



Home Visiting in Los Angeles County

Moving the Needle on Capacity and Efficacy

February 2020

LA BEST BABIES
NETWORK



Healthy Babies. Our Future.



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This brief was produced by **LA Best Babies Network**, a community benefit of Dignity Health – California Hospital Medical Center in Los Angeles. LABBN leads the Family Strengthening Network in partnership with First 5 LA, Maternal and Child Health Access, PAC/LAC, and Work2Live Productions. Funded by First 5 LA, the Family Strengthening Network consists of 14 hospitals and over two dozen community-based organizations that deliver home visiting services to pregnant women and families with newborns throughout Los Angeles County. LABBN provides the training, database, and communications infrastructure, and works with each hospital and organization to ensure fidelity to the program models the Network uses: Welcome Baby, Healthy Families America, and Parents as Teachers.



The **Los Angeles County Perinatal and Early Childhood Home Visitation Consortium** is an alliance of over 50 home visiting agencies and maternal and child health organizations. Overseen and managed by LA Best Babies Network, the Consortium shares training and educational resources, researches best practices, supports enhanced referral systems between programs, researches and collects data on home visiting outcomes, and advocates for systems and policies that recognize the value of home visiting.

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**Find available home visiting services in L.A. County:
eDirectory.HomeVisitingLA.org**

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Introduction

A large body of research¹ shows that home visiting helps build healthier and more resilient families by providing education and support to pregnant women and families with babies and young children.

For several years, Los Angeles County's youngest residents and their families have benefited from investments in high-quality home visiting programs. Funded by First 5 LA and other state grants, along with funds from Los Angeles County agencies and a handful of nonprofit organizations, home visiting program models providing services to L.A. County families include: Healthy Families America, Parents as Teachers, Early Head Start, Nurse-Family Partnership, Partnership for Families, and Welcome Baby.

Yet, despite the wide range of home visiting programs available, these programs face challenges in providing services and meeting the needs of families, including: unsustainable funding, a fragmented system, a lack of collaboration among the different programs, and a lack of capacity — in the home visiting programs, and in terms of community resources, generally.

A significant component of home visiting involves connecting families to resources in the community that will support them and enable them to make the best choices for themselves and their children. Yet, in Los Angeles County, many of these resources are over-extended and unable to meet the needs of families. In some cases, for instance, helping a parent get on a waitlist for affordable housing or child care may be the most a home visitor can do.

Moreover, in L.A. County — and perhaps everywhere else — there has historically been scant coordination between the various organizations and agencies involved in home visiting; for the most part, each of the program models has operated independently of the others. Lacking a mechanism for working together, the county's home visiting programs have not delivered services as efficiently or effectively as they might have with a more coordinated approach.



“When I first got pregnant, I was so scared ... didn't know what to do,” says Eniya, who benefited from a Healthy Families America home visiting program offered by Child and Family Guidance Center in the Antelope Valley area of Los Angeles County. She shares her story at StrongerFamilies.LABestBabies.org (search for “[Eniya](#)”).

In 2015, the Los Angeles County Perinatal and Early Childhood Home Visitation Consortium was formed to bring together all those independent actors. The Consortium includes four separate workgroups comprised of people from over 50 organizations

What is home visiting?

The Consortium defines it as a multi-disciplinary, family-centered support strategy with services delivered in the home by trained professionals to pregnant women and/or families with children through the age of 5. Free and voluntary for parents and caregivers, home visiting provides a comprehensive array of holistic, strength-based services that promote parent and child physical and mental health, bonding and attachment, confidence and self-sufficiency, and optimal infant/child development. Home visiting seeks to build and reinforce positive, empathetic, and supportive relationships with families and between parents and children. It is designed to help parents and caregivers achieve specific outcomes, including: healthy pregnancies and births; optimal infant/child development; school readiness; and prevention of adverse childhood experiences.

“ I see [home visiting] in many ways as a prevention program.”

— Sheila Kuehl, Los Angeles County Supervisor, at a 2016 First 5 LA Commission meeting, where she highlighted the savings home visiting has on child welfare, mental, and public health services for children.²

throughout the county. The workgroups focus on 1.) tracking and using data, 2.) advocating and raising awareness, 3.) boosting and streamlining referrals, and 4.) finding and sharing best practices.

In 2018, the Consortium — led by its Referrals Workgroup — created the L.A. County Home Visiting eDirectory (eDirectory.HomevisitingLA.org), a coordinated referral system that makes it easier for families to find available home visiting programs. Since its inception, the Consortium’s Data Workgroup has been collecting data to demonstrate the impact of home visiting locally, to identify areas for further investment, and to help bridge service gaps. This brief summarizes the Data Workgroup’s work and its findings.

Background: Home Visiting in Los Angeles County

Recently, Los Angeles County has seen new streams of funding for home visiting, creating more opportunities for families to benefit from this form of in-home support. The Los Angeles County Department of Mental Health (DMH) and the Department of Public Social Services (DPSS) both have significantly increased funding to support home visiting, resulting in the expansion of the Healthy Families America and Parents as Teachers models at over 20 different community-based organizations across the county. Additionally, Governor Gavin Newsom has called for more than \$135 million to expand the California Home Visiting Program and CalWORKs Home Visiting

Initiative, signaling a broader statewide commitment to these programs.^{3,4}

The first significant home visiting investment in the county was the Department of Public Health’s Nurse-Family Partnership (NFP) program, which began with a pilot in 1997 and was expanded countywide in 2000 with DPSS funding. NFP has since relied on a patchwork of county, state, and federal funding to sustain itself.

