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CalWORKs Home Visiting Program Evaluation Legislative Report

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Appendix F: Additional Quotes from Interviews

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About UCSF

UCSF is part of the 10-campus University of California, the world's premier public research university system, and the only of its campuses dedicated to graduate and professional education. The Family Health Outcomes Project (FHOP) is a cooperative effort of the Department of Family and Community Medicine and the Institute for Health Policy Studies (IHPS) at the University of California, San Francisco (UCSF). Our mission is to improve the health of children and their families and communities by supporting development and implementation of comprehensive community assessment and planning, data-driven policies, evidence-based interventions, and effective evaluation strategies. The UCSF School of Nursing's mission is to educate diverse health leaders, conduct research, advance nursing and inter-professional practice, and provide public service with a focus on promoting health quality and equity.

About Resource Development Associates

RDA Consulting is a mission-driven consulting firm based in Oakland, California, that serves government and nonprofit organizations throughout California as well as other states. Our mission is to work toward a just and equitable society by partnering with diverse stakeholders in addressing barriers to individual, organizational, and community well-being. RDA supports its clients through an integrated approach to planning, grant-writing, organizational development, and evaluation.

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List of Abbreviations

AA	Associate in Arts
ACEs	Adverse childhood experiences
ASQ	Ages & Stages Questionnaires
CalSAWS	California Statewide Automated Welfare System
CalWORKs	California Work Opportunities and Responsibility to Kids
CBO	Community-based organization
CDSS	California Department of Social Services
COVID-19	Coronavirus disease 2019
CPS	Child Protective Services
DHA	Department of Human Assistance Benefits
DHS	Department of Health Care Services
FSP	Family Support Program
GED	General Educational Development
HSP	Housing Support Program
HUD	U.S. Department of Housing and Urban Development
HVP	Home Visiting Program
HVP-19	HVP-19 County Caseload Report Form
NICU	Neonatal Intensive Care Unit
OBGYN	Obstetrician/Gynecologist
PG&E	Pacific Gas and Electric Company
PTSD	Post-traumatic stress disorder
SNAP	Supplemental Nutrition Assistance Program
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children

Overview

This appendix provides additional quotes that support our key findings. The quotes below are not featured in the main report or in Appendix E. Quotes are organized by data source and by key themes per source. Quotes are shared from each round in which the theme was significant.

County Leaders - Additional Quotes

IDENTIFIED STRENGTHS

Client Impact

Round 1:

- "Another client when she began, she was homeless and living out of her car. Visitor was working to determine where home visits could occur. Sister allowed them to use the house, the father was in jail but really wanted to be involved and would join by phone. Since then, the father has been released and they were all able to get housing through a stable housing program. Another mother who was always carrying and holding her child wasn't really allowing the child to explore and learn new things. Visitor was able to tactically encourage that the child explores to grow and learn. The mother took the advice and the next time they were able to see how much the child had seen and grown. The child was now able to crawl and explore. There was a leap in the child's development and that trusting relationship from the visitor to the mother to give her advice."
- "Young high school mom graduated from high school while in [model]. She wasn't thinking about going to college but got a scholarship and is going to college."
- "Been fantastic to see how CalWORKs HVP reaches parents who might otherwise be sitting in a waitlist. Starting to hear about career workshop centers and resume workforce; even if they are timed-out, they can still come to Welfare to Work and connect to childcare resources."
- "$500 per client to spend is really helpful. [For example] bought a lockbox for a child's insulin."

Round 2:

- "One [client] didn't want to go to college and they now are in community college."

Round 3:

- "We did an amazing job of getting kids into preschool and the centers, getting families into services. e.g., that family in the hotel – that little girl is now in preschool and the center and through that has made a lot of connections."
- "We helped a mom with a deceased partner to get a laptop and seek digital literacy. We supported her when she had been feeling alone and unsupported. HV was there for her and made her happier."

- “Even just providing transportation, problem solving, team effort, work as a team, and the ability to work with a family in a calm/trusting level, is critical.”

Positive Collaboration

Round 1:

- “Along with the referrals, we also have a monthly meeting to discuss referrals, follow ups, and participation. We also have hosted in collaboration with the county, a “play date,” which is when clients who are eligible for the services come and meet us, so sort of like a meet and greet to introduce them to the home visitors they would be working with.”

Round 2:

- “Communication has been going really well. [We] scheduled a standing meeting with [local CBO] and family resource centers to catch up each month about what their challenges are with the addition of the Cal-LEARN population. We have had to have lengthier meetings, what does it look like [when] our other families that are not Cal-LEARN can quit. We’ve had to have more in-depth meetings with the addition of the Cal-LEARN population...We have a really good partnership with our CBOs. They aren’t afraid to ask, “Does this qualify as a material good?”, etc. We’ve done a lot of information sharing, if we’ve enrolled a family and the home educator is having difficulty contacting, we try to get a hold of that family.”
- “[I] believe that our ability to still be able to pivot so quickly to change the program and pivot to another approach to reach more people should be a case study. [Our] collaborative spirit has allowed this to happen. Administrative approach has been innovative to provide resources to families and most vulnerable families. [The] biggest success of this program - [our county] quickly pivots – we recently changed our contract with [social services] and [local CBO] to streamline the process and find other services. We work together to provide services. And we do it quickly. Administrative approach has been innovative to provide critical resources to the most vulnerable populations.”

Round 3:

- “There’s good teamwork. We take time for reflection when we have a challenge. We have good relationships with staff who provide warm handoffs between home visitor, nurse, and community workers. Being client centered. staff really help each other, team effort in terms of additional cases and fidelity to model. The key to our success is resilience, trust amongst each other. We are looking at ways to improve all the time. We did notice that we could improve families we see by getting the Triple P standard training. We don’t miss out on families who don’t meet criteria for [models], when we sit down and discuss what doesn’t work, we try to support each other in that way, and make improvements.”

Implementation and Alteration Success

Round 1:

- *Co-location:* “Co-locate contractor with where to work with clients. Staff who do the program can go to unit meetings, answer questions. They know so much about what they are doing and are new to our county. As soon as co-location happened, started to take off a lot.”
- “Improved relationship with DHS, working more closely together, co-location has helped.”
- *Collaboration:* “We have a monthly meeting about how things are going; tweaks we need to make about how to get people engaged with contractors to offer programs to participants. We have a really good relationship [and the] communication is great. The contractor is fantastic. [We have a] good collaborative effort.”
- “In addition to being seen as an asset to implementation, collaboration with other agencies and the CalWORKs department was broadly discussed as a strength.”
- “Monthly meeting with CalWORKs HVP Implementation and Status committee. Representatives from partners and county. Discuss progress, plan, do mini-trainings for partners on CalWORKs forms, and how to complete. Helps partners know how to help clients with CalWORKs forms, etc. when to go into the community. Plan, think about working, not.”
- “Actual organization providing [CBO], collaborating with them the entire time. All in agreement of how the program looks, how referrals happen, best families to place. Collaborated closely with them.”
- “Being in Public Health in a small county (population 28,000), already have relationships with local clinics, the one hospital (they go every week to meet new moms), OBGYNs, First 5, WIC program and breastfeeding coalition. This is a positive aspect of being a small county because they know who is serving which populations.”
- “Our mentors are actually CalWORKs employees. We work with other agencies to support our families who are very high-needs and often homeless. We can make sure our families are first in line with Coordinated Entry. The mentors can talk with the HSP (Housing Support Program) and get clients to other services, e.g., FSP (Family Support Services). Outside of the CalWORKs program itself, we work closely with child welfare, behavioral health providers in the community, [domestic violence] DV providers, etc.”
- *Family perception:* “Once we are working with the family they are happy with it. It’s just getting parents engaged and making the program fun. Once families realize that we’re not CWS they are happy.”
- *Eligibility requirements:* “[model] and CalWORKs activities overlap so can be counted towards client CalWORKs hours. This is important for client retention especially since this program is voluntary since the benefits of both programs are working together.”
- *Enrollment implementation success:* “Very successful when it came to informing families and were proactive by pulling initial ad hoc reports to get a sense of target population.”
- *Model already used:* “Very successful in doing a quick partnership because it was a model that was already being used – provided a little bit of leeway.”

