtual Home Visiting</td>
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<tr>
<td>7/22/2020</td>
<td>Supporting Families Mental Health Part 2</td>
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<tr>
<td>7/29/2020</td>
<td>Taking Care of You</td>
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<tr>
<td>8/12/2020</td>
<td>Parent Groups in a Virtual World</td>
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<tr>
<td>8/19/2020</td>
<td>Building the Virtual Home Visiting Knowledge Base: Lend your Voice to the Conversation</td>
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<tr>
<td>8/26/2020</td>
<td>Parent-Child Groups in a Virtual World</td>
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<tr>
<td>9/9/2020</td>
<td>I can Parent Too! Engaging Virtually with Families who Learn Differently</td>
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<tr>
<td>9/30/2020</td>
<td>Engaging with Fathers Virtually</td>
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<tr>
<td>10/7/2020</td>
<td>Hiring and On-boarding Virtually</td>
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### Webinars continued

<table>
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<tr>
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<tbody>
<tr>
<td>10/14/2020</td>
<td>Shared Model Voice: Reflecting on virtual home visiting</td>
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<tr>
<td>10/21/2020</td>
<td>Reflective Supervision Virtually: Keeping staff engaged, motivated and supported</td>
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<tr>
<td>11/4/2020</td>
<td>Beyond Self-Care: Personal Support Activities to Ground Your Virtual Service Delivery</td>
</tr>
<tr>
<td>11/18/2020</td>
<td>Father Engagement Through Parent Child Interactions</td>
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<tr>
<td>12/2/2020</td>
<td>Providing Group Reflective Supervision Virtually</td>
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<tr>
<td>12/9/2020</td>
<td>Trabajando con Familias Virtualmente</td>
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<tr>
<td>12/16/2020</td>
<td>Program Recruitment and Enrollment Virtually</td>
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<td>1/6/2021</td>
<td>Responding to Developmental Disorganization</td>
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<tr>
<td>1/20/2021</td>
<td>Evaluacion en Visitas Virtuales</td>
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<tr>
<td>2/3/2021</td>
<td>Continuing to Support Families Virtually</td>
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**On demand**

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<td>Supporting Rural, Frontier and Tribal Home Visiting</td>
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<tr>
<td></td>
<td>Designing a Virtual Service Delivery Environment</td>
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<td>Virtual Visit Readiness</td>
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<table>
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<tbody>
<tr>
<td>8/9/2020</td>
<td>Engaging Families in Virtual Visits: A Protective Factors Approach</td>
</tr>
<tr>
<td>9/3/2020</td>
<td>Screening in Virtual Visits</td>
</tr>
<tr>
<td>10/15/2020</td>
<td>California Virtual Groups</td>
</tr>
<tr>
<td>11/12/2020</td>
<td>Discussion with Department of Public Health and Home Visiting Models</td>
</tr>
<tr>
<td>12/3/2020</td>
<td>Taking Care: Strategies to Make it a Reality</td>
</tr>
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### Resources

1. Readiness Reflection for IVC Virtual Service Delivery
2. Troubleshooting Tips for IVC Virtual Service Delivery
4. Schedule vs Routine
6. Screening in Virtual Visit Service Delivery Supervisor Guide
7. Virtual Home Visits: Screenings Resource Guide
8. Access to JPEG ASQ
9. ASQ-3 Materials and Item Adaptation Guide
| 10 | ASQ-3 Questions and Answers |
| 11 | Materials Needed to Administer ASQ-3 |
| 12 | Administering ASQ-3 in Virtual Environments: Guidelines for Providers Working Together with Parents |
| 13 | IVC Virtual Service Delivery Checklist |
| 14 | Enrollment and Consent in Virtual Visits: Considerations for Models and Programs |
| 15 | Breathing Exercises |
| 16 | Virtual Service Delivery Workspace |
| 17 | Reflective Supervision Slides |
| 18 | Virtual Reflective Supervision Tip Sheet |
| 19 | Self-Care Activities and Resources |
| 20 | Home Visiting Service Delivery as States Re-open: Q&A Session with HV Models |
| 21 | Home Visiting is Essential Questions and Answers |
| 22 | Home Visiting is Essential! Campaign to Local Funders & Decisions Makers During COVID-19 |
| 23 | Video Campaign Release Form |
| 24 | Video Campaign Description & Tips |
| 25 | Influences Diagram |
| 26 | Observing in the Virtual Environment Tip Sheet |
| 27 | Observing, Listening and Understanding in the Virtual Environment Learning Guide |
| 28 | Observing, Listening and Understanding in the Virtual Environment Slides |
| 30 | Parent-Child Interaction Part 1: Observing & Listening in the Virtual Environment Slides |
| 31 | Tips for Virtual Support of Parent-Child Interaction |
| 32 | Ways to Support Reflective Functioning in a Virtual Setting Tip Sheet |
| 33 | Transitioning to PCI in a Difficult Situation Tip Sheet |
| 34 | Mental Health Resources |
| 35 | Supporting Families’ Mental Health Tip Sheet |
| 36 | ASQ-3 Resource Library |
| 37 | Apart Together Virtual Supervision Tips |
| 38 | Supervisor Staff Support Strategies |
| 39 | Mindfulness 3-2-1 |
| 40 | Parents As Teachers Virtual Home Visiting |
| 41 | ASQ-3 Parent Guide |
| 42 | COVID-19 Maternal and Child Health Bureau Frequently Asked Questions |
| 43 | Virtual Notebook Questions and Answers |
**Resources** continued