On the federal level, the 2010 Patient Protection and Affordable Care Act (Obamacare) provided a boost to home visiting by establishing the Maternal, Infant, and Early Childhood Home Visiting program (MIECHV). With a state grant program that allocated \$1.5 billion nationwide, MIECHV created opportunities for expanded, and potentially sustainable, funding for home visiting programs across the country.

California used the federal funds to expand both its Nurse-Family Partnership (NFP) and Healthy Families America (HFA) programs. In Los Angeles County — which had its Department of Public Health convene a Community Advisory Committee of home visiting stakeholders to guide funding applications —



“I was pregnant, and I found myself about to be homeless,” says Helen, who says she is a different person since she enrolled in a Healthy Families America home visiting program offered by Children’s Institute, Inc. in southern Los Angeles County. She shared her story at a 2019 conference of First 5 LA-funded home visiting programs: <http://bit.ly/2umY7GK>



“Being in Welcome Baby was a refresher for me, even though this was my fourth child,” says Shamnikeya, who participated in the home visiting program offered by Maternal and Child and Health Access, in partnership with California Hospital Medical Center, in downtown L.A. Read more at StrongerFamilies.LABestBabies.org (search for “[Shamnikeya](#)”).

organizations launched programs using the Healthy Families America model, and the public health department expanded its NFP services.

Meanwhile, with California-based funding, First 5 LA⁵ was working to offer universal home visiting services to L.A. County families. In 2009, it had launched a pilot of the Welcome Baby program in partnership with Dignity Health California Hospital Medical Center and Maternal and Child Health Access (MCHA). With a 2014 independent study showing “positive and significant impacts on a number of important domains, particularly with regard to positive parenting and child development,”⁶ Welcome Baby has expanded and is now available to families giving birth at 14 hospitals throughout the county.

In 2014, First 5 LA extended its support beyond Welcome Baby, which is a “light-touch” program that provides services up to nine months postpartum. With First 5 LA’s increased investment, families with greater needs and higher risks would now have the opportunity to enroll in more intensive and longer-term programs that used the Parents as Teachers and Healthy Families America models. Now, with

the recent home visiting expansion funded by L.A. County agencies,⁷ these evidence-based home visiting programs are now available to families in every region of the county.

Birth of the Consortium

As home visiting programs gained traction around the country, The Pew Charitable Trusts launched a Home Visiting Data for Performance Initiative that sought to “support states in collecting, analyzing, and using data to improve practice and to provide a way for states to document the impact of public investments in home visiting in a clear, consistent, and compelling manner.”⁸ Similarly, stakeholders in Los Angeles County recognized that in order to sustain and expand its home visiting programs (and funding), it would be necessary to adopt best practices from other states and build a more cohesive countywide system.

As a result, in 2012, the Los Angeles County Department of Public Health’s Maternal, Child and Adolescent Health Programs (MCAH) convened a group to take the lead on these efforts. It started with a Community Advisory Committee that came together in 2010 to apply for MIECHV funds, and then expanded to include additional perinatal and early childhood stakeholders. The Community Advisory Committee then partnered with LA Best Babies Network⁹ to co-

“ Home visiting is about assuring that every family in L.A. County has the resources, the time, and the support that they need — whatever their circumstances are — to express the love they feel for their child so that their child can develop into a happy, productive teenager and adult.”

— Deborah Allen, Deputy Director for Health Promotion, L.A. County Dept. of Public Health¹⁰

chair what came to be the Los Angeles County Perinatal and Early Childhood Home Visitation Consortium.

Soon after, the Consortium's governance structure, decision making process, and working structure began to take shape. Today, the Consortium is made up of general membership, Consortium facilitators and a coordinator, a coordinating committee, and four workgroups, which were each established to achieve recommendations made by stakeholders and independent evaluators:¹¹

- Referrals Workgroup: focuses on building working referral pathways among programs.
- Best Practices Workgroup: focuses on promoting well-trained and supported home visitors.
- Advocacy Workgroup: focuses on elevating, promoting and advocating for quality home visiting, in addition to seeking increased funding and partnerships.
- Data Workgroup: focuses on collecting data to understand, support, and demonstrate the impact of home visiting in L.A. County.

The Consortium has grown to include a diverse group of over 50 agencies, all working to achieve the Consortium's mission: to coordinate, measure, and advocate for high quality home-based support to strengthen all expectant and parenting families so that the children of Los Angeles County are healthy, safe, and ready to learn.

Data Workgroup Goals and Objectives

The Consortium's Data Workgroup has focused on collecting data to: analyze the impact of home visiting services across the county; identify strengths and opportunities for quality improvements; and provide data to inform key funding stakeholders on the state of L.A. County's home visiting capacity, and any gaps and unmet needs that remain.

Specifically, the Data Workgroup's objectives are to:

- A. Update and/or develop measurement and illustrations of Los Angeles-wide home-visiting capacity to meet the needs of expectant and

“We know home visiting is a critical investment to help address the gaps in opportunity and outcomes we see among far too many families, especially families of color.”