- *Geography:* "Geographical spread, reaching outlying communities. HVP has provided this opportunity. Future strategies/community outreach/ advertising. Reaching communities who participants who face transportation barriers"

Round 2:

- "In Jan/Feb 2020, we had two models already had put it in our plans to include [a third model] but I believe that model didn't start happening until the time that COVID started, so I don't know how much [previous interviewee] had shared. We recently submitted our plans in July 2020 and we also included an additional expanded population including sanctioned and timed-out. Added two more categories for those expanded populations. And along with that, our original expanded population is 24-36 months, which was already expanded a while back."
- "The only significant change is the fact that we have included Cal-LEARN. [There was a] change to all Cal-LEARN programs and home visiting was one of the options. We have started enrolling Cal-LEARN programs into [model] [which] increased enrollment. [Clients are] automatically enrolled into [model] as a requirement as part of Cal-LEARN. We [partnered] with [another model] to take on Cal-LEARN population. [The] reasoning behind that was mainly because of the model of [model] the Cal-LEARN parents being teenagers 12-19 who have not graduated. The home educator and the Cal-LEARN worker case manage the case together [by] providing the home visit and public health referrals. Our Cal-LEARN staff ensures Cal-LEARN eligibility, [which includes] getting a diploma or high school equivalent."
- "We picked [model]. We had options when we first implemented and we had full evidence based, [existing models] in the community. We picked [new model] in part because we know that they administer the program in the way it is intended to be administered. For us as far as the management goes has been easy on the CalWORKs side because we've been running [new model] for a long time. The CalWORKs portion of it is a small part of their caseload. Someone enrolled in [new model] wouldn't know if they are paid for by CalWORKs or [through the local health department]. Managing is very easy because we have a high functioning agency that has a lot of oversight. Ramp up and implementation was pretty smooth and easy because we were just saying what is this new referral process and contract for billing from the administration side, instead of [focusing on] customer service."

Training Successes

Round 1:

- "Both the cultural competency and cultural bias trainings were highly valued and fostered conversations."
- "I think the State has done an amazing job in supporting us and we are very impressed."

Round 2:

- "There is a surge of trainings right now. Trainings are really accessible because it's on Zoom so more people can attend. Brain development of a child is so helpful to

understand what's happening whether it's the child or the teen. We are so lucky, it is really hard to narrow down which [training] is the most helpful. At our monthly staff meetings we always have someone teaching us something new. It is very helpful, whether it's case management, motivational speaking, how to access services, trauma-informed care, protective factors, mental health etc."

- "Mental health training was important last year and particularly important this year with COVID. Mental health became an issue that more people were aware of. What we tried to do specifically with that training is to think about the child and parent and our role in serving those parents, really focused on slowing down, noticing how much folks are stressed, not really knowing what was going to happen, self-care, how to be with a parent in a virtual sense. Still continue to keep the trust but in this different way, how to label something that didn't feel comfortable. ...with the [COVID] shift, in the beginning we were focused on we're going to be live soon. A lot of parents didn't want to be on zoom/phone. That training and that space helped folks to think about those things, how that would affect children, stress that parents are feeling, if it's not labeled [it] will get passed onto children."
- "[Our model] provides a lot of training opportunities for staff. I just completed a week-long annual conference and there was ACEs training, postpartum depression, healthy relationships, domestic violence, substance abuse issues. It was excellent."

Round 3:

- "Useful trainings: supervisory series; why men cry; mandated reporting."
- "All of them [trainings] have been useful, [name of county program]'s training on first aid mental health for youth and adults, very effective, also received basic training on lactation education, some moms struggle with nursing so we refer them to WIC, because of pandemic the clients weren't able to see staff."

OPPORTUNITIES FOR GROWTH

Program Model Implementation Barriers

Round 1:

- "One challenge was there was a huge overwhelming response from California when the CalWORKs Home Visiting Program started up, [model] was booked for weeks trying to get everyone trained prior to the April 1 start date."
- "We didn't realize that because of the limitations of the [model], we weren't…going to be able to serve the broader population of CalWORKs [clients] which is children up to two."
- "Public charge: fear that our clients feel with accessing public benefits in this political climate. If clients can receive information from someone other than my side of the county… if they can receive information from partners, it can help expel rumors and create a sense of ease. Ongoing challenge. Interviewee does public charge training to staff, tailored training to partners. Shared public-facing website for partners to share with clients."

- “It’s taking longer to implement than anticipated… Home visiting is so specialized, so many requirements.”
- “Also, because they have a high staff turnaround it’s been difficult to identify things that might not be working and need expertise from the people who are actually doing the job.”
- ‘Very few vendors – Target won’t work with them; Wal-Mart is basically their go to; but going through the purchase order process, went to the store to purchase the item, then the item isn’t there.”
- “Not being able to find a way to provide supportive services to child-only cases; can provide material goods but they can’t provide transportation services or if the client needs interview clothing/work clothing.”
- “Now that identified who is eligible based on changes in eligibility requirements, there are 100 families with children under two that meet the HVP requirements. Had anticipated only 34. Now much larger population, health department not prepared for change because had been working with two models.”
- “[Model], must be under a certain number of weeks to enroll. Challenge to CalWORKs because people may not come in until after having a baby or closer to delivery. Just wish every single CalWORKs client had this opportunity.”

Data Collection and Reporting Barriers

Round 1:

- “The challenge is that HVP-19 is not interfacing with C4 but it does with CalSAWS, which means it takes a lot more time to do the HVP-19. We do a lot of cropping and sorting from our database reports from our agencies to plug into HVP-19. It takes a lot more time because the data is in different locations. We look forward to the day that HVP-19 can populate itself.”
- “If all contracts for the home visiting programs have the same requirement for data that needs to be collected why doesn't the State design it and make it online so home visitors can go in and enter data in real-time and CalWORKs can go in from their side and pull the data.”
- “The report is complex. Spent four hours trying to figure out how to get data because they don’t have a system to support data being asked.”

Barriers to Participation in HVP: Challenges Faced by Clients

Round 1:

- “Housing needs pose a barrier – when they’re in a shelter or between housing it’s hard to get a hold of them. Or even finding out where a client is (shelters guard client confidentiality so they don’t always know who is there). It’s also hard finding a place to meet.”

- “Because families are so under-resourced, there is more travel time, more resource-intensive, compared to non-CalWORKs clients. Families are harder to track down, e.g., phones are disconnected, moving frequently, so it is harder to get them engaged and keep them engaged.”
- “Homelessness. Six of nine clients are homeless.”
- “Sizable homeless population and a large portion of “this generation” are housing insecure, transient. If letters are the main form of communication, not having a fixed address is an issue.”
- “Although some families don’t have CalWORKs because they don’t want to be documented”

Round 2:

- “A lot of our clients are homeless and have been seeking shelters and other options possibly with family and that’s been one thing that has been such an extreme challenge.”
- “Many high-risk clients that suffer mental health, trauma, domestic violence, and depression, would like training to engage clients, trauma, mental health, drug abuse, and anger management, and enrolled and interested in services.”
- “Transportation is an issue for clients because even if we provide referrals folks can’t get places.”

