

First 5 Contra Costa

Home Visitation

Strategy Review Session Report

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The following report presents the key findings from the Home Visitation Strategy evaluation from 2003 – 2006. Most data are presented in aggregate, where data from all three years are combined. In addition, indicator data are included to show relevant demographic information on all children living in Contra Costa County. A review and summary of recent literature about home visiting are also presented.

This report is structured around the following key questions:

- **Who do we want to serve?**
- **How do we define “highest risk”?**
- **If we want to serve “high risk” families, are we?**
- **What services do we want to provide?**
- **Are we providing those services?**
- **To what extent are the current services achieving the Commission’s goals and outcomes?**
- **How can we support the existing service delivery system?**
- **What can we learn from the home visitation literature about best practices?**
- **Should we expand services? If so, how?**

Who do we want to serve?

The 2006 Strategic Plan describes Home Visitation as a Strategy to “support the county’s highest risk children and families.”

Contra Costa County Indicator Data

The following section presents information on children living in Contra Costa County. Indicators are presented that are relevant to the Home Visitation Strategy.

1. Population 0–5 in poverty

Exhibit 1
Distribution of Children Living in Poverty

	2003	2004	2005
Total 0–5	77,404	77,398	83,589
Total in Poverty	9,536	9,504	9,228
Percent in Poverty	12.3%	12.3%	11.0%

Source: American Community Survey 2003–2005

2. MediCal eligible, as a percent of the total population 0–5 years

Exhibit 2
MediCal Beneficiaries (Eligibility in July)

	2003	2004	2005	2006
All eligibles	98,712	104,826	107,473	113,880
Number of children eligible (ages 0–5)	18,208	19,625	20,092	21,642
Percent of children eligible (ages 0–5)	18.4%	18.7%	18.7%	19.0%

Source: California Department of Health Services, Medical Care Statistics Section, Monthly Medi-Cal Eligibility File 2003-2006

3. Births among teen mothers

Exhibit 3
Age-specific rate of teen births per 1,000

	2003	2004
Under 15 years old	0.2	0.3
15-17 years old	11.2	10.7
18-19 years old	42.5	40.1
15-19 years old	11.3	10.9

Source: California Department of Health Services, Center for Health Statistics 2003-2004

4. Late/no prenatal care

Exhibit 4
Incidences of Late/No Prenatal Care in Contra Costa County

	2001-2003	2002-2004
Average number of births with late/no prenatal care	1,393.7	1,448.0
Percent with late/no prenatal care	10.6%	11.0

Source: California Department of Health Services, Center for Health Statistics 2001-2004

5. Children's immunization rates

Exhibit 5
Immunization Rates in Contra Costa County

	2001	2005
Percent of children entering kindergarten with all required immunizations	94.1%	95.7%

Source: California Department of Health Services, Immunization Branch 2001, 2005

6. Low birth weight infants

Exhibit 6
Rates of Low Birth Weight in Contra Costa County

	2003	2004
Number of low birth weight births	851	923
Percent of all live births	6.4%	7.0%

Source: Center for Health Statistics 2003–2004

7. Children's health insurance status

Exhibit 7
Estimates of Children Ages 0–17 with Health Coverage

	2001	2003
Currently insured	96%	96.9%

Source: California Health Interview Survey 2001, 2003

8. Child abuse rates

Exhibit 8
**Incidence of Children Ages 0–17
with Child Maltreatment Referrals (per 1,000)**

Age	2003	2004	2005
<1 yr	49.2	51.8	49.4
1-2 yrs	35	40.8	33.5
3-5 yrs	40.2	42.9	41.5
6-10 yrs	40.4	45.2	41.4
11-15 yrs	37	40.6	38.5
16-17 yrs	27.1	29.4	32.4
Total	37.8	41.5	39.1

Source: University of California at Berkeley, Center for Social Services Research 2003-2005

Exhibit 9
Incidence of Children with Child Maltreatment Substantiations
(per 1,000)

Age	2003	2004	2005
<1 yr	20.4	22.5	22.3
1-2 yrs	9.8	10.4	9.3
3-5 yrs	8.2	7.9	7.9
6-10 yrs	7.4	8.3	7.4
11-15 yrs	6.4	6.6	6
16-17 yrs	3.3	3.3	4.5
Total	7.7	8.1	7.7

Source: University of California at Berkeley, Center for Social Services Research 2003-2005

9. Domestic violence rates

- There were 3,499 domestic violence-related incidents in Contra Costa County in 2001. Children were present at the time of the incident in 26% (n=919) of cases. Source: County of Contra Costa, Office of the Sheriff

Indicator Data: Contra Costa vs. California

The following table compares information about all children in Contra Costa County with that about the children served by the Home Visitation Strategy.

**Exhibit 10
Key Indicators for Contra Costa County and
Families Served by the Home Visitation Strategy**

Indicator	CC	HV
Births among teen mothers	6%	19%
Late/no prenatal care	11%	17%
Children eligible/insured through MediCal	19%	85%
Children with health insurance	97%	99%
Children's immunization rates	96%	100%
Low maternal education (↓ 12 years)	18%	56%
Child maltreatment referrals (ages 0–5)	4%	n/a
Domestic violence high/mod. on HVST	n/a	8%

Overall, HV serving a higher percent of families with risk factors, except immunization rates and uninsured children (which are fairly close).

- The Home Visitation Strategy is serving:
 - Higher percent families with MediCal than live in the County
 - Higher percent teen moms than live in the County
 - Higher percent moms w/ late/no prenatal care than live in the County

How do we define “highest risk”?

The 2006 defines highest risk families as those living in “specific high-need neighborhoods based on factors such as poverty, poor school success, and compromised child health and welfare, as well as isolation by culture, language, distance from services, or lack of community safety.”

