

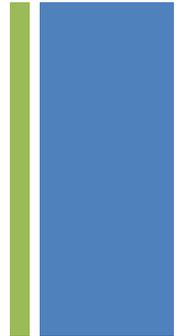


Maryland Home Visiting Consortium

September 29, 2015



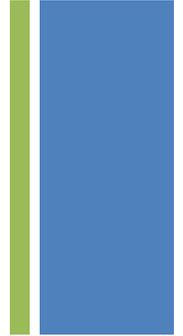
MD Home Visiting Consortium (HVC)



- **Mission:** To ensure coordination and collaboration between public and private partners in the planning, implementation and sustainability of evidence-based and promising practice home visiting programs in Maryland.
- **Vision:** All vulnerable Maryland families with young children have access to high-quality, well-coordinated home visiting services that are family-centered and results driven.



HVC Overview



- What is our scope?
 - Historical Background
 - Current Charge



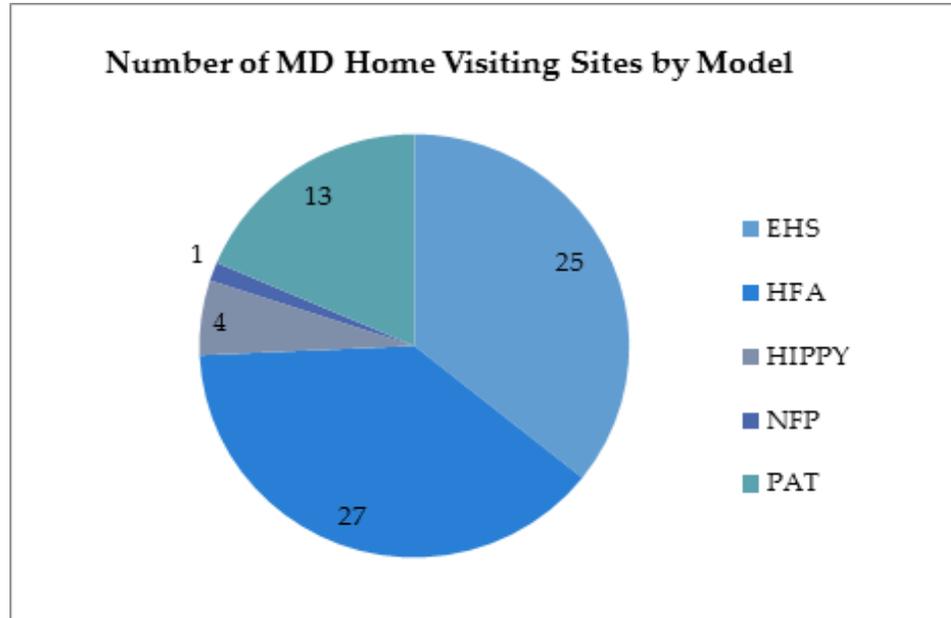


HVC Overview



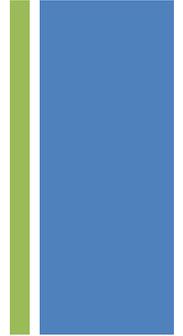
- Who is involved?

- Federal level (definition of evidence-based home visiting program)
- State level (current landscape of home visiting in MD)



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HVC Overview

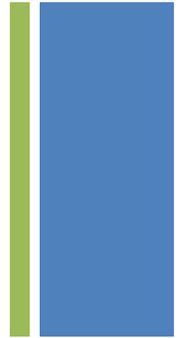


- Why is an expansion of this group needed and meaningful?



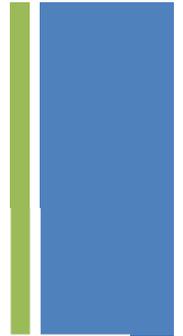
+ HVC Ground Rules:

- Begin and end on time
- Stay on subject and follow the agenda
- One person speaks at a time
- Listen to understand, not to contradict
- Respect the views of others
- Check your understanding by asking questions
- Constructive, honest debate is desirable.
- Silence is agreement
- Attach problems, not people
- While we work for full consensus, we can move forward with modified consensus