Round 3:

- “We’re still dealing with the aftereffects of the campfires - housing, homeless, affordable housing. Additional income from unemployment. Area is unaffordable - will they come back or are they gone? Families have had infusions of money- stimulus payments from state and feds - money infused into families- prevent program access. Appropriate pay for HVP and county staff - it’s a challenge too. Living in a community that is not affordable. Campfire huge impact for our community.”
- “Common denominator across three models - homelessness.”
- “But, like, for instance enrolling in preschool you know there's like there's people that are bilingual, but it always takes a few calls you call English and Spanish and then there's the issue of teacher doesn't speak Spanish; got interfacing with agencies that all have varying degrees of capacity for.”
- “They could expand options of the evaluation of a learning disability - need of vocational rehab support - long client waiting list. Resources for those evaluations - needs to be at the county level.”
- “Linkage or referral to medical home for postpartum appointments or well child checks. support and education on breastfeeding or birth control and family planning developmental screenings and linkage for pediatric clients. Accessing and navigating coven 19 testing or immunization resources.”

HVP Staff Challenges

Round 2:

- “In talking about outreach folk – one of the challenges is around morale and there is a lot of anxiety around meeting caseloads meeting requirements. When you’re understaffed and the outreach isn’t as fruitful as imagined… it can create this feeling of is there something wrong with the system or me?”
- “Connecting together in the time of remote work is difficult. We have phone numbers for each other, but you know, it’s a little bit difficult to communicate when we aren’t doing staffing”
- “During the summer, all of the [model] were deployed to COVID related activities… visits weren’t complete because of deployment but as of Sept, they’ve been relieved of those. … were able to maintain clients of deployment. Either call or text with concerns. Could triage to another [home visitor]; had support.”
- “CBO’s have, I think it’s just normal CBO and staff gets promoted so we’re hiring constantly at entry level, inexperienced folks out of college and then they have to do training. It takes a long time to catch up.”
- “Yeah, leadership. I am on our fourth program manager since HVP was initiated. Standard attrition. Many public health nurses have been reassigned to work in the emergency operations center so there have been less public health nurses available.”
- “Staff turnover is always a challenge. When we first implemented this program, it was a pretty big change. Previous to CalWORKs HVP, they had a different program, and when they introduced an evidence-based model, some staff didn’t like that much of a change, and there was turnover and that impacts families too.”

Round 3:

- “Challenges has been organizational disorder and changes in staffing at director, managerial level so for those of us trying to plug away as program implementers, having clear lines of communication has been a challenge. And also, we are understaffed because of staff being deployed for COVID. Because we can’t do the same community outreach.”
- “We are defunct at the moment, about a year ago we were hopeful that we would get assistance on collaborative grant with first five to get needs assessment to look at different models and see how we might engage our partners and different programs. It’s hard to run a program when you when you can't get any traction under your feet and get any experience and so forth. right after we got awarded the grant through first five actually applied for it on our behalf but have lost their director and have been searching and just now getting someone to come onboard at beginning of September. So, no movement on that combined on COVID and staff shortages and movement.”
- “Staff live in the community with trauma around the campfire. They lost everything start over. Suffer those blows. Going to someone’s home and help people with problems. Not having your own support and being able to cope with your own situation. Not being able

to give what you need to give to your clients. It takes its toll over time. Continue to peck away at people's ability to be strong. It's a big challenge."

- "Related to the feeling of control and personal work life, the challenge of knowing that staff kiddos are all going back to school, hard for families we work with, so much opportunity for training, our wellness provided a training series for care for ourselves, talk about trauma, we have dr. hardy providing racial trauma disparities, being able to be present for our team, and having to know us leaders/coordinators understand where we are coming from, kiddos going to school is a concern, dads/moms/children able to sense that, wellness/mindfulness, recently finished all staff this morning and ended 2 minutes early and we talked about how we should use that for self-care."

Barriers to Participation: Program-level

Round 1:

- "The biggest challenge has been getting a family to agree and accept the program. Many families have a negative connotation with someone being in their house because either they are uncomfortable with their living situation or the other people in their home. It's about educating the social workers to describe our program."
- "Time commitment."
- "See them weekly, can be difficult for participants – going to school, working, have other children."
- "[This region is] largely Hispanic migrant county. Under current administration a lot of concern about who letting into home. We're migrant, concern about if grandma has legal status."
- "Trusting, hesitancy to allow government into home."
- "As clients become more active, whether going to school, getting employed, their time becomes limited in terms of their time and ability to engage with home visiting 1:1."Happy and excited that they are moving in the right direction, but it does make it difficult to have their home visits."
- "A challenge has been that the human service agencies (e.g., Welfare to Work, CalWORKs case managers) have historically been slow to refer to programs that they feel are too "touchy-feely". Now that they have seen the success of our program it is institutionally changing."
- "Expecting to have a lot more referrals to the program, but it's actually been a struggle to engage the DHA staff."

Round 2:

- "As far as the tracking sheet, there has been no new referrals for 2-3 months in a row. We've had a decrease in CalWORKs caseload and a reduction in the [HVP] cases as well. It is tied in with COVID. We do not have transitions of families moving around, a year ago, people may move here for a while or move back and now everyone is staying put during COVID or moved out."

- “I thought people were going to jump on board, I felt very excited about this program. But I didn’t think about the client’s obstacles and that they see it as another thing to enroll in. I think [enrollment is] lower than expected but not unreasonably expected. People are hesitant to let others into their home, nervous about county programs coming in and they are lower too because we haven’t been able to materialize other endeavors. We started co-locating with our partners. A lot of initiatives are on hold, like enrollment on the spot. I granted email access to [the public health department] computer system while they are co-located to our address. This is where workers can email them referrals, questions and do outreach to a list of clients within our building to call them and talk about the program. I feel that once these things go back to normal, they will materialize.”

Round 3:

- “Making sure we reach those first-time moms who are prior to 28 weeks of pregnancy, you really have to capture those moms early on once mom is on the program [model] has a high retention.”
- “Major issue is the referral – program side if we don’t receive referrals we can’t enroll clients, CalWORKs can’t apply for it until second trimester, time and paper work, does fall on family to get in to be processed on the eligibility side which contributes to that time, just the criteria of [name of HVP model] and year eligibility and processing takes time, it’s not just on eligibility workers but on participants supplying papers in a timely manner as well.”
- “Very few referrals from CalWORKs.”
- “Challenges- referrals within agency from eligibility workers- overburdened – need to educate eligibility workers; flyer and brochure in the intake packet. The amount of information that they need to share with someone in their first visit, and so I think that that has been a challenge is to really educate the eligibility worker, so that they can sell the Program. right because it's much more along the line of getting through the process in a certain amount of time.”
- “That is the challenge of evidence-based programs is you've got the paperwork and you've got the rigidity of adhering to the curriculum and we all know, that's why it works and at the same time that can also throw up some difficulties.”

COVID-19

Challenges

Round 2:

- “Biggest challenge is adapting to COVID. We’re still working to adapt as much as possible. I don’t think anyone anticipated/realized how much we rely on in-person communication, training, documentation, storage of documents, etc. A lot of staff are experiencing similar challenges as clients in relation to COVID. Have training every single week and have all sorts of staff coming through.”
- “Biggest challenge for us right now is that everything is situational related on COVID. Whereas in the past we would be able to get community response from a partner

agency in a day or two, they have restricted hours or adjusted hours, some organizations have experienced reduction in funding, so hours have decreased, some organizations have changed office hours. Everyone is extremely busy so it could take a week to call back. Some of the services are taking longer or they are not as readily available. Or the waiting lists have gotten much longer."

