

**Hand to Hand:
A Home-Visiting Collaborative
to Reach Hard-to-Engage Families in Contra Costa County**

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The First 5 Contra Costa Children and Families Commission**

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**By
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Introduction and Background Research

In 2006, a report prepared for the Contra Costa County Ad Hoc Committee on Violence Prevention suggested that Medi-Cal families with young children in some areas of Contra Costa County were disproportionately under-served by home visiting programs.¹ The families lived in three zip code areas (94801, 94804, and 94806) in San Pablo and Richmond, California. The cities are ethnically, racially, and linguistically diverse. Household incomes are below the California median, and the high cost of living compounds the economic difficulties. Unemployment rates are above the California average, and crime rates are higher than national averages. Anecdotal reports from agencies in those areas suggested difficulties in engaging and retaining African American and Asian American families. First 5 Contra Costa issued a Call for Proposals for agencies to work together to address the issue.

Research suggests that up to 40% of families that are invited to enroll in home visiting programs choose not to participate, with refusal rates highest for families enrolling in research projects and lowest for families entering a program offered to everyone in the community.² Once enrolled, between 20% and 80% of families leave home visiting programs before services are scheduled to end, with attrition rates often hovering at about 50%.³ In a large review of several Healthy Family America programs, only about one-third of parents interviewed remained enrolled for one year, with most of those who left doing so between 5 and 15 weeks into the program.⁴ Families who remain in their home visiting program typically receive about half the scheduled number of home visits.⁵

Once enrolled, parents are more likely to remain enrolled if:

- They live in distressed communities and have fewer support networks or informal supports.
- They believe that they are getting something valuable out of the home visits: useful information or support that has helped them change how they care for their children or manage their lives.

¹ Moss, D. & Brunner, W. (2006) *The Contra Costa home visiting system: Gaps in services and recommendations. Report prepared for the Ad Hoc Committee on Violence Prevention.* As described in D. Moss & W. Brunner (3/28/2007) Update on the Contra Costa Home Visiting System, memorandum to John Gioia, Federal Golover, and the Ad Hoc Committee on Violence Prevention.

² Gomby, D.S., & Culross, P. (eds.) (1999). Home Visiting: Recent Program Evaluations. *The Future of Children*, 9(1), 1-224.

³ Gomby, D.S., Culross, P.L., & Behrman, R.E. (1999) Home visiting: Recent program evaluations – Analysis and recommendations. *The Future of Children*, 9(1), 4-26.

⁴ Daro, D., McCudy, K., & Nelson, C. (2005). Engaging and retaining participants in voluntary new parent support programs. *Issue Brief #104*. Chicago, IL: Chapin Hall Center for Children.

⁵ Gomby, D.S., Culross, P.L., & Behrman, R.E. (1999).

Research also shows that race and ethnicity matter in complicated ways. African American families received fewer home visits but remained in the HFA programs just as long as white families. African American home visitors and white home visitors were equally successful in retaining African American parents. But, white or Hispanic parents in HFA programs were less likely to remain enrolled if their home visitor was African American than if the visitor were white. African American home visitors in this study were less likely than the white home visitors to have college or graduate degrees, and so Daro and her colleagues are not sure if the educational level or other skills of the home visitors were important influences on the results.

The results of these and other studies have led to increased activity in the home visiting field to both measure enrollment and attrition and also to test strategies to increase retention. Some programs are experimenting with incentives, while others are testing the use of motivational interviewing, a technique used in many domains to encourage behavior change among adults.⁶

Background of Pilot

Specifically, this proposal was designed as a pilot project to elicit collaborative efforts to test new strategies to outreach to, enroll, and retain in home visiting services African American and Asian American families who live in three zip codes within the First 5 Contra Costa Commission's target areas. A central feature of the collaborative was a learning community, which was designed to help programs share lessons learned, undertake joint evaluation efforts, and use research and results to improve practice.

Services: In the first year of the project, H2H was charged with providing outreach to and enrolling 125 families (100 African American and 25 Asian American) in home visiting services; and linking participating families with services such as parent education meetings at the First 5 Center.



Outreach and Engagement Activities. H2H collaborative members experimented with several approaches to outreach to families:

- Door-to-door outreach (knocking on doors) at public housing complexes
- Community fairs and other community events
- Working through trusted elders and other organizations in the community
- Providing incentives at significant milestones

⁶ Gomby, 2005; Olds, D., personal communication, 9/23/09. For a description of motivational interviewing, see Miller, W.R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change*. (2nd ed.). New York: Guilford Press.