— Kim Belshé, Executive Director of First 5 LA¹²

parenting families by year-end 2016; and perform ongoing data collection and updating of graphics through 2020 (as necessary, and pending capacity/funding changes).

- B. Update online data visualization reports with FY 18-19 data by year end 2020.
- C. Fully launch headline indicator¹³ data collection by year-end 2019 (requesting 2018-2019 data) and year end 2020 (requesting 2019-2020 data).
- D. Use the headline indicators to analyze the impact of home visiting services across LA County, and to identify strengths and opportunities for county-wide quality improvement with Consortium input annually from 2020-2021.
- E. From 2020-2021, provide updated data to key funding stakeholders regarding service availability and gaps in order to inform future funding allocation decisions, as necessary and as requested.
- F. During 2020/2021, provide updated graphics and briefs to key funding stakeholders demonstrating collective impact in order to influence future funding decisions.

The Data Workgroup's objectives were further influenced by the L.A. County Board of Supervisors' motion to collect, share, and analyze a standardized and consistent set of outcome data leveraging the Consortium Data Workgroup's L.A. County Headline Indicators Pilot Project.

Needs and Capacity of Home Visiting in Los Angeles County

To conduct a meaningful and accurate analysis of the impact of L.A. County's home visiting services, the Data Workgroup first had to understand the needs of L.A.'s families and the overall capacity of home visiting in the county.

Although the exact size of the 0-5 year-old population eligible for home visiting services is difficult to quantify due to overlapping risk categories (as outlined in the infographic on the next page), it is estimated that nearly 750,000 children between the ages of 0 to 5 are eligible for home visiting in L.A. county each year. Yet, only about 32,000 are able to receive home visiting services.

This means that the programs are only able to accommodate 4% of the potentially eligible population; 96% of potentially eligible families are unable to access home visiting services because of the lack of home visiting openings available in the county.

The infographic on the next page summarizes the Workgroup's findings. It is important to note that the needs of the families (left side of graphic) are not mutually exclusive, and overlaps may exist. The right side of the graphic lists the number of home visiting slots available and corresponding funding sources/sites. The infographic lists more home visiting programs than those who submitted their data to the Data Workgroup.

“Comparing our current home visiting capacity to community need reveals substantial gaps, especially for our most vulnerable women and their families.”

— Linda Aragon, Director, L.A. County Dept. of Public Health, Division of Maternal, Child and Adolescent Health¹⁴



“You get the assistance of professionals who really know how a child is developing,” says Tony, whose family participates in a Parents as Teachers home visiting program offered by Child Care Resource Center in the San Fernando Valley area of Los Angeles County. They and their home visitor Lorena share their story at StrongerFamilies.LABestBabies.org (search for “[Luz and Tony](#)”).

The Consortium Data Workgroup's L.A. County Headline Indicators Pilot Project

After participating in the Pew Charitable Trusts' Home Visiting Data for Performance Initiative and defining its objectives, in 2015, the Consortium began identifying a set of home visiting outcome and process measures that would help best gauge the impact of home visiting in L.A. County. Soon after, it began its Headline Indicators Pilot Project.