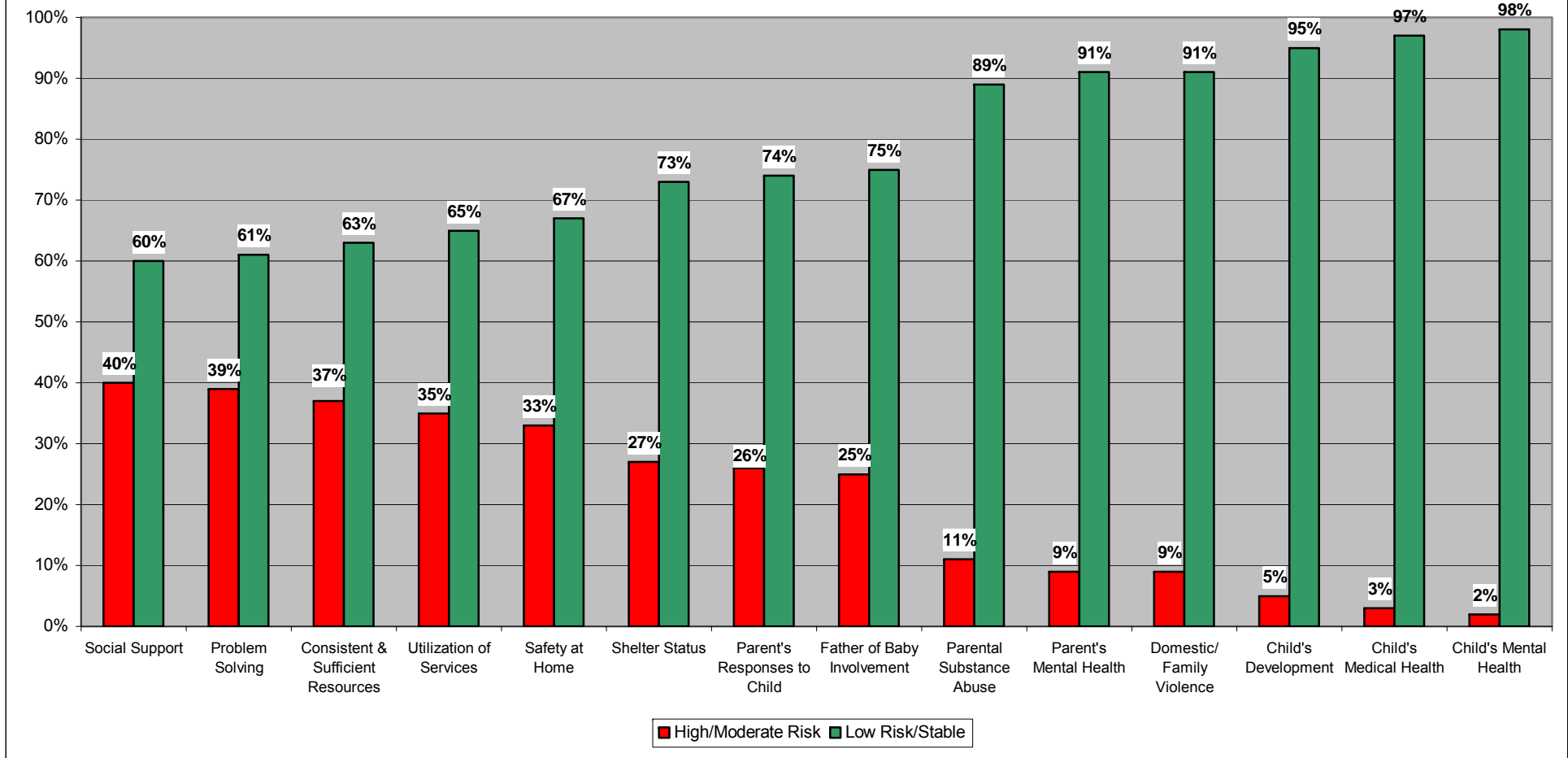
If we want to serve “high risk” families, are we?

The following section summarizes data on the risk factors of families served, including ratings on the Home Visitation Screening Tool (HVST) and family demographics. General demographics on the children and families served are also presented.

Summary of Risk Factors

- Risk status: Home Visitation Screening Tool (N=1,822)
 - The highest ranked categories are for relatively low-intensity risks (social/informational, as opposed to health/medical):
 - Social support (40%)
 - Problem-solving (39%)
 - Consistent & sufficient resources (37%)
 - Utilization of services (35%)
 - 23% of families did not have any high/moderate risk ratings (n=418)
 - 54% of families had 2 or fewer high/ moderate risk ratings (n=987)
 - 75% of families had 4 or fewer high/moderate risk ratings (n=1,360)
 - 46% of families had 3+ high/moderate risk ratings (n=835)
 - 25% of families had 5-10 high/moderate risk ratings (n=457)
- Risk Status: Family Demographics
 - Parent education (N=237)
 - 84% of parents had a high school education or less (n=198)
 - 56% of parents did not graduate from high school (n=133)
 - 27% of parents had a high school diploma or GED (n=65)
 - 8% of parents had some college but no degree (n=19)
 - 8% of parents had a 4-year college degree (n=19)
 - Location (N=1,498)
 - 85% of families lived in a targeted, high need community (n=1,268)
 - Health indicators
 - 83% mothers with early entry into prenatal care (n=900)
 - 89% full-term births (n=895)
 - 99% children with health insurance at intake (n=1,300)
 - 97% children with medical home at intake (n=1,083)
 - 100% children with up-to-date immunizations at intake (n=164)

Exhibit 11
Aggregate HVST Data: 2003-2006 (n=1,822)



HVST submission: 66% WHB (n=1,196), 21% EHS (n=380), 13% PCG (n=231), 1% TPC (n=10)