- "Telehealth is not something we really considered. You're going to lose that personal touch, which is what makes home visiting work. It's hard to be warm and cozy over a TV screen. Not that we can't do a lot of work and maintain contact and address gaps and issues, assist with appointments, but the full circle impact that happened with this particular program."
- "Challenging to observe parent child interaction depending on where the child is on the screen. That isn't effective over the video like it would be in person when you can see the child reading or playing with the parent. We have to do developmental assessments with the baby and you can't always see that over video."
- "Prior to COVID, seeing everyone in-person for CalWORKs intake and renewal appointment. We transitioned to phone appointments and that communication adjustment of not having individual face-to-face with us has impacted the number of referrals. There is a different level of relationship and vulnerability face-to-face with an open and honest dialogue about your life whereas a phone relationship feels more transactional. Not as much buy-in from customers."
- "Also engaging kids 0-5 ages [remotely] is challenging, can't expect them to pay attention for more than a minute."
- "All are working out of the office, but we have supervisory staff that are working from home and have children that are in school and they are still working. Two ofour supervisors have multiple children and they are in the same stressors as ourclients. So, having to do evening work that they had to make up so the stress level of our staff has been higher. And to meet the needs of COVID and to meet their caseload a certain amount of times per month and if there are additional COVID responsibilities it pulls you away from your job."

Round 3:

- "Didn't get launched because we have been supporting COVID efforts, some staff have been reassigned with case contact investigation and even community swabbing roles. cases have been low if not much referrals since 2021, not finding families who meet [name of HVP model] criteria, which is first moms and are referred to our program third trimester."
- "We had great plans for having part of my staff to be on site with DSS to help and then COVID hit and that changed the dynamics of collaboration and staffing, a lot of Jen staff went to telecommuting. It would be helpful to get back to more normal with staff being back in the office or having staff be co-located occasionally with CDSS staff to help with these referrals."
- "It all stems from COVID, not being able to have in person meetings and not being able to go around and ask questions if they are in person so disconnected by not being able

to do the same training in person. A lot of staff was reassigned to COVID duties. Outreach has also been difficult because of COVID. So now three outreach events this month we are starting again. Redeployment."
- "The other thing is because we live in rural county, broadband access sucks so some people don't bother."

Successes

Round 2:

- "These programs have been running since 2015, and they had to completely stop because of COVID. If they started tomorrow, looking at what tools to use, like tele visiting through zoom or whatever the families might have. To look at how we will serve our families through technology and communicate to families. With [model] it's an avenue to be able to reach out. Heard from [another model] in another county, they have been doing wonderfully so I will have to poke them for lessons learned. I'm blessed because we are serving the same population. With [model], they are serving others, so we'll have to ask them about what has been working."
- "Also, part of [model] is watching interaction with parent and child and even with a smart phone it was difficult to see any interaction with a smartphone because the child is going to want to look at so we provided tripods."

Round 3:

- "We increased number of phone visits and texts and number of tele visits by phone. The other thing is because we live in rural county, broad band access sucks so some people don't bother. We are continuing the hybrid model as an option."
- "We got a grant, and early one we got tablets to share with families used CalWORKs fund for this so we could loan tablets to families for tele visits. We could not get families to adopt televises. They wanted face to face interactions. By in large we ended up doing home visits masked and outside or distanced. We increased number of phone visits and texts and number of tele visits by phone."
- "Technology component is important, and Laptops for Life's program has been huge for our families, even when doing exclusively in person visits, now they can quickly borrow resources don't have to borrow child's Chromebook."

Areas of Need/ Recommendations

Round 1:

- "More about all the services CalWORKs offers. Got trained but many programs that are very specialized."
- "Because all these counties are coming up at the same time, challenge in finding the [model] training in California. Making sure there is an availability of training…You might be hiring someone, but training might not be for another month or so."

- "Would like to see what other counties are doing to see what works and doesn't work. When they gave authorization to the county, they gave 200-page manual and said "Go!" what really helped her was when all the counties got together in her previous model when they were first implementing, they got together with other counties to get ideas about how they did it, and how they managed to make that happen. Can you get all the counties in the room and get them to talk?"
- "Any kind of training in change theory would be helpful, and folks being able to assess readiness for change. Training in maternal depression and maternal/family-wide mental health is really important. In our county, suicide risk and awareness is really critical. Trainings that help providers engage fathers."
- "Having home visitors trained in our eligibility program to know what services are out there and how they can assist customers has been a big benefit. A lot of referrals between HVP and employment services, Medi-Cal, CalFresh"

Round 2:

- *Data:* "Possibly a statewide HVP-19 training. Did earlier but a lot of HVP programs require CalWORKs eligibility. They are separating four subcategories and each category can have a separate aid code, but what's the purpose of it? We don't know the purpose. Possibly having a cheat sheet so we can say "oh this goes with this aid code". Help with the people reporting and the people who are administering the program to determine which aid code we're going to put this in and what they qualify for. It's a very time-consuming process."
- "It would be nice if it's automated, it's nice to reflect on numbers."
- "They need to do more training on the monthly report form. They never even explained why they were collecting certain things...So they struggle not realizing that there are so many models that people are going to be collecting different information and our software's don't necessarily match with what they are trying to collect. I don't think they thought about that. Not realizing if you use 4-5 models, I think they didn't take that into account, they don't match with what they are trying to collect."
- *Best Practice Sharing:* "It can create this feeling of is there something wrong with the system or me? Just to be able to have a message board online for connecting to others who are doing this work. So, people who are doing the work can not feel so isolated. It would be nice to know, how are people in [other counties] doing? What are their struggles? Stakeholders meeting was a great place but there wasn't a place to hear feedback from folks."
- "How do we learn from each other so each county isn't operating in isolation?"
- "I think what would be really helpful is to have the status of the HVP program overall throughout the state and where we fit. I'm sure other counties are experiencing this as well and it would be really helpful to have a communication and discussion around what is going on, what is working/what isn't and if there is something going on it can be shared."

Round 3:

- “It’s just very hard to get customers to accept program at first. Maybe that’s the kind of support we can use from CDSS, like more outreach and statewide for all customers. We have good resources monetarily in [county] but other counties don’t so that might be helpful for everyone.”
- “Make the income requirement higher. For example, services from being an American Indian puts them over the edge and they don’t qualify. You need to increase requirements.”
- “[HVP] – offers services until the child’s third birthday, however with CalWORKs only allows up to 24 months or child’s second birthday and I wish CDSS would allow the clients to be on the program until child turns 3, this is a model that CDSS suggested, that is a model that we selected.”
- “Other challenge – two moms also that are pregnant, they have shared that this program has been very beneficial, wish that baby could be enrolled in the program, but under CalWORKs it says it’s only for one child. HVP is only offered once per participant and the greatest number of months allowed is 24.”
- “Big challenge, across the state, employment/eligibility services so busy, so much have to offer, so many requirements, completely understand, has an effect of success to offer referrals to get into programs, can’t change big requirements, getting ideas from other counties to implement, would be really helpful, One idea to overcome this issue is to increase collaboration by including eligibility in conversations, its more front and center for them, [staff member] has done trainings talking about the HVP program, those trainings were stalled due to the pandemic, those are strategies incorporated.”
- “Able to get communication from CDSS in writing describing their commitment to HVP. Burden on the county- have no proof, nothing in writing, continuing the CalWORKs program; So, I think if we were to even just have something that describe that this is the state's process, and then you know work with their support, I think that would help be helpful.”

