Assessing the Need for Evidence-Based Home Visiting: Experiences of EBHV Grantees

July 29, 2010

Welcome! We will begin in a few minutes……
Assessing the Need for Evidence-Based Home Visiting: Experiences of EBHV Grantees

July 29, 2010
Participants

• Moderator
  – Debra Strong, Mathematica

• Background
  – Melissa Brodowski, Children’s Bureau/ACF

• Presenters
  – Diane Paulsell, Mathematica
  – Leanne Barrett, Rhode Island KIDS COUNT
  – Rodney Hopkins, Utah Department of Health
Assessing the Need for Evidence-Based Home Visiting: Experiences of EBHV Grantees

July 29, 2010
Diane Paulsell
Mathematica Policy Research
Topics to cover

- Background
- Expected Uses
- Planning Team
- Data Sources and Collection Methods
- Facilitators and Barriers
- Lessons Learned
Background

• Telephone interviews with 8 EBHV grantees
  – 4 state agencies
  – 3 nonprofit organizations
  – 1 nonprofit hospital

• EBHV grantee needs assessments designed to meet two overarching goals:
  – Assessing the need for home visiting services
  – Assessing community capacity to implement evidence-based programs
Expected Uses

1. Identify needs
   - Target populations
   - Geographic areas of high need
   - Target outcomes

2. Create an inventory of existing home visiting programs
   - Enrollment capacity
   - Characteristics of enrolled families
   - Services and curriculum
   - Program needs and gaps in services
3. **Assess infrastructure capacity**
   - Agency capacity
   - Workforce issues
   - Access to technical assistance and supports

4. **Educate stakeholders**

5. **Select an evidence-based program model**

6. **Prepare applications to national or university-based support offices**
Assembling a Planning Team

- **Advisory and stakeholder committees**
  - Representatives of home visiting programs
  - ECCS grantees
  - CBCAP leads
  - United Way and other local funders
  - Researchers and epidemiologists from state agencies and local universities
  - State agency staff
Data Sources

• **Existing Assessments**
  – Head Start community needs assessment
  – Title V Maternal and Child Health inventory
  – CAPTA inventory of needs and programs
  – KIDS COUNT Data Book
  – Community Action Agency annual reports
  – Other state and local assessments
Data Sources (cont.)

• Collecting New Data
  – Data requests to state, county, and local agencies and Medicaid managed care plans
  – Interviews and focus groups with state and local stakeholders
  – Surveys of existing home visiting programs, Head Start programs, Community Action Agencies, and other partners
  – Follow-up telephone and in-person interviews with service provider staff
## Selected Data Elements

<table>
<thead>
<tr>
<th>Data from electronic birth records</th>
<th>Child deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rates of low birth weight</td>
<td>Crime statistics</td>
</tr>
<tr>
<td>Preterm births</td>
<td>Educational attainment of the population</td>
</tr>
<tr>
<td>Rates of infant mortality</td>
<td>School dropout rates</td>
</tr>
<tr>
<td>Rates of child abuse and neglect</td>
<td>Births to teen mothers</td>
</tr>
<tr>
<td>Births to mothers without a high school diploma</td>
<td>WIC enrollment by age of parents and first time mothers</td>
</tr>
<tr>
<td>Births to first time mothers</td>
<td>Children with incarcerated parents</td>
</tr>
</tbody>
</table>
## Infrastructure Capacity

### Selected Data Elements

<table>
<thead>
<tr>
<th>Selected Data Elements</th>
<th>Infrastructure Capacity</th>
</tr>
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<tbody>
<tr>
<td>Number of families served</td>
<td>Curriculum or home visiting program model</td>
</tr>
<tr>
<td>Characteristics of families served</td>
<td>Enrollment in Part C services</td>
</tr>
<tr>
<td>Enrollment capacity</td>
<td>Staff qualifications and experience</td>
</tr>
<tr>
<td>Barriers faced by home visiting programs</td>
<td>Funding sources for home visiting programs</td>
</tr>
<tr>
<td>Referral sources</td>
<td>Cost of home visiting services per family</td>
</tr>
<tr>
<td>Length of waiting lists</td>
<td>Gaps in services by geographic area</td>
</tr>
<tr>
<td>Rates of attrition from home visiting programs</td>
<td>Enrollment in Early Head Start</td>
</tr>
</tbody>
</table>
Topics on Which Data Are Limited

- Vulnerable populations
- Prenatal screening on substance abuse, domestic violence, and maternal depression
- Incidence of child abuse and neglect
- School readiness at kindergarten entry
- Crime rates
- Information on existing home visiting programs
  - Funding, attrition rates, evaluations, father involvement
Facilitators and Barriers

• **Facilitators**
  – Collaborative relationships
  – Broad participation in planning
  – Dedicated staff resources
  – Existing data sources

• **Barriers**
  – Trust
  – Gaining cooperation
  – Availability of data
  – Lack of standardization across data sources
Lessons Learned

• **Planning the Needs Assessment**
  – Establish a planning group with broad representation
  – Obtain buy-in at all levels
  – Examine examples of existing assessments

• **Collecting the Data**
  – Draw on existing collaborative relationships
  – Involve county-level administrators
  – Use multiple methods
Lessons Learned (cont.)

