

Humboldt County Home Visiting Programs: Environmental Scan

2020-21 Summary Findings



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California Center for Rural Policy at Humboldt State University



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REPORT ABSTRACT

The California Center for Rural Policy at Humboldt State University was contracted by First 5 Humboldt to conduct an environmental scan and analysis of the home visiting and early childhood support programs in Humboldt County. This environmental scan will assist First 5 Humboldt in the development of an action plan to improve the coordination and expansion of home visiting programs in the county as part of the First 5 California’s Home Visiting Coordination Grant (HVCG).

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The California Center for Rural Policy at Humboldt State University is a research and policy center committed to informing policy, building community, and promoting the health and well-being of people and environments.

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EXECUTIVE SUMMARY

First 5 Humboldt contracted with the California Center for Rural Policy (CCRP) at Humboldt State University to conduct an environmental scan of the home visiting and early childhood support programs in Humboldt County. This environmental scan will assist First 5 Humboldt to implement an action plan in partnership with home visiting and early childhood support programs to improve coordination and expand home visiting programs across the county.

The 24 interviews with home visiting programs revealed that organizations and program operations, procedures, and capacity are constantly evolving and changing, especially during the current pandemic. Humboldt County home visiting and early childhood support programs are utilizing a variety of models, curriculums, trainings, and assessments that target children ages 0-5 and their families. Data collection and tracking systems also varied across programs; in general, programs that utilized evidence-based models and/or received federal funding had more robust systems of data collection.

An estimated total of 728 home visiting slots were identified through the home visiting environmental scan, with 650 slots available in programs that utilize evidence-based models. The data suggests there is unmet need for low-income families who could benefit from home visiting services. In 2020, there were approximately 8,048 children under the age of 5 in the county with 23% or 1,851 living within the poverty threshold. This suggests that approximately 1,123 additional slots are needed in the county. These estimates are not exact due to the dynamic nature of the home visiting and early childhood support services.

While partners expressed a vision that home visiting services should be available to all families with young children, data gathered for the scan points to a need to expand home visiting services first to vulnerable families across the county, with a focus on underserved regions or populations. According to the targeted universalism approach, the needs of the most vulnerable families must be addressed before home visiting can be made available to all families, regardless of income. “Targeted universalism means setting universal goals pursued by targeted processes to achieve those goals. Within a targeted universalism framework, universal goals are established for all groups concerned. The strategies developed to achieve those goals are targeted, based upon how different groups are situated within structures, culture, and across geographies to obtain the universal goal. Targeted universalism is goal oriented, and the processes are directed in service of the explicit, universal goal” (Powell, Menendian & Ake, 2019).

Based on a review of secondary data, it is recommended that the following geographic regions be prioritized for expansion of services:

- Eastern Humboldt County
- Southern Humboldt County

These regions have the highest percentages of children living in poverty within the county (see Figure 1). More specifically, expansion efforts could be most beneficial in the southern communities of Garberville and Petrolia and the eastern communities of Hoopa and Orleans.

Additional populations that should continue to be prioritized include:

- Families with children 0-5 living in poverty across the entire county
- Pregnant individuals, with a focus on pregnant individuals between the ages of 15-19
- Children with developmental disabilities
- Families with children 0-5 who are involved in the foster care and/or child welfare system
- Families with children 0-5 who are living in remote and isolated regions of the county
- Families with children 0-5 whose parents are struggling with mental health and/or substance use disorders
- Families with children 0-5 who are experiencing housing instability or homelessness

While many of these populations already meet the criteria of existing home visiting programs, data suggests that there are additional families and children that would benefit from these programs. The scan identifies barriers to participating in home visiting programs such as a lack of trust and difficulty allowing strangers into the home, fear and shame of participating in public assistance programs, having limited time and availability, and challenges that all rural counties face such as transportation, access to affordable quality housing and employment opportunities, access to health care, geographic isolation, and behavioral health issues.

COVID-19 greatly affected the home visiting sector as home visiting programs transitioned to hybrid models consisting of virtual and socially distanced porch or outdoor visits. The majority of programs experienced difficulty in keeping families engaged in programs due to technology fatigue from both children and parents. Additionally, families often lacked access to technology or internet needed to participate in online services. Many programs assisted families by providing devices or internet access to utilize throughout the course of the COVID-19 pandemic.

Strengths of Humboldt County's Existing System

The organizations that provide home visiting and early childhood support services in Humboldt County all share a deep commitment to meet the diverse and changing needs of families in the county. The individual program profiles reveal the dynamic, varied nature of organizations that strive to continuously create, adapt, and expand programs to serve families and their young children. They all share the common goal of providing resources, support and education that help improve the overall health and well-being of Humboldt County families.

Findings suggest that there is already a strong networking system in place between the various organizations providing home visiting and early childhood support services in the county. Program staff have established informal networking through warm hand-offs and referrals to existing community partners. Programs expressed their commitment and dedication to the relationships built with the organizations in the community. Networking and collaboration was highly valued by interviewees. Successful client referrals are strongly correlated to the relationship between staff across programs. Programs often collaborate with similar service-based programs, such as education-based programs partnering with other education-based programs.

Findings also indicate that Humboldt County already has an existing network of organizations that specialize in serving remote regions, Tribal populations, and Spanish-speakers. The individual program profiles in Appendix A describe some of these programs in more detail. Demographic data presented in the report illustrates that the children in the county come from diverse racial and ethnic backgrounds, and that Humboldt County's demographics are shifting to become more diverse.

These assets position the county to expand culturally appropriate services as well as services located in geographic proximity to families in the more remote regions of the county. There are existing programs and providers that specialize in serving these families. Additionally, the scan identified a variety of partners across the entire county, even in remote and isolated communities. Family Resource Centers (FRCs) and Community Resource Centers (CRCs) are located across the county as well and serve many of the remote communities, as do First 5 Playgroups.

Service expansion efforts to vulnerable and underserved populations should take into account these existing assets to build county-level capacity to serve these areas. Strategies that build the capacity of and resources devoted to partners that already serve these regions and populations should be considered by the county-wide workgroup, as well as innovative partnerships that help more resourced partners continue to serve these areas and populations in collaboration with the service providers that specialize in serving specific populations and/or regions.

RECOMMENDATIONS

The recommendations were developed from participant input provided at the Humboldt Home Visiting Collaborative Workgroup convenings as well as from findings from the environmental scan. First 5 California outlined three goals to guide the development of the action plan.

1. Determine scope and effectiveness of existing home visiting programs and family support services designed to help families in crisis, and expand access, as needed, to help families recover from the effects of the COVID-19 pandemic.

The environmental scan and individual program profiles provide baseline data and information about the scope and effectiveness of existing home visiting programs and family support services.

2. Strengthen (or rebuild) coordination and alignment across home visiting and family support agencies to address the effects of the pandemic on family support systems and to help families recover from the effects of COVID-19.

Recommended Actions:

- a. Quarterly stakeholder meetings to outline and assign major goals and activities in the action plan to specific partners who are interested in moving those areas forward.
- b. Monthly meetings with home visitors to connect, debrief, provide peer support, and share resources, training opportunities and innovative ideas and approaches.
 - i. Provide coordinated, county-wide trainings for home visiting program staff.
 - ii. Implement peer sessions utilizing the Reflective Practice Model to support the mental health of home visitors.

- c. Identify and implement a data sharing platform to coordinate intake and formal cross-referral systems.
 - i. Discuss and identify barriers between sharing data across organizations.
 - ii. Establish data sharing agreements.
 - iii. Provide various closed-loop referral system presentations to home visiting workgroup participants and their organizational leaders.
 - iv. Poll organization leaders and workgroup participants to determine which platform they are willing to utilize and would be most useful and affordable.
 - v. Explore and implement a shared data platform across agencies.
 - vi. Provide continuous data platform trainings and support to home visiting staff and programs.

3. Build or strengthen the countywide vision for how a coordinated local early childhood development and family support system, including home visiting, can address the needs of families impacted by COVID-19.

Recommended Actions:

- a. Band home visiting programs as a coalition.
 - i. Identify and invite partners working on community health and well-being to attend meetings to share home visiting vision, successes, and build support for home visiting from organizations working on population health.
- b. Develop a “wish list” of non-traditional or underutilized partners that can support outreach efforts (to reach vulnerable families) or enhance referral options, with a focus on identifying existing partners that specialize in serving specific populations and/or remote communities in the county. Utilize existing partner networks/relationships to reach out to organizations on the wish list.
 - i. Articulate and/or develop pipelines to high-risk families such as, Probation, Child Welfare Services (CWS), Women, Infants and Children (WIC), and other public assistance programs serving high risk individuals to ensure that families are getting referred to home visiting programs they are eligible for.
- c. Ask partners to analyze their program data with findings from the environmental scan in mind. For example, programs that have a county-wide service area should examine the number of current clients living in underserved and remote regions of the county such as eastern and southern Humboldt, as well as the current demographics of their clients. Programs that specialize in serving remote regions or specific vulnerable populations should be consulted and involved with service expansion efforts.
- d. Develop a survey tool for programs to administer to home visiting families to better understand their needs and how programs can be expanded and/or aligned to serve families when they are in crisis. Partners should administer the survey to their clients and then share the data with the group for discussion around how programs collectively can better serve vulnerable families.
- e. Examine duplication and overlap of services to reduce program fatigue for families enrolled in multiple service programs.

The following recommendations provided in the following section are framed with a long-term perspective to guide efforts beyond the scope of the F5CA grant period.

Enhance County-Wide Collaboration & Coordination

- Continue to strengthen coordination and alignment across programs through ongoing cross-agency dialogue and sharing of resources (i.e. trainings, curriculum, assessments and screening tools, data, etc.).
- Partners apply for cross-agency funding opportunities, engage in advocacy efforts, and present a unified front to decision makers and elected officials about the importance of home visiting and early childhood support services.
- Develop coordination plans focused on creating more integration across programs and providers.

Enhance Data Collection, Tracking and Sharing

- Identify specific data points that could be collected across programs that can assist in collaboration, advocating for policy change, and leveraging funding.
- Pursue opportunities to gather more data through client-focused studies and evaluation.
- Explore and discuss methods to share home visiting materials, including assessments and screening tools that can assist with further data collection on the effectiveness of home visiting programs.

Expand Access to Home Visiting and Early Childhood Support Programs

- Advocate collectively for policy and system change that expands access to and funding for home visiting programs and early childhood support services.
- Ensure underserved populations are aware of, can access, and gain benefit from existing home visiting and early childhood support services.
- Implement strategies to expand existing or create new pipelines to link families at risk to home visiting and early childhood support programs.

BACKGROUND

First 5 California

The California and Families Act (1998) established the California Children and Families Commission, also known as First 5 California (F5CA). Through policy and advocacy, F5CA promotes, supports, and improves early development of children during the prenatal stage through five years of age. F5CA advocates for children and their families to have the strongest start by optimizing early childhood development and reduction of childhood poverty. F5CA holds a mission to “facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development and to ensure that children are ready to enter school.”

