



Home Visitation Program Evaluation Report for 2013/14

Introduction

In the spring of 2012, First 5 Plumas released a Request for Proposals for organizations wishing to implement “a high quality, intensive and ongoing home visitation program for pregnant women and children through age 5.” The Home Visitation Initiative was designed to accomplish desired outcomes from First 5 Plumas’ Strategic Plan in strengthening family functioning, improving child health and improving child development. Four programs were awarded funding to establish home visitation programs, beginning in the 2012/13 program year.

In 2011, the United States Department of Health and Human Services identified proven home visiting models after a thorough review of the research. Intensive, ongoing home visitation programs, such as the Healthy Families America model, were found to be effective in: promoting child development and school readiness, improving child health, supporting family economic self-sufficiency, establishing linkages and referrals, improving maternal health, promoting positive parenting practices, reducing child maltreatment and reducing juvenile delinquency, family violence and crime.¹ First 5 Plumas’ Home Visiting Initiative implements elements of the Healthy Families America model, such as: initiating services during pregnancy or infancy, use of standardized assessment tools, services are voluntary for families, services are intensive, home visitors are culturally competent and able to establish trusting relationships with families, services support both the parents and the parent-child interactions and child development, and services promote access to health care.

This is the second annual report on the new Home Visitation Initiative. Four funded programs provide intensive ongoing home visitation to parents of children ages 0 to 5 in Plumas County:

- Family First, operated by the Plumas County Public Health Agency, received referrals from a wide range of sources and links in other funded programs as appropriate to serve families.
- Early Intervention Project, operated by the Plumas Unified School District, served families with children at risk of developmental delay ages 0 to 3.
- Roundhouse Council home visitation served families with children ages 0 to 5 in Greenville with an emphasis on Native American families.
- Early Childhood Development Specialist contracted directly with First 5 Plumas to provide attachment and bonding services for families referred by the other funded programs.

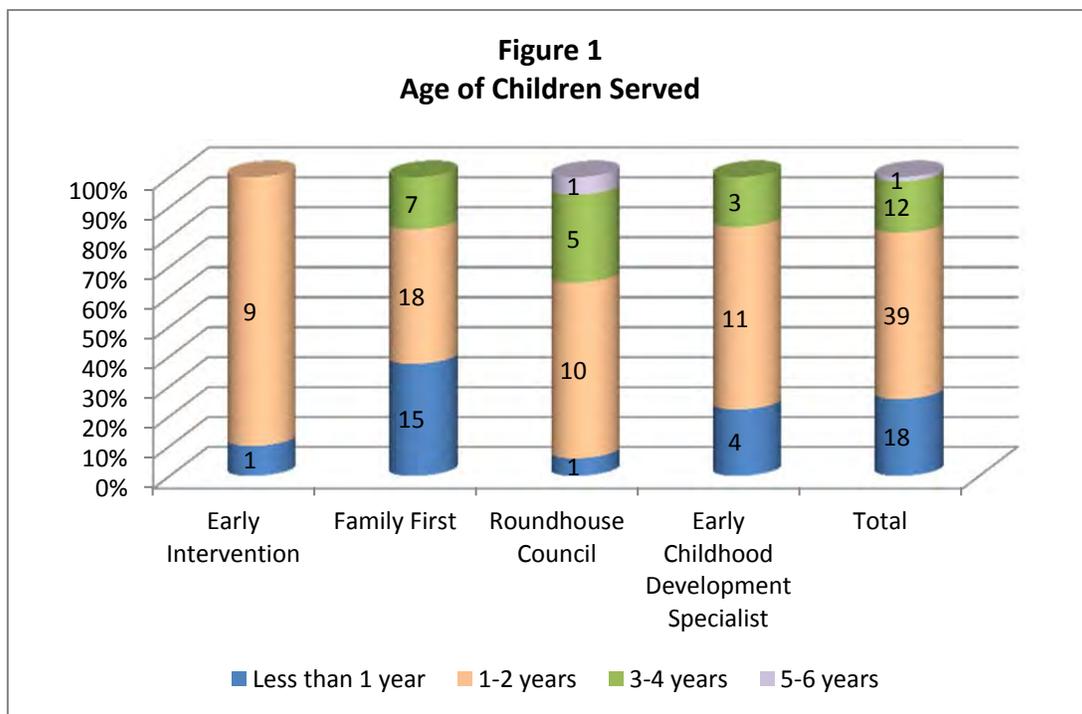
¹ Prevent Child Abuse America, Healthy Families America, www.preventchildabuse.org, accessed on the web March 18, 2014.

