



Collaboration in Home Visiting

Case Study: Community-based Organization, Northeastern United States

Background

The goal of our research was to understand factors that lead to high-functioning cross-sector collaboration (defined as relational coordination and structural integration) among highly collaborative Nurse-Family Partnership (NFP) implementing agencies across the United States. NFP is an evidence-based, voluntary, nurse home visitation program designed to improve the health and development of first-time mothers and their children experiencing economic, health and/or social adversities. In a series of randomized-controlled trials, the NFP program showed consistent effects in improving prenatal health, child health and development, and maternal life-course, as well as decreasing childhood injuries and the incidence of child abuse and neglect. NFP was designed to be implemented with community commitment and collaboration; however, there is variation in the extent to which community leaders and services support program implementation across the country.

For the purpose of this case study, we define collaboration to occur across multiple sectors of public health, healthcare, and social services. Collaboration is a function of relational coordination (shared goals, shared knowledge, mutual respect, and high quality communications) and structural integration (shared policies or agreements, physical space, data or information systems, and financial alignment).



Methods

This case study focused on a team of NFP nurses who reported high levels of relational coordination with substance use treatment providers and child welfare services in the NFP Collaboration Survey administered by the University of Colorado Prevention Research Center for Family and Child Health in 2020. This NFP team was also selected because of their implementation of the program through a community-based organization (CBO), a nonprofit organization that provides services to the community. The case study was informed by 17 qualitative interviews: 7 conducted with the local NFP team, 3 with current NFP clients, and 7 with community partners working in health care and social services from summer 2021 to spring 2022, as well as reports and state legislative documents.

Context

The NFP program has been implemented by a non-profit CBO with a long history and presence in their community since 2009. The CBO was formed in the late 1880's as a safe house for children experiencing abuse or neglect and has evolved to a large organization housing 40 programs with one administration building and 12 satellite sites. All programs within the CBO use an internal electronic medical record (EMR) system for communication and client data and use a central intake system. The CBO has a strong presence in the community and are well-known and respected among healthcare and community service providers throughout the state. NFP is organized within the home visitation division of the organization which also houses Early Head Start, Head Start, childcare sites, foster care, adoption, family preservation services, and supports for families experiencing substance use. The NFP team is made up of a nurse manager, nurse supervisor and six nurse home visitors (NHV), including two who are multilingual (one bilingual in English-Spanish and one multilingual in Spanish, Creole, and Portuguese). The NFP program is funded to serve 200 clients through the federal Maternal, Infant, and Early Childhood Home Visiting Program under the jurisdiction of the state health department, who administers the financial contracts, oversees quality improvement, monitors program outcomes, coordinates training for all NHVs, and leads the shared Community Advisory Board for all home visitation agencies in the state.

Community and Population Served

This site serves urban and suburban areas, though some families live in rural areas. Because the state is small, they function much like a “small town” in terms of the presence of community leaders, healthcare, and social services providers where most major players are aware of one another and can rely on each other to ensure the well-being of the



populations that they serve. The NFP population is predominantly low-income, experiencing homelessness, have low educational attainment, and/or have immigrant, undocumented or refugee status from Liberia, Haiti, Nicaragua, El Salvador, and other central American countries. Many clients live in multiple family households and have difficulties enrolling in cash or food assistance programs because of their immigration status. Most babies are born at the Women and Infants hospital, which primarily serves families on Medicaid. Social work staff within the hospital are proponents of NFP and regularly refer clients to the program.

Coordination with Substance Use Programs

When asked about coordination with substance use treatment, NFP staff discussed their collaboration with a specific home visitation and services referral program for expectant parents (the “Project”) that are affected by substance use and are involved with child welfare. The Project is housed in the same organization as NFP and falls under the jurisdiction of the state health department because of their funding stream, like NFP. Typically, families are referred to the Project by child welfare, with the goal of keeping families together and linking families to services, such as counseling and medication for opioid use disorder. Because child welfare is housed within the state health department and NFP and the Project are under the jurisdiction of the state health department, they have a streamlined process of referrals and communication. State health department and child welfare leadership recognize that both NFP and the Project are part of wrap-around care for families affected by substances. Because both programs are housed within the same organization, program leadership encourages communication and collaboration; both programs easily share client information, conduct joint visits with clients, reinforce messaging to clients, and conduct case conferences to discuss specific client needs.