First 5 California Home Visiting Coordination Grant (HVCG)

In October 2019, the F5CA State Commission approved up to 24 million in funding for fiscal years 2019-2020 through 2024-2025 to support the creation of a unified local home visiting system. Home visiting programs provide families in-home support and services they need for increased success. F5CA Home Visiting Coordination Grant (HVCG) funding was made available throughout the state to assess and create sustainable, unified local home visiting systems to increase family support.

Funding purposes include:

- Increase cross-agency understanding of local population needs that includes a lens of impacts of COVID-19 on families and services.
- Embed home visiting into early childhood systems to promote strong family outcomes.
- Promote cross-county, shared learning and capacity-building, resources sharing, and expertise to strengthen local systems change efforts, and rebuild early childhood and family support systems following the pandemic.

HVCG Stage 1 & 2

Stage 1 of the HVCG provided resources for F5CA counties to conduct an environmental scan of current local home visiting programs including organizational structure, processes, successes, challenges, and barriers. The goal of Stage 1 is to assist in the development of a county-level action plan to strengthen local collaboration of early childhood development and family support systems. In addition, it will assist in informing policy and advocacy at the state level with a goal of promoting policies that support local efforts. The action plans will outline how the county will use funding and the processes counties will use to accomplish the goals. Stage 2 of the HVCG will include an opportunity to continue coordination efforts between July 1, 2022 and June 30, 2025.

HVCG Desired Outcomes & Benefits

HVCG funding is intended to improve the counties' ability to maximize both state and local funding to coordinate an interconnected local early childhood support system that embeds home visiting and has the ability to serve more families. The goals for the HVCG programmatic outcomes and benefits include:

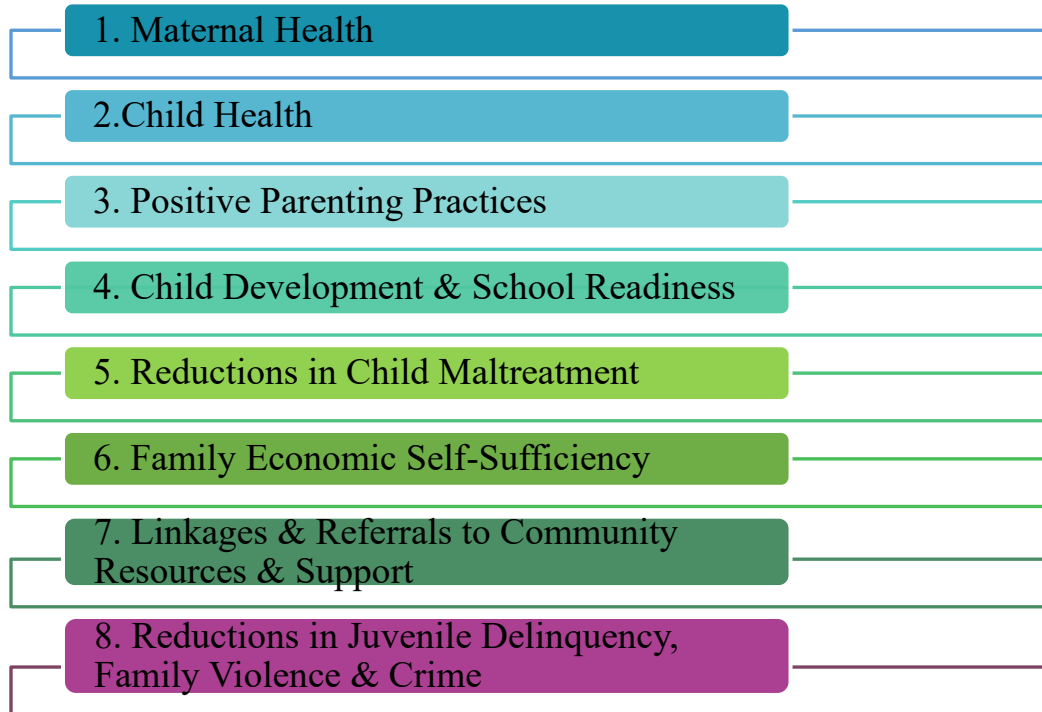
- Parents and children age five and under are healthier
- Children are better prepared for school
- Children are safe and nurtured
- Families are more resilient and self-sufficient
- Coordinated home visiting and family support programs save funding

COVID-19 Pandemic Lens

Home visiting programs were greatly affected during the COVID-19 pandemic as home visiting programs operate in the homes of families. The First 5 HVCG environmental scan includes an emphasis on impacts of the COVID-19 pandemic. The scan looks at the impact of the pandemic on home visiting programs and early childhood support services in Humboldt County.

HHS Evidence-Based Models Criteria

The U.S. Department of Health and Human Services (HHS) has established criteria for home visiting models to be considered "evidence-based early childhood home visiting services delivery" (HomVEE Review Summary 2020). HHS HomeVEE has set eight domain areas that home visiting services can focus on to improve the health and well-being of children and families. The eight domains include:



According to the HomeVEE Review Summary report, “evidence-based early childhood home visiting service delivery” models must meet at least one of the following HHS criteria to be considered evidence based:

1. “At least one high- or moderate quality impact study of the models finds favorable, statistically significant impacts in two or more of the eight domains.”
2. “At least two high- or moderate-quality impact studies of the model using non- overlapping analytic study samples find one or more favorable, statistically significant impacts in the same domain.” (HomeVEE Review Summary Report 2020)

First 5 Humboldt- Humboldt County Children and Families Commission & Home Visiting Background

First 5 Humboldt was awarded funding through the Home Visiting Coordination Grant. As part of Stage 1, First 5 Humboldt contracted with the California Center for Rural Policy (CCRP) to host collaborative stakeholder workgroup meetings and conduct an environmental scan of the local home visiting programs through participant interviews and program surveys.

According to the California Department of Public Health (CDPH), home visiting programs have been shown by decades of research to promote positive parenting and child development. Home visiting programs provide tools and skills for parents and children who are high risk, experiencing mental illness, substance abuse, maltreatment, domestic violence, or economic disadvantages to confidently and independently raise children and improve home life (CDPH 2020).

Humboldt County, California

Humboldt County is a remote rural community located on the coast of northwestern California. Humboldt County is a five-hour drive from San Francisco and a three-hour drive from Redding, California. Due to its remote location, Humboldt County residents face barriers including limited access to health care, economic opportunities, and public transportation.

Table 1. Humboldt County Demographic Landscape

Humboldt County, California 2019-21 Demographic Landscape	
Population	136,373
Population Age 5 and under	5.9% (8,048)
Population Living in Poverty	19.1%
Children Living in Poverty	16%
Children in Single Parent Households	23%
Provisional Live Births 2020-21	2,721
Teen Births (Ages 15-19)	15 Per 1000 Women
Percentage of Low Birthweight	6%
Children Eligible to Receive Free School Meals	59% (10,347 students)
Mental Health Providers Ratio	210:1
Individuals Uninsured	8%
Overall Health Ranking	45 th out of 58 Counties

Source: County Health Rankings & Roadmaps, Kids Data & California Department of Education

Humboldt County is home to 136,373 individuals with approximately 19% (25,575) representing children between ages 0-17 and 6% (8,048) representing children under age 5 (Health Rankings & Roadmaps, 2020 estimate & Kids Data 2020).

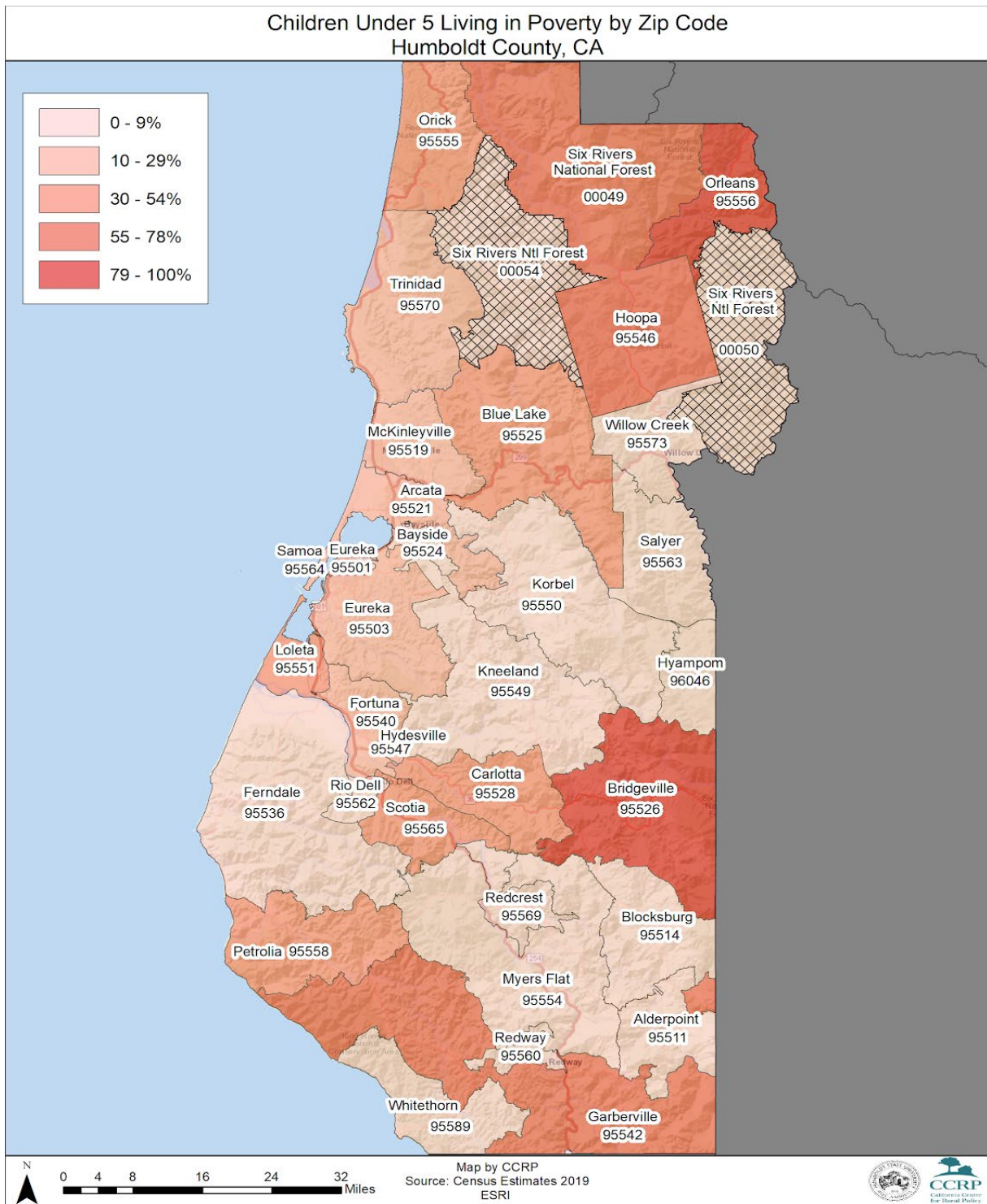
Humboldt County families and community members face rural economic and health challenges that directly affect child well-being and home stability. Approximately 19% of the population was living in poverty in 2019 (U.S. Census estimates) and 21% of children lived in poverty in 2020 (Health Ranking & Roadmaps).