2. Healthy Families America, Critical Elements Rationale, www.healthyfamiliesamerica.org/publications, accessed on the web March 18, 2014.

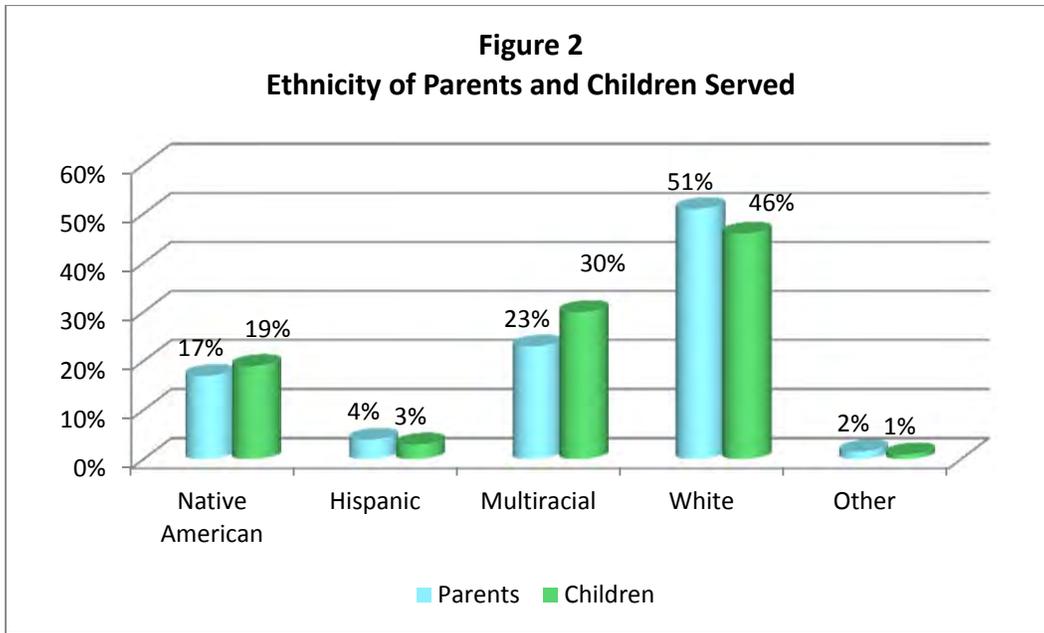
This report covers the period July 1, 2013 through June 30, 2014. It is organized into five sections: an introduction, description of clients, services provided, outcomes and a summary.

Clients

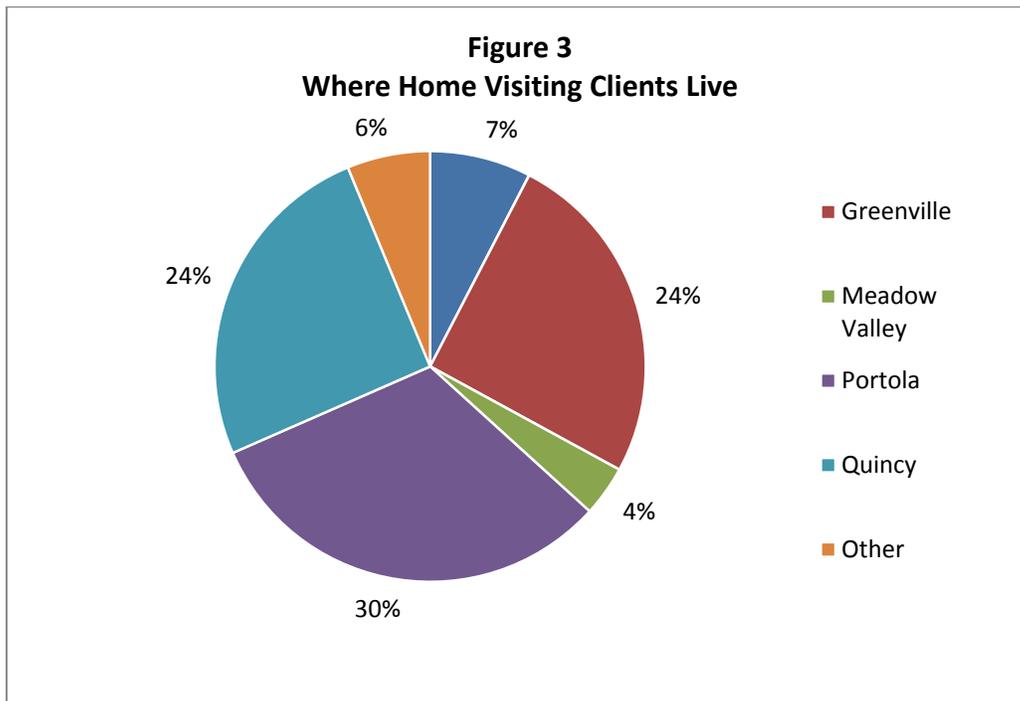
The program served 82 clients in 2013/14, 51 were served by Family First, 17 by Roundhouse Council, 10 by Early Intervention and 21 served by the Early Childhood Development Specialist. Seventeen of the clients served by the Early Childhood Development Specialist were also clients of other First 5 funded programs. The home visiting programs served 74 children; in some cases the mother was pregnant. Figure 1 shows the age of children served. Their age is estimated based on how old they would be on June 30, 2014. Overall, 77% of the children served were 0 to 2 years of age, and 23% were 3 to 5 years of age.



