

### Background

**Promise 1000 – Home Visiting Collaborative** connects the greater Kansas City region’s most vulnerable families to in-home supports that optimize the beginning years of life for young children prenatal to three – the first 1,000 days of life. The mission of the Promise 1000 Collaborative is to provide an **innovative, sustainable collaborative system** of evidence-based home visiting services for pregnant women, young children and their families to (1) Improve maternal and child health & well-being (2) Promote child development and school readiness, and (3) Increase resilience and safety of participating families.

**Promise 1000** aimed to address multiple challenges that were identified by home visiting agencies during a year long strategic planning, including:

- Multiple funding sources with varied reporting requirements
- Lack of shared data collection and outcomes resulting in an inability to demonstrate population health impact
- Difficulties with recruiting referral sources, and marketing
- Varying eligibility requirements, services areas, and referral processes making referrals challenging

The strategic process led to the development of a **collective impact approach to home visiting** that would aim to address common challenges in home visiting, and promote services shown to have a positive impact on outcomes for children and families.

### Mutual Strategic Planning Goals

- 1 Continuous funding necessary to serve the families appropriate for home visiting services
- 2 A centralized recruitment, initial intake, and referral system to ensure eligible families are served by the most appropriate home visiting program to meet their identified needs
- 3 A coordinated approach with home visiting partners, health care, mental health, social service, and education systems in the delivery of home visiting services.
- 4 A data system for measurement of ongoing effectiveness of services provided and to identify areas for program improvement.
- 5 Home visiting agencies that operate according to federally-identified “evidence-based” models, or are in the process of becoming an “evidence based” model, with standardized data collection on shared outcomes, standards, and quality measures.
- 6 Home visiting agencies that are staffed by highly-qualified and committed personnel to provide centralized functions and services.
- 7 Home visiting services that are culturally responsive and meet the needs of the diverse, ever-changing populations represented in the defined geographical area.

### Collect Impact through Collaboration

*Research suggests that home visiting is most effective when agencies are collaborating with standardized training and quality measures and are interwoven with other community-based programming to integrate a system of early prevention<sup>1</sup>*

Such a system includes home visiting agencies, health care providers, and community resources in order to increase well-being, health, and safety of vulnerable children and families.

**Promise 1000** was modeled after the Every Child Succeeds (ECS), a collaborative evidence-based home visitation program based in Cincinnati Children’s Hospital, and brings together evidence-based home visiting models including: Healthy Families America, Parents as Teachers, Early Head Start, and evidence-informed promising approaches to focus on the ingredients of home visiting that lead to shared collective outcomes.

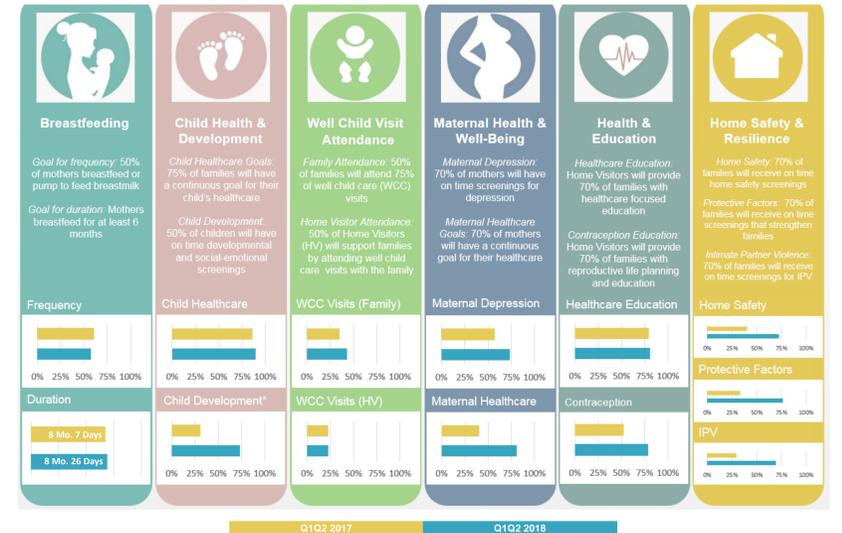
### Conditions for Collective Impact

- Common Agenda**
  - Expanding Home Visiting in the KC Metro area to increase positive outcomes for children & families
- Common Progress Measures**
  - Shared data system & standardized data collection on shared outcomes, standards, and quality measures
  - Shared Centralized Referral & Intake System
- Mutually Reinforcing Activities**
  - Structured & coordinated trainings for home visitors surrounding key outcomes
  - Monthly Continuous Quality Improvement activities
  - Advisory Work groups led by Home Visiting Supervisors
  - Mutually beneficial marketing & outreach efforts
  - Quarterly & bi-annual performance-based incentives
  - Supportive funding & progress towards fiscal sustainability for home visiting
- Continuous Communication**
  - Monthly CQI Supervisor & Promise 1000 meetings
  - Quarterly Collaborative meetings
  - Continuous updates and communication
- Backbone Organization**
  - United Way of Greater Kansas City – Fiscal Agent
  - Children’s Mercy Hospital – Centralized Services
  - Health Forward Foundation

### Promise 1000 Focus Areas & Indicators

- Child Health & Well-Being**
  - Breastfeeding frequency & duration
  - Child healthcare goals
  - Well-Child care visit attendance
  - Home visitors attending well child visits
- Maternal Health & Well-Being**
  - Maternal healthcare goals
  - Depression screenings
  - Home Visitor providing healthcare and contraception education
- Child Development & School Readiness**
  - Developmental screenings
  - Social-emotional developmental screenings
- Home Safety & Family Resilience**
  - Home safety screenings
  - Protective factors screenings
  - Domestic violence screenings

### Shared Progress Measures Results



### Discussion & Lessons Learned

Bringing together a collective of diverse agencies/models to focus on shared procedures and outcomes can present unique challenges, as each has their own existing structure and focus areas. Essential components for successful collaboration include:

- Open communication
- Continuous quality improvement (CQI)
- Recognition of expertise & flexible programming
- Remembering the “big picture” or common agenda to create focused efforts that are both purposeful and meaningful

### Future Activities

Future endeavors continue the forward momentum towards shared collective goals including, but not limited to:

- Expansion of services to reach more families in need
- Further development of integration of home visiting within the medical home
- Emphasizing home visiting components for families based on individual needs
- Progressing towards a fully sustainable funding structure
- Demonstration of fiscal impact on healthcare expenditures