Background on the Indicators

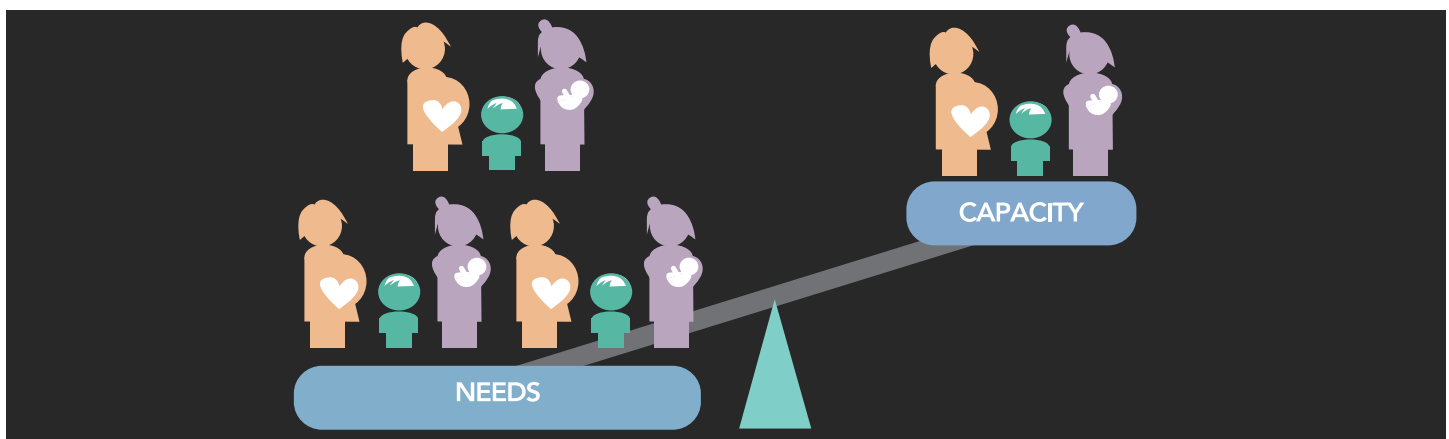
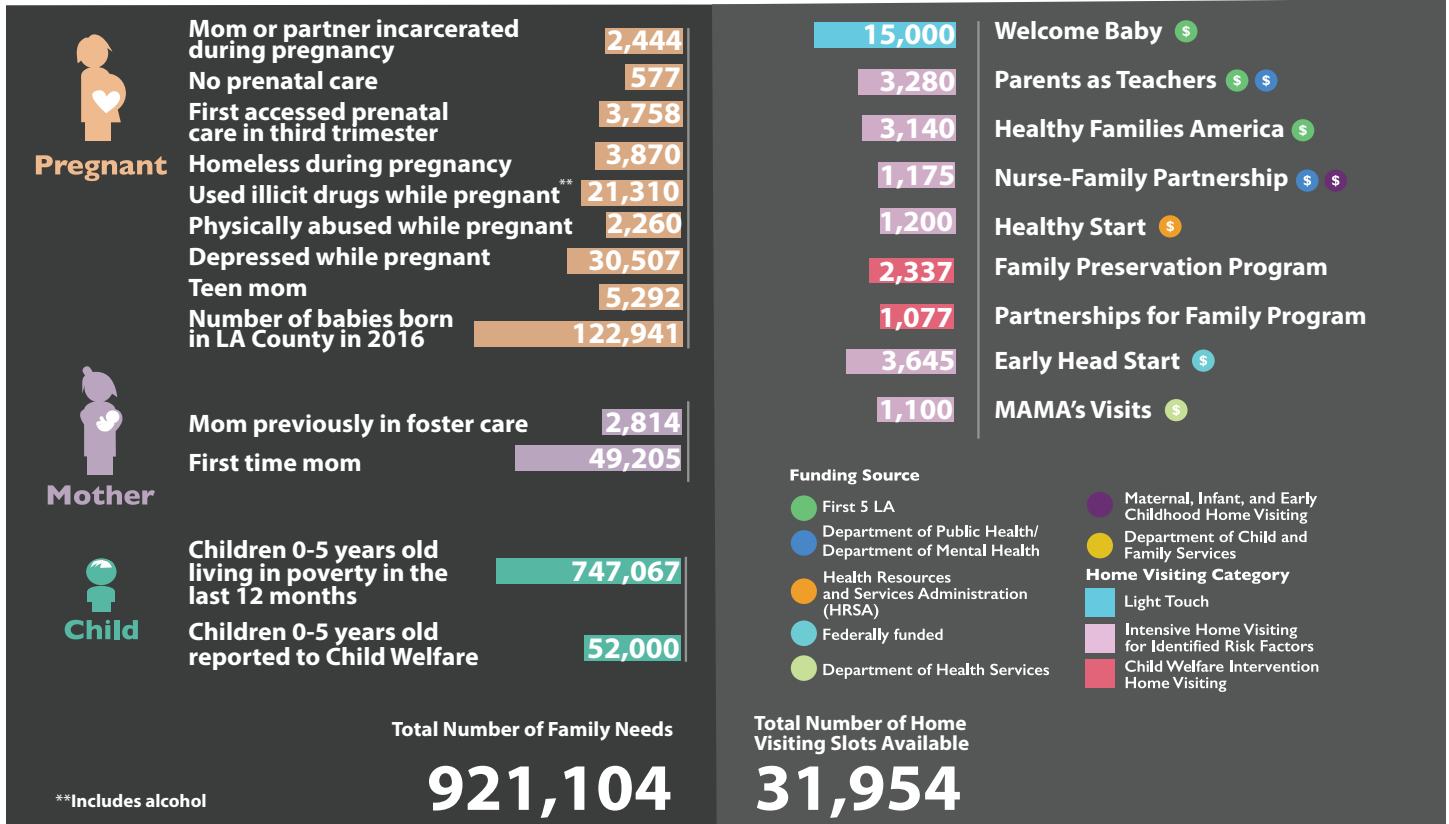
With its Home Visiting Campaign, PEW identified common performance measures that would be adopted across states and home visiting program models to see if common goals were being achieved across the programs. These key measures focused on three areas: maternal health and achievement; child health, development, and safety; and parental skills and capacity.

Many states adopted these measures and some have even included them in home visiting legislation. In L.A. County, the Data Workgroup used these measures as a starting point for its efforts to analyze the impact of home visiting programs in L.A. County.

We estimate that each year in L.A. County nearly 750,000 children up to age 5 are eligible for home visiting services, but only about 30,000 receive those services. That leaves 96% without in-home support that has been shown to reduce abuse and neglect, enhance school readiness, and improve a variety of health outcomes.*

NEEDS OF THE FAMILY

NUMBER OF HOME VISITING SLOTS



*The exact size of the 0-5 population eligible for home visiting services is difficult to quantify due to overlapping risk categories.

The Workgroup also reviewed and drew upon MIECHV data reporting requirements and Healthcare Effectiveness Data and Information Set (HEDIS) measures to make the information relevant for home visiting advocates and those involved in its growth and sustainability. Additionally, it considered funder requirements, including L.A. County home visiting programs' current data collection, to develop its final headline indicators.¹⁵

The Workgroup wanted to select a set of headline indicators that would:

- Be universally applicable across models and programs.
- Be achievable by the program rather than aspirational or heavily dependent on the performance of others.
- Resonate with policymakers and the engaged public.
- Reflect an important policy goal worthy of public investment.
- Capitalize on available state administrative data, thereby reducing the data collection burden on local programs.

