Improving Service Utilization in a Home Visitation Program: Use of Standardized Consultation Following Mental Health Screenings

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Introduction
- Intensive home visitation programs have shown promise for preventing child abuse and neglect while optimizing health and development (Ammerman et al., 2010).
- Home visitors (HV) are often faced with situations such as caregiver mental health issues, substance abuse, and domestic violence (Tandon et al., 2008) that make it difficult to provide services to families.
- Further, HVs often work with families in poverty and with children at risk for neglect, abuse, health problems and disabilities. Despite these challenges, little research has been conducted exploring HV self-efficacy in identifying and addressing these issues (Lamorey & Wilcox, 2005).
- The purpose of this study was to evaluate the effects of consultation in addressing two key aspects: (a) increasing staff perceptions of self-efficacy in identifying and discussing risks to healthy child development (e.g., parental mental health issues, substance abuse, environmental concerns, and youth developmental, social, and behavioral concerns) with families, and (b) facilitating staff coordination of services to families in need.

Methods
- Participants: All participants were women, one participant identified as Native American while others were European American. The majority of participants held a Bachelor’s Degree. Participants ranged in age from 23 to 55 years (M = 34.3, SD = 9.9) and had been working for EHS for an average of 15 months at the project start date.
- Measures: Demographic Questionnaire: Adapted from the Evidence-Based Practice Attitude Scale (EISES; Lamorey & Wilcox, 2002) for Family Advocates (FA) to assess mental health practitioner attitudes toward adoption of evidence-based practices. Subscale items include openness, receptiveness, and divergence have alphas of .59 to .90 while total scale shows good reliability (alpha = .77). For the current project, higher scores indicate more desirable attitudes and practices.
- Early Intervention Self-Efficacy Scale (EISES; Lamorey & Wilcox, 2002). The EISES is a 15-item Likert-style scale designed to measure self-efficacy of practitioners serving young children and their families. The EISES provides information related to personal intervention efficacy (alpha = .82) and general intervention efficacy (alpha = .80) as well as an overall self-efficacy score (alpha = .78). Higher scores indicate more self-efficacy.
- Family Service Utilization. The FCE provides information related to family service utilization, which was completed at the start of the program year (August 17, 2012).
- Remaining Data Collection: The post-intervention data will be collected in January 2013. These data will include the IPAS, EISES, and Support Questionnaire information as well as family level outcome data (e.g., referral, engagement, CPS need, and CPS intervention).

Table 1
<table>
<thead>
<tr>
<th>Measure</th>
<th>Standardized Consultation Baseline</th>
<th>Mid-Point</th>
<th>Consultation As Usual Baseline</th>
<th>Mid-Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>EISES</td>
<td>Personal</td>
<td>M (SD)</td>
<td>M (SD)</td>
<td>M (SD)</td>
</tr>
<tr>
<td>Personal</td>
<td>48.7 (3.2)</td>
<td>49.2 (2.1)</td>
<td>49.0 (2.1)</td>
<td>51.2 (3.4)</td>
</tr>
<tr>
<td>General</td>
<td>22.0 (2.9)</td>
<td>22.0 (2.9)</td>
<td>22.5 (2.8)</td>
<td>25.2 (3.0)</td>
</tr>
<tr>
<td>Total</td>
<td>70.7 (5.1)</td>
<td>71.2 (4.6)</td>
<td>72.6 (4.6)</td>
<td>76.4 (4.5)</td>
</tr>
</tbody>
</table>

Table 2
<table>
<thead>
<tr>
<th>Variables</th>
<th>Standardized Consultation As Usual</th>
<th>Consultation As Usual Baseline</th>
<th>Mid-Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>N of Consults</td>
<td>2 (0)</td>
<td>3 (1)</td>
<td>5.88*</td>
</tr>
<tr>
<td>Intervist</td>
<td>25 (20)</td>
<td>30 (25)</td>
<td>26 (20)</td>
</tr>
<tr>
<td>Minutes Spent In Consult</td>
<td>265 (265)</td>
<td>265 (265)</td>
<td>267 (267) *</td>
</tr>
</tbody>
</table>

Table 3
<table>
<thead>
<tr>
<th>Family Outcomes Including Service Referral and Engagement and CPS Involvement at Mid-point</th>
</tr>
</thead>
</table>

Results
- Chi-square analyses and independent samples t-tests indicated no significant differences on ethnicity, language spoken, education level, time working for EHS-HB, or age between groups.
- Means and standard deviations for assessment scores are listed in Table 1.
- Two-by-two AMOVA (Group x Time) revealed no significant differences between groups at pre-intervention or mid-point on the six perceived support items or EISES personal, general, and total scales. Nor were there significant group differences on these measures between time points.
- Participants in the CAU group had significantly more self-initiated consultations and spent significantly more time in self-initiated consultations compared to the SC group (Table 2).
- Table 2 provides information on family level outcomes. Independent samples t-test indicated that participants in the SC group had significantly more families identified as low risk compared to the CAU group. (F(1, 73) = 1.984, p = .045).
- In regard to number of referrals, family engagement in services referred, CPS need identified and CPS intervention received, the groups did not differ significantly.

Discussion
- As expected, groups did not differ significantly after random assignment on demographic or dependent variables.
- Interestingly, there were fewer self-initiated consultations for participants in the SC group. Although only 5 standardized consultations were completed, these consultations may decrease the need for self-initiated consultations.
- Contrary to hypotheses, participation in the standardized consultation group was not associated with higher self-efficacy or perceived support in the workplace. Groups also did not differ in service referrals, engagement, CPS needs identified or CPS intervention. This may be due to the limited number of standardized consultations completed.
- Given that groups did not differ on demographic variables, it is also not clear why these in CAU reported higher scores on openness and overall positive attitudes toward evidence-based practices.

Lessons Learned and Future Directions
- Although investigators gained approval from EHS-HB management, they were not made aware of pending changes to consultation procedures. Future projects may include broadened consultation rather than consultation regarding mental health screening reports.
- Considering time lags in the transmission of paperwork as well as coordination of meetings with home visitors, researchers should allot for a longer intervention period (12-18 months rather than 6).
- Despite these limitations, researchers anticipate home visitor self-efficacy and family service engagement to increase as consultants continue to collaborate with family advocates in exploring families’ needs and strengths.