Home Visiting in Community Context: A Multi-Level Evaluation of Home Visiting Integration into Early Childhood Systems of Care
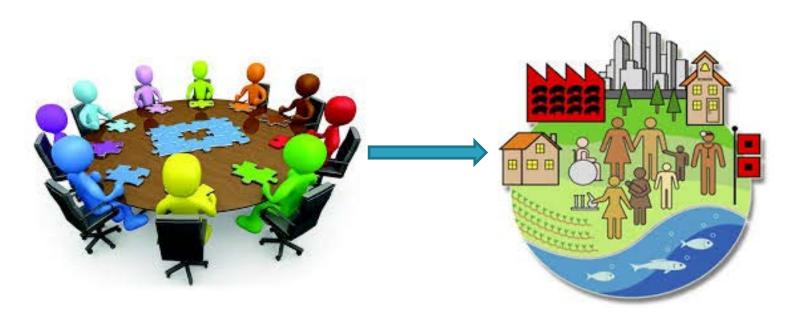
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Tufts Interdisciplinary Evaluation Research (TIER)

The Collaborative Science of Home Visiting Meeting
May 6, 2015

MIEHCV PRIORITY ELEMENTS (HRSA-11-179)

- **Priority Element 4:** To support the development of comprehensive early childhood systems that span the prenatal-through-age-eight continuum
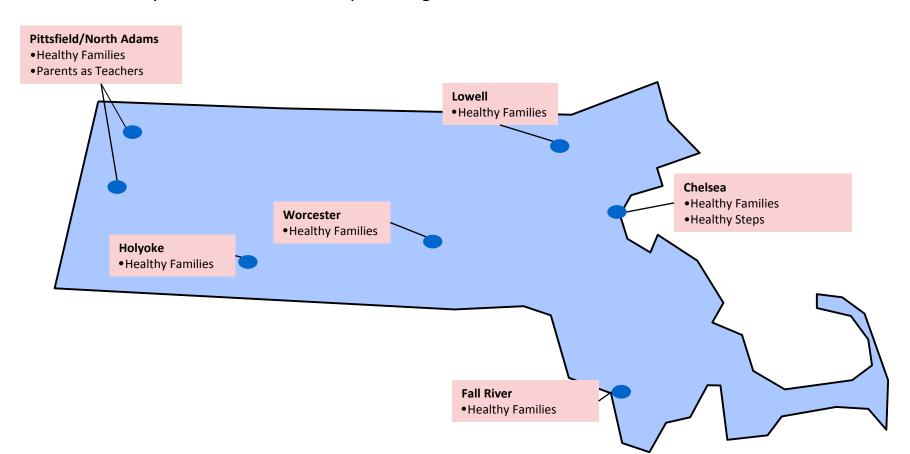
MHVI COMMUNITY CONTEXT STUDY

- Network of community service providers

- Home visitors embedded in this network

- Participants using these services

MHVI

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SAMPLE AND DATA SOURCES

- 6 communities in Massachusetts, 3 home visiting models
- Data on participants and home visitors
  - Web-based management information systems in which home visitors document their activities
  - Focus groups and interviews with MHVI home visitors
- Data on organizations
  - Original RFRs submitted by sites to MDPH (identification of community partners)
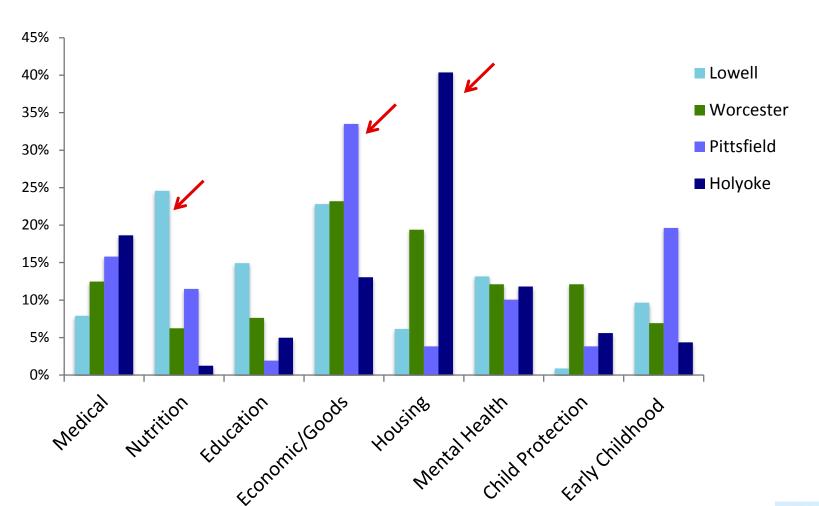 - Publically available data on nonprofit organizations in catchment areas