- Field trips
- H2H celebrations and other events for H2H outreach and home visiting clients.

Home Visiting: Enrollment in H2H home visiting services was restricted to families in which mothers were pregnant and/or infants were not older than four months of age. Limiting eligibility was a means of assuring that families would all have children of about the same age when they enrolled in services so as to facilitate testing of different engagement strategies. In addition, program planners thought that expectant families and families with young children might be more amenable to receiving services, as they might be especially focused on making sure their children have a good start in life.

Four organizations joined together to submit the winning response to the Call for Proposals:

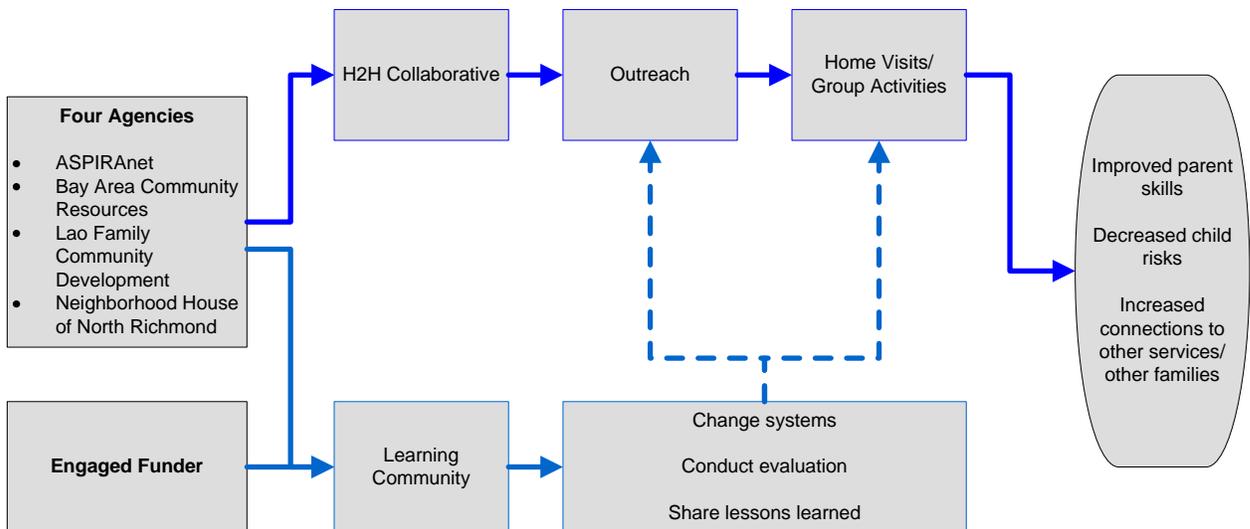
- ASPIRAnet, a state-wide agency, serves as the fiscal agent and administrative lead for the project, and staff provide supervision to outreach workers and home visitors for the project.
- Bay Area Community Resources operates the West County First 5 Center, a family resource center dedicated to serving families in the community. Staff at BACR help conduct outreach for this project, and the First 5 Center serves as the site for classes and parent group meetings that are an integral part of the project.
- Lao Family Community Development, Inc., (Lao Family), an agency with an office in San Pablo (along with offices in Oakland and Sacramento) provides a range of social services to primarily Asian immigrant families. For this project, staff provide outreach and home visiting services.
- Neighborhood House of North Richmond (Neighborhood House), an agency located in Richmond has historically focused on providing social services to primarily African American families. For this project, staff provide outreach and home visiting services.

Dubbed Hand to Hand (H2H), the collaborative was launched in March 2008. Funded activities are designed (1) to test outreach and enrollment strategies and (2) to deliver home visiting services to families that will decrease family social isolation, link families with community resources, increase parenting skills and capacity to promote their children's development, and provide developmental screenings for children. Outreach workers identify eligible families and contact them multiple times, using a variety of strategies, to introduce them to H2H and to build trust. If a potential client indicates interest in home visiting, her case is transferred to a home visitor, who then delivers home visits on a weekly to monthly basis, depending on family needs and interests. Participating agencies meet regularly in *collaborative* meetings to plan and implement activities. In addition, participating agencies meet regularly with First 5 Contra Costa staff in *learning community* meetings to share lessons learned. H2H funding totals \$1.1 million over three years.