The ethnicity of the children and parents is shown in Figure 2. The largest representation is by White, Multiracial, and Native American parents and children. Almost all of the parents (98%) speak English.



The Home Visitation clients were concentrated in Portola (30%), Greenville (24%), and Quincy (24%). The chart below shows where clients lived in Plumas County.



Most of the Home Visitation Program clients were living with a spouse (25%) or domestic partner (33%). Twenty-one percent were single parents and 7% had another status. For 15% marital status was unknown.

In total, 25 clients exited the home visiting program in 2013/14. Fourteen (56%) met all of their goals. Twenty-eight percent moved and 16% of clients the home visitors lost contact. The table below shows the number of exits by program and reason in 2013/14. Twenty of the 25 clients who exited the program were served by Family First.

Table 1
Clients Who Exited Home Visiting Programs in 2013/14

Program	Met All Goals	Moved	Lost Contact	Total
Early Intervention	4			4
Family First	10	6	4	20
Roundhouse Council		1		1
Total	14	7	4	25

There were six families who declined to participate in the program evaluation. Five of the families were served by the Early Intervention Project and one was served by the Early Childhood Development Specialist. The evaluation findings reported here do not include any service or outcome information on these six families. The total number of home visits conducted by the Early Intervention Project reported here are only those for the families who consented to be included in the evaluation. The Project conducted numerous home visits to non-consenting families that are not reflected in this report.

Services

Home Visitation Program clients were referred by a wide range of agencies and individuals. The single largest source of referral was family members and friends at 24%. The next largest source was the Health Department or Maternal and Child Health at 22% and health providers at 18%. Children’s Protective Services accounted for 7% of referrals, 6% were referred by First 5, 4% were self-referrals, 4% came from WIC and 11% came from a variety of community agencies. For 4% of clients, referral source was unknown.

Referral sources did vary by program. Table 2 shows the overall sources of referrals and the number of clients by referral source by program. Family First had the most diverse range of referral sources. Family First drew most of its referrals from the Health Department, Maternal and Child Health, and health care providers. Most of Roundhouse Council’s clients heard about the program from friends or family members. Early Intervention had a number of family and friend referrals as well as organizational referrals. The Early Childhood Development Specialist received 11 referrals from Family First, seven referrals from Early Intervention, two direct referrals from the Health Department/MCAH, and one direct referral from Early Intervention.