• **Analyzing the Data**
  – Plan for substantial effort and an iterative process
  – Use secondary data to identify high-risk areas
  – Use program inventories to assess capacity

• **Using the Results**
  – Compare high-risk areas to assessments of community capacity and anticipate mismatches
  – Convene stakeholders to review results
  – Narrow down results to the essential findings on which decisions must be made
Rhode Island EBHV Partners

• **Rhode Island KIDS COUNT**
  – Statewide children’s policy and planning organization
  – Publishes annual *Factbook* with 60+ indicators of child well-being for all 39 cities/towns in Rhode Island and 36 school districts
  – Advocates for effective policies and programs to improve child outcomes

• **Children’s Friend**
  – Direct service provider with extensive home visiting experience (First Connections, home-based Early Head Start, others)
  – Focused on serving vulnerable families with young children in urban core

• **Bradley/Hasbro Children’s Research Center**
  – Brown University affiliated research center
  – Specializes in research re: child development, parenting, and mental health

• **State agencies, champions, and NFP national office**
Rhode Island EBHV Project

- Establish anchor Nurse-Family Partnership (NFP) site (serving 4 urban communities) with blended state funding to build on existing state newborn home visiting program.

- Conduct a rigorous evaluation of model in Rhode Island (RCT).

- Expand services statewide and coordinate with other systems.
Identifying Concentrations of Risks in Children and Communities

- Data on risks by community from annual *Rhode Island KIDS COUNT Factbook*. Concentrations of risk factors in communities are clear.

<table>
<thead>
<tr>
<th>Children in Poverty</th>
<th>Infant Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in Single Parent Families</td>
<td>Births to Teens</td>
</tr>
<tr>
<td>Births by Mother’s Education Level</td>
<td>Children of Incarcerated Parents</td>
</tr>
<tr>
<td>Women with Delayed Prenatal Care</td>
<td>Children Witnessing Domestic Violence</td>
</tr>
<tr>
<td>Preterm Births</td>
<td>Child Maltreatment</td>
</tr>
<tr>
<td>Low Birth weight Infants</td>
<td>High School Graduation Rate</td>
</tr>
</tbody>
</table>
Identifying Concentrations of Risks in Children and Communities

- RI Department of Health’s Universal Newborn Risk Screening Program -- 85% of babies born have at least one risk factor.

<table>
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<tr>
<th>Risk Factor</th>
<th>Description</th>
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<tr>
<td>Hearing Loss</td>
<td>Low maternal education</td>
</tr>
<tr>
<td>Blood Test for 28 conditions</td>
<td>Young maternal age</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>Advanced maternal age</td>
</tr>
<tr>
<td>Inadequate prenatal care</td>
<td>First time mother</td>
</tr>
<tr>
<td>Established developmental condition</td>
<td>More than 5 births to mother</td>
</tr>
<tr>
<td>Low APGAR scores</td>
<td>Single mother</td>
</tr>
<tr>
<td>Maternal health condition -- disability, chronic illness, mental health issues</td>
<td></td>
</tr>
</tbody>
</table>
Identifying Concentrations of Risks in Children and Communities

- Rhode Island KIDS COUNT: Infants at Highest Risk = infants born to a single mother who is under age 20 and without a high school diploma. Babies born with these 3 combined risk factors are 9 times more likely to grow up in poverty.

<table>
<thead>
<tr>
<th>City</th>
<th># of Births</th>
<th># Born at Risk*</th>
<th># Born at Highest Risk**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Falls</td>
<td>354</td>
<td>343 (97%)</td>
<td>34 (10%)</td>
</tr>
<tr>
<td>Newport</td>
<td>277</td>
<td>237 (86%)</td>
<td>18 (6%)</td>
</tr>
<tr>
<td>Pawtucket</td>
<td>1,005</td>
<td>907 (90%)</td>
<td>72 (7%)</td>
</tr>
<tr>
<td>Providence</td>
<td>2,718</td>
<td>2,524 (93%)</td>
<td>244 (9%)</td>
</tr>
<tr>
<td>West Warwick</td>
<td>404</td>
<td>355 (88%)</td>
<td>15 (4%)</td>
</tr>
<tr>
<td>Woonsocket</td>
<td>616</td>
<td>571 (93%)</td>
<td>63 (10%)</td>
</tr>
<tr>
<td>Core Cities</td>
<td>5,374</td>
<td>4,937 (92%)</td>
<td>446 (8%)</td>
</tr>
<tr>
<td>Remainder of State</td>
<td>5,740</td>
<td>4,497 (78%)</td>
<td>132 (2%)</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>11,115</td>
<td>9,435 (85%)</td>
<td>578 (5%)</td>
</tr>
</tbody>
</table>

* Births with at least one risk factor identified by the Rhode Island Department of Health's Newborn Risk Assessment Program. See note on page 15.
** Births to mothers who were under age 20, single and without a high school degree.