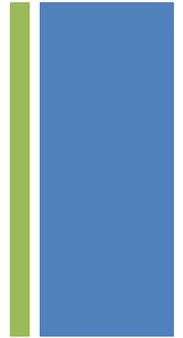


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HVC Action Priorities



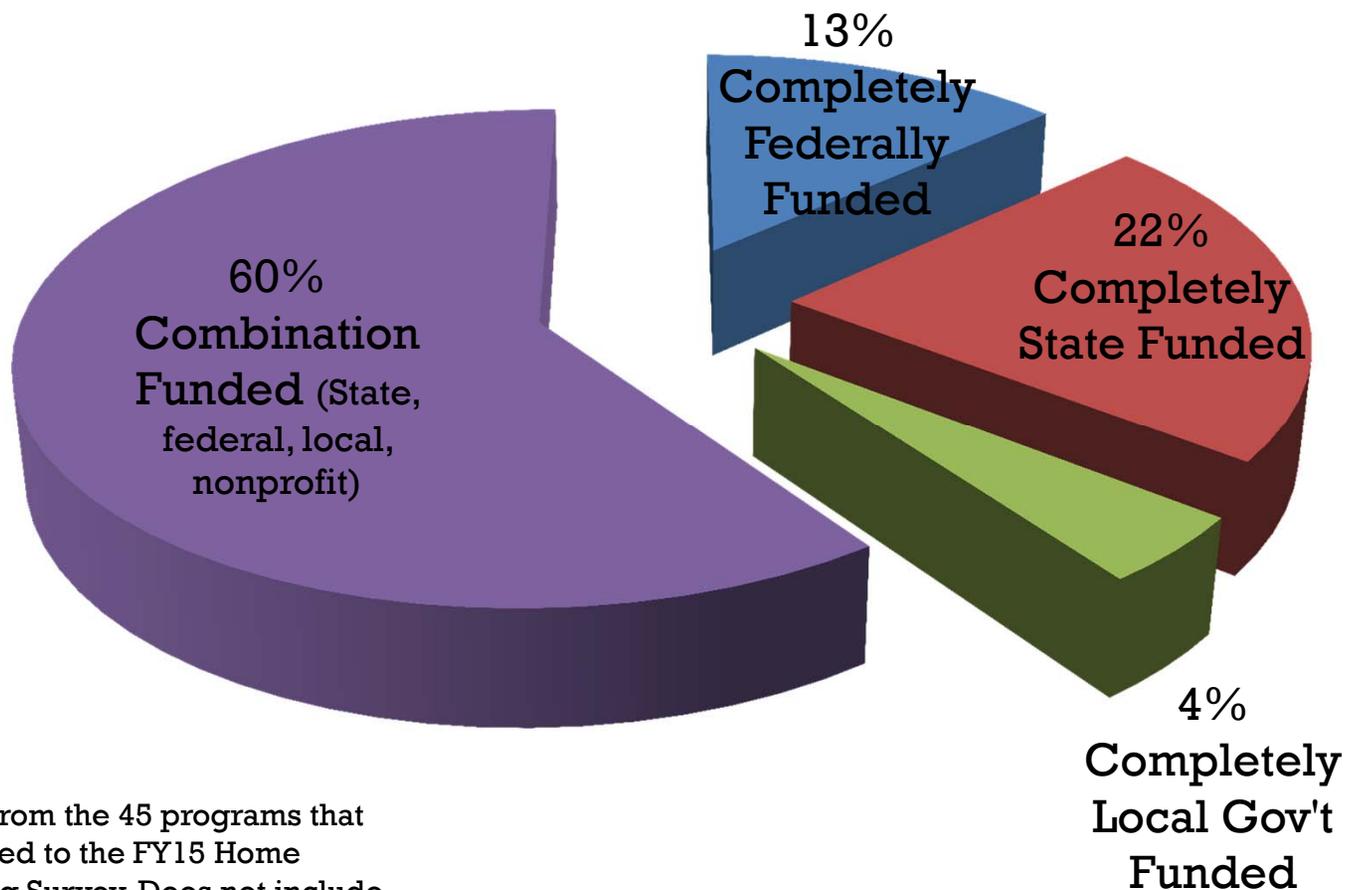
+ Sustainability



- Financing
- Legislation and Legislative Champions
- Strength of the Workforce
- Data & Evaluation
- Training
- Integration with the Early Childhood System of Care