The Outcome Indicators and Descriptive Variables

With respect to defining the indicators, the Data Workgroup took care to ensure comparability across the programs and to ensure the indicators met L.A. County's needs. Those who finalized the definitions included stakeholders and experts from various program models, and they defined the numerator and denominator for each of the indicators with these things in mind. The specific definition for each of the measures is outlined in the table at the end of this brief.

The table on page 10 shows the outcome indicators and descriptive variables on which the Consortium collects data from the county's home visiting programs.

The Data: The Pilot

After identifying the outcome indicators, the Workgroup began its pilot. The focus of the initial pilot, which collected information for fiscal year 2015-16, was to identify:

- The level of ease/difficulty the Consortium would have in receiving the signed data user agreements from the program sites providing the data; all programs that agreed to share their data would also have to sign a data user agreement that allowed the Consortium to share the data that was submitted by the programs.
- The level of ease/difficulty the home visiting program models would have in collecting the data the Consortium was looking to gather.
- If the data collected from the different models and data systems could be combined or compared.
- If any interesting stories could be identified from filtering the indicators by different client characteristics.
- If, once presented, the indicators measured what they were intended to measure, and if the data provided a sense of the collective impact the home visiting models were having on the clients receiving the services in the county.

Despite the care that was taken to define the indicators prior to the initial pilot data collection for 2015-16, the Workgroup found the need to modify some of the definitions for some of the numerators and denominators.

The Data Workgroup piloted, finalized and fully launched its headline indicator data collection by year-end 2018. Through 2020, the Consortium will continue to draw on data collected to make recommendations on how to maximize the impact of home visiting in Los Angeles County across all program models.

“Connecting in the families' own environment and building off of their unique strengths are both critical to engaging parents. And engaging parents is the most impactful path to changing children's lives.”

— Barbara Dubransky, Director of Family Supports at First 5 LA¹⁶

Outcome Indicators

Maternal Outcomes & Processes	<ul style="list-style-type: none"> Breastfeeding: any and exclusive at initiation, 3 months, 6 months, and 12 months Depression screening Prenatal Care 	<ul style="list-style-type: none"> Postpartum Care Primary caregiver/mother's insurance Postpartum birth control use/ Family Planning
Child Outcomes & Processes	<ul style="list-style-type: none"> Infant Mortality Well-child visits Child ED/ER Visits 	<ul style="list-style-type: none"> Child Maltreatment Child development screenings, referrals, and receipt of services

Descriptive Variables

Child Characteristics	<ul style="list-style-type: none"> Low birth weight Pre-term birth 	<ul style="list-style-type: none"> Child currently in foster care
Primary Caregiver Characteristics	<ul style="list-style-type: none"> Age at birth Number of prior births Race/ethnicity Education level Primary Language Marital status Zip code Household income 	<ul style="list-style-type: none"> WIC enrolled TANF/CalWorks enrolled Child's insurance Other children in the home History of incarceration History of DV/IPV Homelessness/housing instability Substance abuse
Program Characteristics	<ul style="list-style-type: none"> Number of home visits that were done in a year or for the family Reason for termination or closing out the case Annual number of families/ clients served Compared to Annual funded program capacity 	<ul style="list-style-type: none"> Annual number of referrals within home visiting program Number of home visits Program supervisor to home visitor ratio Average caseload Sources of referrals (into program) Annual number that enroll in services

Data Collected for Fiscal Year 2016-17: Four home visiting program models in Los Angeles County submitted their data during the fiscal year 2016-17 collection period. The following tables show the aggregate data that was collected for six of the outcome indicators.

2016-2017 Breastfeeding Initiation (Any) Data			
	Numerator	Denominator	Percent
Healthy Families America	415	461	90.0%
Healthy Start	85	117	72.6%
Parents as Teachers	436	469	92.9%
Welcome Baby	12,404	13,483	91.9%

Numerator: Number of women who breastfeed any amount up to two weeks after birth

Denominator: Number of women enrolled in program within 2 weeks of birth and in program for at least two weeks

2016-2017 Breastfeeding Initiation (Exclusive) Data			
	Numerator	Denominator	Percent
Healthy Families America	259	461	56.1%
Healthy Start	N/A	N/A	N/A
Parents as Teachers	258	469	55.0%
Welcome Baby	8,015	13,483	59.4%

Numerator: Number of women who breastfeed exclusively up to two weeks after birth

Denominator: Number of women enrolled in program within 2 weeks of birth and in program for at least two weeks

2016-2017 Depression Screen (Postpartum Enrolled) Data			
	Numerator	Denominator	Percent
Healthy Families America	4,089	4,106	99.6%
Healthy Start	162	162	100%
Parents as Teachers	4,176	4,332	98.3%
Welcome Baby	10,296	10,826	95.1%

Numerator: Number of women receiving depression screening within 3 months of enrollment

Denominator: Number of women enrolled postpartum who received at least one home visit within 3 months after enrollment

Note: All programs that submitted data for depression screening used a validated depression screening tool, but they were not all necessarily using the same one. Some used the Edinburgh Postnatal Depression Scale, while others used the Patient Health Questionnaire.