Thirty-nine percent (39%) of children in the county are residing in single parent households and out of every 1000 births, 15 are to a teen mother. In addition, 6% of births are a low-birth weight (Health Ranking & Roadmaps). Fifty-eight (59%) percent of children enrolled in the public K-12 school system qualified for free or reduced meal programs (California Department of Education).

Thirty-two percent (32%) of Humboldt County youth entering foster care in 2019 were between the ages 1 month to 5 years. In 2020, that rate increased by 16% and is now at 48%. In 2019, 36% of youth with established CWS cases were between the ages 1 month to 5 years old and increased in 2020 by 15% to 51%. In 2020, general neglect was Humboldt County's highest category in CWS child maltreatment allegations as it was at 42%, with physical abuse following at 21%, and emotional abuse at 16% (Child Welfare Indicator Database).

Humboldt County was ranked with the highest percentage of poor mental health days averaging at 5.2 days a week, compared to other counties in California with an average of 3.5 days (County Health Rankings & Roadmap Database). A full secondary scan can be found following the results section of the report.

**Figure 1. Children under Age 5 Living in Poverty by Zip Code
Humboldt County, CA**



METHODS

Home Visiting Program Environmental Scan & Workgroup Convenings

The environmental scan utilized both primary and secondary data. A secondary data scan was conducted utilizing a variety of federal, state and county-level data sources and is available starting on page 32 of this report. Primary data was collected through a total of twenty-four interviews with home visiting coordinators or directors representing fifteen different agencies or networks and a total of twenty-five home visiting programs between January-May 2021. Interview questions were organized into four focus areas: 1) Outreach, referral, and intake; 2) Types of services; 3) Capacity and opportunities for expansion; and 4) Data collection. Following each interview, a program characteristics survey was sent out to each participant to collect details on program-level enrollment and staffing data.

In addition to the one-on-one interviews conducted with each of the programs outlined in the report, CCRP also facilitated three collaborative workgroup meetings to inform the development of the environmental scan and action plan. Three Humboldt Home Visiting Collaborative Workgroup meetings were held over a 7-month period to help inform different stages of the work. Representatives from organizations that provide home visiting and early childhood support services in the county were invited to participate in the meetings, with an average of seventeen participants present at each meeting.

The first convening was held in November of 2020 with a total of eighteen participants. It focused on introducing stakeholders to the goals of the Home Visiting Coordination Grant. Additionally, it helped set the stage for the work as stakeholders provided details on the landscape of the current home visiting services, provided insight for additional stakeholders and or secondary data to include in the scan, and helped to draft questions to ask during the interviews.

The second convening was held in January of 2021 with a total of twelve participants. The session focused on the landscape of current home visiting services with specific questions related to the interagency collaboration and the barriers, gaps, or opportunities that stakeholders had previously shared. Finally, the third convening was held in May of 2021 with a total of twenty-two participants. At this meeting CCRP presented the findings from the environmental scan, asked the group to fill in any gaps, and brainstormed and prioritized recommendations to include in the First 5 Humboldt action plan.

At each of these meetings, three to four Zoom breakout groups were formed to focus on specific questions related to the current and desired future state of home visiting. Answers to those questions are included in analysis throughout this report.

The home visiting and early childhood support service providers who participated in the study do not reflect the full spectrum of services available in the county. Some programs declined to participate due to limited capacity or because their services had been reduced or eliminated due to the pandemic. Please see the study limitations section for additional details.

Table 2. List of Interviewed Organizations and Home Visiting or Early Childhood Support Programs

Agency	Program(s)
Changing Tides Family Services	Early Head Start & Head Start Child Care Partnership Supported Parenting Program
First 5 Humboldt	Playgroups Children and Family Support Specialist
Hoopa Valley Tribe	Early Head Start
Humboldt County Department of Health & Human Services- Public Health Branch	Field Nursing Nurse Family Partnership
Humboldt County Office of Education	Special Beginnings Itinerant Preschool
Humboldt Network of Family Resource Centers	Arcata FRC Blue Lake CRC Fortuna FRC Jefferson Community Center Mattole Valley FRC South Bay FRC
K'ima:w Medical Center	Comprehensive Perinatal Services Program
Northcoast Children's Services	Early Head Start & Head Start
Open Door Community Health Centers	Postnatal Services Promotores De Salud Program
Providence St. Joseph Hospital-Eureka	CARE Network Perinatal Service Navigation Paso a Paso
Redwood Coast Regional Center	Humboldt Early Start
Redwood Community Action Agency	Parents & Children in Transition
Two Feathers Native American Family Services	Making Relatives Coastal Program
United Indian Health Services	Road to Resilience Strong Family
Yurok Tribe	Tribal Temporary Assistance for Needy Families

For more details on the programs listed in this table, please refer to Appendix A- Home Visiting and Early Childhood Support Program Profiles.

RESULTS

Home Visiting Program Overview

Case Management	Service Connection & System Navigation	Building Self Advocacy & Confidence
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Case Management

Interviewees valued flexibility in criteria and curriculum that allows them to base services around the children and family’s individual needs. Programs that have required curriculum standards to meet noted they still do their best to base services around the family’s individual wants and needs. Participants also explained if a family or child decided they no longer want to continue with a service or program altogether, they do have the choice to discontinue at anytime, unless participation is mandated by a court order or Child Welfare Services (CWS) differential response.

“Curriculum is based on the family. One size does not fit all.”

During the program enrollment process, the family and home visitor or family service provider will assess the family’s needs and develop a goal-oriented action plan together. Some programs refer to this plan as the Family Service Plan (FSP) and will often refer to it throughout the program. The goals and services established in the plans are usually based on areas the family chooses to work on. The various programs utilize a variety of assessment tools to assist and provide guidance to the client and service provider in identifying appropriate needs and goals. Assessment tools are often used during program check-in and periodically throughout the program. Often, if a program is utilizing an evidence-based model, the model provides various tools and resources to assist in developing an action plan. In addition to being used with the families, they are also a way for evidence-based programs to collect data to submit to their agency or funder.

“With the goal setting, the families themselves can decide if they want short-term or long-term goals. Whether it be as a family, for themselves as a parent, or maybe just the kids.”

Most programs attempt to contact families at least once every one to two weeks or once a month, but minimum contact ranges based on the family’s preference and needs. Some families are considered high-risk and require multiple contacts a week as they need to engage with multiple services. On the other hand, other families may be considered low-risk as they have more self- sufficiency skills and are provided services or contact on a less frequent basis.

Table 3 represents a partial list of screening and assessment tools currently being used by home visiting and early childhood support services in Humboldt County.

Screening & Assessment Tools

Table 3. Screening and Assessment Tools

Screening/Assessment Tool	Topic	Program
4 P's Screening Tool	Substance use screening tool: Parents, Partner, Past & Present	CARE Network Perinatal Service Navigation Road to Resilience
Adverse Childhood Experiences (ACES) Screening	Identify clients who are at high risk for toxicstress	Multiple programs
Ages and Stages Questionnaire: Social-Emotional Development (ASQ-SE)	Childhood development screening	Paso a Paso CARE Network Perinatal Service Navigation Nurse Family Partnership
Clinical Intimate Partner Violence Screening (IPV)	Screens for intimate partner violence during pregnancy	Nurse Family Partnership
Desired Results Developmental Profile (DRDP)	Assessment tool for teachers to observe, document & reflect on learning, development & progress of children	Hoopa Valley Tribe Early Head Start
Dyadic Assessment of the Naturalistic Caregiver Environment (DANCE)	Parent-child interaction assessment	Nurse Family Partnership
Protective Factors Survey	Assess multiple protective factors to prevent child abuse and neglect and to assist agencies to better assess changes in families	Multiple Programs
Patient Health Questionnaire (PHQ-9)	Screens and objectifies degrees of depression severity	Multiple Programs
Strength & Risk Assessment	Assess the needs of families in children before and after service intervention	Nurse Family Partnership

Service Connection & System Navigation

In addition to education and family support, service connection and system navigation were fundamental services that all of the programs offered. Home visitors often make referrals to other community organizations and partners that provide additional resources and or other home visiting

services. Some of the common programs that families need assistance with getting signed up for include public assistance programs such as Women, Infants & Children (WIC), CalFresh, CalWORKS, and unemployment. Home visitors assist families in signing up for services and navigating these various systems by helping fill out applications, making phone calls to ask questions or schedule appointments, and at times attending appointments with families. When available, some organizations will provide transportation or funding for transportation to appointments, as transportation is often a barrier in connecting families to services or resources.

In addition to linking families with public assistance programs, home visiting programs also refer families to other community organizations and partners. Often, programs will assist families with enrollment to other programs if the family desires additional support. Many programs have families enrolled in multiple services across the county and informally collaborate with one another to provide wrap-around services.

Multiple interviewees highlighted the concern that some families experience service fatigue. As future expansion efforts are considered, interviewees recommended that duplication or overlap of services be carefully examined to minimize the fatigue that parents experience when engaged with multiple programs at the same time.

Building Self-Advocacy & Confidence

Interviewees emphasized that their programs are not just about providing services to families, but they also strive to empower families towards self-sufficiency and increased confidence. The ultimate goal of home visiting programs is to provide appropriate tools that allow families the ability to engage and navigate the systems that will help support themselves and or their children.

Program staff will often conduct a task the first time for a family such as submitting an application or filling out required paperwork. After staff provides the service to the family once or twice, staff will have the family attempt to perform the task themselves. If the family requires help in their attempt of performing the task, staff will be available to provide assistance.

The programs additionally provide parent education and tools to assist parents in developing their self-sufficiency toolbox. These services align with common goals of home visiting programs which are to educate, empower, and promote self-advocacy.

Highlights

Connect and navigate families to public assistance programs.