See the Appendix for a copy of the Home Visitation Screening Tool

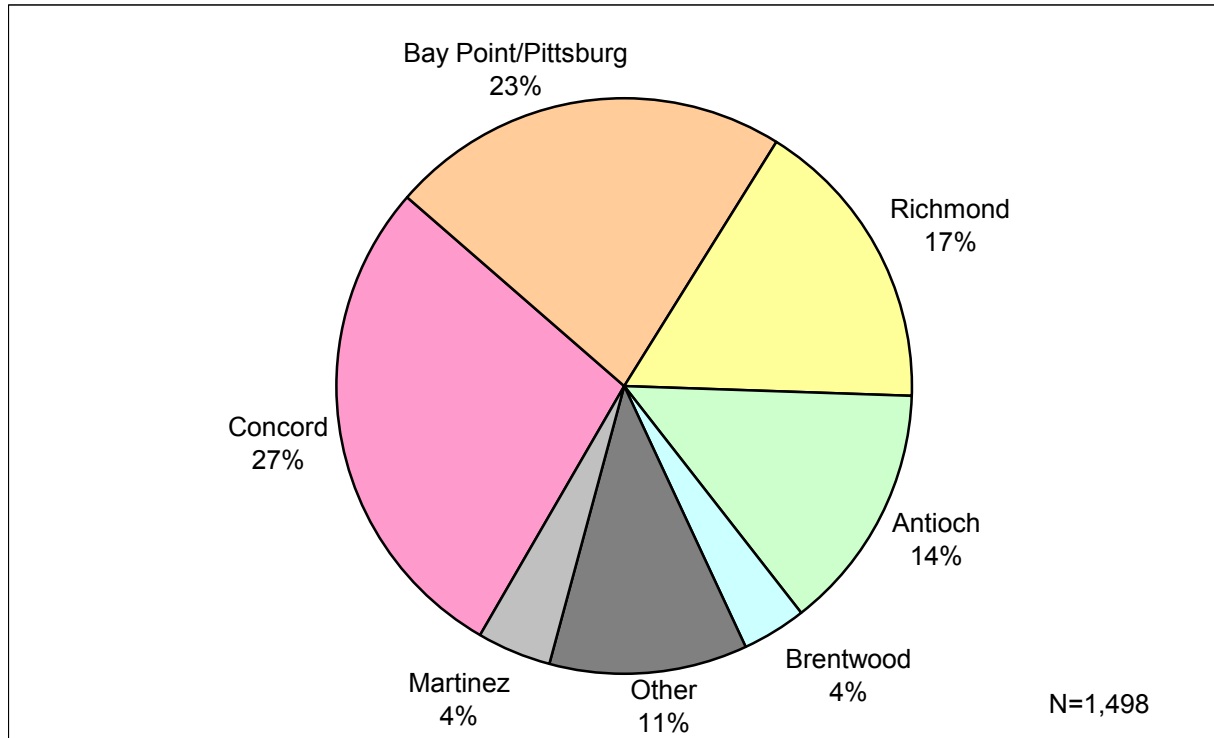
Summary of Key Family Demographics

Parent Demographics: 3,024 Parents Served from 2003-2006

- Ethnicity (N=1,488)
 - 67% Hispanic/ Latino (n=1,001)
 - 15% White (n=229)
 - 8% Black/ African American (n=114)
 - 4% Asian/ Pacific Islander (n=62)
 - 3% Other (n=46)
 - 2% More than one ethnicity (n=36)
- Primary Language Spoken at Home (N=1,343)
 - 61% Spanish (n=823)
 - 32% English (n=435)
- Age (N=1,127)
 - 19% teens, 19 years of age and younger (n=217)
 - 62% 20–29 years (n=698)
 - 18% 30–39 years (n=198)
 - 1% 40+ years (n=14)
- Family size (N=397)
 - 15% were expecting their first child (n=58)
 - 65% had 1 child (n=260)
 - 14% had 2 children (n=56)
 - 4% had 3 children (n=15)
 - 2% had 4 or more children (n=8)
- Prenatal care (N=1081)
 - 83% of mothers first obtained prenatal care within the first trimester (n=900)
 - 15% of mothers first obtained prenatal care within the second trimester (n=158)
 - 2% of mothers first obtained prenatal care within the third trimester (n=19)
- Premature births (N=1002)
 - 89% of children were full-term (n=895)
 - 11% of children were premature (n=107)
 - 20% of those were born 5 or more weeks early (n=18)
- Parent education (N=237)
 - 84% of parents had a high school education or less (n=198)
 - 56% of parents did not graduate from high school (n=133)
 - 27% of parents had a high school diploma or GED (n=65)
 - 8% of parents had some college but no degree (n=19)
 - 8% of parents had a 4-year college degree (n=19)

- Second-hand smoke exposure (N=1,319)
 - 79% of parents do not smoke (n=1,048)
 - 19% of parents only smoke outside (n=255); 1% smoke in the house (n=16)

Exhibit 12
Location of Families Served, 2003–2006



Child Demographics: 2,632 Children Served from 2003–2006

- Age (N=1,059)
 - 94% of children were less than 1 year old (n=991)
 - 3% of children were 1 year old (n=30)
 - 2% of children were 2 years old (n=23)
 - 1% of children were 3 years old (n=10)
- Gender (N=1,426)
 - 51% Male (n=721)
 - 49% Female (n=705)
- Ethnicity (N=1,422)
 - 66% Hispanic/ Latino (n=945)
 - 13% White (n=182)
 - 9% More than one ethnicity (n=133)
 - 6% Black/ African American (n=90)
 - 3% Asian/ Pacific Islander (n=41)

- 2% Other (n=31)
- Health insurance (N=1,314)
 - 99% are insured (n=1,300)
 - 85% MediCal (n=1,121)
 - 12% Private (n=158)
 - 1% Healthy Families/CHIP (n=7)
 - 1% Other health insurance (n=14)
 - 1% No health insurance (n=14)
- Medical home
 - 97% have a doctor to whom the child goes for well-child care (n=1,083)
 - 79% take the child somewhere other than the emergency room when the child is sick or injured (n=875)
- Immunization status (N=164)
 - 100% of child have up-to-date immunizations
 - NOTE: immunization data was only provided for 164 children
- Oral health
 - 57% of children had had their teeth/gums checked in the last 6 months (n=350)

Changes in Family Demographics

The following table shows important changes in the demographics of families served from 2003–2006. Demographic data not presented were fairly stable over the three years.

