

Maryland's Home Visiting Program Statewide Needs Assessment for the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program

Presentation for Home Visiting Stakeholders
November 10, 2010



Background

- The Supplemental Information Request for the statewide needs assessment (referred to as the first SIR) was released on August 19, 2010
- The statewide home visiting needs assessment was submitted on September 20, 2010
- Maryland received confirmation that the statewide needs assessment was accepted

Methods

- Extensive cross agency collaboration and coordination with key partners
 - Governor’s Office for Children (GOC)
 - Head Start State Collaboration Office of the Maryland State Department of Education (MSDE)
 - Maryland Family Network
 - Department of Human Resources (DHR)
 - Alcohol and Drug Abuse Administration (ADAA)
 - Department of Juvenile Services (DJS)
- Local Capacity Assessment Home Visiting Survey
- The Home Visiting Executive Workgroup

Methods

- Input, data, evidence or reports were obtained from a number of other agencies to assist with this needs assessment
- Vital Statistics Administration (VSA), Department of Planning (MDP), Department of Labor, Licensing and Regulation (DLLR), WIC Program, Medical Assistance Programs, and Maryland State Police
- Coordination with existing Title V, Child Abuse and Prevention Treatment Act (CAPTA), and Head Start needs assessments
- Conceptual frameworks
 - Life Course Perspective
 - Social Determinants of Health

Major Needs Assessment Components

To meet requirements for an approvable statewide home visiting needs assessment, states were required to:

- 1) Identify “at-risk” communities with concentrations of select risk factors
- 2) Describe the quality and capacity of existing early childhood home visitation programs in the State
- 3) Describe the State’s capacity for providing substance abuse treatment and counseling to those in need

Major Needs Assessment Components

- Maryland organized the needs assessment according to the components required by the first Supplemental Information Request (SIR) including:
 - 1) Statewide data report
 - 2) Defining “community”
 - 3) Description of the quality and capacity of existing home visiting programs
 - 4) Summary of the needs assessment results, including a discussion of how the state will address unmet needs

Section 1. Statewide Data Report

Summary

Required Indicators

- The first SIR required that states report on the following required indicators:
 - ❖ Premature birth
 - ❖ Low birth weight infants
 - ❖ Infant mortality
 - ❖ Poverty
 - ❖ Crime
 - ❖ Domestic violence
 - ❖ School drop-outs
 - ❖ Substance abuse
 - ❖ Unemployment
 - ❖ Child maltreatment

Supplemental Indicators

- States were given the option to include “other indicators of at-risk prenatal, maternal, newborn or child health”
- Feedback at the August Stakeholders Meeting
- Selected based on one or more of the following criteria:
 - Identified as a priority by Maryland Stakeholders
 - Can be altered through early childhood home visiting or reflect target populations for home visiting
 - Are measurable at the state and county level and available for every jurisdiction

Additional Indicators

- The *supplemental indicators include:*

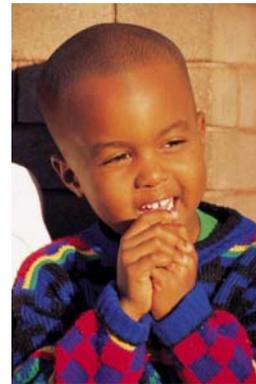
❖ School Readiness
Scores

❖ WIC data



Additional Analyses

- Maryland developed a table and map to present county-level data to help inform the designation of at risk communities



- Maps were created for each indicator (i.e. both required and supplemental indicators)

Section 2. Community Selection

Summary

Defining “Community”

- The first SIR’s guideline in defining “community” stated that *“Each state should describe its understanding of the term “community” in accordance with the unique structure and make-up of the State.”*
- Maryland defined communities as zip codes for the state and Community Statistical Areas (CSAs) in Baltimore City.
- Maryland may refine this definition in response to the future SIR on the Updated State Plan.

Identifying At Risk Communities

- The first SIR provided a definition of “at risk community” *whereby an ‘at risk community’ is a community for which indicators, in comparison to statewide indicators, demonstrate that the community is at a greater risk than the State as a whole.*
- For this needs assessment, at risk communities were defined as those communities (zip codes or CSAs) with a rate or percentage significantly elevated from the statewide *mean*.

Section 3. Quality and Capacity of Existing Programs/Initiatives

Summary

Process to Assess Existing Home Visiting Programs/Initiatives

- Contacted state partners about their current home visitation efforts
- Obtained and reviewed existing local home visiting capacity surveys
- Developed and disseminated a Capacity Assessment Home Visiting Survey for evidence based home visiting programs
- Developed and disseminated a Capacity Assessment Home Visiting Survey to local health departments

Evidenced Based Programs

Federal and State Supported Home Visiting Programs in Maryland by Jurisdiction and Type

Jurisdiction	Healthy Families	Early Head Start	HIPPY	PAT*	NFP	Other
Allegany County	X	X		X		
Anne Arundel Co.		X				
Baltimore City	X	X	X			Baltimore City Healthy Start
Baltimore County	X	X	X			
Calvert County	X		X	X		
Caroline County		X		X		
Carroll County				X		
Cecil County		X				
Charles County	X			X		
Dorchester County	X	X				
Frederick County	X					
Garrett County	X	X		X	X	
Harford County		X				
Howard County	X					
Kent County				X		
Montgomery Co.	X	X				
Prince George's Co.	X					
Queen Anne's Co.	X			X		
Somerset County	X			X		
Talbot County	X	X				
Washington County	X	X		X		
Wicomico County	X					
Worcester County	X		X	X		

* Note that there are only 2 stand alone PAT programs (Garrett and Somerset Counties as indicated by a red X). All remaining PAT is used as curriculum as part of another home visiting program.

Assessment of Home Visitation Programs at the Local Level

- Jurisdictions identified have at least one home visitation program and the majority have multiple programs
- Jurisdictions report use of a variety and often, multiple funding streams, yet still report inadequate funding
- Jurisdictions report multiple gaps and unmet needs

Findings

- Every local health department except St. Mary's and Harford County provide home visiting services to mothers and children.
- Head Start provides services to 1,247 children and families in 15 programs serving Baltimore City, Baltimore County, Allegany, Anne Arundel, Caroline, Cecil, Talbot, Dorchester, Garrett, Harford, Montgomery, and Washington Counties.
- There are two stand alone Parents As Teachers programs, but PAT curriculum can be found in over 50 programs Statewide.
- There are 18 counties with Healthy Families programs serving over 757 families.

Substance Abuse Treatment Capacity



Section 4. Needs Assessment Results

Summary

Summary of Needs Assessment Findings

- CMCH worked in close collaboration with its partners to develop the home visiting application and needs assessment
- Input from other state agencies and local stakeholders and partners, including the Home Visiting Executive Workgroup, was also obtained
- Maryland defined communities at-risk and identified 46 communities with 10 or more significantly elevated indicators
- Need more information at the jurisdictional level to further identify needs and gaps in each community

Conclusion and Next Steps

- Maryland is waiting for the federal guidance for the Comprehensive State Plan
- The State Plan will provide an opportunity to refine the needs and resources assessment
 - To update indicators and data (as needed)
 - To develop detailed capacity assessments at the jurisdiction level.
 - Begin planning activities in priority communities
 - To plan for the entire state with a priority focus on communities most at-risk

Questions?

For additional questions or information on the Home Visiting Program, please visit the webpage:

<http://fha.maryland.gov/mch/homevisiting.cfm>

Thank you!