| 44 | Remote Home Visitation: Supporting clients experiencing Intimate Partner Violence in the Time of COVID-19 |
| 45 | Zero to Three Webinar Series Addressing Child Abuse and Neglect During COVID-19 |
| 46 | Brazelton Touchpoints Mindful Self-Compassion Webinar Series |
| 47 | Parent-Child Interaction Webinar Discussion and Ideas |
| 48 | Prevention of Child Abuse & Neglect with Parent-Child Interactions in the Virtual Environment Tip Sheet |
| 49 | Center-Breathing Exercises |
| 50 | How Do I Treat a Friend Activity |
| 51 | Intimate Parent Violence (IPV) Virtual Screening Guidance |
| 52 | Kaleidoscope Play & Learn |
| 53 | Virtual Parent Groups Tip Sheet |
| 54 | Resources to Help People with Intellectual Disabilities and/or Developmental Disabilities Manage COVID-19 |
| 55 | Daddy’s Green Book |
| 56 | Pause - Repeat - Nourish (PRN) to Promote Wellbeing |
| 57 | Virtual Vitality Principles: Centering Practice “I am Here, I have Arrived” |
| 58 | Virtual Vitality Principles: Sensory Scan 3-2-1 |
| 59 | Virtual Vitality Principles: Grounding Practice |
| 60 | Virtual Vitality Practices: Hot Cocoa Breathing |
| 61 | Virtual Vitality Practices: Alligator Breathing |
| 62 | Virtual Vitality Practices: Comforting Touch |
| 63 | Virtual Vitality Practices: Roller Coaster Breathing |
| 64 | Virtual Service Delivery Checklist |
| 65 | Virtual Vitality Practices +2 Breathing |
| 66 | Trigger your Brain to Produce Happy Chemicals |
| 67 | Family Support Services Delivery Illustration |
| 68 | Virtual Vitality Practices: 3-2-1 Remix |
| 69 | Virtual Vitality Practices 3-2-1 Remix Handout |
| 70 | How Meditation Works Wonders on your BRAIN, HEALTH and LIFE! |
| 71 | Reflective Practice Case Sharing |
| 72 | Age-Related Reactions to a Traumatic Event |
| 73 | Sample Program Plan: Implementing Reflective Supervision |
| 74 | Activities to Promote Gaz, Affect, Proximity, Touch |
| 75 | Dr. Daniel Siegel presenting a Hand Model of the Brain |
Appendix B
Rapid Response Virtual Home Visiting Stakeholder Semi-Structured Interview Guide

**Materials Needed:**
- Pencil/Pen
- Questionnaire
- Audio-recorder

**A. INTRODUCTIONS**

1. Introduce yourself.

2. Explain the purpose of the interview by saying:

   Thank you for taking the time to be interviewed today. My name is [DATA COLLECTOR NAME]. I am from the [ORGANIZATION]. We have been asked to talk to the teams that have worked on developing the Rapid Response to Virtual Home Visiting. We asked you to participate in this interview because you are a member of an RR VHV stakeholder team who participated in the development and delivery of RR VHV. I ask you to be honest – good and bad. Your feedback will be used as part of a comprehensive evaluation of RR VHV. Everything you are thinking is important to us. There is no “right” or “wrong” answer. We value your opinion.

   Participation is completely voluntary and you may quit or leave at any time.

   If you are ready, we will move onto the interview. This interview is expected to take 60 minutes. The goal is to better understand your experiences planning for and delivering virtual home visiting resources through RR VHV. If you are ready, I will now turn on the audio-recorder. You may skip any questions that you do not want to answer, although we would certainly appreciate it if you would answer as many as possible.

**B. GOALS AND CHALLENGES**

a. How would you articulate the goals of your stakeholder team?

b. How did your goals align with RR VHV goals? (Accessible, strengths-based, shared responsibility, rapid)

c. What do you think your stakeholder team was most successful at doing?

d. What were the main challenges your stakeholder team encountered?

e. How did your stakeholder team adjust its strategies to address challenges?
C. **Collaboration**

a. How wide did you cast the net to ensure your stakeholder team had representation? Was any constituent group missing?

b. What resources were needed to support the outputs of your stakeholder team?

c. How did you break down silos across the stakeholder groups (e.g. home visiting models, states, etc.) to accomplish your work?

D. **Future Planning**

a. If there had not been a pandemic, how would that have influenced your stakeholder team’s process?

b. What would you like to see RR VHV do in the future?

E. **Conclusion**

We have covered a lot of very important topics today [SUMMARIZE THE TOPICS/DISCUSSION]. Is there anything that you think may have been overlooked that is important for us to know?

Summarize and thank participant by saying:

I appreciate you sharing your experiences and ideas with me. This has been a very informative session and I want to thank you very much for all the information you have shared with us today. I know that what you have shared with me will help us to better serve children and their families. I will now turn off the audio-recorder and conclude the interview.