Exhibit 13
Changes in Family Demographics, 2003 - 2006

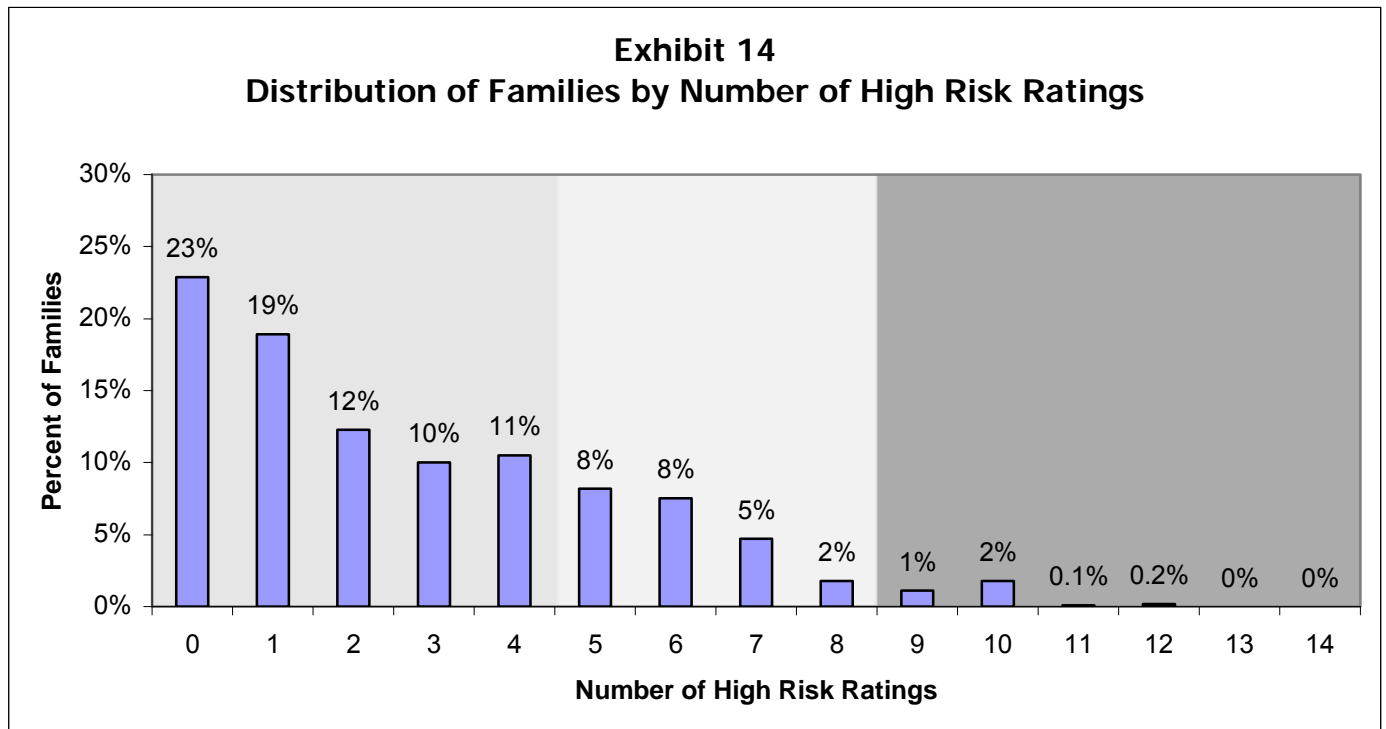
Trend	03 – 04	04 – 05	05 - 06
Served higher percent of Hispanic/Latino	61%	64%	80%
Served higher percent of children with MediCal	80%	87%	90%
Served higher percent of families who take their child to the ER when s/he is sick	12%	21%	26%
Served higher percent of women who obtained late prenatal care (after the first trimester)	13%	17%	29%

Risk Status of Families

Low Risk Overall

- Categories with the highest percent of high/moderate risk ratings:
 - #1 Social support (40% high/moderate risk)
 - #2 Problem solving/ coping skills (39% high/moderate risk)
 - #3 Resources (37% high/moderate risk)
 - #4 Utilization of services (35% high/moderate risk)
 - #5 Safety at home (33% high/moderate risk)

Percent of Families with Multiple High/Moderate Risk Ratings



- 23% of families did not have any high/moderate risk ratings (n=418)
- Just over half (54%) of families had two or fewer high/moderate risk ratings (n=987)
- 75% of families had 4 or fewer high/moderate risk ratings (n=1,360)
- 25% of families had 5-10 high/moderate risk ratings (n=457)

Changes in the Highest Ranked Risk Categories

The following table shows changes in the highest ranked high risk categories from 2003–2006.

Exhibit 15

Highest Ranked Risk Categories, 2003-2006

2003–2004	2004–2005	2005–2006
Social Support (27%)	Safety at Home (44%)	Social Support (52%)
Problem Solving/ Coping Skills (26%)	Problem Solving/ Coping Skills (43%)	Consistent & Sufficient Resources (51%)
Consistent & Sufficient Resources (24%)	Social Support (42%)	Utilization of Services (49%)
Safety at Home (23%)	Consistent & Sufficient Resources (39%)	Problem Solving/ Coping Skills (49%)

- Note: the categories are rank-ordered within each year
- Social support was among the top 3 highest risks in all three years
 - Similar to aggregate results:
 - Highest Risk scores:
 - #1 Social support (40% high/moderate risk)
 - #2 Problem solving/ coping skills (39% high/moderate risk)
 - #3 Resources (37% high/moderate risk)
 - #4 Utilization of services (35% high/moderate risk)
 - #5 Safety at home (33% high/moderate risk)
- Overall, programs are a higher percent of families with high/moderate risk over time:
 - In 03-04, highest percent of families with high/moderate risk was 27% in Social Support
 - In 04-05, highest percent of families with high/moderate risk was 44% in Safety at Home
 - In 05-06, highest percent of families with high/moderate risk was 52% in Social Support

What services do we want to provide?

The 2006 Strategic Plan says “trained professionals (will) provide visited families with information, referrals, and support. Home visitors talk with parents about child development, breastfeeding and nutrition, child safety, immunizations, health insurance, and other supportive services.”

Are we providing those services?

Summary

- 72% received support while breastfeeding (n=172)
- 95% received information about child development (n=166)
- 64% were referred to services for housing, transportation, or food (n=118)
- 56% received help with health insurance enrollment, such as MediCal or Healthy Families (n=134)
- 27% received help finding a job (n=64)
- 84% received info. about quitting smoking, drinking, or using drugs (n=155)

Services Provided from 2003 - 2006

- Risk assessment
 - 69% of families were assessed with the HVST (n=1,822)
- Referrals
 - 71% of families received at least one referral (n=1,293)
- Dosage (n=176)
 - 72% of parents received more than 10 home visits
 - 20% received 7-10 home visits
 - 8% received 1-6 home visits
- Service initiation (n=172)
 - 30% began 6 or more months after birth (n=52)
 - 26% began within 1 month of birth (n=44)
 - 24% began 2-3 months after birth (n=41)
 - 16% began during pregnancy (n=27)
 - 5% began 4-5 months after birth (n=8)
- Overall, the services families remember receiving differ from those home visitors remember providing.
 - Services provided – Home visitor survey (n=59)
 - 88% provided information about child development (n=59).
 - 88% helped a family find social services (n=59).
 - 88% provided information about bonding and attachment (n=59).
 - 88% provided information about health and safety (n=59).
 - 85% provided information about health insurance (n=59).
 - 81% helped sign a family up for health insurance (n=59).

