

# Newborn Home Visiting Programs: A Scan of Services and Data

## REPORT SUMMARY

Andrea Lane Eastman | Jonathan Hoonhout | Emily Putnam-Hornstein

**Children's Data Network**  
**University of Southern California**

The eight First 5 county commissions in Southern California (Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara, and Ventura) have been jointly investing in evaluation and data collection efforts since 2008. As an initial step toward enhanced regional capacity to track the delivery and outcomes of HV services, the Southern California Alliance for Learning and Results (SCALAR), through funding from the First 5 Association, contracted with the Children's Data Network (CDN) at the University of Southern California. The current report summarizes the findings to emerge from this effort, which included a regional “scan” of HV programs. The goal was to better understand what programs were being delivered, what data were being collected, and to examine the potential for linking home visiting data to birth, child protective service (CPS), and other administrative records for the purposes of research and evaluation.

Home visiting can be used as an intervention for a range of purposes and with very different populations of children and families. Although various Southern California Commissions employ home visitation as an intervention strategy for other outcomes such as early literacy, or oral health education and prevention, the focus of the present scan was the identification of programs that employ a newborn assessment strategy and home visitation, as appropriate, to impact health, safety, and family strengthening outcomes. This fairly specific definition excludes many types of home visiting programs, but made sense given the desire to generate information concerning home visiting services most immediately relevant to current local, state, and federal discussions with the implementation of ACA, and to identify home visiting programs that shared enough features (e.g., target population, program goals) that it was credible to consider how they might be included within a broader regional evaluation effort.

**For the purposes of this project, home visiting was defined as “a program that is a voluntary and sustained effort that pairs new and expectant families with trained professionals to provide parenting information, resources and support during pregnancy and throughout their child’s early years.”**

In conducting the scan and developing this report, we focused our attention on three areas:

1. Gathering information regarding providers in the Southern California Region that deploy home visiting before or shortly after the birth of a child as an early intervention strategy;
2. Reviewing identified home visitation programs to support a further classification of programmatic characteristics (e.g., use of evidence-based curricula, service delivery protocols), including the collection of client-level data that would allow for the linkage of records with other administrative sources (e.g., birth records, child protection records); and

3. Developing recommendations to enhance county and regional capacity for compiling and using home visiting data to advance research and evaluation agendas, including the potential linkage of these data.

To gather information regarding newborn home visiting programs and the data collected by different providers, we held initial informational interviews with First 5 commission staff in each of the 8 Southern California counties, contacted local county departments of public health, called 2-1-1 to develop a home visiting referral list, and conducted web-based searches specific to each county. This allowed us to develop a comprehensive list of HV programs across the region and to develop home visiting profiles for each county. We additionally conducted a review of the home visitation literature and compiled a list of data elements required for collection among some of the most commonly employed home visiting programs. Information from all of these sources was used to develop an electronic survey that was sent to over 180 providers.

**We received completed surveys from 126 of the 183 home visiting providers, translating into a 68% response rate.**

The survey included general program questions concerning the HV program type, funding sources, use of newborn assessment tools, referral sources, the number of clients/families served, and eligibility criteria. The survey also asked questions relating to methods for collecting and managing data, specific client-level data elements that would be required for the linkage of records, and whether data were collected for a range of outcome domains. Finally, the survey was also used as another point of referral to HV providers that were not identified in the initial search, with each respondent queried as to other providers they were aware of. In Los Angeles County, we additionally partnered with the Los Angeles County Perinatal and Early Childhood Home Visitation Consortium to identify HV providers and administer the survey.

Overall, we received responses from 126 of the 183 HV providers that were identified and targeted for the survey (68% response rate). Not surprisingly, the number and nature of providers identified in each county varied widely, as did the context in which services were delivered. Every county in the region had a home visiting program that was either independently funded by First 5, jointly funded by First 5 and outside funds, or funded by an outside organization known to the commission. Almost all providers reported collecting data electronically, including client-level information that would support linkage to other data sources. Yet, with few exceptions, HV data are not currently being assembled into a single data system within the county, but are captured and managed in different forms and in systems with different functionality. Further, few providers reported having had evaluations of program outcomes in the past 5 years or having data-sharing partnerships.

## Recommendations

There is growing interest and a growing amount of resources being devoted to early intervention services, including the delivery of home visiting. The regional scan that serves as the basis for the present report indicated that there are active home visiting programs in each of the 8 counties in Southern California, that nearly all of these programs collect client-level data in an electronic format – and that a majority of programs are connected by funding through county First 5 commissions. Yet, findings also indicate that very few providers have had formal evaluations conducted within the last 5 years, that there are no established guidelines or uniform definitions for data entry spanning programmatic boundaries, and overwhelmingly, data are collected in discrete, non-standardized systems.

**The absence of uniform definitions and standardized data collection protocols makes it challenging to promote accountability and track outcomes.**

The First 5 commissions in the Southern California region have already assumed a critical role in the area of home visitation by funding programs and convening providers. Still, many in the growing network of home visiting providers in the region and throughout the state operate without guidelines for the collection of data or a platform for compiling and managing client records for research and evaluation. This not only makes it challenging to promote accountability and track outcomes, but also limits opportunities to leverage data collected through other systems to support studying longer-term outcomes and for cost-effective program evaluation.

Based on the information gathered for this project, we have developed 8 recommendations that we believe will advance the region's capacity to collect and use home visiting data in the short and longer-term. Some counties are currently, or will soon be, in a position to begin regularly harvesting home visiting records that could be linked to other data sources. Others have a much more dispersed network of providers serving a small number of clients, increasing the effort that would be required to assemble and use this information. Given these variations, we have focused our recommendations on those most salient to the region overall.

- 1. Establish uniform definitions of data elements and standardized data collection strategies for home visiting providers.**

The commissions should establish uniform definitions and standardized approaches to the collection of client-level data among home visiting agencies funded through the First 5's.

- 2. Promote transparency and generate interest by publishing data (any data!) on a public site.**

The commissions should identify data indicators and outcomes that are currently tracked and available (even if incomplete, imperfect, and available for only a handful of providers) and should make those data public.

- 3. Advocate for statutory reporting requirements that would necessitate enhanced data collection, data reporting, and data sharing.**

The commission should develop a shared advocacy agenda around required data collection, data reporting, and data sharing as it relates to home visiting programs.

4. Invest in a web-based data collection system for the entry of client-level information for case management and/or research and evaluation purposes.

County commissions should explore opportunities for leveraging current and future investments in data collection systems (both among commissions and through other agency partners).

5. Ensure that client consent forms include provisions for the linkage of records for research and evaluation purposes.

To ensure that data originating in other systems can be used to support ongoing research and evaluation efforts, the commissions should establish standard language specific to accessing client-level administrative records for inclusion in all HV provider consent forms.

6. Leverage administrative data already collected by other systems to support cost-effective program evaluations.

The commission should develop a regional HV evaluation agenda that builds upon information already collected in available administrative data systems and should help develop county and regional infrastructure for work with these data.

7. Engage external partners to support research and evaluation activities.

The commissions should seek to strengthen research partnerships throughout the region and leverage those to support HV providers in data and evaluation work.

8. Use birth record data linked to home visiting data to characterize children served by HV programs and document variations in need across communities

The commissions should use birth record data as a simple means of characterizing and tracking newborn populations across the region; counties with access to client-level HV data should explore similar feasibility data linkage projects.

To view the final report, please follow this link: [SCALAR Final Report](#)