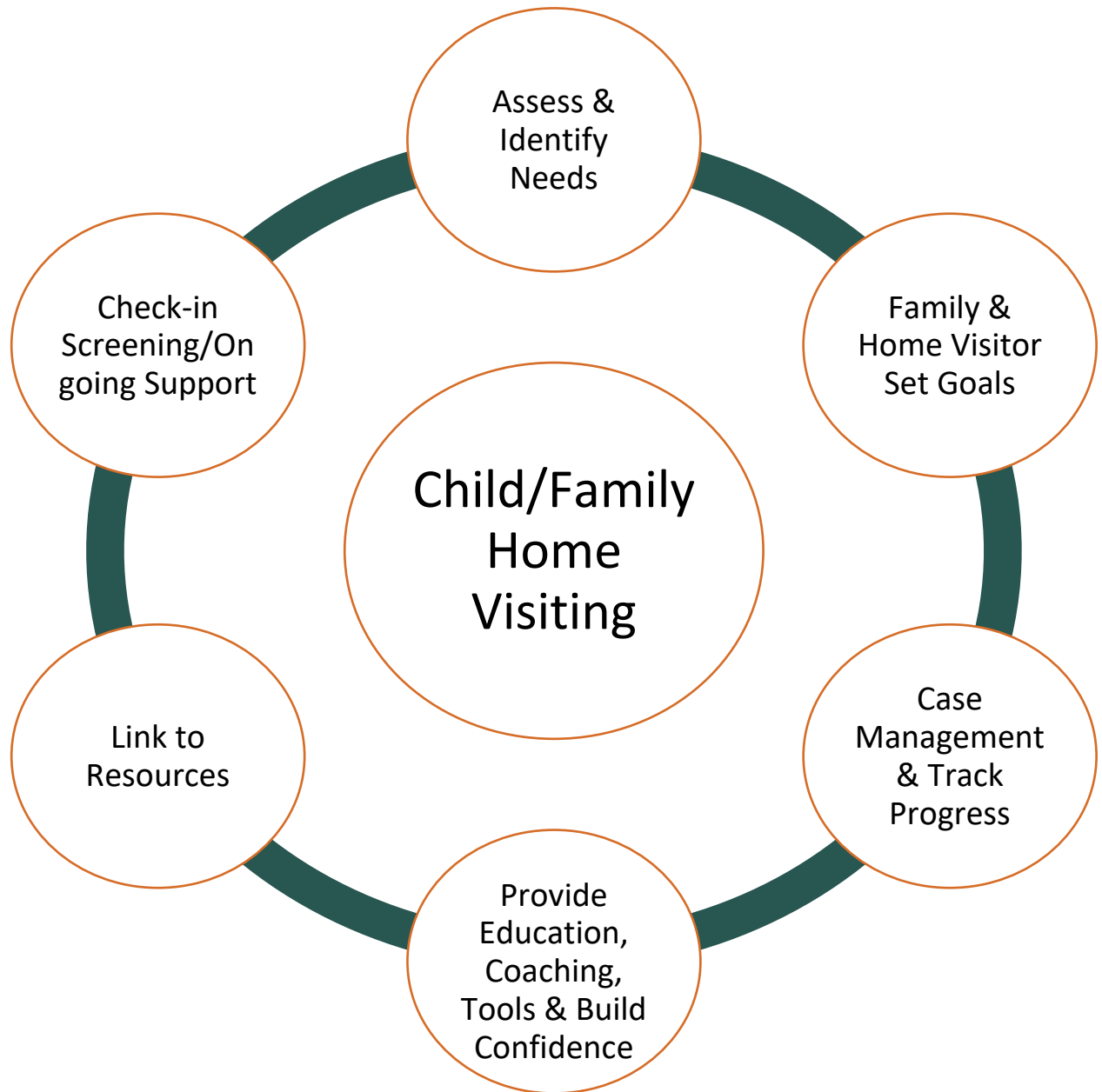
Transport and accompany families to appointments to provide additional support.

Connect families to other home visiting programs appropriate to culture and geographic location.

“I worry about how many programs are going to homes. If it’s once a week and somebody different is knocking on your door, I could see how that gets to be overwhelming for a family that are already going through quite a bit.”

“Parent education, parent coaching in real time, really being with them in their homes. Taking them or accompanying them to doctors’ appointments and those kinds of things.”

Home Visiting Process



Home Visiting Program Findings

Informal Referral Networks	Various Utilization of Models: Full Extent vs. Partial Utilization	Early Childhood Support Services Based on Need	Data Collection/ Tracking Systems Vary Widely
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Informal Referral Networks

The majority of interviewees indicated that an informal referral network is already in place locally, and program staff have good working relationships with each other. These partnerships allow the programs to refer families via a warm-hand-off. Program staff can connect their families to resources such as schooling, medical and dental care, food, housing, and more. While some programs require an official referral form or tracking process, others can be connected through just a name and phone call. Programs with more formalized referral systems often have interagency contracts in place that allow them to prioritize different types of referrals. In addition, a few programs, mainly those embedded within the tribal organizations, often refer to in-house services such as behavioral health or medical before having to refer to an outside agency.

“We definitely all need to be part of that network and I think for the most part we are, especially in informal ways. We all do a lot of work with each other.”

“We would refer them to a home visiting program in that patient’s town. If they live out in Weaverville, we would see about getting them connected to a public health nurse there.”

Referral networks were strongest with partners that offer a similar type of service. For example, education-based programs often referred to other education programs, medical-based programs to other medical programs, and tribal-based to other tribal programs. Although programs did emphasize their current commitment to one another and connecting families to appropriate home visiting programs and services, interviewees suggested that interagency collaboration could be prioritized more across the county.

Organizations across the county informally rely on one another to fill gaps for community members that may not be eligible for their specific home visiting program or services. Interviewees shared that even if they cannot directly enroll the community member into their specific home visiting program, they will do their best to meet their needs by connecting them to another service provider. All participants expressed appreciation and respect to their established partnerships or in-house services they can refer families to.

Although the referral network and service connection components are a strong foundation in these programs’ operations, the informal aspect does at times create hurdles.

Since current referral processes are based on personal relationships and warm handoffs, there can be long wait periods between the referral and actual service being provided. Additionally, when a community partner or staff member changes roles or leaves an organization, the relationship can be broken or take time to re-develop with the new staff person.

“I am not receiving the referrals through an actual referral form. [It’s word of mouth]”

“Being aware of the available culture appropriate services and really giving people the option and letting them know about the services. There are other navigation systems that might be more appropriate and more welcoming to that person.”

Many programs identified referral and service connection challenges during the current COVID-19 pandemic due to the unprecedented transition to hybrid virtual models and new operational procedures.

Many programs saw a decrease in referrals to their program and experienced challenges referring to outside services. Some common themes that emerged were a decrease in appointments with medical providers and the limited capacity of county services such as Social Services and Public Health. For example, families weren’t attending their regular medical appointments where providers would normally make referrals to home visiting programs.

Additionally, many of the Social Services or Public Health offices had less capacity due to limited hours of operation and or staff being re-routed to COVID-19 operations. These

capacity limitations and rapid transition to virtual operations made keeping up with referral networks a challenge, especially during the beginning of the pandemic.

Various Home Visiting Models

There are a variety of home visiting models being used throughout the county. Some programs utilize an evidence-based model, while others provide services based on resources and staff capacity. Those that utilize evidence-based models base their program operations on the fidelity of the model’s curriculum and sometimes expand a model’s curriculum to meet the direct needs of the community members they serve. The programs using these types of models are more likely to be limited to serving families that meet specific eligibility criteria. Enrollment is based on eligibility factors including age of client, pregnancy status, disability status, income status, substance use disorder, language, and tribal affiliation. However, some programs do leave room to serve those community members that do not meet the outlined eligibility criteria of their program. One example is the federal preschool program, Early Head Start. Early Head Start is allowed serve a percentage of families that do not meet the federal low-income category, but the program must prioritize low-income families before serving community members outside of the poverty eligibility criteria.

Some programs do not operate strictly according to an evidence-based model, but may utilize and/or adapt curriculum from an evidence-based model. Others provide early childhood support services that are based on meeting the needs of families without fidelity to one existing model or curriculum. One example is the Humboldt Network of Family Resource Centers (HNFRC) as most Family Resource Centers (FRCs) or Community Resource Centers (CRCs) have less strict

eligibility requirements and will serve most people in the region they are located in. For those based on school sites, the eligibility is a bit more stringent, but still less than evidence-based models or government funded programs. They provide case management and tangible resources to families and most services are provided onsite at the FRC or CRC. Depending on staff capacity they may send someone to the home either for case management services or dropping off resources. Availability and scope of services are dependent on staffing and funding.

The implementation of evidence-based models can be cost prohibitive to small non-profits or less resourced organizations.

Table 4 illustrates the number of evidence-based models currently being utilized in Humboldt County that CCRP was made aware of.

Highlights

A variety of models and curriculums are being utilized by home visiting programs.

Full use of evidence-based models vs partial evidence-based models

Most models have moderate flexibility when servicing families.

Evidence-based models have more strict eligibility criteria.

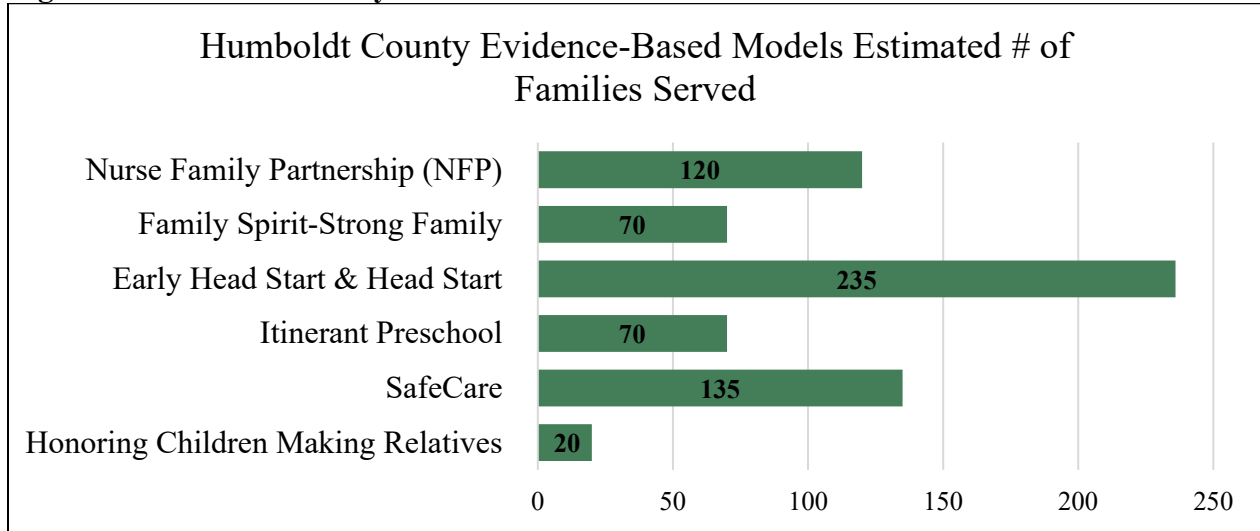
Table 4. Evidence-Based Models Utilized in Humboldt County Home Visiting Programs

Evidence-Based Models Identified
Nurse Family Partnership (NFP)
Family Spirit-Strong Family
Early Head Start & Head Start
Itinerant Preschool
SafeCare
Making Relatives

Based on findings from the interviews and program characteristics summaries, home visiting programs that utilize evidence-based models in Humboldt County serve approximately 650 children. It is important to note that the estimated number of children being served are estimates from the time the interviews were conducted and may not reflect the current number of children being served through home visiting programs.

Early Head Start and Head Start programs currently serve around 235 children. For the Humboldt County Department of Health & Human Services (DHHS) Public Health programs, Nurse Family Partnership currently serves around 120 families and SafeCare around 135. For tribal services, Family Spirit - Strong Family currently serves around 70 families and Honoring Children Making Relatives currently serves around 20. Please refer to Figure 3 below for more detail on the number of families being served through evidence-based models.

Figure 3. Humboldt County Evidence-Based Models & Estimated # of Families Served



Data Collection & Tracking Systems

Data collection and tracking varied greatly across programs. Data collection and tracking is linked to requirements associated with evidence-based models and/or funders' reporting guidance. Evidence-based models often require more robust data collection and tracking.