Table 2
Source of Referrals to Home Visitation Program 2013/14

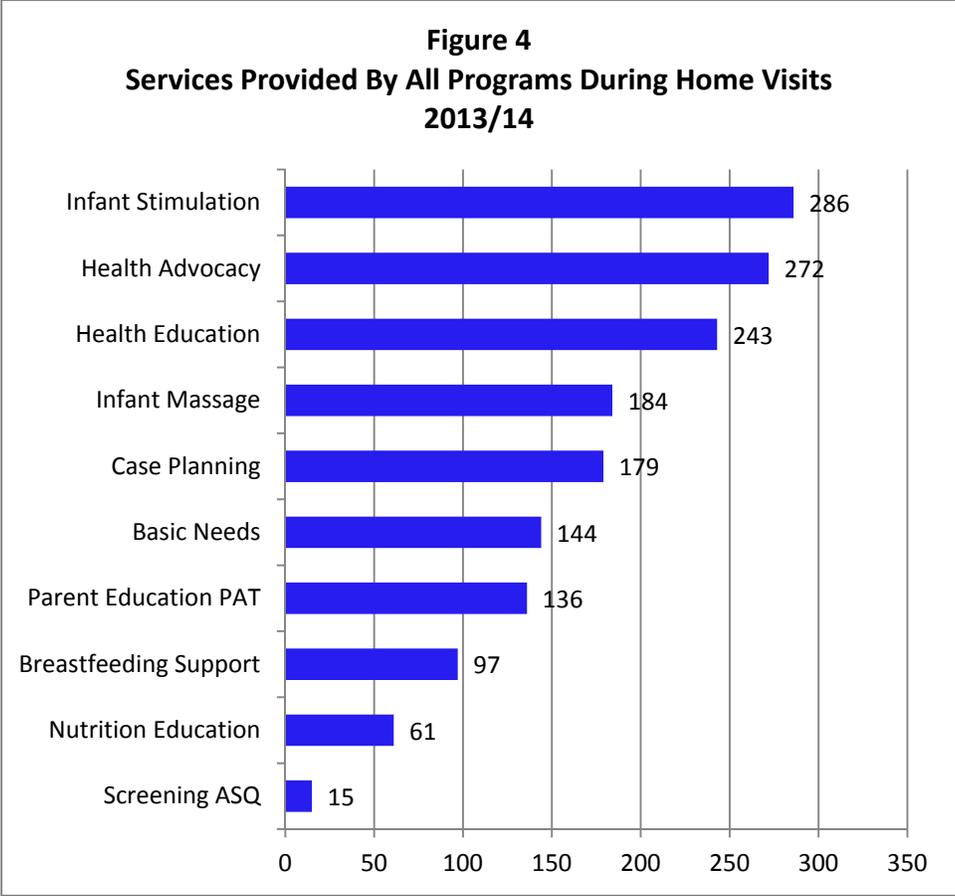
Source	Total Percentage	Family First	Early Intervention	Roundhouse Council
Family, friend	24%	3	5	12
Health Dept; MCAH	22%	14	1	
Health care provider	18%	13	2	
CPS	7%	5	1	
First 5	6%	4	1	
Self	4%	2		1
WIC	4%	3		
Other	12%	7		2
Unknown	4%			
Total		51	10	15

The Home Visitation Programs provided a total of 1,244 home visits, 56 in-office consultations, and 40 phone consultations. Table 3 shows the services provided by each program and overall. Family First and the Early Intervention Program provided the highest number of home visits, while Family First provided the most in office consultations and phone consultations.

Table 3
Home Visitation Program Services 2013/14

Services	Family First	Early Intervention	Roundhouse Council	ECDS	All Programs
Home Visits	409	313	273	249	1,244
In office consultations	46	3	0	7	56
Phone consultations	37	1	1	1	40
Total	492	317	274	257	1,340

Home Visitation Program staff recorded the subject of their services to families during home visits. Figure 4 shows the total number of services by category for categories with 10 or more services recorded during home visits. The largest number of services is in the categories of infant stimulation, health education, and health advocacy. Infant massage and case planning are the next most frequent services, followed by Basic Needs, Parent Education, Breastfeeding Support, Nutrition Education, and Screening with the Ages and Stages Questionnaire.



Home visitors made referrals to community programs based on the needs of the families they serve. In total, the programs made 78 referrals during the program year. The highest number of referrals was to Head Start (7), WIC (8), and to Early Intervention (6). Four clients were referred for mental health services and three were referred for substance abuse treatment. There were 38 “other” referrals made as well to unspecified resources. The program making the largest number of referrals was Family First at 70 referrals.

Family First home visitors screened 30 children with the Ages and Stages Questionnaire. Two children were found to be below the cut off point for their age on the ASQ and were referred for additional assessment. Another two children were near the cutoff point on the ASQ for their age and were monitored by the home visitor. Twenty-six children were above the cut off point for their age on the ASQ and required no further action.

Outcomes

First 5 Plumas adopted a set of desired outcomes in April of 2012 for the new home visitation initiative.