Pittsfield/North Adams
•Healthy Families
•Parents as Teachers

Lowell
•Healthy Families

Chelsea
•Healthy Families
•Healthy Steps

Worcester
•Healthy Families

Holyoke
•Healthy Families

Fall River
•Healthy Families

PARTICIPANT LEVEL

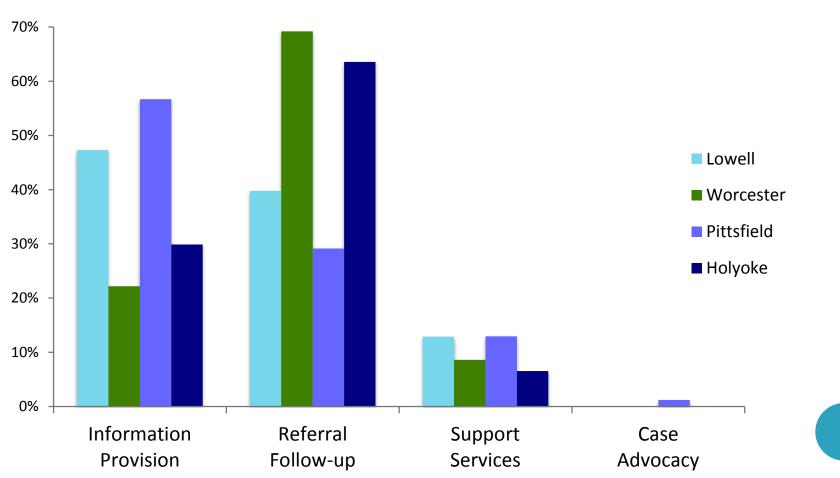## *LINKAGE TO COMMUNITY RESOURCES (LCRS)*

- LCRs are activities home visitors engage in that:
  - Provide information about services
  - Connect families to services
  - Provide continued support to families accessing services
  - Facilitate communication among organizations providing services
- Coded program records (~3000) for
  - Program/agency name
  - Type of service
  - Type of LCR activity

RESULTS
TYPES OF SERVICES TO WHICH PARTICIPANTS ARE REFERRED, BY PROGRAM

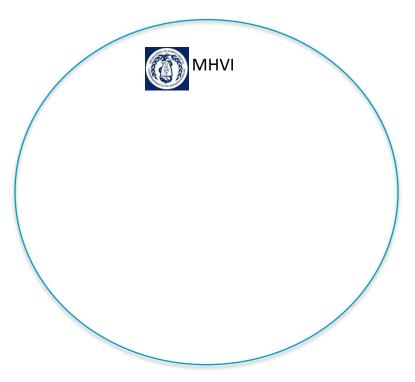# RESULTS
TYPES OF LCRS, BY PROGRAM

HOME VISITOR LEVEL

FOCUS GROUPS, DURING WHICH WE SHOW THEM THEIR DATA AND ASK THEM ABOUT:

- Perceived obstacles, challenges, successes regarding LCRs

- Their relationships with other community service providers

- Where they see themselves fitting into the community systems of care

- Their general impressions about how well the community's networks of care work for their families

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EXAMPLE OF INFORMATION PROVISION

"*WHAT DO YOUR PARTICIPANTS NEED? WHERE DO YOU REFER THEM?*"

HV 1: Diapers and wipes I refer them to.

HV2: Yes and clothing and that's usually from Hampton House in East Moraine or the church   over here which is Martha's Closet, it's on Main Street …

HV3: And I use Maggy's Kitchen--you can only go once a month.

HV2: And Jane's Closet at the United Church.

HV3: And they're also only once a month and it's only clothing and diapers

HV1: Yeah they only give 1 pajama, 2 outfits, 9 diapers, and a small pack of wipes. That's all you get."

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EXAMPLE OF SUPPORT SERVICES
"TELL US ABOUT SOME OF THE CHALLENGES YOU ENCOUNTER..."

HV1:   Housing.

HV2:   I was thinking housing too.

HV1:   The wait list, the wait list is huge. It's like a 2 to 3 years wait and most of these participants…they end up homeless.

Int: So you know there's a 2 to 3 year wait list, but somebody says to you " I need housing"--what do you do then?

HV3:   We would bring in the application…help them fill it out.….most likely they're just gonna end up in a shelter waiting anyways…[but]at least their name is on a waiting list somewhere.