2016-2017 Well-Child Visit Data			
	Numerator	Denominator	Percent
Healthy Families America	471	591	79.6%
Healthy Start	364	409	88.9%
Parents as Teachers	232	280	82.8%
Welcome Baby	9,733	10,826	89.9%

Numerator: Number of children enrolled in home visiting services who completed their last recommended Well-Child visit based on AAP schedule

Denominator: Number of children enrolled in home visiting services

2016-2017 Child Maltreatment Data			
	Numerator	Denominator	Percent
Healthy Families America	3	591	0.51%
Healthy Start	0	158	0%
Parents as Teachers	3	280	1.07%
Welcome Baby	20	10,826	0.18%

Numerator: Number of index children enrolled in home visiting services who were removed from the home and placed in out-of-home care after enrollment date

Denominator: Number of children enrolled in home visiting services for at least six months

Note: Child maltreatment numbers for Welcome Baby, Healthy Families America, and Parents as Teachers may be underestimated. This data was pulled from case closure codes and when the data was analyzed, the case closure codes showed that many cases were closed due to loss of contact or follow up. It is possible that the loss of contact or follow up was a result of the child passing away or being removed from the home.

2016-2017 Child Development 1 Data			
	Numerator	Denominator	Percent
Healthy Families America	1,711	1,770	96.7%
Healthy Start	347	347	100%
Parents as Teachers	1,644	1,770	92.88%
Welcome Baby	7,020	7,381	95.11%

Numerator: Number of children enrolled in home visiting services who received an objective developmental screening (ASQ-3 or ASQ SE-2)

Denominator: Number of children enrolled in home visiting services for the amount of time required to complete one screening according to program model.

Note: Per protocol, a standardized developmental screening was not administered if the child had already received a diagnosis and was working with specialists. This may explain slight deviations in some percentages.

Consortium Data Workgroup's Outcome Measures Definitions

The table on page 16 is a template that the Consortium's Data Workgroup shared with all home visiting programs that agreed to share their aggregate data. The template defines each of the measures and identifies the sources of the data, making it clear to participating programs exactly what the Data Workgroup was requesting.

Data Considerations, Caveats, and Challenges

There are a few data considerations, caveats, and challenges that are important to mention.

Data Considerations: The data analyzed was gathered in a variety of ways. Some of it is self-reported by clients (e.g., prenatal care start date), while other data is program administered and/or externally validated (e.g., PHQ2/9 or ASQ SE-2/3 questions).

The Workgroup only received aggregate data from the home visiting programs that chose to participate. Consequently, the Workgroup is not able to have a standardized check for data quality.

Caveats: Although the analysis is of specific indicators across sites, it should be noted that programs have varying intensity, duration, and intended outcomes. Each of the home visiting program models serving Los Angeles County is different in one way or another. For example, the First 5 LA-funded Welcome Baby program is a light-touch program that provides



"It's almost like an invitation to make you feel better, and to make things better for you. How could you not accept that?" says Anabel, who says Welcome Baby helped her with breastfeeding and with her postpartum emotional health. Anabel enrolled through Northridge Hospital Medical Center in the San Fernando Valley, and she tells her story at StrongerFamilies.LABestBabies.org (search for "[Anabel](#)").

support for families up until 9 months after the birth of a child, whereas Healthy Families America provides support for families up to 5 years postpartum.

Challenges: The Workgroup recognizes that different home visiting programs collect data in different ways and that the data they collect may not necessarily be collected on the same timeline. Therefore, providing the data can pose a greater challenge for some home visiting programs, especially if they do not have a dedicated data staff member.

The Consortium's Data Workgroup recognized this early on and took it into consideration when finalizing the definitions for the numerators and denominators for each of the indicators. Requirements established by the funders and the national models were taken into consideration during this process for the same reason. This was important to ensure the data collected was being represented in an equitable manner. The Workgroup also took this into account in order to make it as easy as possible for organizations to share accurate and useful data.

The submission of data is currently voluntary, and not every organization that offers home visiting services provides data to the Consortium. For instance, there are many organizations that use the Early Head Start model to provide home visiting to L.A. County families, but not all of

“By expanding this effort and reaching out to those homes — those nests that have need — we will be healing our community by creating a fabric that people belong to.”

— Jonathan E. Sherin, Director,
L.A. County Dept. of Mental Health¹⁷

“What you are doing in L.A., as far as home visiting, is going to be the wave of the future.”

— Professor Deborah Daro, leading scholar on home visiting, speaking at the 2016 summit of First 5 LA-funded home visiting programs¹⁸

these organizations submit data to the Consortium. There are also smaller, informal home visiting programs that do not collect data. As the Data Workgroup works to assess the collective impact that home visiting programs are having on families, it is essential that all programs share their data.

Conclusion

While the Consortium has made progress and can point to significant achievements, it continues to work toward the development of a more cohesive and collaborative county-wide system. To advance its efforts, the Consortium's Data Workgroup will continue to collect, analyze, and share the county-wide data collected on a yearly basis. In addition, it will continue to encourage all home visiting models and organizations serving Los Angeles County's youngest

residents and their families to participate each year. In particular, the Workgroup hopes to get more participation from Nurse-Family Partnership and Partnerships for Families.

