Two Models, One Site: The Benefits of Co-locating Home Visiting Services

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Since 2010, the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) has provided more than $1.85 billion to states, territories and tribes to expand evidence-based home visiting programs. When PolicyLab and Mixed Methods Research Lab (MMRL) research teams began evaluating these programs in Pennsylvania, we were excited to explore how programs were implementing services across the Commonwealth. To build upon PolicyLab's previous work evaluating home visiting in Pa., we incorporated a significant qualitative component to our research comprised of site visits and interviews with staff and clients in order to more deeply understand the background of how agencies and communities were implementing MIECHV services.

In our recent study, we collected data from 10 of the 32 MIECHV-funded agencies across the state, generating 150 interviews across four evidence-based home visiting models–Early Head Start (EHS), Healthy Family America (HFA), Nurse-Family Partnership (NFP) and Parents As Teachers (PAT). Each model is designed to serve a specific population (e.g., first time moms) with curricula focusing on particular issues (e.g., safe sleep) delivered according to a pre-determined timeline (e.g., weekly for 90 minutes) in order to achieve certain target outcomes. Program administrators, home visitors and families shared many interesting insights and perspectives with us on the innovative implementation strategies MIECHV funding was supporting within communities.

One example that stood out to us was model co-location. Traditionally, agencies have implemented just one evidence-based home visiting model. However, we discovered an interesting variation—a subset of sites opted to implement a second evidence-based model alongside their existing program. We learned how the co-location of models within a single agency was a strategic decision with the intention to benefit the organization and families within the community.

To understand the strategy behind co-location, we took a second look at the 33 interviews with staff from agencies that were delivering two evidence-based home visiting models and found a number of valuable insights. For example, co-location of programs allowed agencies to deliver services more efficiently and effectively by using a model that meets more frequently to better serve their higher-risk clients. And for clients who complete one model's curriculum but still need support, co-located models can be designed to continue to meet service needs by having clients transition into the second model for ongoing support. In some cases, having a second model made the difference between clients being enrolled in a program or being turned away. As one client explained,

> "I was pregnant at the time and I saw a flyer about [model 1]. So I called them… I thought I could use some support and some social interaction and stuff. They said [model 1] was full, but they had [model

2]. …[T]hey're like in the same building. So they referred me to [model 2] and that's how I got with them."

Having two models to choose between or deploy consecutively makes agencies providing co-located services more adaptive to the needs of families in their community. With so many evidence-based models to choose from, agencies everywhere could think about their local needs and thoughtfully select another model to diversify their services and better serve families.

To understand some of these benefits, we thought we would take this opportunity to do one more interview and let an administrator from a local home visiting program implementing two models – NFP and PAT – speak for herself!

Dr. Katherine Kinsey, PhD, RN, FAAN, leads the Philadelphia Nurse-Family Partnership and the Mabel Morris Family Home Visit Program, which together comprise one of the largest countywide maternal-child home visiting programs in Pennsylvania.

PL: Tell us about your decision to implement a second evidence-based model at your agency.

The impetus for this really started with a meeting years ago with moms and dads engaged in NFP who said we want to have this program be longer because we still have needs. And when the call for MIECHV came out, we had an opportunity to choose another curriculum to create a continuum of services, so we thoughtfully chose PAT. We have an enormous need in Philadelphia to give support from pregnancy to when a child enters school and the combination of these two models allows us to do that.

PL: How do you think staff and families have been impacted by this approach?

We have a truly integrated model, so while NFP is more focused on a maternal-child-family home visit model and PAT is more parent-child educational and social engagement home visit model, our nurses and families benefit from both. The PAT model has monthly group connections, but at our center, these events are open to all families and help them engage with each other and introduce them to new places with opportunities for learning, skill building and accessing resources. There is an investment in families overall instead of isolating or excluding anyone based on a model.

We at PolicyLab are eager to continue this work and learn more about opportunities to integrate services to create a more seamless experience for community members eligible for home visiting services. In fact, we are currently in the planning phase of a new project to implement and evaluate a model of care that integrates public health nurses across home visiting and clinical settings. We encourage you to keep your eyes peeled for updates on this exciting work.

Special thanks to Dr. Kinsey for her time and all the work she does to support families in Philadelphia!

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