

PSCO Forums

Transition from Parent Survey to Home Visiting

NYC Attendance: Suffolk, Central Harlem, Parkchester, Brookdale, Jamaica, Sunset Park, Corona, South Bronx, CAMBA, and Westchester

Cap/MH Attendance: Albany, Clinton, Dutchess, Ulster, Madison, Poughkeepsie, Oswego, Schenectady, and Rensselaer

CW Attendance: Chemung, Broome, Jefferson, Steuben, Cayuga/Seneca, Ontario/Yates, and Cortland

CA in Attendance: PCANY, OCFS & CHSR

What has been working:

- There has been an increase in the time the PS completed and transition to home visiting because people were waiting for face-to-face. I encouraged them to use virtual and by doing so we managed to reduce the time between PS and first HV with FSS.
- All supervisions and case conferences are done virtually. Assignments are done through conversations between FRS, PM & Sup to take into consideration the recommendation of FRS.
- Usually if I do the assessment, I keep the family as well. I have done maybe 2 PS when it was given to another worker.
- Better communication between FRS and FSSs for consultation on how to best reach the family, engage the family. See more of the FSS looking for the FRS for support. "What did you find out about family as best way to engage, time to reach."
- Zoom meeting between FRS SUP and FSS is always scheduled. Takes about a week or so to transfer that case.
- Families are appreciative of the ability to have someone come in virtually. They may not be ready to have someone coming into their home. Because they are isolated, families are appreciating the virtual contact and are spreading the word about the services.
- Families still want and need us in a virtual format. They are excited. They feel comfortable. Families are accepting the help. We see more dads pushing to get in the frame.
- When we say that we will be going into home, parents with children under 12 months are saying "no" but with older children they may be more open to the idea.
- Many families are not that ready to have us visit in their homes. Many families are living in a room with other families and the landlord or other families do not want people from outside.
- The helpful part of this virtual is that fathers have been more available... we are seeing more father involvement
- For some families it's been an easy transition... a handful of families. Pre-intake engagement has been limited due to the virtual environment.
- It is all in the Presentation – how you represent the program. If families can identify a service they need right now, they are more apt to get involved.

- If the family is willing to do a zoom call, we realize the family has a need because they would not give you the time of day to have that video call if there wasn't that need.
- Trying to keep the same smooth transition as it was in person. Have kept the same system for case assignment and the warm transfer of cases, doing all this contact virtually and by phone
- Using different forms of outreach by sending letter, curriculum, using the PS as a tool to engage families.
- The time of the transition is shorter virtually
- Presenting different platforms for visits to families and asking the family what would work best for them
- Sending materials in the mail such as brain development information
- Having FRS find out what the family needs and then sharing that information with the supervisor so they can pass that along to the FSS assigned
- Clearly communicate the time frame for when the family can expect to hear from the FSS assigned
- Connecting families to community services
- Using I-pads, with different applications
- Conducting some outside distance face to face visits
- Combining face to face and virtual contact
- All staff is cross trained so keeping the same person for the PS and long term home visiting
- Present the different platforms for visits to families and asking the family what would work best for them
- Having FRS find out the family needs and then sharing that information with the supervisor so they can pass that along to the FSS assigned
- Clearly communicate the time frame for when the family can expect to hear from the FSS assigned
- FRS starts Service Plan and uploads to MIS so the FSS can start the process with the family
- When folks refuse services sending out a thank you note and an incentive (i.e. pens)
- Patience, staying with families
- Have kept the same system for case assignment and the warm transfer of cases, doing all this contact virtually and by phone
- Let the FRS know what the case availability is for the FSS so that the FRS can let the family know what to expect.
- Have a face sheet that has pictures of staff so that the FRS can show the family who their FSS will be
- Texting the family the name of the FSS and the time frame for contact

Challenges:

- It's easier for a family to say no without being face-to-face with the FRS. The FRS feels that the virtual and phone contact stifles her engagement attempts
- Conducting multiple visits to complete PS or transition to HVg
- Lack of minutes on families' phones limits communication to texting
- Technological limitations

- Most of the families had access to internet because the government was providing Wi-Fi for home schooling; but we are waiting to see how this will change when children go back to school
- How to have the conversation have the same dynamic when you call the family back to complete the PS or transition to home visiting.
- How to keep a stream going when there are interruptions – children, work, Dr appts, etc.
- Limited supplies to offer as incentives due to funding and inability to access office where there are supplies
- States decision on funding is impacting our ability to get things done
- Staff have major childcare issues. It's challenging the ability for our workers to see families when they have to take care of their own families. We're trying to be optimistic and trying to work through it.
- One site mentioned that several of her family are denied the PS because they want in home visit rather virtually. Parents want in-person supports.
- Spanish speaking family have no access to video visit
- Families are not required to wear masks, but staff have to do so
- Taking extra time for personal cleaning when returning from home visiting
- Challenges of reconvene in home visit, extra money for supplies such as PPE
- Decrease in the amount of Parent Surveys being conducted
- The number of intakes is down and assessments
- Not able to see family expression with masks on
- Resistance from some staff to start in-home visit because of health issues
- There are families that don't want to join the program because of what's going on... some just want immediate service right now and we can refer the families to those services
- For some FRS and FSS, it has been a bit of a challenge building interpersonal connections in a virtual environment
- Timing-Depending on what is going on with a family or technology issues the time between the PS and first contact and/or visit can be longer

Ideas and where more support/information is needed:

- Support with getting WIC to re-engage and provide screens.
*** Sue Atwell from OCFS asked that if programs are having challenges with obtaining referrals from WIC that they contact either her or Allison as they have been communicating with DOH around this topic.
- Direct service staff can benefit from some support beyond team meetings and supervision. When the time comes to resume in home visiting, it would be good for them to hear from peers how they're dealing with that
- FRS staff can benefit from some peer support too
- We have been trying to find better ways to serve families who are homeless. We recognize and respect the importance of doing visits in the homes but wonder about opportunities in the future to create a new level to be able to serve families virtual. Give opportunities to meet, build trust before we are invited into their home. We recognize and support the need to service families that are hard to engage in a home-visiting environment.

- Extra money for PPE
- Suggestions for working with male staff having difficulty with virtual outreach

More Outreach Ideas:

- Items have been given to families (having vegetable program and Arts & Crafts as a form of outreach)
- Pricing out reusable mask with Logo
- Increase in self-referrals and referrals from other participants.
- FRS giving resources has been a plus – families appreciate it and tell their friends – increase the word of mouth referrals by families
- Families are referring families and they already know the program, so it's easier to engage. Notice that we are getting more self-referrals – word-of-mouth
- Word-of-mouth referrals have been a little challenging when assigning families because some families are asking for the same worker their friend may have – consideration of boundaries
- Conducted a drive thru baby shower in the agency parking lot. Local agencies donated items that were given to families (i.e. diapers, diaper bags)
- Created a HF book that has pictures of families, service description, pocket for screens, that is given to referral partners
- Using more virtual platforms to get screens