Additionally, home visiting program funders often require annual or quarterly reports of data in order for the program to receive funding. This is especially true for the programs funded through the state or federal government. Funders are usually the ones to determine how data is reported. Some examples of data reporting include community assessment reports or inputting the data into an electronic database.

Many programs engaged with the scan found it difficult to extract or share data due to a variety of reasons. Programs within health care organizations are usually required to collect data through an established Electronic Medical Records (EMR) system which makes it difficult to share data with outside organizations due to the Health Insurance Portability and Accountability Act (HIPAA) regulations. The healthcare-based programs and school-based systems often collected large-scale data, but availability varies based on each program's individual circumstances. For those programs that don't have a formal data collection requirement, the type of information they collect varies and is usually tracked through an internal Excel spreadsheet.

Table 5 illustrates the data tracking systems that CCRP was made aware of while conducting the environmental scan.

Highlights

Data collection and data accessibility varied.

Programs that utilize evidence-based models are typically required to collect and report more data.

There are concerns with sharing data and HIPAA regulations.

Table 5. Data Tracking Systems: Humboldt County Home Visiting Programs

Data Tracking System	Organization	Home Visiting Program
Activate Care	Providence St. Joseph Hospital-Eureka	CARE Network Perinatal Service Navigation Paso a Paso
Brightwheel: Childcare Management Software	Hoopa Valley Tribe	Early Head Start
Caiware	Changing Tides Family Services	Early Head Start Child Care Partnership
Child Care Plan	Changing Tides Family Services	Early Head Start Child Care Partnership
Child Plus	Northcoast Children’s Services	Early Head Start & Head Start
	Changing Tides Family Services	Early Head Start Child Care Partnership
	Hoopa Valley Tribe	Early Head Start
Persimmony Electronic Case Management	DHHS- Public Health Branch	Nurse Family Partnership Field Nursing SafeCare
SELPA (Special Education Local Plan Area)	Humboldt County Office of Education	Special Beginnings Itinerant Preschool
Flow	DHHS- Public Health Branch	Nurse Family Partnership
Tableau	DHHS- Public Health Branch	SafeCare

Program Characteristics Survey Results

Sixteen interviewees completed a program characteristics survey to provide additional information about their programs. Humboldt County’s home visiting program capacity varied greatly between the programs. Programs reported that their enrollment ranged anywhere from 5 to 154 families.

Enrollment varied based on the type of programs, but those embedded within education or government agencies typically had higher enrollment numbers ranging between 55 and 154. The caseload per home visitor also depended on the size of the organization. The larger organizations such as Humboldt County DHHS Public Health and Early Head Start and Head Start programs had caseloads of 15 to 30 clients per home visitor. The smaller organizations' caseloads were often based on available staff time and caseloads ranged from 3 to 15 family clients. When it came to referrals, Humboldt County DHHS Public Health reported the highest monthly referrals ranging from 33 to 53.

One FRC reported 30 to 40 monthly referrals. The majority of programs reported monthly referrals between 2 to 15. Based on the programs that provided data, there is an estimated total of 728 home visiting slots for children and families in Humboldt County, with 650 representing slots available in programs utilizing evidence-based models.

Resources & Curriculum

Programs utilize a variety of resources in their programs. Model philosophies and resources focused on topics such as attachment theory, self-efficacy, trauma-informed care, biases and perceptions, non-judgmental training, violence protection and identifying abuse and neglect, skills for self-care, discipline and behavior, adverse childhood experiences, resilience and more. Specific examples of training and curriculums that local organizations utilize for home visiting programs are outlined in Table 6 below.

Table 6. Resources and Curriculum: Humboldt County Home Visiting Organizations

Training Tool/Curriculum	Topic	Organizations
ACT/Parents Raising Safe Kids Program	8 week program encouraging environments that protect children from violence	Changing Tides Family Services
Community Resiliency Model (CRM)	Provides skills for self-care and create trauma-informed & resiliency focused communities	Changing Tides Family Services
Creative Curriculum	A research-based curriculum resource to assist teachers and caregivers to be most effective in providing children with developmentally appropriate programs	Hoopa Valley Tribe
Early Learning Framework	Five broad areas of early learning that is grounded in what young children should know and be able to do in early years	Hoopa Valley Tribe
Family Service Worker Training	Certificate program for family service workers	Changing Tides Family Services
Five Protective Factors	Parental resilience, social connections, concrete support, knowledge of parenting child development & social/emotional competence	Changing Tides Family Services

Nurturing Parent Curriculum	Targets families at risk for abuse & neglect by fostering positive parenting skills	Changing Tides Family Services
Positive Discipline	Discipline model focuses on positive points of behavior	Changing Tides Family Services
Parent CAFÉ	Safe spaces to discuss challenges and victories of raising children	Changing Tides Family Services
Parent Child Interaction Training (PCIT)	Direct coaching of parents to positively influence parents' interactions with child	Humboldt County Office of Education
SafeCare	Parent-training curriculum for parents of children ages 0-5 who are at risk or been reported for physical abuse or neglect	DHHS Public Health Branch
Strategies Gold Curriculum	An observational system to assess children from birth through kindergarten to assist in assessing everyday experiences that include school success predictors	Hoopa Valley Tribe
School Readiness	Assess school readiness of incoming kindergarteners	Hoopa Valley Tribe
Sunshine Circles Program	Structured interactive playgroup to enhance well-being and social skills	Changing Tides Family Services

Barriers to Enrollment & Engagement

Lack of Trust & Confidentiality Concerns

Fear & Shame of Participating in Public Assistance Program

Limited Time & Availability

Limits of Eligibility Criteria

Lack of Trust and Confidentiality Concerns

Relationship and trust building are key components to the success of home visiting programs. Interviewees explained having a stranger come to the home is a vulnerable situation. Many families don't want home visitors to see inside of their home or what their lifestyle is like. Interviewees reported families worried the most about dirty laundry or dishes.

A large portion of a home visitor's work is communicating to families they are not there to judge, but to build a trusting relationship and assist families in meeting their various needs. However, it often takes a couple of visits before a client or family warms up to the home visitor being in the home.

Home visitors also experience situations where families will not share or communicate with home visitors their needs and challenges until emergency situations arise. When they respond to emergency situations is often when families will really open up and accept the support.

“They might feel embarrassed they need it. [Home visitors] try and normalize it by everyone getting the service even if they only kind of need it. Then others won't feel embarrassed that they need help. It is definitely a barrier.”

“The biggest problem in my experience that is hard for families is knowing that we're going to be in their home.”

Another concern of families is confidentiality between home visitors and other community members and/or people within their families. Program staff regularly reiterate confidentiality agreements to ensure families feel comfortable.

Interviewees shared that the concern for confidentiality and trust is especially prevalent in tribal communities who have experienced historical trauma, as well as with Spanish speakers who are concerned with immigration status. Spanish-speaking individuals often do not believe they qualify for services no matter their immigration status and are fearful of enrolling in services.

Fear & Shame of Participating in Public Assistance Programs

Program staff also come across many families who fear or hold shame around participating in a public assistance program. Interviewees explained families may feel if they accept the support, it means there is “something wrong with them” and carry a shame that is associated with needing additional support. Other clients have a great fear of a government program coming into their home, especially when they have a current or past case with Child Protective Service (CPS). Home visitors explained trust is much harder to build when CPS is involved. In addition, many families at first think the home visitors are CPS, or at least connected to CPS, which makes building the trust and openness difficult and requires time.

Limits of Eligibility Criteria

Some interviewees stated that eligibility criteria is often too narrow and not open enough for all families in need. Not all families in need of home visiting or public assistance support meet eligibility criteria.

Program eligibility criteria varies, but most services are for low-income families who meet specific criteria. Interviewees also felt that the expansion of eligibility criteria could help to reduce stigma associated with participating in public assistance programs. Interviewees highlighted a desire to reframe the marketing of home visiting and public assistance programs in a more positive, strengths-focused manner.

“I think that sometimes it is the criteria. It is so narrow that it's hard for people to fit into that.”

Limited Time & Availability

In addition to lack of trust, fear, and shame families may experience, busy lifestyles and limited time to participate was also identified as a barrier that discouraged families from participating in home visiting programs. Participants noted that families' available time was even more constrained during the COVID-19 pandemic due to technology fatigue, lack of in-person childcare and education, and everyone spending time at home. Between every day errands, school, daycare, activities, and home chores, parents live busy lives which can make it difficult to participate in a program.

Families often do not want to come home at the end of the day and have a “stranger” in their home. For some, home visiting can seem like another task on their to-do list. Home visitors often will provide incentives to families to participate in programs or attend program classes. Incentives are often aligned with the family's needs and include items such as car seats, clothes, gas cards, diapers, or self-care items to encourage mental and physical health.

“We also provide incentives if a family has physical needs. Clothes for the baby, items for themselves, self-care items for mom or other family members, gas cards to get to and from places.”

Home Visiting During COVID-19

Hybrid Models & Operations: Zoom and Porch Visits

Difficulty Keeping Engagement

Providing Technology & Internet Access

Hybrid Models for Service Delivery

The COVID-19 pandemic has impacted home visiting programs in many ways. At the beginning, in March 2020, most home visiting services were only offered virtually, either by phone or through video conferencing systems such as Zoom.

“Home visit COVID style, meaning a porch visit or maybe we're doing zoom from outside the family's home.”

Since then, programs have found ways to offer hybrid service delivery that involves some communication by phone, and some socially distanced outdoor visits or supply drop-offs. Home visitors have had to be creative to safely communicate with their families, especially for those that don't have a permanent phone number or residence. They utilized community outdoor recreation spaces (weather permitting) and conference rooms in which they could control the environment by sanitizing all surfaces. At the time these interviews were conducted, most home visitors weren't allowed in the home and or able to have close in-person contact with their family clients. As state and local regulations change, programs are hopeful they can start to expand their services again to incorporate more traditional forms of home visiting.

Difficulty Keeping Families Engaged with the Program

The impact the pandemic had on program engagement varied by program and region. Some programs saw less engagement or lost contact with families during the transition to remote contact, while others saw an increase in need and engagement. The programs that experienced less engagement explained it was often related to lack of access to internet or technological devices.

For those families that did have technological resources but were less engaged, interviewees shared it was likely due to screen or technology fatigue. At the time these interviews were conducted, almost all school and or playgroup activities were virtual, and many parents were still working remotely. Due to the significant portion of time families were spending on a screen, in addition to their busy daily lifestyles, many families didn't have the energy or found it a struggle to keep themselves and or their young child focused during online home visiting sessions. Since a home visitor wasn't in-person to engage with the child directly, parents often had to put in a lot of work to keep the child engaged with an activity or lesson, which some found frustrating. Interviewees shared that some families didn't feel the same level of support or engagement, causing them to drop off until in-person services could resume.

While some programs and families found virtual communication to be a challenge, others saw it as a new opportunity for enrollment and engagement, especially for families that live in remote communities with long commute times. Virtual connections have made it easier for home visitors to fit more home visiting appointments into their schedule, and for the families it took away the pressure or fear of having someone in their home. As programs start to resume their normal home visiting services, many are considering a hybrid model to allow traditional in-person visits, but also to continue with virtual connections for those interested or in need of that form of service connection.