1. Engagement Rate

The programs successfully engaged 82% of their clients. The engagement rate is the percent of families who participate in 4 or more home visits. The engagement rates for the programs for 2013/14 were: Early Childhood Education Specialist 90%, Early Intervention 100%, Family First 80% (including cases co-served with the Early Childhood Education Specialist), and Roundhouse Council 94%.

"This quarter we have connected with clients through home visits, office consultations, ongoing telephone support ...texting. It has been encouraging that some of the "hardest to reach" clients are more responsive to texting or e-mail contact. We have had more continuity with clients that have started with the program for prenatal education and support, and then easily transition into a more consistent plan for visits." Family First Quarterly Report for July through September 2013

2. Increased Male (Father) Involvement in the lives of children

Fathers in the household were present in 34% of home visits during the 2013/14 program year. The proportion of visits that included fathers varied by program. For Family First, fathers were present at 74% of home visits, for Roundhouse Council, fathers were present at 11% of home visits, for Early Intervention, fathers were present at 14% of home visits and for the Early Childhood Development Specialist, fathers were present at 31% of home visits.

"There has been an opportunity to work closely with several fathers who are involved with Social Services/CPS as they work toward family reunification. Many have benefitted from referrals to Nurturing Parenting classes offered by Plumas Rural Services. Family First staff has also provided parenting education to support fathers, at times addressing ways to manage a child's specific difficult behaviors while additional support is being developed." Family First Quarterly Report for January through March 2014

As described in the midyear report to the Commission, fathers are most interested in solving specific, current problems that are affecting the family. Fathers want to know "how to support their families, wives, and children better". Fathers seek "practical everyday support in child rearing and family strengthening".

First 5 Plumas identified *Daddy's Tool Kit DVD* as a helpful way to engage and teach fathers about how to care for a young child. All home visitors received copies of *Daddy's Tool Kit DVD* to share with their families. The Commission's Executive Director has been distributing the DVD to partner agencies such as Head Start. The DVD has also been included in the First 5 Kit for New Parents and is distributed to new parents countywide.

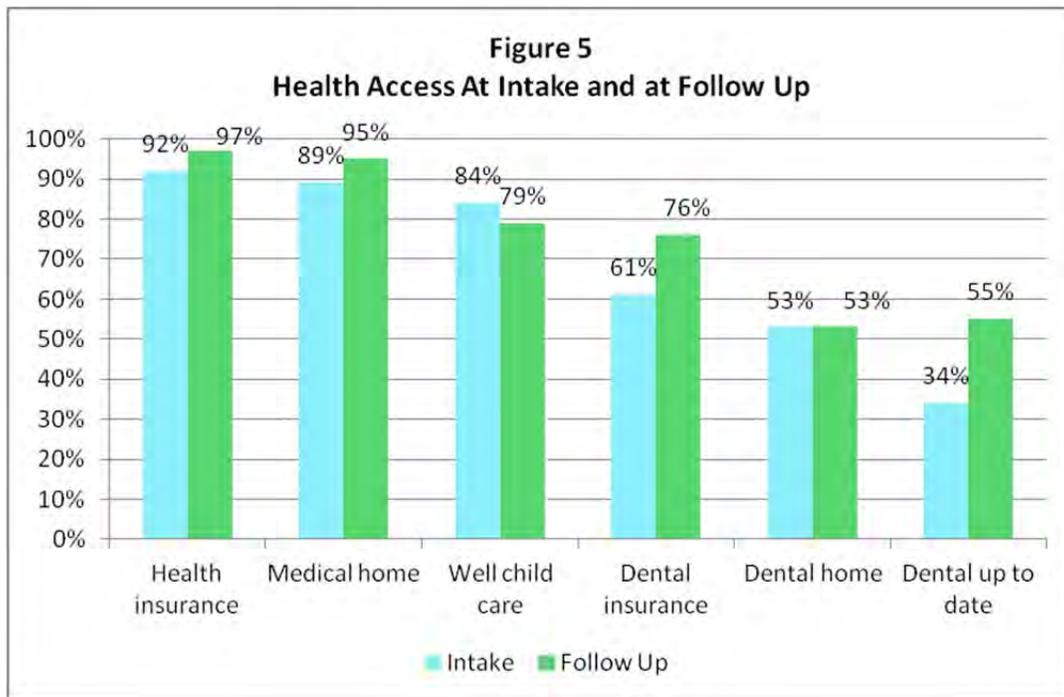
3. Health Access

Home visitors had a positive effect on access to health and dental care for participating families. Families participating in home visiting were asked whether they had health insurance, dental insurance, a medical home, a dental home, whether their child had up-to-date well child

care, and up-to-date dental care. The same questions were repeated in a follow-up survey, conducted at least 6 months after services started. The results are shown in Figure 5. There were 38 families with pre and post surveys on health access.