Figure 1. Hand to Hand operates in zip code areas 94801, 94804, and 94806.



Figure 2. Hand to Hand: Collaborative, Learning Community, Outreach and Home Visiting Services, and Anticipated Outcomes



Results

This report summarizes the results of a review of H2H, focusing on two primary areas of exploration:

- Functioning of the collaborative and the learning community
- Effectiveness of tested strategies to improve outreach, enrollment, and retention of families in home visiting services.

Results are based on a review of administrative data and interviews with and a survey of H2H collaborative members. Briefly, results suggest:

Collaborative and Learning Community

- Collaborative members value the collaborative and believe that, through their participation, they have gained knowledge about their partner agencies and about the populations each serves, have built trust with one another, have successfully increased the range of families their agencies are able to serve, and have increased connections and improved communication across racial/ethnic groups both within the collaborative and among the families served by H2H.
- Collaborative members believe that progress was hampered by staffing issues, but they are hopeful that those issues have been resolved.
- Collaborative members note that the number of collaborative meetings has been substantial, requiring more time than initially anticipated, but, with a few exceptions, they generally approve of those meetings, and the manner in which they have been managed.
- Collaborative members believe learning community meetings could be improved by greater clarity about their purpose(s), increased continuity between meetings, and increased opportunities for collaborative members to shape agendas for the meetings.
- Collaborative members devote discussions in the attempt to define “hard-to-engage.” To build a definition, agencies were asked to review their outreach and home visiting caseloads and select two families that were the most difficult and challenging cases they had. Agencies reported salient characteristics of each family, such as age of mother and child, demographics, family history, strategies that worked/did not work to engage the family, and the number of contacts, home visits, and visits to the First 5 Center completed. The group then discussed the cases, searching for common factors and patterns. As an outgrowth of these discussions, one supervisor worked with the program manager to develop a matrix that combined concepts related to risk and hard-to-reach that could be used as a screening tool to determine eligibility.

Outreach to and Engagement of Families

- Collaborative members believe that they have successfully attracted and enrolled into home visiting services families who would not have enrolled before.

- Of the 161 individuals contacted through the project, 77 (48%) have so far (as of September 2009) enrolled in home visiting services. The average was 6.3 contacts over 74 days.
- Minutes of the Learning Community meetings suggest that it sometimes took dozens of encounters or contacts with a family before a mother would finally accept a home visitor into her home (e.g., one mother required 12 encounters before she shared her contact information with the program; once having provided her contact information, another client required 8 encounters before she completed a form to indicate she was interested in receiving home visiting services; and another required 16 contacts prior to the successful completion of the first home visit, even after she had completed a form saying she was interested in receiving a visit). For women such as these very hard-to-engage clients, therefore, the maximum number of contacts and attempts to contact might well exceed the 18 derived from case file reviews over a period of close to 11 months before agreeing to enroll in home visiting services.
- Collaborative members employed multiple strategies to reach, enroll, and retain families in services. Members believe that incentives are important and perhaps essential, but that the relationship between outreach worker and potential client is of paramount importance in persuading the family to enroll and continue in services.
- Collaborative outreach workers spent much of their time becoming visible members of the community, attending community events, funerals, and other important activities that form the fabric of community, as well as making many attempts to chat with mothers by phone or in person. The outreach workers developed an “**outreach caseload**” such that they would visit a core group of women as often as weekly to ask how the women and their babies were doing, to let the women know about parenting classes that the workers were offering, and so on. These visits occurred before the women were “official” enrollees in home visiting services, and, as described in the quotes above, could continue for months.

Because relationships are so integral to engaging families in services, it intuitively makes sense that individuals from the community (already known to some extent by the families or with a common shared experience) would have an advantage in reaching out to and engaging families. But, many interviewees remarked that they had learned an important lesson through H2H: that **the right outreach specialist could become part of the community** even if she did not start there.

“You have to maintain the community, but [worker name] became part of the community. That’s something the collaborative had to learn – that there’s opening the doors on both sides.”

