

# Leveraging Federal Initiatives to Advance State Policy: *Maternal, Infant and Early Childhood Home Visiting*

Barbara Gebhard ZERO TO THREE Policy Center December 3, 2011

## **Home Visiting**



- Home visiting is a delivery system
- Studies show that home visiting can:
  - Increase children's school readiness
  - Improve child health and development
  - Reduce child abuse and neglect
  - Enhance parenting skills



## **Home Visiting in Health Care Reform**



- On March 23, 2010, President Obama signed The Patient Protection and Affordable Care Act into law
  - Includes \$1.5 billion for a new voluntary home visitation program (MIECHV)
  - Amends Title V of Social Security Act
- Provides states with funds to support rigorously evaluated, evidence-based home visiting programs that have been shown to have positive effects on critical outcomes for children and families
- Administered by the US DHHS

## **Funding Levels**



- \$1.5 billion over 5 years in mandatory funding for evidence-based home visiting
  - FY2010 \$100 M
  - FY2011 \$250 M
  - FY2012 \$350 M
  - FY2013 \$400 M
  - FY2014 \$400 M



### **Use of Funds**



- 3% for research, evaluation, and technical assistance to states (conducted by DHHS)
- 3% percent to tribal entities to provide home visiting services to Indian families
- At least 75% of grant funds must be used for evidencebased models
- Up to 25% of a state's grant award can be used to fund promising new program models that would be rigorously evaluated

## **State Application Process**



#### FY 2010:

- Application for funding (intent to complete statewide needs assessment and initial state plans)- submitted 7/9/10
- Statewide needs assessments- submitted 9/20/10
- Updated State Plan- submitted by 6/8/11

#### FY 2011:

- Application for competitive grants- submitted 7/1/11
- Continuation of formula funding- submitted 7/21/11

### **Funds Awarded to States**



#### FY 2010:

- Initial \$500K grants for continued assessment and planning
- Formula funding totaling \$91 million

#### **FY 2011:**

- Formula funding totaling \$124 million
- Competitive expansion grants totaling \$66 million
- Competitive development grants totaling \$34 million

### **Differences between States**



#### States differ in:

- Extent to which home visiting services existed previously
- Amount of state funding for home visiting
- Home visiting models chosen for funding
- Percent of at-risk families they plan to serve





## **State Investments in Home Visiting**

- 46 states and the District of Columbia have some level of state investment in home visiting
- In FY2010 states made \$1.4 billion available to home visiting programs via 2 primary funding strategies
  - Categorical funding
  - Broad-based prevention funding
- State general funds were the largest source of support
  - Other state sources included tobacco settlement funds and taxes
  - Federal streams: TANF, Maternal Child Health Block
    Grant and Medicaid

## **State Investments in Home Visiting**



- Most home visiting funding was not adequately tracked at the state level
- States frequently provided funding with few, if any, requirements that programs invest in evidence-based models
- States did not adequately monitor publicly funded programs to ensure effectiveness
- States did not consistently target at-risk families
- In every state, far too few at-risk families receive home visiting services

## **How States are Using Federal Funds**



- All states are using funds to provide direct services to families
  - About 2/3 of states are implementing multiple models
  - About half of states are implementing at least one model new to their state
  - Only 4 states are testing promising approaches
  - Most states are funding services through contracts with local providers
  - A few states are implementing a program directly through a state agency

## **How States are Using Federal Funds**



- All states are using funds to develop the capacity to measure benchmarks and CQI
  - Data system development ranges from establishing basic capacity to enhancing existing systems to collect home visiting data
  - Some states are relying primarily on the model developers' existing data systems
  - Many states are developing links to other state administrative data

## **How States are Using Federal Funds**



- All states are building state-level capacity to administer and coordinate a home visiting system
  - States are adding state administrative and support positions in the lead agency
  - Most states are adding staff to manage the benchmark measurement process
  - Many states are adding T/TA staff or contracts
  - States are using funds for system development and coordination

# **Key Components of a Successful Early Childhood Home Visitation System- A Self-Assessment Tool for States**



#### KEY COMPONENTS OF A SUCCESSFUL EARLY CHILDHOOD HOME VISITATION SYSTEM

#### A Self-Assessment Tool for States

A growing body of evidence demonstrates that home visitation can be an effective method of delivering family support and horized development services. For several decades, national home visiting models have been evolving. Home visitors have been horizing their practice through ongoing research, evaluation, and innovation to meet the growing and ever-changing needs of our nation's families and young children.