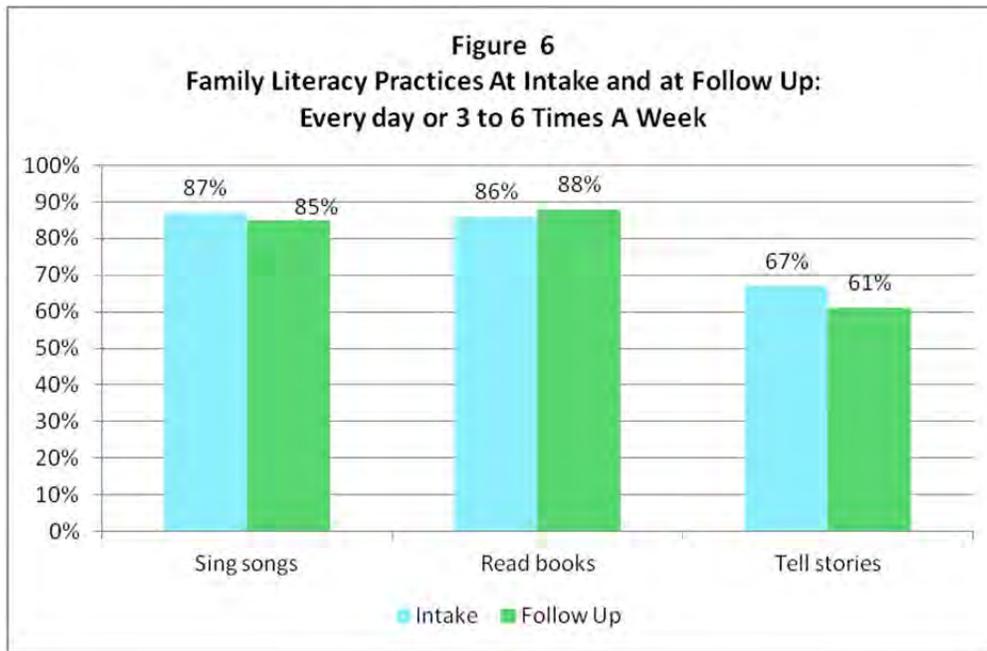
Almost all of the mothers (92%) had health insurance at entry and by 6 months, 97% of clients had health insurance. At entry, 89% had a medical home. After 6 months, 95% had a medical home. Families were asked about their child's well child care: 79% had up-to-date well child care after 6 months compared to 84% at entry to the program.

Fewer families had access to dental care. At entry, 61% had dental insurance. By 6 months, 76% had dental insurance. At entry 53% had a dental home, and after 6 months, the same percent (53%) had a dental home. At entry 34% of the children had up-to-date dental care, compared to 55% after six months.



4. Family Literacy Practices

Families were asked whether they sang songs, read books or told stories to their children and how often they did so when they entered the program and 6 months after entry. The results are shown in Figure 6.



The results for family literacy are less positive than those seen in health access. At entry 86% reported they read books to their child 3 or more times a week; after six month, 88% said they did so. At entry, 87% of parents said they sang songs 3 or more times a week to their child; after six months, 85% said they did so. At entry, two-thirds said they told stories to their child 3 or more times a week; after six months, this had declined to 61% of parents. On all three measures, the frequency of family literacy practices did not improve noticeably between entry to the program and 6 months. However, the initial levels of family literacy practices for the program clients in 2013/14 were significantly higher than for clients in 2012/13. In 2012/13, the “pre” levels of family literacy were in the 60% range compared to the 80% range shown in Figure 6 above for Singing Songs and Reading Books.