Highlights

Programs utilized hybrid models including both online platforms and in-person social distancing porch visits.

Families were experiencing technology fatigue leading to difficulty keeping them engaged.

Programs provided families with needed technology including phones, devices, and internet access.

“We can try all we want, but ... the engagement sometimes can drop off just because it is not that same kind of in-person support that they're use to.”

Barriers & Needs of Families during COVID-19

Technology: Internet Access & Devices	Mental Health & Isolation	Lack of Childcare & Education	Living Expenses	Regular Medical Services & Follow-up Appointments
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Technology: Internet Access & Devices

Multiple interviewees shared that many of their families did not have access to technology and internet when the COVID-19 pandemic began. Some programs were able to provide technology access to the families by giving or loaning them devices such as tablets, laptops, or phones with video conferencing ability. For those families that already had a device but no internet access, some programs provided funding for internet access in the home and or provided hotspots. For the programs that didn't have it in their budget to provide technology directly, they did their best to connect them to other resources in the community providing this type of service.

However, even when financial or technological resources were available, many families living in remote parts of the county were unable to connect due to lack of broadband in their area and or regular power outages. These types of access barriers are unique to rural areas and apply to all people in the county, not just to those seeking home visiting services.

Mental Health & Isolation

The need for mental health services and the high levels of isolation experienced by families due to the pandemic was also reported as a significant barrier. Limited access to mental health services was identified as a need in Humboldt County prior to the COVID-19 pandemic. The majority of interviewees shared that their families have reported increased isolation, anxiety and mental health stressors due to the COVID-19 lifestyle.

“We’ve definitely seen an increase in mental health issues, moms feeling really isolated.”

Although families reported high levels of isolation, many did not want to engage in more programs being offered virtually, which made them even more isolated. Many home visiting programs reported they worked to educate families on the importance of mental health and self-care during unprecedented times, and have provided tools to help support their families. Very few programs have mental health providers on staff and there is limited funding available for these types of services in the community in general. Many felt offering more mental health services through home visiting programs would meet a significant need in the community.

“What came up over and over and over again was they are isolated- they are not socializing with other children- they are not having human contact.”

Lack of Childcare & Education Services

Due to COVID-19 halting in-person school and childcare and transitioning to online operations, interviewees reported parents have an unmet need for childcare and educational services.

Interviewees noted that families reported they were unhappy with online and hybrid home visiting models as their children were not successfully participating and engaging in virtual classrooms. This was especially seen in the younger ages. Many working-class families experienced difficulties with work-home-life balance and the additional responsibility of at home childcare was an added stressor. Additionally, families were concerned about how much screen time their children were experiencing. The more remote communities already lacked childcare services, and the COVID-19 pandemic increased that need even more.

“If they were home with the children and no longer using childcare, there was a chance for early education to still happen by supporting the parents to do activities. Hopefully this year is not a loss of education for everybody.”

Living Expenses

Many clients of home visiting programs experienced loss of work over the last year, which greatly impacted their ability to keep up with living expenses. Food, rent, and utility bills were some of the most prevalent needs of families and home visiting programs found various ways to support those needs. While some programs provided direct financial or resource support such as dropping off food in the home or paying utility bills for a few months, a majority of home visitors supported their families by connecting them to other public assistance programs that provide food or rent subsidies.

They helped families get connected to a local food bank or with a school’s free meal program. They also stayed informed of the rental assistance programs available through COVID-19 relief funds that their families may be eligible for.

Regular Medical Services & Follow-Up Appointments

Home visiting programs reported families and community members were not keeping up on attending regular medical and dental appointments during the COVID-19 pandemic. Early on in the pandemic, appointments were often canceled and families were not attending regular health care appointments. Many home visiting programs receive referrals through medical providers, so the lower appointment rates also led to a decrease in referrals.

Redwood Coast Regional Center (RCRC) is one of the few programs that stated their clients were keeping up with medical appointments; many RCRC clients all have a diagnosed disability and may require more medical attention than the general public. Interviewees did state that as access to medical and dental appointments increased through the course of the pandemic, they started to see an increase in referrals again.

Highlights

Families felt more isolated due to everything being online and no in-person contact.

Parents and family wanted traditional in-person childcare services.

Families reported loss or disruption of work and found it difficult to keep up with living expenses.

Community members were not attending medical appointments regularly due to COVID-19 which caused more medical problems.

Humboldt County Community Barriers & Needs Summary

Transportation	Mental Health Services	Housing
Food Security	SUD Services with Family & Inpatient Emphasis	Dental Services

Interviewees were asked to report the barriers families in Humboldt County experienced prior to and during the COVID-19 pandemic. Transportation was the most reported barrier and need of home visiting families and the Humboldt community; it was mentioned by every interviewee. Many programs provided their clients with access to transportation prior to the COVID-19 pandemic. COVID-19 put many of the programs' transportation services on hold or they were not able to transport as many clients as they once could.

Lack of mental health services and providers in the area additionally was a need prior to the pandemic and increased during the time of isolation. Affordable and reliable housing was discussed as a need for not only the home visiting families, but the overall community. This again was heightened during the pandemic as families often reported needing cash assistance for housing and rental cost.

Food sources and assistance for food was reported as another significant barrier faced as food is often too expensive for families or not easily accessible. The home visiting clients' need for food increased during the pandemic, often due to loss of work. An increase in addiction services was also highlighted as a need with an emphasis around the need for increased inpatient services, and specifically inpatient services with a focus on the family. Interviewees discussed that many mothers participating in home visiting programs will not seek addiction services because they can't bring their children. Lack of dental services in the community was also reported not only for home visiting clients, but as an unmet need of the community as a whole.

SECONDARY DATA OVERVIEW

Humboldt County Health & Demographics Summary

Humboldt County is home to 136, 373 individuals with approximately 19% (25,575) representing children between ages 0-17, and 6% (8,048) being children under age 5.

Approximately 19% of the population was living in poverty in 2019 (U.S. Census, estimates), with 23% of children living in poverty in 2020.

Thirty-nine percent (39%) of children in the county reside in single parent households. In 2020, 15 out of 1000 births were to teen mothers (Health Rankings & Roadmaps, 2020 estimate & Kids Data 2020).

Kids Data reports that 64.2% of children in Humboldt are White, 18.7% are Hispanic or Latino, 6.9% are American Indian or Alaska Native, 3.4% are Asian American, 1.6% are African American, and 5.2% are two or more races (Refer to Figure 4 & Table 7).

Figure 4. Humboldt County Children (0-17) Racial Demographics (N=27,572)

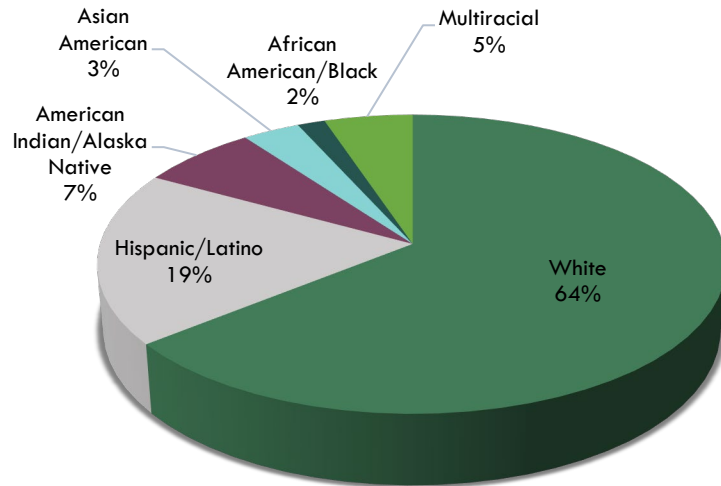


Table 7. Humboldt County Racial Demographics of Children 0-17

Humboldt County 2020 Racial Demographics	
Child Race	Percentage
White	64%
Hispanic/LatinX	19%
American Indian/Alaska Native	7%
Multiracial	5%
Asian American	3%
African American/Black	2%

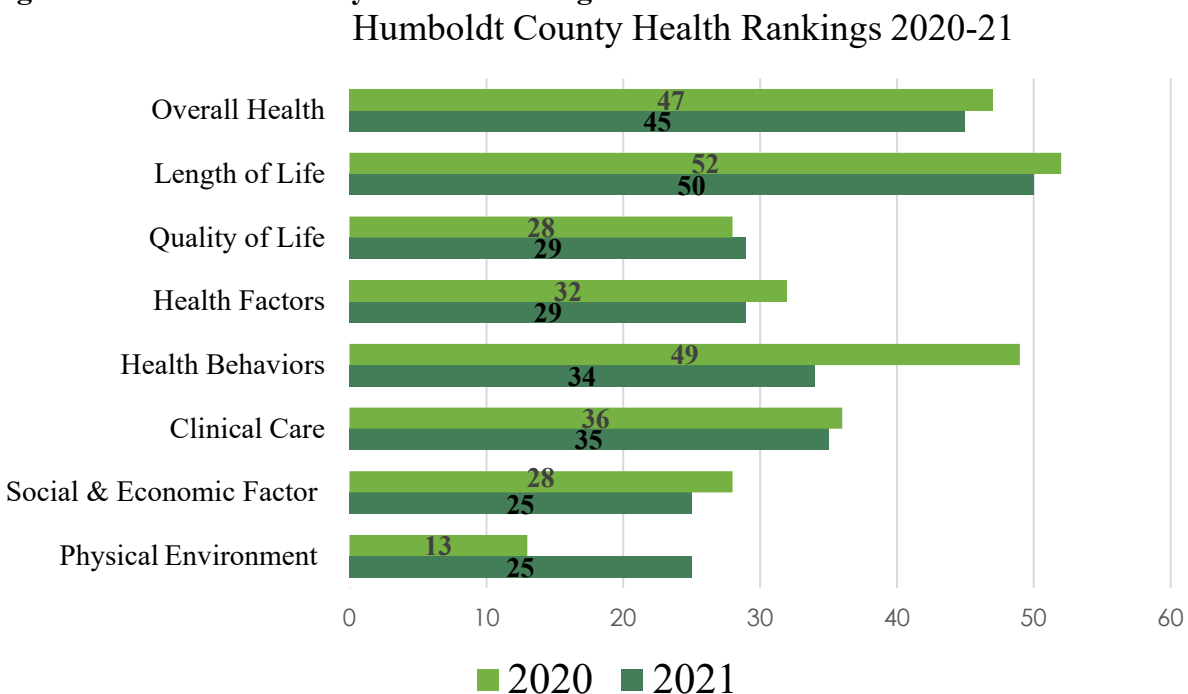
Humboldt County Health Rankings

Humboldt County ranked 45th out of the 58 California counties in overall health outcomes. Lower ranks represent better health. The county was ranked 47th out of 58 in 2020, representing a rank down by 2 counties in 2021, meaning the overall health in the county improved. Health behaviors significantly improved as it ranked 49 in 2020, down to 34 in 2021 (Please refer to Figure 5).

Additional significant findings include:

- Health Factors improved as ranking decreased from 32 in 2020 to 29 in 2021.
- Social & Economic Factor improved as ranking decreased from 28 in 2020 to 25 in 2021.
- Physical Environment significantly worsened as it went from a ranking of 13 in 2020 to 25 in 2021.