The Workgroup has officially made a request for 2018-19 data from L.A. County's home visiting programs, and it hopes to be able to include their data in the analysis presented in 2020.

Using data the Workgroup has collected over the years, it has created data visualization dashboards and made them available on the Consortium's data webpage (HomeVisitingLA.org). The aim of these dashboards has been to showcase home

“Home visiting adds to a family's resiliency.... We are building resiliency across a life-span.”

— Sharlene Gozalians, Assistant Director of Programs at LABBN, Co-lead of the Consortium's Data Workgroup¹⁹

visiting program outcomes alongside relevant state and county comparison points. These reports include county comparison data, conceptualizations, summaries, and recommendations for programs on what they can do to address some of the gaps in services. The visualization dashboards have been created for each of the outcome indicators that data was collected on for fiscal year 2016-17.

The Consortium and its Data Workgroup recognize the essential role that data analysis provides, and that it is critical to understanding the effectiveness of home visiting programs over time, especially as new funding sources are used to expand program capacity and enhance system capabilities in L.A. County.



“They inform you about what you can expect your child to start doing based on his age, and you start learning,” says Miguel. As first-time parents, he and his wife Cristina enrolled in Welcome Baby through MemorialCare Miller Children's and Women's Hospital in Long Beach. They share their story at StrongerFamilies.LABestBabies.org (search for “[Cristina and Miguel](#)”).



**LA County Perinatal & Early Childhood Home Visitation Consortium
Data Workgroup - 2018 Outcome Measures for FY 16-17 Data**

Measure	Numerator	Denominator	Source
Breastfeeding - Initiation (Any)	Number of women doing any breastfeeding any up to 2 weeks after birth	Number of women enrolled in program within 2 weeks of birth and in program for at least 2 weeks	Modified Early Head Start (EHS)
Breastfeeding - Initiation (Exclusively)	Number of women breastfeeding exclusively up to 2 weeks after birth	Number of women enrolled in program within 2 weeks of birth and in program for at least 2 weeks	Modified EHS
Breastfeeding - 3 Months (Any)	Number of women doing any breastfeeding 3 months after birth	Number of women enrolled in program within 2 weeks of birth and in program for at least 3 months	Modified Pew
Breastfeeding -3 Months (Exclusively)	Number of women breastfeeding exclusively 3 months after birth	Number of women enrolled in program within 2 weeks of birth and in program for at least 3 months	Modified Pew
Breastfeeding - 6 Months (Any)	Number of women doing any breastfeeding 6 months after birth	Number of women enrolled in program within 2 weeks of birth and in program for at least 6 months	Modified MIECHV
Breastfeeding - 6 Months (Exclusively)	Number of women breastfeeding exclusively 6 months after birth	Number of women enrolled in program within 2 weeks of birth and in program for at least 6 months	Modified MIECHV
Breastfeeding - 12 Months (Any)	Number of women doing any breastfeeding 12 months after birth	Number of women enrolled in program within 2 weeks of birth and in program for at least 12 months	LACPECHVC
Depression - Prenatally Enrolled	Number of women receiving depression screening within 3 months of delivery	Number of women enrolled prenatally who received at least one home visit within 3 months after birth	Modified MIECHV
Depression - Postpartum Enrolled	Number of women receiving depression screening within 3 months of enrollment	Number of women enrolled postpartum who received at least one home visit within 3 months after enrollment	Modified MIECHV
Depression - Positive Screen	Number of postpartum women who scored positive on a validated scale for depression (5+ for PHQ-9, 10+ for Edinburgh, 13+ for BDI-II, 59+ for PDSS)	Postpartum women screened within 3 months delivery (for prenatally enrolled) or enrollment (for postpartum enrolled)	LACPECHVC
Infant Mortality	Number of known infant deaths, from live birth up to age one of child (in multiple births, count each as a separate birth (i.e., twins = 2 births)	Number of live births	CDC definition. No MIECHV, Pew, or HEDIS measure
Well Child Visit	Number of children enrolled in home visiting services who completed their last recommended well child visit based on AAP schedule	Number of children enrolled in home visiting services	MIECHV/PEW (also a HEDIS measure, only collected at 15 mos.
Postpartum Care	Number of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 21-56 days of delivery	Number of mothers who enrolled in home visiting prenatally or within 20 days after delivery and remained enrolled for at least 56 days after delivery.	HEDIS/modified MIECHV
Primary Caregiver - Mother's Insurance	Number of women enrolled in home visiting services who have health insurance (includes: public, Medicaid, Healthy LA, Family PACT, and private) from 2 to 6 months postpartum	Number of women enrolled in home visiting services for at least six months postpartum	Modified MIECHV/ Pew
ED/ER Visit	Number of children enrolled in home visiting services who had any emergency room visit in FY 16-17	Number of children enrolled in home visiting services during FY 16-17	Amended PEW (also a CHIPRA measure)
Child Maltreatment	Number of index children enrolled in home visiting services who were removed from the home and placed in out-of-home care after enrollment date	Number of children enrolled in home visiting services for at least six months	LACPECHVC
Child Development 1	Number of children enrolled in home visiting services who received an objective developmental screen	Number of children enrolled in home visiting services for the amount of time required to complete one screening according to program model	LACPECHVC
Child Development 2	Number of children enrolled in home visiting services who were referred to a regional center for a developmental assessment based on their screening results	Number of children enrolled in home visiting services who received objective developmental screening and whose screening results indicate need for referral	LACPECHVC
Child Development 3	Number of children enrolled in home visiting services who received a development assessment from a regional center	Number of children enrolled in home visiting services who were referred to a regional center based on their screening results	LACPECHVC
Prenatal Care	Postpartum mothers who received at least 80% of the recommended number of prenatal visits from their time of enrollment to the birth of their babies	Postpartum mothers in that cohort who enrolled prenatally and delivered while receiving services	Massachusetts' MIECHV (HEDIS, only asks for one first trimester visit)
Birth Control Use	Number of enrolled postpartum women at most recent visit who reported using family planning methods	Number of enrolled postpartum women	District of Columbia's MIECHV