Home Visitors - Additional Quotes

STAFF-IDENTIFIED STRENGTHS

Client Impact

Round 1:

- “[One of my clients was a] single mom, homeless. [I] met her at [a] shelter for women and children. She was getting sober and that was a goal, to graduate from that program and remain sober. We learned that her child had [a] disability [and] were able to help her get services for the child. Her confidence level grew so much. She came to all of the events. She is a really great mom. She graduated from [the] program, she got [a] full time job, [and] she is transitioning from [a] shelter to [an] apartment. We’ve created [a] budget and helped her establish her life.”

- "They have a connection with me, they trust me, they can call me for anything they need. I just listen to them when they are in trouble or in crisis. Making them feel secure that they can talk to me. That they are worth it."

Round 2:

- "Stress management has gotten better, a lot going on in the start. With home visiting, they have someone there to help them out. There is a lot more confidence in them to start going out and they like to tell me what they've learned and their own research. There are more moms going back to school and getting jobs. Relationships are more positive, either with dad or boyfriend, they are learning how to communicate. We've seen stress levels go down and with mental health services, a lot of them have opened up to actually doing it."
- "Learned how to bond and engage with their children more which is a high success. They've learned how to obtain a goal to help them with, help them identify a goal to support them with. You know not had people actively check in and support them. I have a lot of clients who have gone back to school, got their GED or even started working. Those are some accomplishments."

Round 3:

- "From homeless- [the client] has an apartment, job, going to schools and kids going to childcare. Helped her better her situation from what she came into the program with nothing. Parents actively want to do better. We can only put in half the effort and battle. Families do more to be better and get out of the situation they are currently in.
- "Some parents have gotten jobs or gone back to school. This feedback has made me feel like I'm doing my job and having a real impact on these families."
- "Long-term goals – one of my clients is graduating from community college with an AA degree, said "if it wasn't for you, I wouldn't have done a good job raising my son."

Overall Program Model Successes and Partnerships

Round 1:

- "There are collaborative meetings...a few agencies that come together about different topics...and resources. [There are also] monthly meetings [where] different agencies report out [and we] get info to clients. I think it's great, we all come together to learn how to help people."
- "When we do the referrals, if clients express that they haven't heard back, we definitely reach out and see if we can help facilitate the service linkage in any way."
- "If families need childcare support, we can make those referrals or provide information so [the] family can reach out to them. Some families are good at reaching out themselves but others need that extra support. [We] provide that information for families first to get familiarized."

Round 2:

- “One of the beautiful things about the program is that it’s so relationship based, so overtime you might hear one thing over time on a questionnaire at the beginning and things unfold and they being to trust you. So, I think the relationship and being trustworthy are the major components and everything else kind of falls into place.”
- “The biggest other piece is that it isn’t OUR agenda, we look to their agenda. We try to empower them to reach their own goals. I've had so many clients say, “Gosh when I started this program, I thought you were going to be telling me what to do” and that’s not how this works. We need them tell us what they want, and we help them with their goals, so I think that’s the pretty amazing part.”
- “The success of the program is due to the fabulous home visitors; my co-workers are amazing. We get feedback from clients about how great everyone is. You can see this in the graduation that we’ve had in the past. Clients have said how vital the home visitor was in their life and other family members have stepped up to say the same thing. I am biased but I’ve worked in other agencies as a social worker, and this group is fabulous and really just so skilled and loving and what they provide is the highest level lots of love and passion. Great group of people working together to meet client needs.”

Round 3:

- “We’ve worked a lot with First 5 and has been really great to provide extra trainings to use for ASQ, temperament, tobacco training [not done yet]. First 5 we work with closely for extra training, [they are an] outside resource to help us. Public health does too, a lot of public health clients, offer us some other resources for pack and plays, car seats, clinics, another agency too, get clients from them like I’ve mentioned, a very good outside resource for us.”
- “Our program is very flexible, we really make sure all those basic needs are met, before diving deep down in child development or parenting skills, more successful with home visits, I am a little more on the new side, didn’t get clients until December, each month meeting more and more families each month, our clients know that we are going to be there for them and do case management part, [model] is set up to be pretty fun with families, when we do activities they really enjoy it, kids really enjoy it, bring activities every time, big stepping stone when kids enjoy it.”

Program Services Most Used by Clients

Round 3:

- “Mental health services are one of the big ones, WIC too we help with, we do have some that are maybe dealing with reunification, parenting classes to reunify. Infant and toddler care, resources that they need, basic things like a crib, baby monitor. Helping with jobs too is one thing, across a lot, a lot of families look for employment, help them look for a more suitable jobs with more hours, increase need with some of our clients.”
- “Clients most often ask about wipes, diapers, gas cards (right now there are not any services they can offer or help with this), and dental. Still need more services for dental

and helping clients find a place to send their children to for dental services. Would be helpful to have a list of places to send their children to for dental care. Additional emphasis on health and nutrition would be helpful. Yes, you have SNAP, but what do you do with the food once you get home, more support about healthy cooking and nutrition would be immensely helpful. Clients ask for mental health referrals and use the transportation program we have a lot."

Positive Experiences with Staff Training

Round 1:

- "The program is doing training for us to be culturally informed and trauma-informed. We know what to expect when we meet families because of cultural sensitivity training."

Round 2:

- "We also have access to First 5 and they have classes all the time. We are encouraged to partake in any trainings we want. A lot of trainings now on racism and racial inequity. A wonderful constant learning environment we're in. All of it is helpful."
- "Mental health trainings have been helpful in being able to talk with families during this time because anxiety and depression rates have escalated. That is always a training we need on an annual basis. It is invaluable."

Round 3:

- "Motivational interviewing has been a fabulous body of work that keeps me on my toes and keeps challenging me it's great to keep growing."
- "Sex traffic training – I had a client that was a survivor for sex trafficking, I connected with the trainer for the sex trafficking training and the client had to be put into rehab in another county. The training was really helpful how to work with these clients."

OPPORTUNITIES FOR GROWTH

Barriers to Participation in HVP: Challenges Faced by Clients (e.g., transportation, systemic, childcare)

Round 1:

- "Medical services - many of my clients when they are dealing with something they have to go to the children's hospital, they have to take the bus 2-3 hours."
- "Something that we don't have access to is transportation for them. Other healthcare providers can help with this [rideshare vouchers]. Our clients have to take the bus, hard for families with more than one child. Hard for them to attend social events. Hard for them to even schedule home visits. They might have a doctor's appointment in the morning, and we have a time to meet in the afternoon and they might have to reschedule because they are on the bus all day or might be tired. We try to be flexible when coordinating social events in the community."

- “For events, a lot of our families are not able to attend because they have no transportation. Our public transportation is not the best, so they opt out of going to our events because of that. Our clients do miss out on a lot of things because of no transportation.”
- “I would love it if there was a way to provide transportation to clients. The providers have really great socialization activities that are set up twice a month. They are really great activities and community programs, activities for kids and pregnant woman. But oftentimes it’s difficult for the clients to get there.”
- “What are some of the challenges clients still experience that the program has not addressed? Housing, we definitely have information, we receive info from housing Commission to share with the family. What we don’t have is a person who can check on families who have been applying for housing. When I was in [agency] and in the [committee] someone was following up on Latino applications for housing. They get follow-up, they receive id code, the committee would follow up to see about where applicants were in the process. Families don’t know where they are in the process. This was a way to find this out in [agency] in [other county]. In [my county], there is information that we can’t provide. We just provide the phone numbers, the information, which is good, but it’s just the info. We could do much more.”
- “External referrals for mental health issues: [I] try to connect them with counselling- that is a really hard jump to make- to admit they have anxiety/depression. To get to services has been hard.”
- “We just provide the phone numbers [and] the information, which is good, but it’s just information. We could do much more… families don’t know where they are in the process [and] what we don’t have is a person who can check on families who have been applying for housing.”