5. Family Functioning

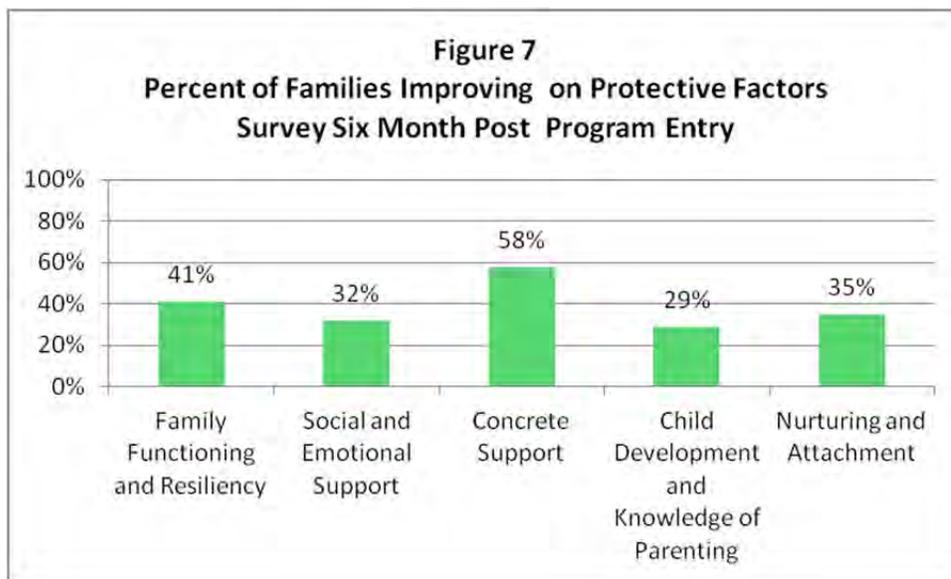
Changes in family functioning were measured by a standardized instrument, the Protective Factors Parent Survey. The survey was developed by the FRIENDS National Resource Center in partnership with the University of Kansas Institute for Education and Research & Public Service. Home visitors gathered the survey from parents at entry to the program and after six months participation.

The Protective Factors Survey measures five domains: Family Functioning and Resiliency, Social and Emotional Support, Concrete Support, Child Development and Knowledge of Parenting, and Nurturing and Attachment. There were 29 clients with both pre surveys and 6 month post surveys. The average score on the five domains (on a scale of 1 to 7) on the pre test for these clients was:

- Family Functioning and Resiliency 5.4
- Social and Emotional Support 6.3
- Concrete Support 5.4
- Child Development and Knowledge of Parenting 5.9
- Nurturing and Attachment 6.6.

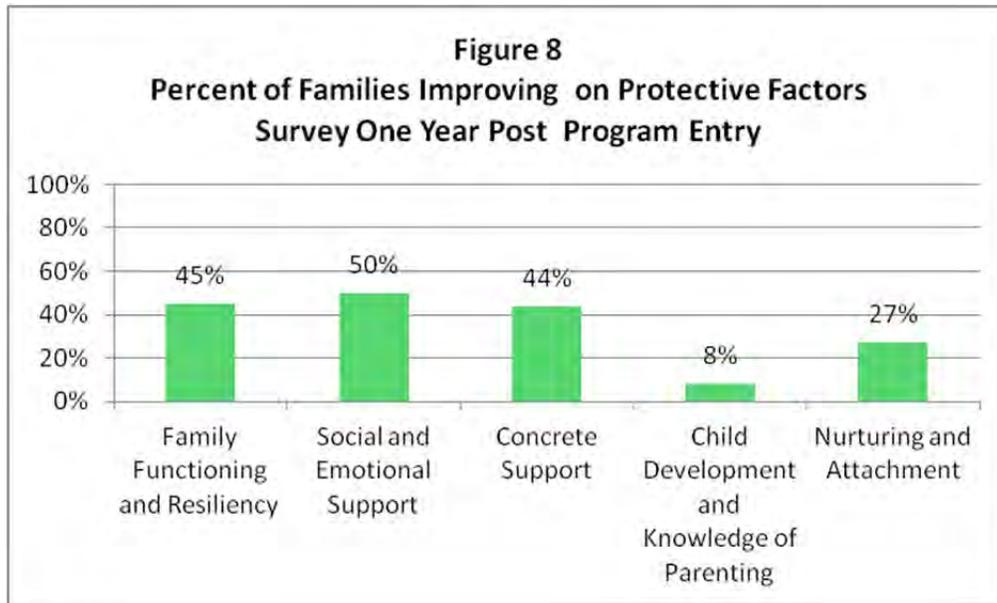
The pre tests showed with the highest average scores were in Nurturing and Attachment and Social and Emotional Support. Concrete Support and Family Functioning and Resiliency had the lowest average scores.