- 76% helped a family find child care (n=59).
- 48% screened a child for developmental delays (n=59).
- 44% referred a pregnant woman to prenatal care (n=59).
- 41% helped a family find emergency housing (n=59).
- 40% provided emotional support to a parent or other family member (n=45).
- 36% referred a parent to a tobacco cessation program (n=59).
- 32% provided counseling to a parent or other family member (n=38).
- 21% helped a parent to quit smoking or using drugs (n=14).
- 19% made a report to Child Protective Services (n=59).
- 14% completed a developmental screening on a child (n=149).
- 14% provided prenatal care to a pregnant woman (n=14).
- 10% screened a child for physical development (n=59).
- Services provided – Parent phone interviews
 - 97% received toys and supplies (n=120).
 - 95% of parents received information about child development (n=175).
 - 92% of parents said their child received a developmental assessment. (n=184).
 - 85% of parents received information about quitting smoking, drinking, or using drugs (n=183).
 - 82% of parents received social/emotional support (n=54).
 - 53% of parents were referred to another program for children and families (n=232).
 - 49% of parents received help finding treatment or care when they had a crisis (n=65).
 - 27% of parents received help finding a job (n=237).
 - 20% of parents received help finding legal help or help with domestic violence (n=65).

The following table shows the top four services provided, as reported by parents and home visitors.

Exhibit 16
Services Provided, Comparing Sources

Source: Home Visitor Surveys	Source: Parent Interviews
Help find social services (88%)	Provide toys & supplies (97%)
Provide information about child development (88%)	Provide information about child development (95%)
Provide information about bonding & attachment (88%)	Conduct developmental assessments on child (92%)
Provide information about health & safety (85%)	Provide information about quitting smoking, drinking, or drugs (85%)

Comparing Family Needs & Services Provided

Overall, needs and services are fairly well matched: low-intensity needs and low-intensity services (social/informational). Please note: these come from two different sources (the HV provider survey and the HV family interviews). It is interesting to examine them side-by-side, even though the sources were not linked.

Exhibit 17
Comparing Highest Risk Categories with Most Frequent Services Provided by Home Visitors

Highest Risk Categories	Most Frequent Services by Home Visitors
Social Support (40%)	Help finding social services (88%)
Problem Solving/ Coping Skills (39%)	Information about child development (88%)
Consistent & Sufficient Resources (37%)	Information about bonding & attachment (88%)
Utilization of Services (35%)	Information about health & safety (85%)
Safety at Home (33%)	Information about health insurance (85%)

To what extent are the current services achieving the Commission's goals and outcomes?

Overall Goal

- Goal: Programs will enroll eligible children and families – MediCal eligible pregnant women, first-time parents, and Early Head Start – in East County, Central County, and West County
 - ✓ 85% of children lived in one of the targeted communities.
 - As defined in 2006 Strategic Plan, targeted communities include:
 - East County: Bay Point, Pittsburg, Antioch, Brentwood, Bethel Island
 - Central County: Monument corridor (and Concord)
 - West County: Iron Triangle, San Pablo, Richmond, Coronado

Child Health Goals

- Goal: Pregnant women receiving home visits will enter prenatal services early in pregnancy (within the first 12 weeks of pregnancy).
 - ✓ 38/40 pregnant women served first obtained prenatal care in the first trimester (83%)
 - ✓ 22/26 mothers who received home visits during pregnancy said their home visitor provided support for them to get prenatal care (85%).
- Goal: Children's development will be assessed regularly and those needing further assistance or screening will be referred appropriately.
 - ✓ 78% of children were rated on the HVST for child development (n=1,430).
 - ✓ 7% of children were of high/moderate risk for child development on the HVST (n=80).
 - ✓ 74% of them received referrals to another agency (n=59).
- Goal: Children's development will be assessed regularly and those needing further assistance or screening will be referred appropriately.
 - ✓ 78% of children received ratings on the HVST for child development (n=1,430).
 - ✓ 4% of children were of high/moderate risk for child development on the HVST (n=80).
 - 74% of them received referrals to another agency (n=59).
- Goal: 95% of children 0-3 will have up-to-date immunizations.
 - ✓ 100% of children served had up-to-date immunizations (n=164).
- Goal: 95% of children 0-3 will have a medical provider for well-child care.
 - ✓ 97% of children served have a medical provider for well-child care (n=1,083).
- Goal: 95% of children 0-3 will have health insurance.
 - ✓ 99% of children served had health insurance (n=1,313).
 - ✓ 56% of parents said their home visitor helped enroll their child in a health insurance program (n=134).

Parent Goals

- Goal: Mothers will be assessed for post partum depression and referred for assistance.
 - ✓ 85% of parents with HVSTs received ratings for mental health (n=1,550).
 - ✓ 8% of parents had high/moderate risk for mental health on the HVST (n=140).
 - ✓ 72% of them were referred to other agencies (n=101).
- Goal: Parents will demonstrate increased knowledge of issues that affect the development of children.
 - ✓ 95% of parents said they received information about child development from their home visitor (n=166).
- Implicit goal: Improved parent-child relationship.
 - ✓ 93% of parents learned how to spend more time with their child (n=50).
 - ✓ 96% of parents learned how to better understand their child's behavior (n=53).
 - ✓ 98% of parents felt more connected with their child (n=53).

Systems Change Goals

- Goal: Home visiting programs will work together to coordinate services... and participate in common training, consultation, and evaluation.
 - ✓ All home visitation programs use the HVST to screen their clients.
 - ✓ Managers from every HV program described the increased collaboration with the other agencies as one of the biggest achievements of the HV Strategy.
 - One provider said, "We're a Strategy instead of separate agencies."
 - ✓ Managers from the HV programs reported increased collaboration with other agencies in the county, such as mental health and public health nursing, as a result of their work with First 5.
 - ✓ 100% of home visitors use the Consultation and Response Team to get assistance with case management.
- Goal: Home visitors will develop proficiency in core competencies and best practices for home visitation.
 - ✓ 91% of home visitors said they have the training and support they need to meet most of the needs of their clients (n=51).