Round 2:

- “Not enough low-income housing in our area. Some cities have some, others don’t.”
- “Biggest issue is transportation issues. Those are the barriers, or if they are homeless. If they can’t deal with their basic needs they can’t do better.”
- “Most challenges are related to housing and mental health and that’s more community issues than program issues due to limited funds.”
- “They need childcare, which is one of the bigger ones to the clients get support through. [Childcare] also have a waiting list. [It’s challenging] for families with more than one kid because they can get one kid in but not both or the age range is too large.”

Round 3:

- “Even with HUD housing vouchers, can’t find housing. Services in the area are hugely over-burdened.”

Resources/Services Clients Want More Of

Round 1: (no additional quotes)

Round 2:

- "Housing is number one. Sometimes they get referred, thinking that's all we're going to work on. And that's one of the things I will say during a consent visit, "I know this is your priority but it's super scarce and your likelihood of getting something is super slim."
- "Our suicide rate is really high in [county] and overdose rate is also really high compared to the state. Getting better mental health access but I don't know if it's focused on young adults, they want you to go to an emergency line. Want them to have a warm line, in the middle of the night or even."
- "I've noticed that because of the pandemic and job loss and hours being cut, people are asking for assistance for PG&E, rent and food. So, we do provide care packages, diapers wipes and baby wipes so anything, the biggest one would be PG&E."

Round3:

- "Providing cribs, car seats, childcare in general is hard to come by, who we have here to help with that, waiting list for child care, child care is expensive $900-1200 per infant, just more resources to accommodate that, it's a huge need, and always housing. What I've encountered, basic stuff for kids, for babies, childcare is a big one, one of those things that's really expensive, our families need that extra help, that one has been a challenge too."

Barriers to Participation in HVP: Overall Program-level

Round 1:

- "…A family still does not have her high-chair [after] waiting for 6 months, the baby doesn't even need a high-chair anymore. I put it in an order in January and still have not received it. [Recommendation is] if they made it a gift card or provide a voucher for parents to buy that specific item and also allow for $500 per child."
- "We had thought that each enrolled client would get $500, but it's not. It's each family. One parent had a child enrolled and now mom is pregnant. We had ordered a stroller for her originally, but now she will need a double stroller, and other items, so luckily we didn't blow through the $500 with the first child but it should be per client/child. Or $1000 per family, because many parents have more than one child enrolled in the program.
- "A lot more clarification [is needed] about where we can use the [stipend] for. I have to run it by the supervisor."

Round 2:

- "Being more flexible in the visits that take place. For example, if you're in level 1 you visit once a week. Maybe more flexible to allow the family to accommodate if they are not able to meet once a week. I think that would be a good change. For a lot of our participants, moms have taken on a different role right now the role of a teacher, so for them they have so many things they have to juggle. Some of them have language

barriers, only Spanish speakers, so for them it's difficult to be a part of that. The added pressure of weekly visits is a little burdensome on them."

- "I would say yes. Sometimes I feel like I am bothering them, a burden. Some are loyal. Don't want to cancel and feel like it's an obligation. I tell them it's voluntary.We set expectations about case closure. But it can be a challenge."

Round 3:

- "A problem as us being in the home is we are mandated reporters and there are times we've had to report abuse or neglect which of course can cause problems."
- "So, the client I've been trying to engage, her life is chaos. The biggest challenge, a lot of people live in complete chaos and drama. This lady, whenever I talk to her, she says "I really want to do it" and I call her every week, she still hasn't dropped the consents off. I've been chasing her for 2 months now. So, getting people to commit is challenging b/c their lives are too full of drama and demands, full of challenges. They're Having hard time finding client to refer to us. That's the reason. People are so caught up in survival mode. When you're in survival model who wants to learn about parenting skills."
- "CalWORKs families when they come to us, they do it just to meet once or twice with us, but they don't have intentions to stay with us, so maybe after 1-2 engagements they will stay, but we don't know how the program was introduced to them/ Late entries; coming in when the child is older (1.5-year child), then you've established your skill and rhythm, it's better when we can engage them when they're pregnant."

Training Needs

Round 1:

- "More hands-on trainings and personal if they are able to connect to a real story / experience."
- "Understanding DHS side, their processes and how people are qualified."
- "Frequency is important because then our mind is fresh; doesn't have to be a long training, can just be a refresher, absorb that information, repetition really helps to learn that material"
- "[There is] vaccine resistance in [my county] so would want more training to encourage vaccine compliance"
- "Curriculum or training on basic parenting tips, e.g., how to wash a bottle, how much food to give a baby and how to measure it, how to diaper, how to prepare a bottle. We say these things but would like a more concrete resource to share with parents."
- "Additional training would be most the powerful thing. Especially in mental health and trauma, substance abuse- it would help in the way that you present everything to them."
- "I think we need… better training on the services offered by the county that we are able to tap into – [for example] the County's childcare resources - we need to learn more about [what is] actually available."

Round 2:

- “Unfortunately for a lot of us we’ve been social workers for a really long time, a lot of the CalWORKs trainings have been giving has been to get the other social workers up to par. They are pretty elementary. A lot of us have already had this training in the past. Most of us have had 10+ years’ experience.”
- “No one ever asks us what we’re interested in being trained on. They expect us to do whatever trainings that they deem as mandatory.”
- “I trained for my role through Zoom. I am hoping to re-do the training in-person after COVID. A lot of feedback I’ve gotten from case managers is that the in-person trainings are a lot different than when you do it over Zoom. I imagine it’s a lot more in-depth in person.”

Round 3:

- “Not only working on training for our clients on mental health, but also trained to help our own, can’t help other people if we can’t help ourselves, talking care, self-care with us as a community, reaching out to each other, staying well connected, to support community as well.”
- “Additional motivational interviewing training would be helpful.”
- “One of the challenges- more training on families with mental health, dual diagnosis- harder when family is in crisis. What curriculum can we use during the crisis. Our county has poor mental health services- access to that.”

COVID-19

Challenges

Round 1: (no additional quotes)

Round 2:

- “Some of my clients don’t have iPhones so we don't FaceTime, or they don’t have service.”
- “There are families who are much more high risk this time than a decade ago. We have a lot of families that are really really struggling and COVID hasn’t made it any better.”
- “COVID has impacted how the families interact with us. I started the home visiting during COVID, but I had done home visiting before. One of the things I’ve noticed, now we can deliver things to them and briefly see them and they talk to me more than on the phone. I am keeping in contact over the phone, but I’ll be talking about something and it's very brief with short answers. The times that I’ve seen them in person when I drop-off things in person, even for just 10-15 minutes it’s a full-on conversation. I have seen that they miss that face-to-face interaction.”
- “Do an informal meeting with my ladies, they prefer text, I keep case notes on what we talk about and what they ask me I respond to. But not official home visits. But they're reaching out and I am reaching back. I do notice that once they have their children, they are a lot slower to answer because they’re tired. I can’t go to their

homes to check in. This COVID thing has really made it difficult."

Round 3:

- "We are first responders, we had to abandon the program. We just transitioned back in July 2021 which meant starting over and a lot of the staff doing self-training."
- "Our high caseloads, 25 moms and 25 children, these are high risk; being able to go to their house 1x/week or 1x/month, to provide a lot of resources; also because they're unstable, we call them in the morning to confirm they'll be there and they say yes but then you show up and they call you and say I'm not at home can you come back in 2 hours? So, it's hard to provide quality services and stick to our model with such a high caseload; if they could reduce our caseload."