Table 1 lists the outreach strategies employed.

| Table 1. Hand to Hand Outreach and Engagement Strategies |
|---|
| <p>Parent groups on-site at housing complexes: Weekly parent education and support events at complexes. Outreach workers knock on doors for about an hour to let residents know the event is going to take place, and then the event is offered on-site in a community or commons room in the complex.</p> <p>Hand-to-Hand celebrations: Monthly events designed to break down isolation, maintain involvement in H2H and solicit new enrollees. Events are held at the First 5 Center, a housing complex, or offices of one of the collaborative partners. Events might include a guest speaker.</p> <p>Community events: At least twice a month, outreach workers attend community health fairs; art, music, and entertainment events; resource fairs; neighborhood picnics; and residential council events. The primary aim is to recruit families into H2H.</p> <p>Field trips: Occasional field trips are designed to bring parents and children together and provide a fun and safe outing to a community attraction (e.g., a trip to Marine World).</p> <p>Outreach caseload: To build relationships with community members, outreach workers have gradually built caseloads of families that they visit regularly. These women have not yet accepted home visits, but are prospective enrollees.</p> <p>Endorsements from community elders. Especially in the Asian community, program staff sought the support of trusted community elders who would then recommend both the program and the individual staff member to families.</p> <p>Incentives: Basic staples, books and toys to promote child development, gift cards, taxi vouchers, and other items are distributed to families to both encourage enrollment and retention in services.</p> |
| SOURCES: Minutes of Learning Community meetings; interviews with collaborative partners |

- Somewhat different outreach approaches appear to be effective with African American as versus Asian immigrant families. For African-American families, a combined approach was most effective: outreach workers knocked on doors in public housing complexes to announce that they were holding an on-site parent education class within an hour, and then the workers conducted the class. For Asian immigrant families, most of whom did not live in public housing, the most effective strategy involved working through trusted elders in the community, especially if outreach or home visiting staff were or appeared to be relatively young. It was also important to bring a gift each time one visited an Asian home.

Home Visiting Services

- Fewer families enrolled in home visiting services than anticipated, but, once enrolled, grantee reports show that most performance benchmarks (e.g., health insurance, immunization rates, medical home, completion of parent education classes at First 5 Center) were met.
- Home visitors liked the Growing Great Kids curriculum, which was a newly implemented curriculum.

- Administrative data through September 2009 suggest that 120 incentives were provided to families enrolled in home visiting services (about 1-2 per family), with most incentives having a dollar value between \$10 and \$25.
- H2H staff were concerned about (1) the adequacy of the hand-off between outreach workers and home visitors; and (2) the challenges of adequately addressing the needs of parents and children during relatively brief home visits.

Appendix 1 contains figures and tables with some additional details.

Programmatic Barriers and Challenges

- Throughout the interviews, collaborative members mentioned barriers or challenges that had or still were limiting the success of the project: the community context, service system, and program eligibility requirements.
- Interviewees noted that the effects of violence, racism and poverty were ever-present in their work and led families to be wary of social service programs.
“Violence, poverty, and long-term oppression plays out in our work.”
“There’s a justified distrust in the African American community. African American men have been taken away from their families for years – through slavery and now through the criminal justice system. The Chevron refinery pollutes the community. Services come in and go out.”
- Death, violence, and their aftermaths are present in the community and weigh heavily on community members. Fear of potential violence if they cross territorial boundaries keeps some families away from group activities located outside their neighborhoods and keeps others from leaving their homes altogether. H2H was touched by death: a young infant died due to SIDS, and the father of the baby was murdered a few months later. Incidents such as those, plus poverty combine to create mental health issues for the parents, and one respondent said, “So many of the moms are depressed.”
- Other reported **barriers** included a lack of transportation, fears of violence in leaving a known neighborhood for a program that may be located across a boundary, and caution or shyness about attending a meeting where a mother might not know anyone else. Taxi vouchers or transportation provided by H2H were helpful to parents. In addition, parents were more likely to attend an event if they knew that their outreach worker or home visitor would be there.

Conclusions and Recommendations

H2H collaborative partners point with pride to a number of successes. The collaborative was forged, and members express respect for one another, appreciation of the contributions of their partners, and a commitment to one another as evidenced by pulling together on more than one occasion in support of each other and of the families they serve. The collaborative members describe a deep dedication to the community and great satisfaction in being able to reach those families who have participated. High-risk families are being served, though not

as many as initially anticipated, and African American and Asian American families who have never been to the First 5 Center before are now attending classes and activities there. Further, the project appears to have broadened the range of services offered by some of the partner agencies, shifting them a bit away from crisis services and more toward preventive services that promote the development of young children. Finally, collaborative members conclude that there are increased connections and improved communication across racial and ethnic groups, both among H2H collaborative members and among the families they serve.