Outcomes for Families

- Improved parent-child relationship
 - ✓ Parents better understand child's behavior (97%, n=53)
 - ✓ Parents feel more connect with their child (98%, n=53)
 - ✓ Parents spend more time with their children (91%, n=50)
- Improved parental self-sufficiency
 - ✓ Parents felt more comfortable working with public service agencies (95%, n=52)
 - ✓ Parents knew where to get the help for their family (70%, n=121)

- ✓ Parents received help finding a job or enrolling in job training classes (29%, n=64)

Overall Satisfaction

- 99% of parents were satisfied with their home visits (IUS; n=236).

How can we support the existing service delivery system?

Manager/directors at each of the funded home visiting programs were asked how First 5 can further support this Strategy. Several themes emerged, including:

- Provide training to home visitors, particularly around substance abuse, mental health, attachment & bonding, and domestic violence (source: home visitation manager/director interviews).
 - Provide/create a common curriculum that all the programs can use.
- There is a big need in the county for services for Spanish-speaking families, especially around substance abuse and mental health. Home visitors don't know where to refer Spanish-speaking families with these needs (source: home visitation manager/director interviews).
 - Programs also need to increase their capacity to serve Spanish-speaking families by hiring more Spanish-speaking staff (source: home visitation manager/director interviews).

What can we learn from the home visitation literature about best practices?

Recent literature about home visiting was reviewed to determine best practices in the field. A summary of the main points from several key articles are presented in the following section. Some of the key findings include the following:

- Home visitor training and support are important, especially around mental health, domestic violence, and substance abuse
- The most successful programs begin prenatally or at birth
- Nurses as home visitors produce the strongest outcomes

Review of Recent, Relevant Literature on Home Visitation

Chapman, DJ. Effectiveness of breastfeeding peer counseling in a low-income, predominantly Latina population: a randomized controlled trial. Archive of Pediatric Adolescent Medicine. September 2004.

- Studied peer counseling with low-income Latina women in urban hospital.
- 1 prenatal home visit, daily perinatal visits and 3 postpartum home visits at 1, 3 and 6 months postpartum.
- The proportion of women initiating breastfeeding was significantly higher in the intervention group than among controls. The probability of stopping breastfeeding also tended to be lower in the intervention group at 1 month and 3 months.

Quinlivan, JA. Postnatal home visits in teenage mothers: a randomized controlled trial. Lancet. March 2003.

- Studied 139 adolescents in teenage pregnancy clinic. Intervention group received 5 postnatal visits by nurse-midwives.
- Postnatal home visits were associated with a reduction in adverse neonatal outcomes and a significant increase in contraception knowledge.
- No significant increase in knowledge with respect to breastfeeding or infant vaccination.

Olds, DL. Prenatal and infancy home visiting by nurses: from randomized trials to community replication. Prev. Sci. September 2002.

- Summary of 25 year research program. 2 separate, large-scale randomized controlled trials.
- Program has been successful in improving parental care of the child as reflected in fewer injuries and ingestions that may be associated with child abuse and neglect; maternal life course, reflected in fewer subsequent pregnancies, greater work force participation; reduced use of public assistance and food stamps.
- First trial produced long-term effects on the number of arrests, convictions, emergent substance use and promiscuous sexual activity of 15-year-old children whose mothers received home visits.
- Contexts are favorable when nurses are provided with training and technical assistance.

Olds, DL. Home visiting by paraprofessionals and by nurses: a randomized, controlled trial. Pediatrics. September 2002.

- 1178 women in Denver, CO. Home visits during pregnancy and from birth to child's 2nd birthday.
- Paraprofessional effects were typically half the size of those produced by nurses.
- Paraprofessional-visited mothers:
 - Mothers with low psychological resources: mother-child pairs interacted with visitor more responsively than controls.
 - Reduction in smoking.

- Nurse-visited mothers:
 - Fewer subsequent pregnancies, delayed subsequent pregnancies.
 - Worked more than women in control group.
 - Mother-child pairs interacted more responsively.
 - At 6 months, nurse-visited infants were less likely to exhibit emotional vulnerability in response to fear stimuli.
 - Infants born to mothers with low psychological resources less likely to exhibit language delays or low emotional vitality in response to joy and anger, and had superior mental development at 24 mo.
 - No statistically significant differences in use of prenatal services, educational achievement, use of welfare or children's temperament or behavior problems.

Tandon, SD. Formative evaluation of home visitors' role in addressing poor mental health, domestic violence, and substance abuse among low-income pregnant and parenting women. Maternal Child Health. September 2005.

- Assess home visitor effectiveness. Study with 189 mothers in home visiting programs. Maternal interviews and home visitor surveys.
- Over half the mothers needed mental health, domestic violence or substance abuse services but only 27% received them.
- Most mothers reported having communicated with home visitor about these three risk areas but there were no differences in communication frequency based on need.
- Most home visitors perceived themselves as effective in communication about these risk factors but rated the training they had received in these areas as less than adequate.
 - Home visitors could benefit from intensive training in the formal assessment of risks and the protocols for communication about these risks with clients.
 - Home visitors could also receive support from professionals in addressing client risks.

Lecroy, CW. Improving the quality of home visitation. Child Abuse Negl. September 2005.

- Five factors influenced the difficulty of doing home visitation:
 - Having a lack of clinical skill
 - Addressing family difficulties
 - Addressing parenting difficulties
 - Resolving personal difficulties
 - Having a lack of experience.

Thompson, Lisa. Home Visiting: A Service Strategy to Deliver Proposition 10 Results. UCLA Center for Healthier Children, Families and Communities. December 2001.