Successes

Round 1: (no additional quotes)

Round 2:

- "It varies with clients. Sometimes they don't have facetime. They enjoy doing it-so that we can see what's happening with the baby. Even though we're not seeing them physically like we were, they keep us informed of our babies' milestone- what's going on in their lives. They voluntarily send baby videos especially for milestones/accomplishment. Or something funny that the child is doing. Even photos too."
- "We also have several virtual support groups which are wonderful."
- "It's the kids all being home has been the challenge who have multiple children who have 5-4 children. Staying on zoom call can be challenging at time. So just offering the flexibility makes a difference or parents who go back to work offering visits in evening."

Round 3:

- "We adapted, we brought families hand sanitizer and paper towels and asked what do you need, we bought cases of diapers because of the shortages, we were resourceful in what we could get from community people, meet them in a parking lot, just talk whatever they needed."
- "With vaccination available to the public, some families have a stress reduce, more relaxed and not as worried throughout the day as they were in the height of the pandemic."
- "One benefit of COVID was it allowed us to start using telehealth a lot more. Some of those clients where in my experience started going back to school or work, a lot of things going on. Being able to use telehealth, to use phone calls or video visits, made it a lot easier. That flexibility was really really nice. I actually saw an increase on things where clients were a lot more engaged that way."

Clients - Additional Quotes

IDENTIFIED STRENGTHS

Home Visitor Support and Relationship

Round 1:

- "[It is] really comfortable talking to her, really easy to open up to her. She can relate in situations too; she is very comforting "you're not alone" [because] she's been through things herself."
- "I like her, she has been non-judgmental with my circumstances. She has been very supportive. I feel open to tell her if I have something going on in my life that affects my relationship with my daughter. I could tell her if I was stressed about her father, she supported me when I told her a family member had cancer and got me

Round 2:

- "She's very flexible and tries to make it around the edges of her schedule and my schedule so she stays within the parameters of each of our schedules. The pandemic has made it hard, sometimes just working around each other's schedule.
- "She is good about checking in. First [home visitor] I had was really good about that and life happening. [She would say] "I'll check on you in two weeks" and would text me a couple weeks later. [She would ask things like] "Did you follow up on housing? Do you need me to follow up on something else for you?'"
- "Yes sometimes, but sometimes I'm not able to because I'm kind of busy or have this double appointment booked, it was challenging. We'd always keep communication. If she doesn't hear from me, she'd always leave activities and stuff at the door and would text me and let me know."
- "I met my worker. She's awesome, I love talking to her. She always listens to me. Sometimes when I've gotten scared from being out and being around family that had COVID-19, when I was panicking and freaking out, she was there and gave me a lot of support in that area because she has experienced the same things. She told me how to go about it and was really compassionate about my situation and as positive as she could. It's not easy. [I had an] anxiety attack and reached out to her and she picked up the phone and talked to me about it and calmed me down. [That's the] type of person she is, if I need her and need to talk to her, [she is] always there to listen. It doesn't matter to her what it's about. She's that wonderful. She reaches out to me "I'll reach out to you on this day." [She's a] really good listener. At one point, I had bad postpartum [depression] and she also reached out to some people to help me in that area. She came to see me quite a few times, that also helped. It's been a lot of different little things."

Round 3: (no additional quotes)

- "I had the first meeting, really easy, she said she could reach me whenever, I was a busy mom, I was married but my husband was in Afghanistan, difficult for me to meet

her sometimes, she was like “oh I can meet you whenever”, can meet in the park or at the college, wherever you’re comfortable and have time, really nice of her to give me the option of time that I can meet with her, flexibility.”

Overall Program Impact

Round 1:

- “It has been helpful to me and my child – it has helped me because sometimes I feel alone, so it makes me feel that I am not. It makes me better understand things about my child and how she should be developing.”
- “When the home visitor is here, she brings fun activities that we can do with our child. They are not only fun but productive. The activities help him with his gross motor skills, development, and they help us to be better parents.”
- “Yes [child] has benefited – he is a really social toddler. In what we’ve seen, compared to other kids his age, he is happy and outgoing and initiates social interactions with [peers]. I don’t think that would have been possible without his educator. She comes and interacts with him, laughs with him – at the group events, the other educators encourage us to talk to other parents after the meeting and let our child play with other kids. It seemed like all of the kids who were in the program are social.”

Round 2:

- “Yeah in the beginning. As a new mom with a newborn. Hard to get out. Support for myself was great for my emotional well-being. Physical materials [were] definitely helpful.”
- “Lots of support, different resources to reach out, additional help like with diaper drive, Different local resources, different things, lots of support, throughout the whole journey of my pregnancy.”

Round 3:

- “It actually taught me how to have a lot more patience than I had in the past. There were certain things I didn’t understand about the kids and the certain stages they are in. I do have more than one child. Getting used to how to speak to them differently. You know you talk to a child and you can say it a different way for them to understand in a different way. She gave me ideas around that. It’s made it easier because now my children communicate very well back to me. They speak very well already. But it made it easier for them to communicate back with me.”
- “...some people hit their kids, she says that’s a disadvantage like that, it’s going to ruin baby’s mental health, damage the baby, all these stuffs, giving him a timeout, he’s 19 months, one-minute time outs if he’s doing something that I don’tlike, not a long time out, these are the things that we usually go over. sometimes frustrated with my baby, try to approach it as she tells me hey let’s do this, tell him if he throws things don’t shout at him, hey we don’t throw things we throw ball, bring it to a positive way, she always helps me really, I was a first-time mom,but I’m glad I’m in the program.”
- “It affected my life by showing me how important being a big part of your child’s development is and trying to learn new ways that your child can learn the way that your

child is learning because not all kids are the same. No one learns the same way. Some people's development can be slower than others. And I feel like that brought a lot of awareness to my attention of his development, what things I need to do or get better with. Especially she worked a lot with me with patience. I've been a single mom since day one. And I've never really had that support from my mother or other family members teaching me how to cope with things. I've had trouble with that for a longtime. That was the most impact she had, with me personally, teaching me how to become a better mom."

- "It has given me a huge impact. HUGE. Emotionally, mentally, physically, economically. It has helped me in all types of ways. It has helped me in all of the ways possible. She helped me to find my therapist. I have PTSD. She helped me do grounding techniques and she's amazing. She deserves a raise. It impacted me in so many ways I'm just so grateful. I hope you keep it up. I always encourage other women to utilize it. This program is awesome, not just all of the benefits of all of the information you give out. I learned a lot of things that I wouldn't have found anywhere else. Ways of not getting too overwhelmed as a new mom. [She] normalized things. She gave me a backbone and was able to tell me, "It's okay." As a first-time mom, we need that extra support so we know what we are doing is okay."

Ease of Client Enrollment

Round 1:

- "My husband signed up to register as a CalWORKs [client]...they offered us [model] to support us with the babies. We were told that the program was free for CalWORKs [clients].... My husband mentioned it to me and I liked it. I really like learning and teaching things to my children. It was easy to enroll in the program. A girl asked us for papers, we talked to them, and visits were arranged."
- "I was referred by my probation department 3 years ago. Enrolling was easy. They didn't ask me for paperwork. It was really straightforward. I called them and they were able to come to me."

Round 2:

- "It was pretty easy to get in the program. They asked questions for qualification, so since I was receiving cash aid I already qualified."
- "The worker was very proficient. She called me a few times and gave me the information, to make sure I had everything I needed. She was very professional. That's how I got in touch with [model]."

Round 3:

- "It was pretty easy, we talked on the phone about the program and then they came in person."
- "It was easy. The worker reached out to me specifically in regards to the program. We spoke on whether or not I was interested."

- “I’m a first-time mom so when I was pregnant, they reached out to me and asked if I want services and I said yes. I also might of heard from them through a referral through the DHS. It was pretty easy when I started it. I have run into other women who found it hard. I’ve run into woman at drug and alcohol who really need it. I’ve always recommended for them to give it another shot.”
- “Very easy, welcoming. Easy to approach the person. Happy and helpful.”