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EXAMPLE OF CASE ADVOCACY
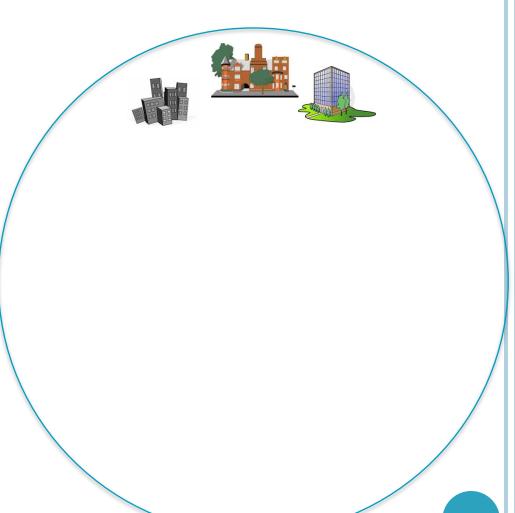## "*ARE THERE TIMES IT'S TAKEN MORE THAN A PHONE CALL OR TWO?...*"

HV1: When [they're with DCF] they get an SSI check [through their guardian]. But then DCF cuts them off when they're 18. [and] what happens is the checks still go to the guardian. and this girl was trying to put it in her own name...it is a process to get that check so she can get her own pay... So she's with no income and I had to sit there for 12 office shifts...for hours...at the social security office where I went to straighten everything out.
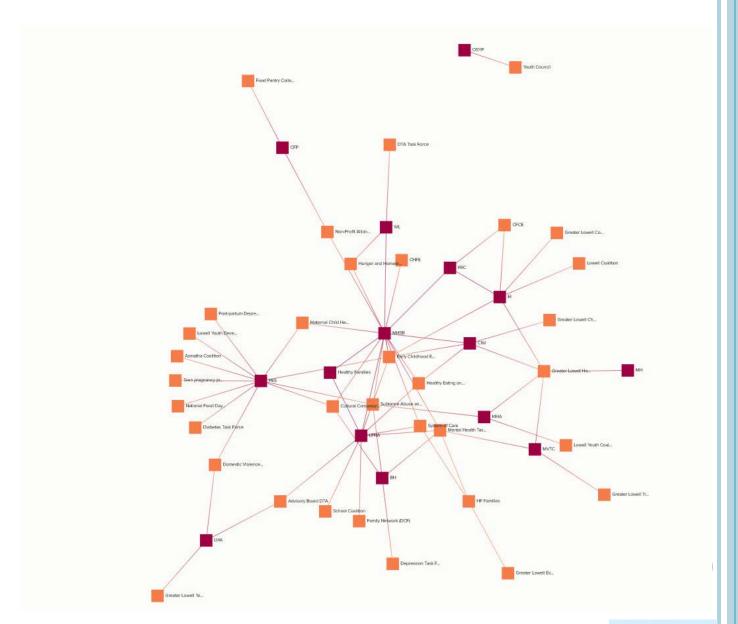
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COMMUNITY LEVEL
SOCIAL NETWORK ANALYSIS OF PROGRAMS (SNAP)

- Online survey (PARTNER)
- Sample of organizations:
  - Received referrals from MHVI, and/or
  - Were named in the RFR
- Survey asked respondents about:
  - Collaborations and contacts with other organizations in the network
  - Perceived effectiveness of community system of care

Paths of Inquiry/Challenges

- Networks of care are fundamentally local.

- Home visitors are not case managers (but in some ways they are).

- Comprehensive data collection at a community level is limited by the issue itself (who you gonna call?).

- Difficult to follow the thread from boots on the ground actions to federal- and state-level actions, and vice versa.

EXAMPLE OF WHAT MHVI WOULD LIKE TO SEE MORE OF

"ANY SURPRISES ABOUT THE DATA?"

HV1: [HV2] and I were just talking about how great it is to see 15 referrals in this time frame for mental health services.

HV2: Because that's a big leap for us as a program.

Int: And what do you attribute that to?

HV3: I attribute it to Mass Home Visiting, to the depression screens

HV1: [And] to the connections with Eastbridge Mental Health, and how we always talked about [depression] but we're talking about it now in a…very deliberate way.

HV2: [And] we have a backdoor referral process… they don't go on the wait list.

Int: [Did this] backdoor referral process exist before Mass Home Visiting?

HV1: [No it] did not exist before that.

HV2: It's a collaboration…We play in the sandbox together.