Recent home visiting funds allocated by the 2010 Astient Protection and Affordable Care Act present a tremendous opportunity to help meet the needs of the most at-risk infinits, todders, and their families. While the new funds will expend endence-based home visiting programs, they will also create inevitable challenges as states wreatle with how to replicate high-quality programs and maintain model fidelity Strong and collaborative home visiting state systems provide the infrastructure to support these important decisions.

#### Tips for Using the Self-Assessment Tool

- Involve key stakeholders: This tool is most relevant when completed by
  and shared with a diverse group of stakeholders involved in home stating
  efforts across the state. In states where multiple home visiting models exist, it
  is beneficial to involve representatives from all models so that the completed
  tool reflects the full breadth of home visiting efforts in the state.
- Divide responsibility for the self-assessment: The tool covers a broad range of content areas, from administration to evaluation it is important to ensure that appropriate includeduis complete the relevant content areas. This division of labor could be accompleted through multiple methods, however, a single entity that coordinates the process, synthesites the information, and descrinitates the results it important.
- Use the results: The tool has been designed to be action-oriented. Each
  component provides space for both next steps and an opportunity to rank the
  priority of that component for the state. This format will encourage states to
  create a plan for prioritising and embarking upon those key next steps.

This self-assessment tool, developed by ZERO TO THREE, helps states:

- Define the home visiting system
- Assess the home visiting system's capacity
- Prioritize areas for improvement.

In addition to assisting states in preparing for the faderal home visiting grant application process, the tool will be useful for ongoing assessment and continuous qualty improvement.

If your state uses the self-assessment tool, ZERO TO THREE would king your feedback on the tool, the process, and the results in your state. If you would like to share your experience, please contact Sentera Gebhard at <u>besthardig</u> zerototires ong.

#### GETTING STARTED: HOME VISITING INVENTORY

Please list the state's existing home visiting program models, populations served, geographic area covered, and basic services provided.

Program Models	Populations Served	Geographic Area Covered	Basic Services Provided
L.			
2.			
3.			
4.			
5.			

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### **Key Components of a Home Visiting State System**



- Needs Assessment and Program Planning
- Evaluation and Quality Assurance
- Program Standards
- Professional Development and Technical Assistance
- Early Childhood Partnerships and Collaboration
- Public Engagement
- Administration and Governance
- Financing and Sustainability



Debbie Rappaport





#### ZERO TO THREE HOME VISITING COMMUNITY PLANNING TOOL



#### Introduction

Early childhood home visiting has been shown to be an effective service delivery model for at-risk young children and their families. When establishing new home visiting programs or expanding exciting services using an evidence-based home visiting model, communities should consider several factors in order to ensure high-quality service delivery that is true to the intent of those who developed the model and that meets expressed community need.

Home visiting services are most successful when key components are integrated. These include the following:

- · A community that understands the program and supports its development
- · Program staff that are well-trained and supported through high-quality supervision
- · Strong administrative support
- Ongoing evaluation of program implementation so that quality issues can be addressed in a timely manner
- An environment where the need for the program is clearly understood and there is no duplication of efforts
- · A spirit of collaboration with other early childhood programs
- Strong local leadership to nurture the development of the services

Planning for new home visiting capacity is a long-term and ongoing process. This tool can be used by communities to:

- · Identify community needs and strengths based on data.
- · Explore current home visiting assets and service gaps.
- · Choose an evidence-based program model.
- Analyze components of both program- and system-level implementation that are critical to the replication of high-quality home visiting programs.

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<sup>&</sup>lt;sup>1</sup> Erin Harris, "Six Stepe to Successfully Scale impact in the Nonprofit Sector," The Evaluation Exchange, "Harvard Family Research Project, Volume XV no 1, Spring 2010, www.hfrp.org.

## **Home Visiting Community Planning Tool**



- Can be used by communities to:
  - Identify community needs and strengths based on data
  - Explore current home visiting assets and service gaps
  - Choose an evidence-based model
  - Analyze components of both program- and system-level implementation that are critical to the replication of high-quality home visiting programs

# **MIECHV Technical Assistance Coordinating Center**

- Project of ZERO TO THREE, with partners
  - Chapin Hall at University of Chicago
  - Association of Maternal and Child Health Programs
  - Walter R. McDonald and Associates
- Assess TA needs and provide TA to MIECHV grantees
- Foster information exchange among states
- Coordinate centralized delivery of TA from model developers and other national TA providers

### Reflections



- No state or community has a fully developed system
- Systems create economies of scale in tight budget times
- The federal grant process offers an opportunity to develop an integrated home visiting system
- Coalitions of home visiting programs improve the coordination of services
- Home visiting programs must connect with other services to create a continuum of care for young children and their families.
- Home visiting programs should be integrated into the broader early childhood system infrastructure.

## **My Contact Information**



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