- *MacLeod and Nelson (2000): meta-analytic review of 56 programs.*

- Most successful programs tended to be proactive and to begin prenatally or at birth.
- HV programs that were most successful in preventing child maltreatment lasted more than 6 months and provided more than 12 HVs.
- The presence of domestic violence may limit the effectiveness of interventions to reduce incidence of child abuse and neglect.
- *Kendrick et al. (2000) meta-analysis of 27 studies.*
 - Found highly significant effect of HV on parenting and quality of home environment.
 - Results of studies with professional HVs similar to those with paraprofessionals.
- *Hodnett and Roberts (2000) analysis of 11 studies.*
 - Infants of visited mothers had more well-child immunizations, had lower hospital admission, and fewer emergency department visits.
- Some researchers have argued that intensive home visitation has only been shown to be cost effective for families at greatest risk.
- Some have argued that families who are not low-income, isolated or lacking important social resources may not need early interventions and are likely to access these services on their own.
- Compromise approach that addresses the issue of stigmatization offers initial home visits on a universal basis within a given community and then augmented visiting to those at higher risk.
- Olds et al. (2000) emphasize three essential principles for designing HV programs:
 - Programs should be grounded in epidemiology and identify the adverse outcomes a program seeks to address.
 - Programs should employ a theory of behavior change such as self-efficacy theory or attachment and object relationship theory.
 - HV programs are more likely to be effective if they are perceived as relevant and needed by the community.
- Programs should have a well-defined protocol and curriculum.
- No studies have determined optimal frequency or duration of program services, but some researchers suggest that at least 4 visits or at least 3–6 months of service are needed before families can benefit.
- Gomby et al. (1999) recommends that home visitors be extremely well trained and have at least a high school diploma.
 - Paraprofessional vs. professional. Olds et al. have presented results from a Denver trial of the Nurse-Family Partnership suggesting that paraprofessional staff produce positive effects that fall between those of the professional nurses and the control group.
 - Training and supervision are critical—regular, formal and reflective supervision.
- Important to look at the level of engagement that families have in the program.

- HV should be integrated with broader early interventions and family-support programs.
 - Linkages with center-based services that specialize in child-focused development are particularly important—HV programs without this have had limited success.
 - Embedding HV programs in comprehensive family resource centers can improve program effectiveness.
 - Linkages to the health care sector are critical.

Olds, David. Nurse-Family Partnership Program Effects. Prevention Research Center for Family and Child Health. Year unknown (probably around 2000)

- Three large, scientifically-controlled studies or a program of prenatal and infancy home visits by nurses. In Elmira, NY, Denver, CO, and Memphis, TN.
- Program produced consistent benefits for low-income mothers and children through the child's 4th year of life in:
 - Women's prenatal health
 - Especially use of cigarettes
 - Injuries to children
 - Rates of subsequent pregnancy
 - Use of welfare
- Elmira 15-year follow up:
 - 79% reduction in child abuse and neglect
 - 44% reduction in maternal behavioral problems due to their use of alcohol and drugs,
 - 69% fewer arrests among the mothers,
 - 54% fewer arrests and 69% fewer convictions among the 15-year-old adolescents,
 - 58% fewer sexual partners among the 15-year old adolescents,
 - 28% fewer cigarettes smoked and 51% fewer days consuming alcohol among the 15-year old children,
 - Four dollars saved for every dollar invested.

Bonuck, KA. Randomized controlled trial of a prenatal and postnatal lactation consultant intervention on infant health care use. Archive of Pediatric Adolescent Medicine. September 2006.

- Sample of 338 low-income, primarily Hispanic and/or black mother-infant dyads in two urban community health centers.
- Studied impact of lactation consultants during 2 prenatal meetings, 1 postpartum hospital or home visit, and telephone calls.
- Intervention group infants received more breast milk than controls, but exclusive breastfeeding rates remained low and did not differ between control and intervention group.

Doggett, C. Home visits during pregnancy and after birth for women with an alcohol or drug problem. Cochrane Database System Review. October 2005.

- Six studies (709 women) compared home visits after birth with no home visits.
- Large losses due to follow up—methodological limitations.
- No significant differences in continued drug use.
- No significant differences in the Bayley or Psychomotor Index.
- Insufficient evidence to recommend the routine use of home visits for women with a drug or alcohol problem.

Moore, PD. Use of home visit and developmental clinic services by high risk Mexican-American and white non-Hispanic infants. Maternal Child Health Journal. March 2005.

- Retrospective study 1994-1998. Arizona-born infants. More than 5000 infants.
- Studied rates of use of follow-up services through developmental clinic and community health nurse home visits in white non-Hispanic versus mothers of Mexican descent.
- Hispanic infant subgroups were less likely to have a community health nurse visit by 6 months and by 1 year and averaged fewer visits.
- After controlling for language, demographics, health status, socioeconomic characteristics, use of community health nurses was similar to white non-Hispanics, but use of developmental clinic was still less. Appears to be attributable to demographic and socioeconomic characteristics.

Should we expand services? If so, how?

Manager/directors at each of the funded home visiting programs were asked how First 5 can expand its support of this Strategy. Several themes emerged, including:

- Programs need and want to connect with families earlier, either prenatally or immediately after the child is born (source: home visitation manager/director interviews).
 - Connect with them prenatally.
 - Get referrals from hospitals directly after birth
- Programs should expand services to include families who are not MediCal eligible, but who are still at-risk, such as mothers with post-partum depression (source: home visitation manager/director interviews).

Future Directions

It is interesting and important to note that recent literature on home visiting supports two of the common recommendations made by the managers/directors of the home visiting agencies:

- ▶ The importance of **connecting with families early**, either during pregnancy or soon after birth.
- ▶ The need for more and **specialized trainings** for home visitors, especially around mental health, domestic violence, and substance abuse.

Staff also suggests that services should expand to include **high-need families who are not MediCal eligible** and more **Spanish-speaking families**, particularly those who need substance abuse and mental health services.

Appendix

Data Sources

Evaluation data comes from five sources. The following section briefly describes each source. Some of the evaluation questions changed each year to reflect the evolving outcomes of this Strategy. Therefore, it is important to note that the number of families represented by the data in this report varies. The number of families who responded to each question is shown by the “N” value after the question or header. The number of families who selected a particular response option to a question is represented by the “n” value.

The Home Visitation Screening Tool (HVST). Home visitors use the HVST to assess each family’s level of risk (high, moderate, low, or stable) in each of fourteen categories. Home Visitors complete the HVST by the third visit or the third month after first receiving services.

First 5 Demographic/Family Surveys. All First 5 programs that provide services directly to children and families collect the same demographic information about them; the Home Visitation programs collect several additional questions that are relevant to this Strategy. The First 5 demographic survey was changed in FY 2005-2006, at which time the agencies stopped using the OCERS system and began using the First 5 Family Survey. Family Surveys are available in both Spanish and English.