Program Activities

Round 1:

- “My daughter is 3 years old. And she was very active and sometimes aggressive. The visitor recommended activities with Play Doh and that has helped her a lot…. She is less aggressive now. I enjoy a lot doing the Play Doh activities with her.”
- “They give me activities for the baby and also for me. They help me find babysitters, nurseries. They also help me find activities for the baby. They recommend books to read to him. Before the baby was born, they also gave me money for bus tickets because I don't have a car.”
- “They do Parent Cafes, which I love. They have group activities. The last time I went we had to untangle ourselves. We do these discussion groups where you have to switch around the tables and talk about certain things. The discussion groups are helpful – they might ask what is difficult for you? And we can share what is difficult for us, and then someone else shares, and we can share how to help.”
- “I love it, they come to my house so I don’t have to go anywhere, my daughter is getting an education and I’m not putting hundreds of dollars to go [to] preschool.”
- “The activities are focused on children, but they include us all. [They are] dynamic activities so children learn, develop their senses, develop skills.”

Round 2: (no additional quotes)

Round 3: (no additional quotes)

OPPORTUNITIES FOR GROWTH

Barriers to Client Participation in HVP: Challenges Faced by Clients

Round 1:

- “But at one point my car was going to breakdown [the transmission] I asked about help to buy a bike and a trailer to take him to school and work. They couldn’t help provide that because they said that their funding was a donation, they wouldn’t be able to get that kind of transportation service. Don’t know if they would provide a bus pass – wasn’t offered to me.”

Round 2: (no additional quotes)

Round 3:

- “No, I have not had the luxury because of my work schedule. I’m really upset about that...Literally just the timing.”
- “Honestly, nothing. The only thing for me is my schedule doesn’t work out. On their end they are doing everything and then some. They are great.”
- “We met at a park because I was homeless. So, it's hard to schedule appointments and find a place to meet and everything for the homeless.”

Barriers to Client Participation: Overall Program-Level

Round 1:

- “I’m not sure - maybe the way, she gives the binder at the beginning, I like the information sheet, but not sure how the message would work for other parents, it's a lot of reading, the way the information sheets are its very wordy, the area that we live in it might be difficult for some, we have a lot of migrant farmer laborers, a lot of Spanish speakers in the area, potentially incorporate more images than texts; usually page is double-sided or split in half with mostly text with a small graphic.”
- “The only thing they need to work on is there staff meetings so they don’t interrupt scheduling with clients. Other than that, never had an issue or concern or problem.”

Round 2:

- “So hard, but now, all the agencies work together. A lot of moms I know are so worried about getting reported. When I had my son, there was this other doctor [that said] if you take your kid out of the NICU we’ll report you to the CPS. So, it made me feel uncomfortable when [the home visitor] said he’s not up to standard. Are they going to report me?”
- “The [home visitor] with [model] ended because the first [home visitor] was cool but the the second [home visitor], I did not vibe with, she was very pushy about beliefs on certain medical shit, very pushy about it. I felt like “I don’t want to hang out with you either” so I told her “I don’t want to be a part of the program anymore.”
- “I feel like if I started the program when I was pregnant and I started there I would get more attached and have a better bond with the [home visitor]. It was kind of awkward. It kind of seemed like you were getting in trouble like “oh well your kids not doing this.” It was awkward and it seemed like when you get in trouble and reprimanded. “Ok well we’re going to check on you.” They come in and see if your kid is up to their standard or the doctor’s standard, and then they’ll be like it’s the end of the world if he wasn’t up to their standard of the day, which is kind of weird.”
- “The second [home visitor] asked me if my kid is up to date on shots and I said “no he’s not all the way up to date, I want to research them more.” [She was like] “your kids going to die, you’re a bad mom” She said “I’ve seen kids die from [not having their shots]. It’s people like you who don’t do your part and your kid can end up dying.”
- “No I don’t, I haven’t heard back. I thought we’d have another visit. I didn’t see the benefits of it. Especially because I wanted to learn and participate in the program, you know parent better my second time around. I don’t meet my home visitor.”

Round 3:

- “I wish the home visiting program would have lasted a little bit longer so we could have kept in more contact with [home visitor]. I keep in contact because she has been there since she [my child] was 7 months old. They grew a bond and I’m not going to just let that go. I want everyone out there to know that the program works and it’s not about the county coming in and trying to take your kids. They are actually there to help you develop your kid to where they need to be.”

Services That Clients Want More Of

Round 1: (no additional quotes)

Round 2: (no additional quotes)

Round 3:

- “Grants for diapers. Those are helpful. They don’t have enough. $50 gift card in the pandemic- it was wonderful. It was a time of need.”

Challenges in Accessing Needed Referral

Round 1: (no additional quotes)

Round 2:

- “There was an online therapy provided I did that once, but it didn’t work out, I did it once in person but that was not a group activity. We haven’t done group activities.”
- “Some of the counseling services I’ve had difficulty with only because a lot of places aren’t accepting new patients or new clients. Taking the time out of the day to call them again and I try to sneak it in whenever she can.”

Round 3: (no additional quotes)

Improve Enrollment Through Marketing

Round 1: (no additional quotes)

Round 2:

- “I would say to other people who are not getting those resources, that the program just needs to do a better job of maybe like, putting [all the home visitors] in the room and share information because they should all know, and maybe someone is not doing their job.”

Round 3: (no additional quotes)

COVID-19

Challenges

Round 1:

- “There are no more playroom sessions. My daughter resented that very much. She misses playing with people and seeing more children. As for the [home] visitor, she keeps calling us.”
- “There are no visits. The child is not hanging out with other kids. It is not the same for him to be with us. He needs to meet other babies.”
- “About 1.5 months into COVID-19, I went into a depressed state - it was hard for me schedule the zoom meeting. But then I started doing better and my worker sent me zoom group meeting. But I forgot. Worker came by to bring a group basket gift that all the participants had received. Stuff for me.”

Round 2:

- “I don’t like video visits because I don’t have a computer so hard to hold cell phone and play with daughter. But overall, I prefer it over going into the office.”
- “Yes I did attend a social event, it could have been at the library that was available for my daughter. A lot of things have stopped because of COVID, a lot of it has limited resources.”
- “It varies [frequency of home visits] with [the] pandemic and everything, because of the regulations. It’s a little less because of irregular schedules, probably once or twice a month.”

Round 3:

- “I would change it to not be virtual. I’m not sure if it’s a pandemic thing. I think it would be good for the Play group for socialization.”
- “We’re now able to go into the office. It was all over zoom at some point. I really liked it when our home visits were at our house because it was more convenient. With COVID we couldn’t get visits at the home. I lost contact with my original worker. She wasn’t good at following up.”

Successes

Round 1:

- “Came over once a week, text once/twice a week, ever since COVID we have been video calling once a week and she’ll text me every Monday how the weekend went, and then text me in the middle of the week. increased communication since COVID, text us more often seeing what we need, checking in on diapers and wipes, hard time finding.”
- “Sometimes facetime is easy, I can facetime her from the doctor’s [office].”
- “The difference is just that anna is not coming to the home. We speak with Zoom. But it’s the same. I saw her and she sees the baby. The baby recognizes her.”

Round 2:

- “They gave me this phone so that I could make international phone calls, have the internet and continue our communication with Zoom because this phone has the internet too for me to be online. It made things easier.”

Round 3:

- “Because of COVID, most programs have been virtual. I went to some of the virtual meetings when I have free time, I learned a lot from them, how to behave when a baby is behaving badly, how can we react as a parent, how should we try to make them feel safe and change their behavior in a positive way.”