HOME VISITING IN COMMUNITY CONTEXT: A MULTI-LEVEL EVALUATION OF HOME VISITING INTEGRATION INTO EARLY CHILDHOOD SYSTEMS OF CARE

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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
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
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**

- Lowell
- Worcester
- Pittsfield
- Holyoke
RESULTS

TYPES OF LCRS, BY PROGRAM

[Bar chart showing types of LCRs by program for Lowell, Worcester, Pittsfield, and Holyoke.]
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
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.
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.
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.
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.
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.