Home Visitation family phone interviews. Each year, the evaluation team conducted telephone interviews with families to gather information about their experiences receiving home visits. Families are asked about the services they received and the changes that resulted from the home visits. Surveys were conducted in both Spanish and English, depending on the family’s preference.

Home Visitation provider survey. Each year, home visitors were asked to complete an online survey to record the services they provide, the impact of First 5 on their work, the impact of their participation in the Consultation and Response Team, and demographic information about them.

Home Visitation manager/director interviews. In January 2007, the evaluation team interviewed managers/ directors from each of the funded home visitation agencies for the Home Visitation Strategy Review Session. The manager/directors were asked about the barriers to service delivery, how First 5 impacted their agency, and how First 5 can continue to support the Home Visitation Strategy in the future.

**Exhibit 18
Data Source Table**

03 - 04	04 - 05	05 - 06	Evaluation Tools	Information Measured by Evaluation Tools
861 C 858 Pa	628 C 903 Pa	1143 C 1263 Pa	Number Served	
623	653	546	HVST	<ul style="list-style-type: none"> ▪ Risk status around intake in 14 categories
471	666	n/a	OCERS data	<ul style="list-style-type: none"> ▪ Family demographics
n/a	n/a	367	First 5 Family Survey	
66 Pa	120 Pa	56 Pa	HV Intensive User Phone Survey	<ul style="list-style-type: none"> ▪ Family demographics ▪ Dosage (# home visits) ▪ Services provided by home visitor ▪ Outcomes: <ul style="list-style-type: none"> ○ Improved parent-child relationship. ○ Parents are more self-sufficient. ○ Parents feel more confident as a parent.
14 Pr	24 Pr	21 Pr	HV Online Provider Survey	<ul style="list-style-type: none"> ▪ Provider demographics ▪ Services provided in last 6 months ▪ Unmet needs in communities they serve ▪ Outcomes: <ul style="list-style-type: none"> ○ Home visitors have an increased knowledge of "relationship-based work." ○ Home visitors feel capable, supported, and less stressed. ○ Home visitors improve their case presentation skills.

Note: C=Children; Pa=Parents; Pr=Providers

Participant's **First Name** Only: _____ Number of children and ages: _____ Entry Date: _____ Date of screening: _____

Agency: _____ Home Visitor: _____ Supervisor: _____

Category	High Risk	✓	Moderate Risk	✓	Low Risk	✓	Stable	✓	D/K	N/A	Internal Plan	Referrals (including the CRT)
1. Shelter Status	Homeless or in homeless shelter; eviction pending		Transitional Housing; living on a short-term basis with relative/friend, rent room but have conflicts with lease holder		Shared Housing; living on a long-term basis with relative/friend; rent room and no conflicts with leaser holder		Renting, leasing, or purchasing home				Yes/No	
2. Resources	Lacks resources		Inconsistent and insufficient resources (income, transportation, food)		Consistent but insufficient resources (income, transportation, food)		Consistent and sufficient resources (income, transportation, food)				Yes/No	
3. Father of Baby	Father issues and concerns		Father is not involved		Father is somewhat supportive		Father is supportive				Yes/No	
4. Social Support	Lack of support from family, friends, and/or an organized group		Limited support only in times of crises from family, friends, and/or organized group		Adequate but inconsistent support from family, friends, and/or organized group		Adequate and consistent support from family, friends, and/or organized group				Yes/No	
5. Problem solving/ Coping skills	Parent/Caregiver needs information regarding effective problem solving/coping skills		Parent/Caregiver needs role playing practice in effective problem solving/coping skills		Parent/Caregiver demonstrates adequately effective problem solving and coping skills		Parent/Caregiver demonstrates effective problem solving and coping skills				Yes/No	
6. Safety of Home	Home environment is unsafe; hazards are within child's immediate reach and roaming area		Home environment is somewhat unsafe; hazards are not within immediate reach but can be easily obtained		Home environment is safe; hazards are not within immediate reach and roaming area and not easily obtained		Home environment is very safe				Yes/No	
7. Child Medical Health	Child needs assessment for a medical condition		Child diagnosed with a medical condition and caregiver needs considerable help with the medical regimen		Child diagnosed with a medical condition and caregiver needs minimal help with the medical regimen		Child has no diagnosed medical condition				Yes/No	
8. Child Development	Child needs to be assessed for a developmental problem in one or more areas		Child has been assessed as delayed in one or more areas and caregiver needs considerable help with child		Child has been assessed as delayed in one or more areas and caregiver needs minimal help with child		Child seems to be developing appropriately in all areas				Yes/No	
9. Child Mental Health	Child needs assessment for an emotional, behavioral, social, or developmental disorder		Child has been diagnosed with an emotional, behavioral, social, or developmental disorder and caregiver needs considerable help with child		Child needs assessment for a mild emotional, behavioral, social, or developmental disorder		Child seems to be developing appropriately in all areas				Yes/No	
10. Parent/Caregiver	Parent/Caregiver needs considerable help in responding appropriately to child		Parent/Caregiver needs information on responding appropriately and consistently to child		Parent/Caregiver responds appropriately and needs information on responding consistently to child		Parent/Caregiver responds appropriately and consistently to child's needs				Yes/No	
11. Domestic/Family Violence	Family members not seeking but need help regarding active domestic/family violence		Family members seeking help regarding active domestic/family violence		Family members receiving help regarding active domestic/family violence		No domestic/family violence in or outside of home				Yes/No	
12. Substance Abuse	Unable to stop abuse of alcohol/other drugs despite severe problems or negative consequences		Occasional heavy alcohol/other drug abuse with problems associated with use		Social, recreational, occasional drug abuse with problems identified with use		Sober for over a year; no problems associated with alcohol or other drugs				Yes/No	
13. Parent/Caregiver Mental Health	Exhibits many symptoms of a mental health condition but not yet assessed		Diagnosed with a mental health condition and needs considerable help with treatment plan		Diagnosed with a mental health condition and needs minimal help with treatment plan		Does not exhibit any signs of a mental health condition				Yes/No	
14. Utilization of Services	Needs but not utilizing any other agency services at this time		Utilizing services only when in crisis		Utilizing on-going services from other agencies		Does not need any other agency services				Yes/No	
Number of checks in each category	High Risk		Moderate Risk		Low Risk		Stable					