+ Sustainability: The *As Is* State

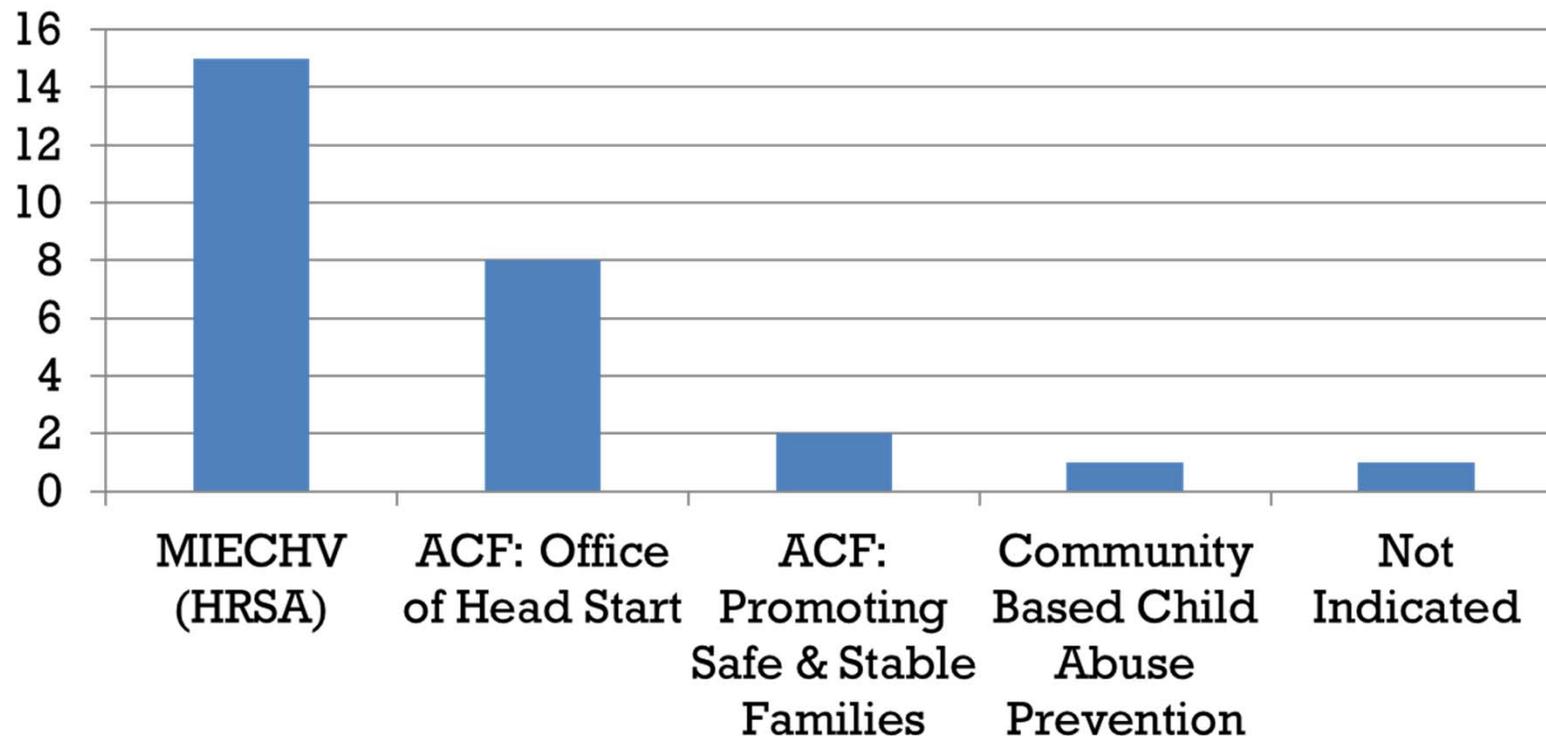
How are programs currently funded?



Data From the 45 programs that reported to the FY15 Home Visiting Survey. Does not include all HV programs in Maryland.