Nevertheless, interviewees recounted challenges too, including start-up issues associated with launching a collaborative, learning community, and new services all at the same time, and some disruption caused by staffing issues and associated turnover that may have slowed progress and created gaps in data collection that limit what can be learned from the project at this point in time.

The following recommendations concern the collaborative, H2H outreach and home visiting services, the learning community, and the evaluation. In general, the recommendations suggest that First 5 Contra Costa should continue its support for H2H, but that the focus of the extension should be sharpened to learn as much as possible from the services delivered. That means more systematic testing of program options and more comprehensive and consistent data collection. Learning Community meetings should be in service of program improvement and evaluation, with content that dovetails with and analyzes results of any programmatic changes made.

Recommendations Concerning the Collaborative

1. *Continue support for the H2H collaborative.*
Consider extending support for at least another year beyond the planned end of the project. The original and still important purpose of the project (testing strategies to improve outreach, enrollment, and retention of hard-to-reach families) has not yet been achieved, and so the project is still valuable. But, that purpose will only be achieved if better data collection and more systematic testing of strategies are implemented.
2. *Maintain current membership of the H2H collaborative.*
Maintain current membership (no expansions, no changes in members).
3. *Complete an operations manual to document the collaborative, learning community, and program services.*
An operations manual for the project was begun last year, and it should be completed. The manual will describe the collaborative, its services, and the roles and responsibilities

of agencies and staff – information that will be useful for program staff as well as for those who may be interested in replicating aspects of the project in the future.

Recommendations Concerning Programmatic Issues

H2H is still a young program. During its first several months of operation, H2H has developed procedures for working together as a collaborative and as a learning community, launched outreach and home visiting services that were new to all collaborative members, implemented a new home visiting curriculum, and adjusted to changes in key personnel. Given all the issues that H2H has addressed and continues to address, the collaborative should make no more than one or two programmatic changes in the coming year. The following discusses potential programmatic changes, but, no matter the change(s) made, H2H should (1) gather baseline information on outcomes of interest, (2) implement new program options systematically, and (3) measure the effects of change, focusing on the same outcomes of interest. H2H is a pilot program, and the opportunity to learn from its activities must not be missed. Any change must be made systematically, with results tracked on outcomes of interest (e.g., number of contacts per family before enrollment, percentage of families who enroll in home visiting, number of home visits completed, number of GGK modules completed, or average length of time to complete a GGK module.) H2H members should use their Learning Community meetings to discuss the data they collect, and then adapt program strategies to seek further improvement in outcomes.

Programmatic options include the following:

4. *Implement the points system for incentives.*

The collaborative has already begun planning to create and implement a points system for incentives, by which clients would be awarded points for particular activities or accomplishments – points which they could then trade in for incentives on a schedule of their choosing. Because considerable planning has already occurred, this change could be implemented more easily than some of the other alternatives suggested below. Such a system is not widely discussed in the literature concerning home visiting programs, so it appears to be an innovative practice. As such, careful implementation and study of the system could produce information that would be useful to other home visiting programs.

5. *Consider modifications in staffing or procedures so as to facilitate the transition from outreach worker to home visitor.*

To ease the transition from outreach worker to home visitor, H2H could consider having outreach workers participate in initial visits with the home visitor. If that is not successful, then H2H might consider having the outreach workers become home visitors for at least some families in their caseloads, which would necessitate changes in training and, potentially, in staffing structure. Alternatively, H2H might consider pairing home visitors occasionally with outreach workers early on when the workers visit with

families in their outreach caseloads. Again, this might necessitate some changes in staffing, responsibilities, and training.

6. *Collect information about and explore ways to expand the effectiveness of the outreach workers' contacts with families.*

Some or all of the H2H outreach workers are now regularly contacting families to build trust, and so they have essentially developed outreach “caseloads.” While they are not delivering GGK or other true home visiting services, the outreach workers are presumably delivering something of value to families. The collaborative may want to consider documenting what happens during those contacts and then discussing if the contacts in and of themselves are associated with benefits for the families that can be documented. More than half of the clients seen by the project have been clients in the outreach caseload only, and some clients may wind up spending more time in outreach than in actual home visiting services. The H2H collaborative members should discuss how best to capture what has been accomplished during those outreach visits and contacts.

