



COMMUNITY STORY

Building Relationships in Service to Families

A Conversation with Phyllis D'Agostino, Family Connects, Forsyth County, North Carolina

By Diane Wellman, THE MODEL CONVENING PROJECT



Phyllis D'Agostino has been a [Community Alignment Specialist for Family Connects](#) in Forsyth County, North Carolina, since 2016. The program connects parents of newborns to the community resources they need through postpartum nurse home visits.

Over the past 30 years, D'Agostino's work with pregnant women and families with young children has led her to a variety of coalitions, councils, and people. She seeks out these connections like a detective hunting for clues and in the process has developed an expertise in community engagement and collaboration.

"You name it; I've been there, done that," said D'Agostino, whose master's degree as an educational specialist in community counseling and organizational development often resulted in working with diverse groups and individuals.

Early in her career, D'Agostino was in private practice as a therapist. "Your job is to help people find their solutions in themselves," she said. "My belief is we have within us everything we need; we just have to have somebody help us find it." This philosophy remains a cornerstone of D'Agostino's work and her ability to build collaborative relationships.

As a parent educator, D'Agostino taught an array of parents, those who were in jail, for instance, or those whose kids were hospitalized for mental health concerns. While working as a parent educator with various agencies in the community, she helped run



programs and write grants around early childhood education. She coordinated parenting education at a child abuse prevention agency and worked at Goodwill as a program coordinator within their Family Resource Center.

During her 9-year tenure at the Health Department, D'Agostino worked with stakeholders in the field of maternal-child health, and she coordinated infant mortality reduction programming. "I have a passion for prevention," she said. "We need to start at the beginning, which is why I went into doula work. Lamaze education maintains that if you help families in the beginning, they're in a better position for this lifelong journey they have with parenting."

In 2011, D'Agostino left the Health Department to accompany her husband, a cultural anthropologist, to Nepal. From observing his work, she said "I learned something about learning the culture and just observing rather than thinking I know the answers."

For five years after returning from Nepal, D'Agostino developed her own business as a doula and childbirth educator. All along, she maintained relationships with stakeholders she'd come to know, like the Health Department where she taught classes, while developing new connections, like Nurse-Family Partnership, where she serves on the advisory board.

She also continued to cultivate an approach to her work.

"I use a particular process," she said. "Before I do anything in terms of changes or ideas, I talk to everybody who has a role in the job at hand, find out what they're doing, what works, what they see needs to be done, their views. That helps lay the groundwork to then bring about new programming."

When the position opened up at Family Connects, D'Agostino said, "It was really kind of perfect, because it was part-time; it was setting up a referral system, which was exciting, and I really liked the person I was going to work with. I knew the community. I could believe in the philosophy and the value of what I was doing, so it was a good match."

In her own words, D'Agostino elaborated on the following questions:

HOW DOES YOUR POSITION AT FAMILY CONNECTS WORK?

I'll give you an example. Everybody's different, but this is my method for figuring things out. Family Connects asked me to help expand its program into neighboring Davidson County where there's a hospital that does deliveries. Every county produces resource lists, so the first thing I did was look at all the resources available. I found the big players, which I knew certain ones would be like the Health Department, the Department of Social Services, home visitation programs. And then knowing what we used in Forsyth County, such as diaper distribution, counseling, transportation, and employment, I identified the players.

Then I went about starting to meet people to introduce Family Connects. This was pre-COVID and I did everything in person. Sometimes I had someone who said 'this is who you should meet,' and on occasion they would send an email, but mostly it was cold calls, not

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asking for anything, just saying this is what we do, how might we refer people to you? What is your referral process? What are the needs you've identified? Who else should I talk to? I was also able to set up a few things with the help of a nurse from Davidson County who was going to be seeing most of the mothers.

To get to know people, I became part of a few committees and coalitions where we were able to present our program. When Smart Start had agency meetings to get to know people from other agencies, I made sure we went to those. I volunteered at United Way to be one of their Fund Distribution Volunteers. You want to find ways not just to learn from people but to give back a little bit. So that's the getting started part, and it sets up the relationship for collaboration.

On a few occasions I've had people who said 'I don't care about what you do; we don't have anything in common.' I just say thank you very much. There are some folks who have great programs but they don't collaborate. Another aspect of my role is to share information with partners, for instance, when our governor puts out a moratorium on evictions or if there's a webinar people should know about. I still include the programs that don't want to collaborate and send that information to them.