Figure 5. Humboldt County Health Rankings

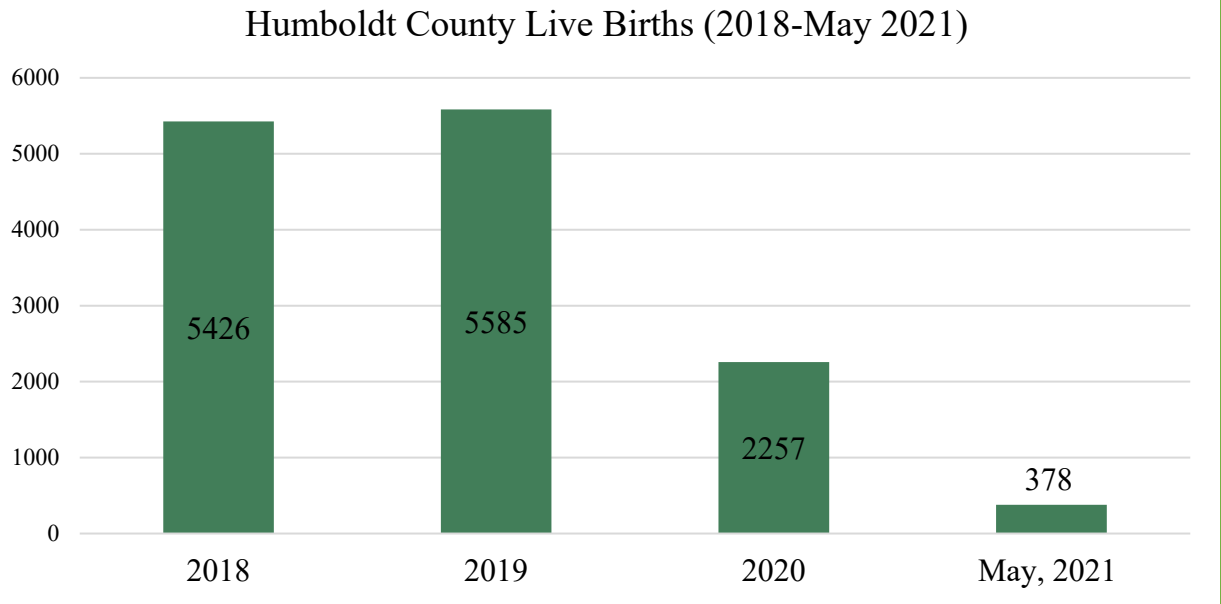


Source: County Health Rankings & Roadmaps

Humboldt County Live Births

Birth rates in Humboldt County for the years of 2020 and 2021 are based on preliminary estimates and do not reflect the accurate number of births. Preliminary data reported an estimate of 2,257 births in 2020, and 378 births up to May in 2021. Between 2018 and 2019, the number of births increased by 159, as in 2018 there were a total of 5,426 live births and that number increased to 5,585 total live births in 2019 (Please refer to Figure 6).

Figure 6. County Live Births 2018-2021



Source: California Health and Human Services Open Data Portal

Humboldt County Medi-Cal Enrollment

According to Kids Data, Humboldt County has a total monthly average Medi-Cal enrollment of 54.7% of youth between the ages 1-20. Seventy-eight percent (78%) of all the youth enrolled monthly are under age 1. Fifty-nine percent (59%) of youth enrolled in Medi-Cal monthly are between the ages 1-18, and only 26% represents youth between the ages 19-20.

Figure 7. Humboldt County Medi-Cal Average Monthly Enrollment, by Age Group

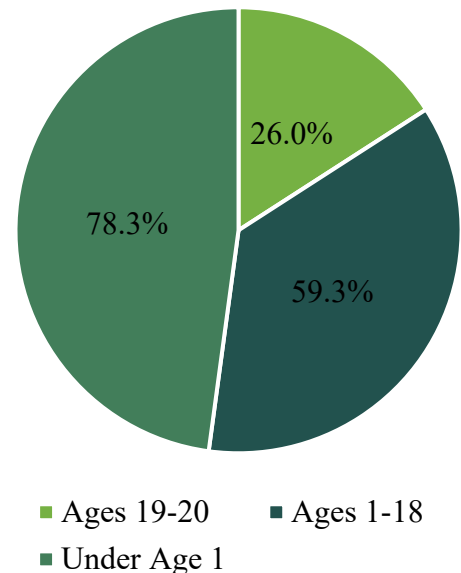


Table 8. Humboldt County Medi-Cal Enrollment

Humboldt County Medi-Cal Average Monthly Enrollment, by Age Group	
Age Group	Percentage
Under Age 1	78.3%
Ages 1-18	59.3%
Ages 19-20	26.0%
Total of all Ages	54.7%

Source: KidsData.org

Humboldt County 2020-21 Kindergarten Enrollment

In the 2020-21 school year Humboldt County had a total enrollment of 17,636 students, approximately 8% or 1,417 students enrolled into kindergarten. Fifty-two percent (52%) or 739 of kindergarteners in 2020-21 school year are white, 21% or 291 are Hispanic/LatinX, 10% or 140 are multiracial and 9% or 122 are American Indian/Alaska Native. Please note that numbers under 5 were suppressed for purposes of this table.

Table 9. Humboldt County Racial Demographics of Kindergarten Students, 2020-21

Humboldt County 2020-21 Kindergarten Enrollment Racial Demographics		
Student Race (Grade K)	Total Number	Percentage
White	739	52%
Hispanic/LatinX	291	21%
Multiracial	140	10%
American Indian/Alaska Native	122	9%
Asian American	48	3%
Pacific Islander	40	3%
Not Reported	24	2%
African American/Black	12	1%

Humboldt County School Data- Free and Reduced Price Meal Eligibility

According to the California Department of Education, approximately 58% or 10,553 students enrolled in Humboldt County schools were eligible to receive free or reduced-price meals (FRPM) in the 2018-19 school year. On average, school districts had approximately a 56% eligibility rate of their enrolled students. Peninsula Union and Orick Elementary had the highest eligibility rates of 100% and 80%, but overall had the smallest total enrollment of children. On average, the majority of school district's students eligible for FRPM ranged between 50% and 60% (Please refer to Table 10).

Table 10. Humboldt County School District 2018-19 FRPM Eligibility

Humboldt County 2018-19 Free & Reduced Priced Meal (FRPM) Eligibility				
District	Grades	Enrollment	FRPM Count	% Eligible
Humboldt County Office of Education	K-12	821	483	58.8%
Arcata Elementary	K-8	1153	634	54.9%
Eureka City Unified	K-12	3877	2644	68.1%
Fortuna Elementary	K-8	1338	874	65.3%
Trinidad Union	K-8	200	118	59%
Ferndale Unified	K-12	455	253	55.6%
Mattole Unified	K-12	51	9	17.0%
Southern Humboldt Joint Unified	K-12	775	433	55.8%
South Bay Union Elementary	K-12	926	624	67.3%
Scotia Union Elementary	K-8	174	124	71.2%
Rio Dell Elementary	K-8	282	175	62.1%

Peninsula Union	K-8	44	44	100%
Pacific Union Elementary	K-8	621	328	52.8%
Orick Elementary	K-8	15	12	80.0%
McKinleyville Union Elementary	K-8	1097	669	60.9%
Maple Creek Elementary	K-8	9	7	77.70%
Loleta Union Elementary	K-8	100	89	89%
Kneeland Elementary	K-8	12	5	41.6%
Klamath-Trinity Joint Unified	K-12	1011	771	76.2%
Jacoby Creek Elementary	K-8	467	123	26.3%
Hydesville Elementary	K-8	198	72	36.3%
Green Point Elementary	K-8	12	10	83.3%
Garfield Elementary	K-6	66	20	30.3%
Freshwater Elementary	K-8	348	139	39.9%
Fortuna Union High	9-12	1097	546	49.7%
Fieldbrook Elementary	K-8	124	63	50.8%
Cutten Elementary	K-6	639	306	47.8%
Cuddeback Union Elementary	K-8	148	89	60.1%
Bridgeville Elementary	K-8	44	31	70.5%
Blue Lake Union Elementary	K-8	164	106	64.6%
Big Lagoon Union Elementary	K-8	24	12	50%
Northern Humboldt Union High	9-12	1808	740	40.9%
Total	-----	18,100	10,553	58.3%

Source: CA Department of Education

Humboldt County Office of Education (HCOE) Student Landscape

The California Department of Education reported that during the 2018-19 school year in Humboldt County, there were a total of 18,625 students enrolled in the K-12 schools. Of the 18,625 students, 15,727 were documented to have been absent one or more days, with an average of 11.8 days missed in the school year. Of those absences, approximately 42.9% were unexcused and 1.4% were due to out of school suspension. Of the 15,727 students with one or more absences in the 2018-19 school year, approximately 64% of students that were absent were socioeconomically disadvantaged, 27% were students with documentation of home life factors, 7% were homeless, 2% were in the foster care system, and less than 1% were migrant students (Please refer to Table 11). Other significant findings include:

- Socioeconomically disadvantaged students were reported to have an average of 13.6 absent days a year, 46% being unexcused and 1.6% representing school suspension absences.
- Homeless students were reported to miss an average total of 18.3 days a year, approximately 58% being unexcused and 2% being out of school suspensions.
- Foster care students missed a total of 17.6 days on average, approximately 60% being unexcused and holding the highest percentage of school suspensions at 3%.
- Migrant students missed the least amount of school with an average of 10.4 days absent, 48% unexcused and no school suspensions.

Table 11. Humboldt County K-12 Absences (2018-19)

Humboldt County K-12 Absences 2018-19						
Humboldt County Classification of K-12 Absences	Eligible Enrollment	Students with One or More Absences	Average Days Absent	Excused	Unexcused	Out of School Suspension Absences
Humboldt Cumulative	18,625	15,727	11.8	50.3%	42.9%	1.4%
Socio-economically Disadvantage	11,799	10,068	13.6	46.3%	46.3%	1.6%
Homeless	1,235	1,097	18.3	34.4%	57.8%	2.2%
Foster Care	370	323	17.6	30.0%	59.6%	3.1%
Migrant	19	14	10.4	52.1%	47.9%	0.0%

Source: California Department of Education

Humboldt County Special Education Enrollment (2018-19)

The California Department of Education reported that in the 2018-19 school year, Humboldt County Special Education had a total enrollment of 3,190 special education students. Of those 3,190, students 37% or 1,186 were documented to have a specific learning disability.

Twenty-two percent or 685 were documented with speech or language impairment, and 16% or 516 had a diagnosis of Autism (Please see Table 12).