Outreach caseloads are not widely discussed in the home visiting literature, so their incorporation as a standard part of a home visiting program appears to be another innovative practice. Understanding what happens during those contacts could be a useful addition to the home visiting field.

7. *Consider modifications in staffing so as to facilitate the ability of home visitors to address both children's and parents' needs.*

To help home visitors address both children's and parents' needs during home visits, H2H might create a home visiting team (e.g., one visitor focuses on GGK, parenting, and child development while another focuses on assisting parents in accessing services for the parents or addressing family food, shelter, and employment needs). This is the approach that has been taken by some Early Head Start programs, and requires different training and skills for each member of the home visiting team.

8. *Explore the extent to which GGK is accepted by both Asian American and African American families.*

One of the interviewees thought that GGK was not as well accepted by Asian Americans as by African American families. The collaborative might discuss this to determine if they believe it is true and, if so, why might that be. Is it a question of the way the GGK content is presented, or, is the content itself somehow not well-accepted? If the latter, how might GGK content be changed so as to increase acceptance?

9. *Consider employing motivational interviewing techniques to increase outreach and enrollment.*

Motivational interviewing techniques have been widely used in programs whose aim is to change adult behavior, including programs to treat substance abuse.⁷ Staff reinforce parents' own motivations for enrolling in the program – what changes they seek to make and why those changes are important to them. The technique has multiple years of evidence behind it, with some evidence suggesting that even brief interventions can be effective. Tests are ongoing in its use in home visiting programs such as H2H, as a means of increasing enrollment and retention. Staff training would be required. Of the options presented here, this would probably be the most difficult, and may, therefore, not be achievable within the upcoming year.

10. *Consider carefully the trade-offs between extending eligibility for home visits and implementation of a peer mentor program.*

During interviews, H2H collaborative members mentioned concerns that eligibility requirements hampered their ability to reach and serve families. Of particular concern to them was the restriction that they not deliver more than one year of home visits to any family (or 15 home visits). They discussed plans to implement a peer mentor program that would enable women who have completed their year to continue to work with the program as paraprofessional outreach workers.

Home visiting programs such as the Parent Child Home Program and the Home Instruction Program for Preschool Youngsters often employ former home visiting clients as home visitors, but only after the women have completed two years in the programs plus intensive training.

If the primary purpose in implementing the peer mentor program is to maintain contact with families beyond one year, then it may be preferable to extend eligibility for home visiting services to 2 years/30 visits, rather than to launch a new program strategy that will require considerable effort and planning. The Growing Great Kids curriculum includes modules suitable for older children, so it would be possible to use it for a second year of services. A second year with families would also enable the H2H collaborative to test the effectiveness of their incentives and engagement strategies in encouraging families to receive enough visits that they are likely to show benefits in terms of family and child outcomes.

Of these programmatic options, three may be easiest to implement, most useful in terms of enhancing H2H operations, and/or most innovative and therefore most likely to yield information that will be of value to the home visiting field. These are (1) the implementation of the points system; (2) efforts to examine and improve the hand-off between outreach worker and home visitor; and (3) exploration of the outreach caseload. Those are therefore the programmatic changes that are given the highest priority in these recommendations.

⁷ Miller, W.R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change*. (2nd ed.). New York: Guilford Press.

Recommendations Concerning the Learning Community

11. *Retain the Learning Community, but clarify its purpose and alter its operations to reinforce program activities.*

Survey responses concerning the Learning Community and the role of First 5 in it were generally positive, but some participants expressed a desire for greater clarity concerning the purpose(s) of the meetings, greater autonomy in choosing topics for discussion, and greater continuity across meetings. Nevertheless, most respondents welcomed the notion of a learning community that provides a forum for reflecting on lessons learned, so the Learning Community should be retained – providing some changes can be made:

- *Clarify the purpose(s) of the Learning Community meetings.* Is the purpose to provide additional training and professional development opportunities for staff by bringing in guest speakers? To plan evaluation? To reflect on practice with the aim of implementing change in services based on what is discussed? To transmit information directly between First 5 and the partner agencies? To provide accountability to First 5? This review recommends an emphasis on reflection on practice so as to improve services, but meetings could have additional purposes as well, so long as they are clear to all participants.
- *Select a consistent facilitator for the meetings.* Studies of learning communities suggest that an external facilitator is especially important in learning communities such as this one that are attended by an engaged funder. Furthermore, a consistent facilitator can help build continuity across meetings.
- *Meet less frequently, with meetings tied to discussions of data collected.* Learning Community meetings could be held less frequently but could be used to review data about outcomes or processes of interest. Depending on purposes, this might mean three or four meetings per year, rather than six. For example, if the collaborative implements a point system for incentives, then a Learning Community meeting could be slated to discuss how the new system worked *after* data have been collected to ground the discussion.
- *Establish a mechanism by which agendas are created jointly by First 5 and Learning Community members.* Input for topics should be solicited from agency partners on an ongoing basis.

12. *Topics for Learning Community meetings should map onto the primary programmatic aims for the H2H collaborative in the coming year.*

As described above, several options for programmatic change exist. H2H members should select the one or two issues they plan to address and then tie Learning Community meetings to those issues. Learning Community discussions should use data collected about the selected programmatic change(s) to ground their conversations.

Recommendations Concerning the Evaluation

13. *Collect data as planned, and collect more comprehensive data than has been collected to date.*

H2H was created to answer questions about the level of effort and the most effective strategies in engaging hard-to-engage families. So far, data have not been collected consistently enough to be able to answer those questions with confidence.

To answer such questions, the collaborative must undertake data collection with precision and uniformity. At a minimum, that means collecting basic information about when families are contacted and how, when they enroll in H2H home visiting and when they leave it, and, if they do not enroll, why not. At a maximum, it means implementing a new strategy such as the ones described above, selecting metrics, collecting baseline and repeated measures of those metrics, and adjusting program practices so as to improve performance over time.

Further, answers to questions about outreach and enrollment strategies will only be useful if H2H can describe the families in sufficient detail that other programs can judge if their populations are similar enough that a model such as H2H will apply to their families too. That means that additional information about the families should be collected (ideally even during outreach) about characteristics such as family demographics.

Finally, results of assessments made during home visiting services should also be routinely collected and reported (e.g., level of family needs, results of ASQ's, or other measures of child or family well-being). Existing program indicators (e.g., 40% of families, upon exit, will be immunized) are useful, but they should be reported in addition to a simple annual accounting of the percentage of the active and exiting caseload on those indicators (e.g., percent of all children adequately immunized). Such data will help place this program in a broader context – what do rates on these indicators look like in programs that seek to serve similar families? In addition, they can provide some limited evidence of the benefits that are being generated by H2H.⁸

14. *Improve feedback from First 5 Contra Costa to H2H.*

Several Collaborative members reported that they would have liked more feedback from First 5. First 5 might consider establishing a mechanism to provide feedback to Collaborative members about grantee reports and Learning Community discussions.

15. *Establish a mechanism to gather feedback from families.*

H2H data collection has not yet focused on gathering feedback from the families themselves about engagement strategies and about program benefits that they might have experienced. What outreach/engagement strategies were most and least attractive to them? What aspects of the program services do they like most (e.g., home visits,

⁸ These data would be of only limited value because there is no established comparison group, but they could still be used to show change in the well-being of enrolled families over time.

group meetings, field trips)? What do they think would work best to attract their neighbors or other women like them into the program? Why do they finally say “yes” to their outreach workers? When do they think a “no” should be taken by the worker as a “no”? What have they gained from the experience: Did they make changes in their own lives, or in their roles as parents? Did they see changes in their children? Would they recommend the program to other women they know?

Final Words from the H2H Partners

This project was envisioned as a pilot, designed to identify and test new strategies to reach traditionally underserved families with home visiting. The program has enjoyed some success in building a coalition and in reaching families. Perhaps of most importance, collaborative members are enthusiastic about the future. The work is difficult, but collaborative members are committed to continuing their partnership:

“The collaboration is amazing. I’m impressed with the amount of work and time people have put in.”