Home Visiting Inventory in RI

**Data sources**
- State agencies (Health, TANF, Education, Child Protective Services)
- Early Head Start programs (half are home-based in RI)
- State coordinator for Parents as Teachers and HIPPY
- Free-standing programs
- Ask foundations/private funders for list

**Data elements**
- Target population and service area
- Program goals
- Service dosage and duration
- Staff qualifications and training
- Model/curriculum used *(evidence-based?)*
- Service capacity and current enrollment
- **Average cost per child/funding source(s)**
- Program completion/attrition rates
Risks and Services

Most Risk Factors
1,000 babies/year
Early, intensive, comprehensive, high-quality services (NFP, EHS, etc.)

Medium Risk Factors
7,000 babies/year
Newborn home visit(s) + community supports + enrollment in high quality home or community-based services (less intensive)

None or Low Risk Factors
4,000 babies/year
No home visit (unless requested) + routine community care (medical home, preventive services, early learning opportunities)
## Funders and Desired Outcomes

<table>
<thead>
<tr>
<th>Department of Health</th>
<th>Department of Children, Youth and Families</th>
<th>Department of Human Services - TANF</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improved children’s health and nutrition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Support for breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Improved prenatal health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Improved birth outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Reduced child maltreatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Reduced out-of-home placements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Reduced adolescent crime and arrests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Improved outcomes for pregnant teens in foster care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Improved maternal education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Improved maternal economic self-sufficiency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Reduced % of repeat births to teens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Increased birth intervals</td>
<td></td>
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</tr>
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</table>
Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment

Assessing the Need for Evidence-Based Home Visiting: Experiences of EBHV Grantees

July 2010
Rodney W. Hopkins, M.S.
Office of Home Visiting, Utah Department of Health
The Utah Needs Assessment

• Assess the need for EBHV services, and

• Assess the capacity of communities for implementing EBHV

• Focus of the EBHV grant was infrastructure and systems building
How did we assess the need and capacity for EBHV services?

• Data collection across multiple sectors
• Archival data from warehouse and other agencies
• Primary data collected via surveys
• Secondary data from other partners
• Prioritization ranking of “hot spots”
What data did we gather?

- Child abuse rates by county / rates of infant mortality
- Low birth weight babies by county / teen birth rates
- Medicaid 1st birth by county
- Poverty rates by county / census tract
- Inventory of existing home visiting programs
How did we gather it?

- Office of Home Visiting is administratively located within the Utah Department of Health
- In partnership with other collaborators
- Incorporated data and information from other needs assessments
- Started with more data than we ended up using in priority-setting process
## Spreadsheet sort of “Top 10 List”

<table>
<thead>
<tr>
<th>RANK</th>
<th>County</th>
<th>CPS Victims (0-3)</th>
<th>RATE / 1000</th>
<th>County</th>
<th># Teen Births</th>
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<tbody>
<tr>
<td>1</td>
<td>Grand</td>
<td>43</td>
<td>131.3</td>
<td>Duchesne</td>
<td>43</td>
<td>24.9</td>
<td>San Juan</td>
<td>1,324</td>
<td>27.6%</td>
<td>Piute</td>
<td>11</td>
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</tr>
<tr>
<td>2</td>
<td>Carbon</td>
<td>91</td>
<td>100.7</td>
<td>Weber</td>
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<td>Grand</td>
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<td>Emery</td>
<td>33</td>
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<td>102</td>
<td>21.9</td>
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<td>4</td>
<td>Uintah</td>
<td>96</td>
<td>58.2</td>
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<td>5</td>
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Ranking process suggests “hot spots”

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Lessons Learned

• Needs assessment must be data-driven

• Don’t re-invent the wheel

• “Less is sometimes more”

• Quantitative data alone is insufficient, it must be augmented with qualitative information

• Future considerations – IPV, school and community readiness etc.
For More Information

• Read the research brief
Assessing the Need for Evidence-Based Home Visiting: Experiences of EBHV Grantees
http://www.supportingebhv.org/crosssite

• Contact us
  – Diane Paulsell, dpaulsell@mathematica-mpr.com
  – Leanne Barrett, lbarrett@rikidscount.org
  – Rodney Hopkins, rodneyhopkins@utah.gov

• Questions?