Table 12. Humboldt County Special Education Enrollment (2018-19)

Humboldt County Special Education Enrollment 2018-19		
Disability	Total	Percentage
Intellectual Disability	131	4.1%
Hard of Hearing	35	1.1%
Speech or Language Impairment	685	22.0%
Emotional Disturbance	96	3.0%
Orthopedic Impairment	27	0.8%
Other Health Impairment	480	15.0%
Specific Learning Disability	1,186	37.1%
Multiple Disability	15	0.4%
Autism	516	16.1%
Total	3,190	100%

Source: California Department of Education

Humboldt County WIC Participant Characteristics

California Health and Human Services reported in 2017-18 there was a total of 61,510 WIC redemption participants in Humboldt County. Amongst those redemption clients, approximately 57% or 34,805 were children. Infants followed in the highest redemption rate at 19% or 11,947. Breast feeding mothers' redemption rate was reported at approximately 11% or 6,671. (Please refer to Table 13). Other significant findings include:

- Child vouchers redeemed had the highest site total of 124, 010.
- Infant vouchers redeemed were second highest in site total of 30,103.
- Breastfeeding mother vouchers redeemed was the third highest in total sites at 26,320.

Table 13. Humboldt County WIC Redemption Characteristics (2017-18)

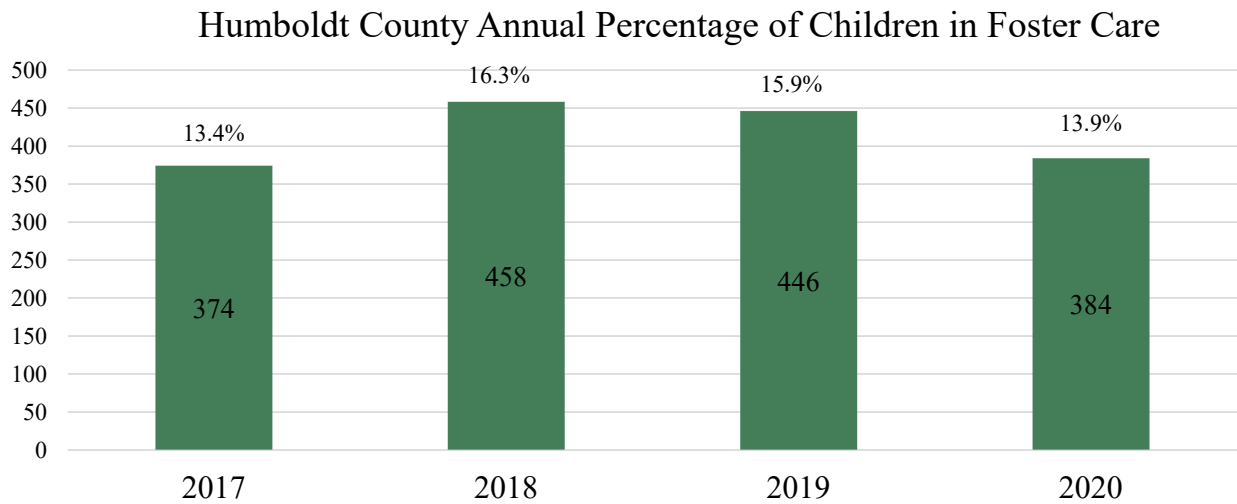
Humboldt County WIC Redemption 2017-18			
Client Type	# of Participants Redeemed	Total Site Vouchers Redeemed	Participant Redemption Percentage
Prenatal	5,819	21,993	9.5%
Breastfeeding Mother	6,671	26,320	10.8%
Non-Breastfeeding Mother	2,268	5,895	3.7%
Infant	11,947	30,103	19.4%
Child	34,805	124,010	56.6%
Total	61,510	208,321	100%

Source: California Health & Human Services

Humboldt County Foster Care & Child Welfare Statistics (2017-2020)

The California Child Welfare Indicators Project (CCWIP) tracks California children between ages 0-17 enrolled in the foster care system. Figure 8 represents the number of Humboldt County children enrolled in the foster care system by year. Approximately 16% of Humboldt County children in 2019 was engaged with the foster care system. In 2020, Humboldt County youth engaged with foster care decreased approximately by 2% as only 14% were reported to be engaged with foster care.

Figure 8. Humboldt County Annual Percentage of Children in Foster Care

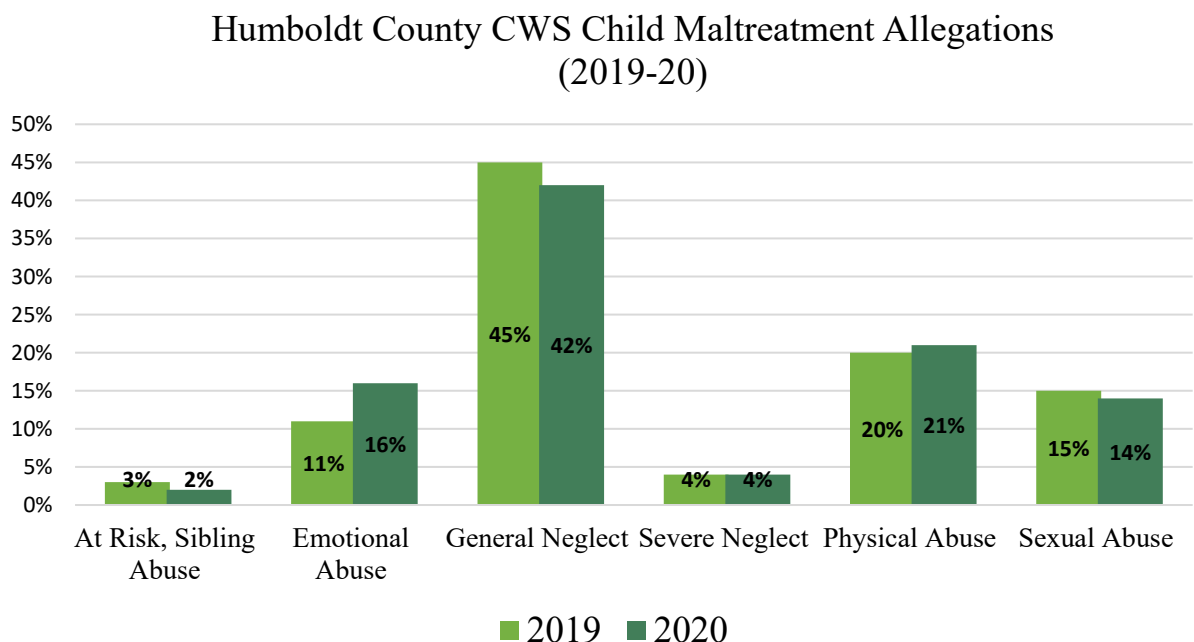


Source: University of California Berkeley- California Child Welfare Indicators Project

In 2019, 32% of foster youth in Humboldt County were between the ages 1-month to age 5. In 2020, 42% of foster youth in Humboldt County were between ages 1-month to age 5 representing a 16% increase of that prior year. In 2019, 32% of open cases represented children between ages of one month to age 5. In 2020, 51% of open cases represented children between the ages of one month to age 5.

Of child maltreatment allegations in Humboldt County, general neglect was the most frequently reported allegation in both 2019 (45%) and 2020 (42%). Physical abuse was the second most reported allegation in both 2019 (20%) and 2020 (21%).

Figure 9. Humboldt County CWS Child Maltreatment Allegations



STUDY LIMITATIONS & FUTURE STUDIES

The environmental scan had several limitations. The primary data collected does not necessarily reflect all home visiting and early childhood support services within the community. Program-level data was shared on a voluntary basis and participation in the one-on-one interviews were also completed on a voluntary basis. The program characteristics survey was not completed by all partners and some surveys were only partially completed. Primary data reported from the participating programs varied greatly across programs. The data is therefore conservatively estimated.

Capacity and the available home visiting slots could be more than what is depicted in this study. Future studies could benefit from further analysis regarding available home visiting slots within the county. However, getting to a concrete number of slots will also be limited by the fact that staffing and funding capacity is dynamic and changes over time.

COVID-19 and the pandemic definitely influenced organizations' operations and capacity to participate in the environmental scan. Some home visiting programs that CCRP reached out to stated their home visiting programs were not operating at the point in time or no longer providing services due to COVID-19. Many programs were operating under new models and experienced difficulty maintaining engagement with other programs during the pandemic. Circumstances of the COVID-19 pandemic caused fluctuation in programs' capacity, available slots, and services.

Future studies could also benefit the community by focusing on identifying the geographic reach of programs that serve the entire county. A more in-depth analysis of the reach of home visiting to remote communities in the county would be helpful. In this study, many programs provided estimates and/or ranges of service areas that included statements of "we serve anyone along the 101-highway" or "we serve all of Humboldt". Programs would also state they are now able to service all of Humboldt due to services being provided online. Data collection on how many cases the programs serve by zip code can provide a better understanding of the regions that are being underserved in the county.

Data collection within home visiting programs faced limitations. For instance, some programs did not have a formal data collection system in place or faced barriers in providing data due to Health Insurance Portability and Accountability Act (HIPAA) and other privacy concerns. Future studies could benefit by focusing efforts on program-level data including demographic and other identified shared data points on the families participating in the programs. Based on the recommendations in this environmental scan that include implementation of a shared data system between agencies and home visiting programs, a quarterly analysis of the data would establish better understanding of the home visiting needs of the county.

In this study, many programs were only able to provide estimates or were not able to provide client demographic data. Obtaining client demographic data could better assist the community in understanding the county's service needs within home visiting and early childhood support systems. Although this environmental scan found that Humboldt County has a strength in referring to culturally appropriate services and providing such services to the Spanish speaking and Tribal community, demographic data can improve knowledge around the cultural and fluent language support service needs. Future studies could benefit the community in collecting aggregated

demographic data and a further analysis of the vulnerable populations who may be in need of home visiting services. Aggregated demographic data and data collection on the available home visiting slots can assist reaching the populations in need when utilizing a “targeted universalism” approach.

CONCLUSION

The environmental scan identified an estimated total of 728 home visiting service slots in Humboldt County. Out of the 728 slots, 650 were with programs utilizing evidence-based models. The estimate is based on available data provided from home visiting programs during the time of interviews, but may not reflect the current capacity of each program. Although the projected 728 slots is an estimate, it suggests there is potential room for home visiting expansion within the county. In 2020, there were approximately 8,048 children under the age of 5 in the county with 23% or 1,851 living within the poverty threshold. This suggests a possible gap between available home visiting services and children that may benefit from them.

The estimated total of home visiting slots aligns with the environmental scan interview findings that suggest a need for expansion of home visiting services in Humboldt County. Based on the environmental scan findings this report recommends exploring opportunities of expansion through a targeted universalism approach. A targeted universalism approach would best be achieved with the help of the already available existing pipelines and home visiting services in the Eastern and Southern regions of the county that have high levels of children under 5 living in poverty.

Interviews also suggested a need to re-market home visiting services to help diminish the fear, shame or stigma associated with home visiting or public assistance programs. Programs noted that if services were offered to all children and families, stigma associated with participating in home visiting programs could greatly diminish. Although, programs also identified a need to focus efforts on minimization of service duplication and service fatigue when considering expansion efforts.

This environmental scan also identified home visiting could benefit from efforts towards enhanced data collection and data sharing systems. Program data collection or ability in sharing data varied greatly, with evidence-based models often being required to collect more data. Programs engaging in a formalized data collection process could help improve program’s ability to serve Humboldt County children and families, as well as to help advocate for policy and funding opportunities.