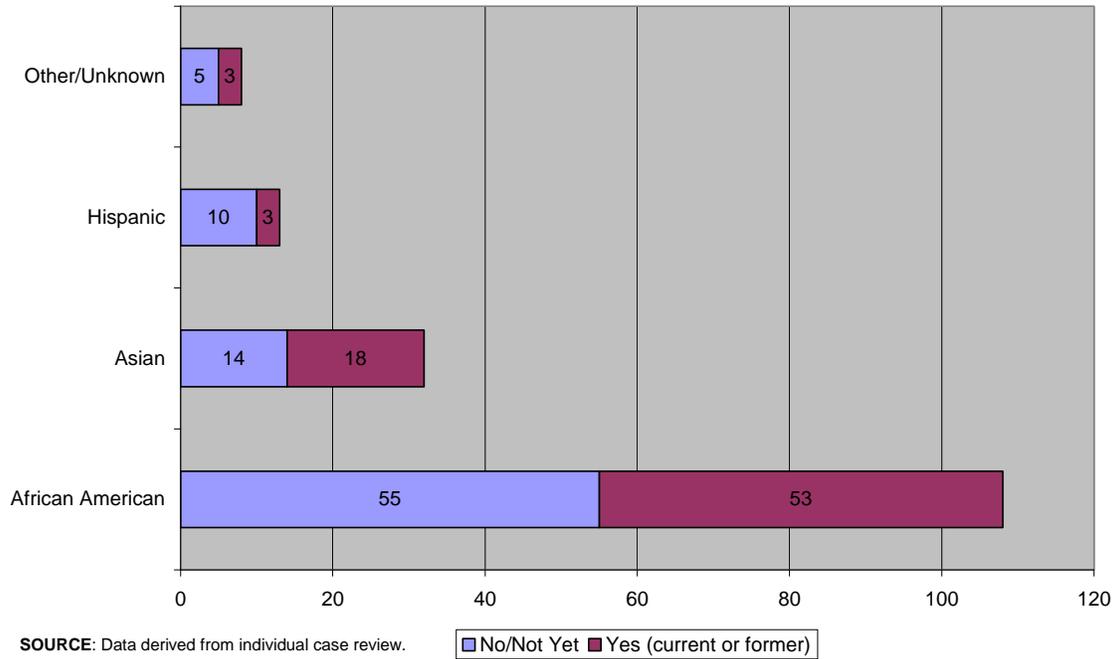
“Yes, we want to continue. It needs to continue.”

“I’d do it again tomorrow.”

Appendix 1.

Charts and Figures to Illustrate H2H Results

Figure 3. Number of Women in Sample Enrolled in H2H Home Visiting, by Race/Ethnicity (N=161)



As of September 2009, 161 women were contacted by H2H outreach workers. Of those, 77 (48%) accepted home visiting services. Most (108) of the women contacted were African American. Of African American women, 49% had been or were currently enrolled in home visiting services. Of Asian women, 56% had been or were currently enrolled in home visiting services.

| Table 2. Status of H2H Outreach Caseload, as of September 2009 (n=84) | | |
|---|--------|------------|
| Status | Number | Percentage |
| Currently continuing in caseload | 10 | 12% |
| Closed case | 26 | 30% |
| Not eligible for services | 14 | 17% |
| Referred to other services/programs | 9 | 11% |
| Unknown/missing | 25 | 30% |
| SOURCE: Administrative data, individual case file review | | |

Table 2 illustrates that what is known about the 84 women who had been contacted by H2H but had not yet (as of September 2009) enrolled in home visiting services.

| Table 3. H2H Performance Against Benchmarks | | |
|--|----------------------|--------------------------|
| Benchmark | Actual Number | Actual Percentage |
| At case closure, 40% of enrolled families will have health insurance coverage. | 35/37 | 95% |
| At case closure, 40% of children will be up to date on immunizations. | 32/37 | 85% |
| At case closure, 40% of families will have a primary care provider (a medical home). | 33/37 | 89% |
| 40% of enrolled families will complete the Ages and Stages questionnaire at 4 months. | 28/77* | 36%* |
| A minimum of 40% of enrolled families will complete at least three classes at the West County First 5 Center. | 35/77 | 45% |
| Source: H2H grantee reports submitted to First 5 Contra Costa during 2008-09. | | |
| *The denominator assumes that all 77 home visiting clients were 4 months of age at some point during their enrollment in home visiting services. | | |

Table 3 illustrates that H2H met most of the performance benchmarks built into the project for home visiting services.