The Project staff conduct home visits with families after their baby is born to ensure they have the right supports in place, including referring to NFP. Their staff are also BSN trained nurses, are trained in substance use and child welfare risks assessment and monitoring, provide support to prevent relapse, and aftercare services post-child welfare involvement. Because the NFP NHVs do not receive training related to substance use, they can call on the Project staff regarding concerns about substance use or relapse in their clients. NFP clients are usually already enrolled in the Project and can communicate with Project staff to learn about the client’s needs as it relates to substance use.

Coordination with Child Welfare

According to child welfare, their mission is to keep families together and have less of a punitive approach than maybe other child welfare agencies may have; they know that these



families need reliable supports in place to help them succeed, much like the strengths-based approaches of NFP. Because of their connection to the state health department, child welfare knows that NFP is a reliable and respectable program for families who are involved in the child welfare system. Child welfare case workers and NFP NHVs communicate regularly about client needs or conduct joint visits on an as-needed basis. Child welfare staff know that families may feel overwhelmed by all of the requirements of child welfare engagement, so NHVs help to ease the burden on families by acting as a liaison to child welfare on their behalf. Families will sign a release of information so that NHVs can communicate with their caseworker on their progress. The NHV will usually call the case worker when clients enroll in the program to discuss the client's service plan requirements. The NHV and case worker work together to reinforce messaging, ensure consistency in messaging, and communicate with each other if there are concerns or if one cannot get in touch with the client. NHVs shared that clients appreciate their NHV being present at visits or on calls with child welfare, because the NHV will help clients advocate for themselves and demonstrate that they are making progress on their service plan goals.

Collaboration with Other Services

Beyond strong coordination with child welfare and programs for parents affected by substance use, this NFP site has strong coordination with other programs and supports including the Women and Infants Hospital which provides the majority of referrals to the NFP program, Supplemental nutrition program for Women, Infants, and Children (WIC; which is co-located at the CBO) for clients' nutritional needs, Early Intervention (also co-located at the CBO) for children at risk for developmental delays, other home visiting (co-located at the CBO), and services for immigrant and refugee families (where a Memorandum of Understanding is in place to share client information when needed). These relationships were highly evident based on these organizations' eagerness to be interviewed for the case study.

Best Practices

Effective cross-sector collaboration in this NFP site is facilitated by several factors. Notably, healthcare and social services providers described home visitation programs (like NFP) as a "game changer" for engaging families. This means that providers value home visitation programs as ways to ensure families are receiving appropriate and timely care. The NFP program and the CBO that implements it are respected in the community and perceived as reliable and beneficial supports for families. Because a large proportion of the community are low-income, and in need of assistance to meet basic necessities, programs like NFP are viewed as an essential part of wrap-around services for families. This is particularly true for families struggling with substance use disorders or are involved with the child welfare system, where state child welfare and substance use treatment providers leverage the trusting

relationships that NFP nurses have with their clients to get them engaged in treatment and case plan requirements.

Unique to this NFP site is the oversight from the state health department, which stems from the “small-town” nature of the community. Centralization of programs is helpful to identify what programs need to better support families in the community. This association adds credibility to NFP, and supports NFP through access to training, education, mental health consultations, and quality improvement efforts. Agency leadership values inter-agency collaboration and reinforces communication between staff. Program staff within the CBO can use the internal EMR system to initiate collaboration by determining which other programs their clients are participating in. Program staff then work together by identifying where they can work together to best support their clients, including performing warm hand-offs, joint visits, case conferencing, reinforcing messaging, or performing re-engagement efforts. Collaborative efforts are further facilitated by co-location with other services like WIC and Early Intervention, where clients can be easily enrolled in either program within a shared physical space.



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