+ Sustainability: Federal Funding

Programs with any Federal Funding*

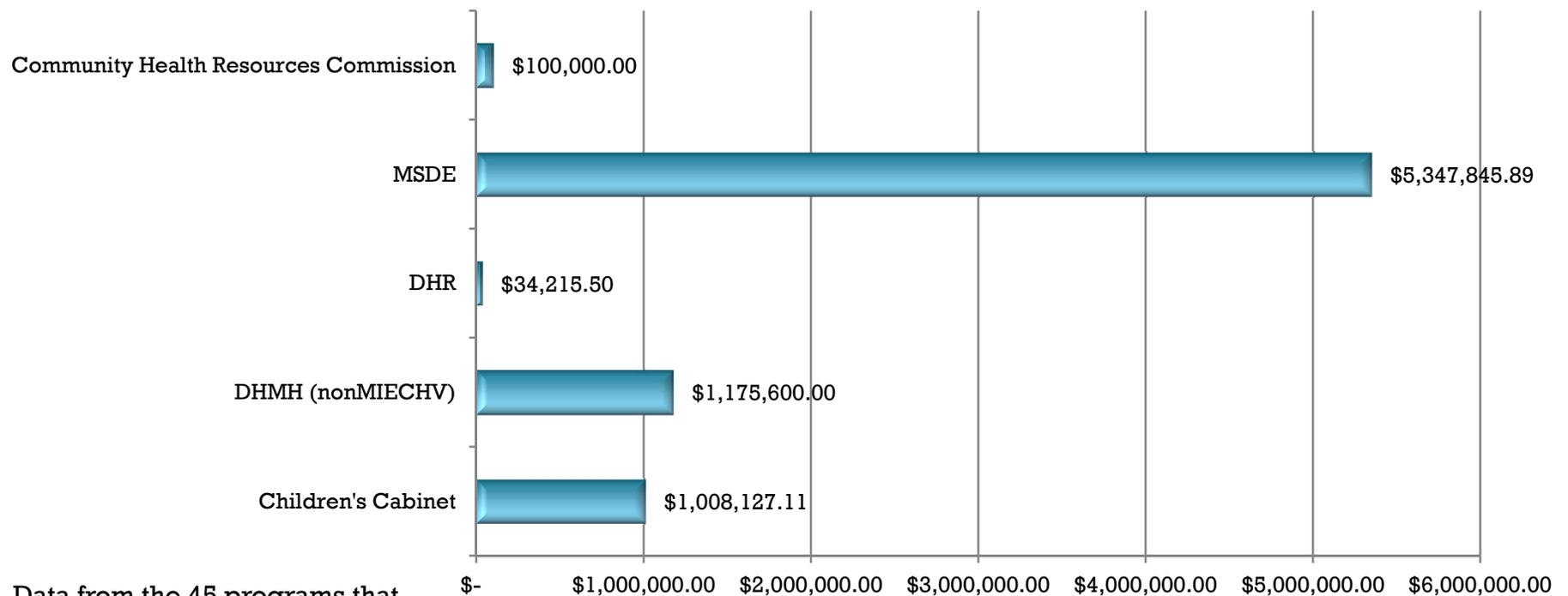


*Data From the 45 programs that reported to the FY15 Home Visiting Survey. Does not include all HV programs in Maryland.

+ Sustainability: State Funding

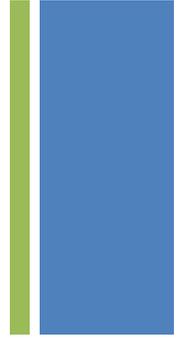


Reported Sources and Amounts of State Funds for Home Visiting, FY 15



Data from the 45 programs that reported to the FY15 Home Visiting Survey. Does not include all HV programs in Maryland.