Endnotes

1 See the Home Visiting Evidence of Effectiveness (HomVEE) page at homvee.acf.hhs.gov. Produced by the U.S. Department of Health and Human Services, HomVEE compiles and assesses research on home visiting programs that serve pregnant women and families with children up to age 5.

2 Reported by First 5 LA in “A Most Welcome Visitor” (June 14, 2016): <https://www.first5la.org/article/a-most-welcome-visitor/>

3 See “Governor Newsom Signs Legislation Allowing Child Care Providers the Right to Unionize.” Retrieved October 2019, from the Office of the Governor: <https://www.gov.ca.gov/2019/09/30/governor-newsom-signs-legislation-allowing-child-care-providers-the-right-to-unionize/>

4 See “California Budget Signed by Governor Newsom Strengthens Foundations for Young Children and Their Families.” Retrieved October 2019, from First 5 LA: <https://www.first5la.org/article/california-budget-signed-by-governor-newsom-strengthens-strong-foundation-for-young-children-and-their-families/>

5 First 5 LA is an independent public agency that was created by voters in 1998 to invest L.A. County’s allocation of funds from California’s voter-approved Proposition 10 tax revenues. Its goal is to support the safe and healthy development of young children so that by 2028, all children in L.A. County will enter kindergarten ready to succeed in school and in life.

6 See “Effects of Welcome Baby Home Visiting: Findings From the 24-Month Child & Family Survey,” a report by the Urban Institute and UCLA (August, 2014): https://www.first5la.org/files/HV_24M_SurveyReport_FINAL_08152014.pdf

7 See “Strengthening Home Visiting in Los Angeles County,” a report from the Los Angeles County Department of Public Health (July, 2018): http://publichealth.lacounty.gov/mch/reports/Home%20Visiting%20Report%202018_FINAL.pdf

8 The Pew Charitable Trusts. (2015). Using Data to Measure Home Visiting Performance Fact Sheet. Retrieved October 2019 from <https://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2015/05/using-data-to-measure-home-visiting-performance>

9 LA Best Babies Network is a community benefit of Dignity Health – California Hospital Medical Center. With funding from First 5 LA, LABBN provides infrastructure, training, advocacy, and other support that enables its community partners to deliver quality home visiting services to Los Angeles County families.

10 From remarks in a speech at First 5 LA’s annual “Family Strengthening Summit: Celebrating Home Visiting Champions” (June 11, 2019): <https://youtu.be/OS9lxRCkQe0?t=4738>

11 Clarus Research was contracted to conduct an evaluation of the Consortium’s Policy Subcommittee and determine the needs the Consortium could meet. The recommendations were a result of the evaluation findings. For details on the Consortium’s background and structure, and an outline of its goals and objectives, see its 2015-2020 strategic plan: “Home-Based Support: Begin Early, Impact a Lifetime” which was revised in 2019: <http://homevisitingla.org/wp-content/uploads/2019/02/LACPECHVC-SP-Charter-Final-Revised-02-12-19.pdf>

12 From remarks in a speech at First 5 LA’s annual “Family Strengthening Summit: Celebrating Home Visiting Champions” (June 11, 2019): <https://youtu.be/4HFcu-dxcMc?t=1439>

13 This term is synonymous with “outcome and process measures.” The Consortium uses the term “headline indicators” and Pew used “outcome and process measures.”

14 See “L.A. County Hopes to Improve Home Visiting Options for Homeless Moms,” *The Chronicle of Social Change* (November 6, 2019): <https://chronicleofsocialchange.org/child-welfare-2/1-a-county-hopes-to-improve-home-visiting-options-for-homeless-moms/38849>

Endnotes (cont.)

15 This term is synonymous with measures. The Consortium uses the term headline indicators and Pew used the terms outcome and process measures.

16 Reported by First 5 LA in “A Most Welcome Visitor” (June 14, 2016): <https://www.first5la.org/article/a-most-welcome-visitor/>

17 From remarks in a speech at First 5 LA’s annual “Family Strengthening Summit: Celebrating Home Visiting Champions” (June 11, 2019): <https://youtu.be/4HFcu-dxcMc?t=1863>

18 Reported by First 5 LA in “A Most Welcome Visitor” (June 14, 2016): <https://www.first5la.org/article/a-most-welcome-visitor/>

19 From remarks in a speech at First 5 LA’s annual “Family Strengthening Summit: Celebrating Home Visiting Champions” (June 11, 2019): <https://youtu.be/4HFcu-dxcMc?t=17>