WHAT ARE OTHER EXAMPLES THAT ILLUSTRATE THE PROSPECTIVE WORK OF A COMMUNITY ALIGNMENT SPECIALIST?

I'll give you two examples starting with a study that was done to track the status of referrals. I got all the referrals we'd made to six or seven partners over a 12-month period, sent them to the agencies, and asked what happened? Then I went and discovered what the challenges were. We had about a 60% completion rate, which was really good, but the biggest challenge was when the agency tried to call the family, they couldn't find them. So, we lost about 25% that way.

I met with every coordinator of those programs and we ended up making some changes to the referral process. We learned what was good about Family Connects, what was good about their programs. We learned some things the nurses could do for the program, and some things the programs could do. It was really good full-circle feedback, and we built rapport with our partners. It was a learning curve. It wasn't 'you're not doing this.' There was never a value judgment.

Secondly, mental health support was an issue that kept coming up. Where do we send people for mental health support? Not just for postpartum depression but for partner abuse or substance abuse, or maybe it was the 5-year-old kid with autism who had never been treated. So mental health is a big puzzle here; it's complicated.

I'd been meeting people from different mental health entities, attending meetings, making connections in

different ways, and I'm thinking, how can I get all this information to the nurses? How can they see how to navigate the mental health system? So, I thought why don't we do a small conference and have panel presentations and invite community partners?

It took several months to organize, in partnership with two of our community mental health agencies. At one

point I got somebody from our hospital to be the planner, because it got to be outside the boundaries of my job description, so I volunteered my help instead.

Ultimately, we had a steering committee of four, the hospital donated the space, and 120 people came. We called it Navigating the Mental Health System in Forsyth County. The keynote speaker discussed how to work with families based on where they are. The nurses went and the community went, and it went really well. Part of the feedback included the need to have another conference that was geared toward children's mental health, and we planned a follow-up but COVID arrived. It's still a wannabe.

ASIDE FROM MAKING HOME VISITS AND MEETINGS A VIRTUAL REALITY, HOW ELSE HAS THE PANDEMIC AFFECTED YOU OR YOUR WORK?

On the upside, I think people are responding more to the needs of others during COVID. For instance, there's a new program in the area called Beautiful

Beginnings started by a janitor of a school. He felt moved by his faith to start working with single moms and teen moms who didn't have things they needed. Somebody lent him half of a tobacco barn because he needed more space. I met him online, did a Zoom call, and got his newsletters. Now he's coming to pick up donated items that have ended up in my basement, which is a whole other story that stems from obtaining resources for families in need. People want to give but they don't know how with COVID, and they're cleaning stuff out, so this is a really good way.

Before COVID I was in the community going to meetings or meeting with new agencies. I've added maybe three or four new agencies through Zoom, but, on the downside, the substance of what I do is not there. I've taken some other roles, but it's been very difficult and disheartening. There are a few places, like connecting community needs with resources, but it's not the same. There are definite limitations.

When groups aren't meeting you don't have access to find out if services have stopped, so you have to be aware of change, be aware of things that disappear. New needs come up; how do you meet them? The pandemic has presented an opportunity to be creative but it's also presented an end to some things.

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WHAT ADVICE WOULD YOU GIVE TO OTHERS IN A POSITION LIKE YOURS WHO MAY NOT HAVE YOUR LEVEL OF EXPERIENCE?

I learned this from my husband and have practiced it, and I think it's what makes part of what we do a success. Lots of people come to town, and they say, 'I have a project I need you to help me with.' Research is a good example. And you help them, and then they're gone. They take and don't give back, no reciprocity, and it doesn't build trust. So, with babies, their first developmental task is trust; just like with collaboration, your first developmental task is trust. You have to build a mutual relationship even if nothing comes of it. I have to hear you; I have to be dependable; I have to not have ulterior motives; and it has to be mutual. If you don't have that none of this works.

ABOUT THE MODEL CONVENING PROJECT

Four national early childhood models—Family Connects, HealthySteps, Help Me Grow, and Nurse-Family Partnership—are exploring ways to have a greater impact on young children and their families in communities where their programs overlap. The project is a multi-year initiative, with leadership and facilitation from [ZERO TO THREE](#) and funding from the [Pritzker Children's Initiative](#). While the four models were the starting point for the project, their local experiences reveal a broad range of community partners who play important roles in early childhood collaboration. For links to additional stories and briefs from the Model Convening Project, see the [Hand in Hand Directory](#).

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