+ Group Questions



1. Where do we want to be?

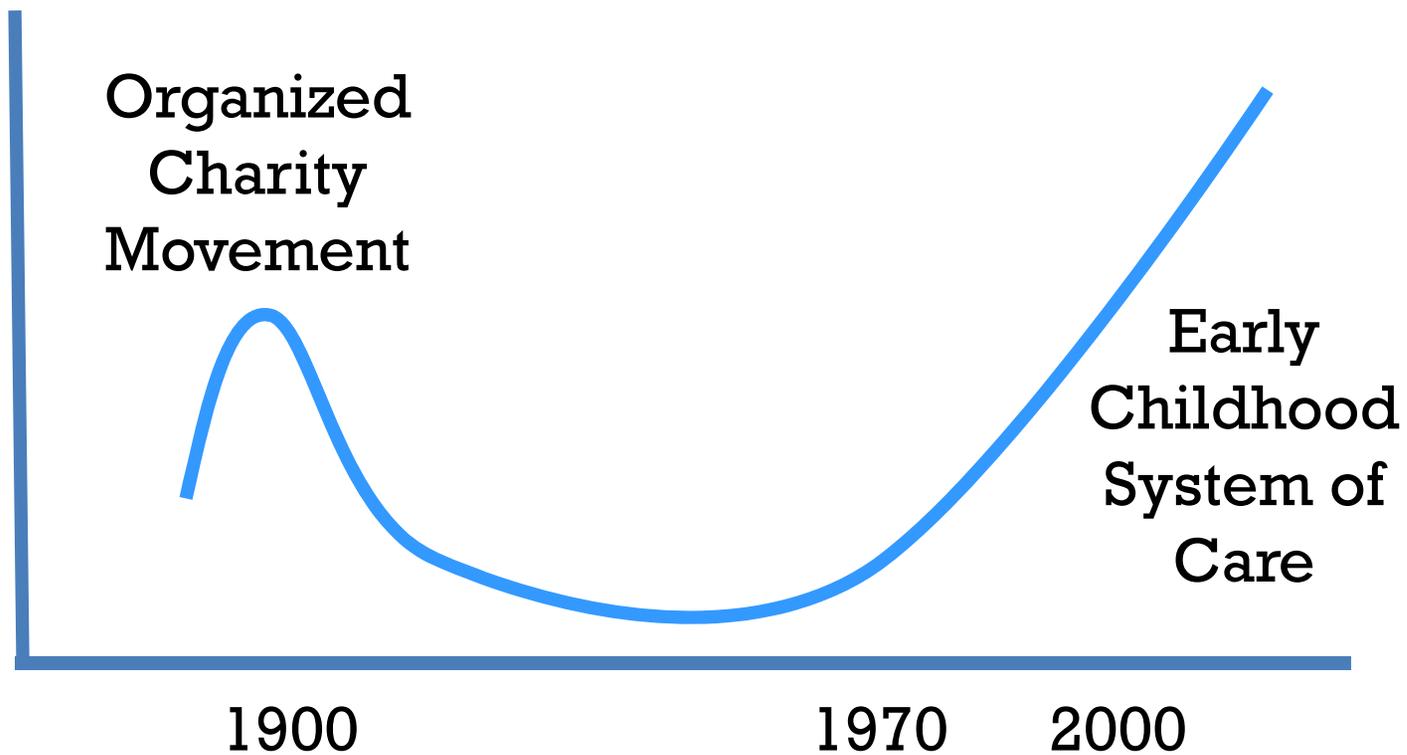
2. What will it take to get there?

+ Data and Evaluation: Why all the interest?