The results on the 6 month post test are shown below in Figure 7. Over half of the families (58%) showed improvement in the domains of Concrete Support (knowledge of where to go for help finding a job and basic necessities). Forty-one percent of families improved on Family Functioning and Resiliency, 35% improved on Nurturing and Attachment and 29% improved on knowledge of Child Development. Thirty-two percent of families improved on Social and Emotional Support.²



There were 12 clients served in 2013/14 who had been in the program long enough to have a one year post Protective Factors Survey. The percent of clients showing improvement in each area is shown in Figure 8. This group of clients showed the most improvement in Family Functioning and Resiliency, Concrete Support and Social and Emotional Support.

² Families scoring an average of 7 on a domain on pre and post surveys were omitted from the calculation of change by domain because there was no possibility of growth beyond a rating of 7.



6. Collaboration

First 5 Funded Programs

As the program has matured, collaboration between First 5 funded home visiting programs has gotten stronger and more families are being seen by more than one program. During the midpoint of 2013/14, 20 families were served by more than one program. The Early Intervention Project and the Early Childhood Development Specialist jointly served 6 families. Family First and the Early Childhood Development Specialist jointly served 12 families. Roundhouse Council and Families First jointly served one family, as did Family First and the Early Intervention Project. One family is served by three programs: Family First, the Early Intervention Project and the Early Childhood Development Specialist.

County Agencies

The First 5 Home Visiting Programs have established a strong collaborative relationship with the Department of Social Services, Child Welfare Services unit. Child Welfare Services refers families in Family Maintenance and Family Reunification to the home visiting programs and participates in joint case conferencing between county staff and home visiting program staff. In addition, Family First home visitors have been working with Health Department staff who ensure that children in foster care are assessed with the Ages and Stages Questionnaire and that appropriate follow up takes place. First 5 home visiting programs participate in the Home Visiting Coalition and the Mountain Interagency Lactation Coalition.

The Executive Director of the Commission continues to pursue collaboration with the Mental Health Department and the Alcohol Tobacco and Other Drugs unit in the Health Department.

Services from those two agencies will extend the depth and breadth of what the home visiting programs can offer to families in Plumas County.

Summary

The Home Visitation Program completed its second year of implementation in 2013/14. The home visitation program was well established at the start of the program year, procedures for funded programs to work together to serve clients were developed, and extensive outreach to community partners resulted in referrals from a wide range of sources. Four programs implemented home visitation: Family First operated by the Public Health Department, Early Intervention Project operated by Plumas Unified School District, Roundhouse Council and Early Childhood Development Specialist implemented by contractor Jaye Bruce. The four programs served 82 clients and 72 children. Most (77%) of the children served were under 2 years of age. Parents served by the program were White (51%), Multiracial (23%), Native American (17%), and 2% were other ethnicity. Most of the clients lived in Portola (29%), Greenville (24%), and Quincy (24%). The program grew in 2013/14 compared to 2012/13. The number of clients served in 2013/14 increased by 28% over last year and the number of children increased by 25%. The Early Childhood Development Specialist program operated during the entire year in 2013/14, it started operation in the winter/spring of 2012/13 and operated only part of the previous year.

Outcomes

The program met most of its desired outcomes:

- 82% of families engaged in home visiting, defined as families who participated in 4 or more home visits.
- Access to health care improved for participating families: access to dental insurance, having a medical home, obtaining well child care and obtaining preventive dental care.
- Fathers were present in 34% of home visits.
- Family functioning improved for 58% of the families in the areas of obtaining basic needs for their children within six months of joining the program.
- For families in the program for one year, half showed improvement in Social and Emotional Support on the Protective Factors Survey.

However, some outcomes were not met in the second year of implementation.

Result Areas where improvement is needed:

- Family literacy practices
- Family Functioning and Resiliency
- Child Development and Knowledge of Parenting
- Nurturing and Attachment

Recommendations

- The programs should continue to work together to serve families, by engaging in joint case management.
- The inclusion of more families in the evaluation will add to the robustness of the evaluation, especially for the Early Intervention Project. The Evaluator and the Executive Director will continue to work with the Project to realize this goal.
- More program development is needed in promoting family literacy, knowledge of child development and parenting, and supporting improved family functioning.