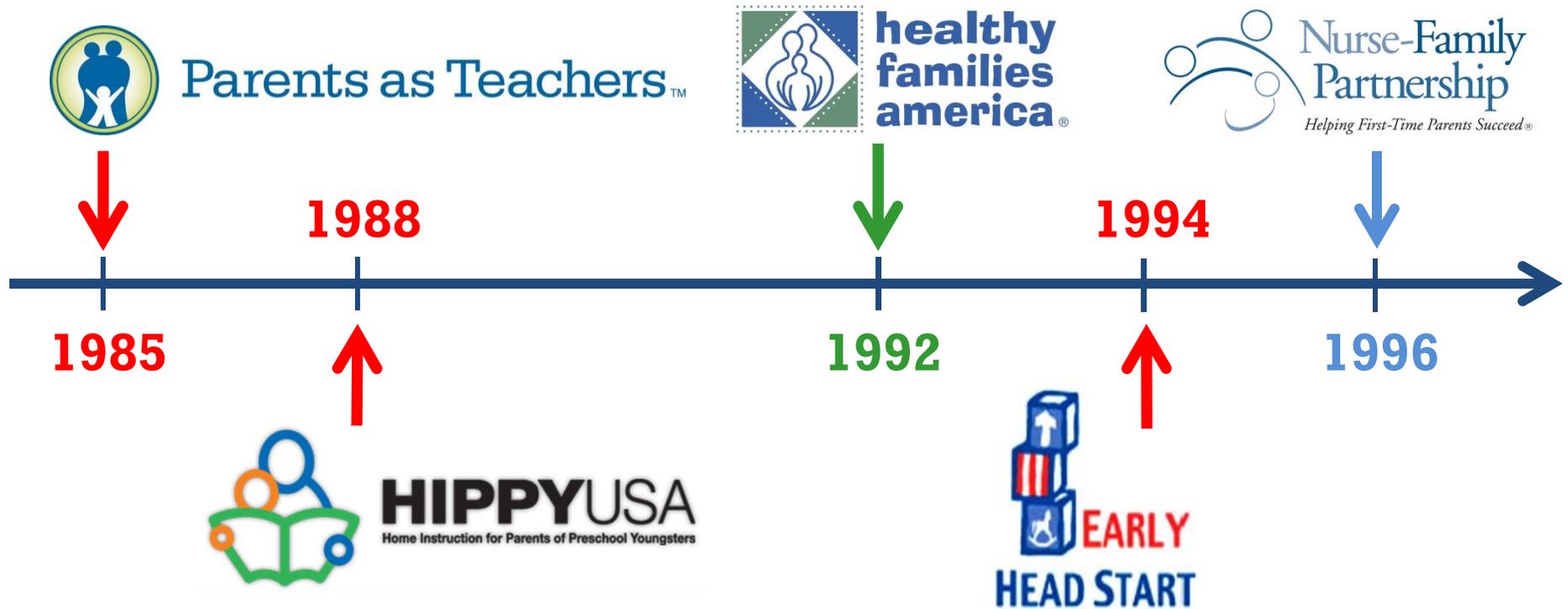


Two Waves of Home Visiting





A Decade Launching Model-Specific Scale U



1 **Subtitle L—Maternal and Child**
2 **Health Services**

3 **SEC. 285L. MATERNAL, INFANT, AND EARLY CHILDHOOD**
4 **HOME VISITING PROGRAMS.**

5 Title V of the Social Security Act (42 U.S.C. 701 *et*
6 *seq.*) is amended by adding at the end the following new
7 section:

8 **“SEC. 511. MATERNAL, INFANT, AND EARLY CHILDHOOD**
9 **HOME VISITING PROGRAMS.**

10 **“(a) PURPOSES.—**The purposes of this section are—

11 **“(1) to strengthen and improve the programs**
12 **and activities carried out under this title;**

13 **“(2) to improve coordination of services for at**
14 **risk communities; and**

15 **“(3) to identify and provide comprehensive ser-**
16 **vices to improve outcomes for families who reside in at**
17 **risk communities.**

18 **“(b) REQUIREMENT FOR ALL STATES TO ASSESS**
19 **STATEWIDE NEEDS AND IDENTIFY AT RISK COMMU-**
20 **NITIES.—**

21 **“(1) IN GENERAL.—**Not later than 6 months
22 after the date of enactment of this section, each State
23 shall, as a condition of receiving payments from an
24 allotment for the State under section 502 for fiscal
25 year 2011, conduct a statewide needs assessment

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1 **“(A) IN GENERAL.—**The eligible entity es-
2 tablishes, subject to the approval of the Secretary,
3 quantifiable, measurable 3- and 5-year bench-
4 marks for demonstrating that the program re-
5 sults in improvements for the eligible families
6 participating in the program in each of the fol-
7 lowing areas:

8 **“(i) Improved maternal and newborn**
9 **health.**

10 **“(ii) Prevention of child injuries, child**
11 **abuse, neglect, or maltreatment, and reduc-**
12 **tion of emergency department visits.**

13 **“(iii) Improvement in school readiness**
14 **and achievement.**

15 **“(iv) Reduction in crime or domestic**
16 **violence.**

17 **“(v) Improvements in family economic**
18 **self-sufficiency.**

19 **“(vi) Improvements in the coordina-**

(which shall be separate from the statewide needs as-

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1 **“(3) RESEARCH AND OTHER EVALUATION ACTIVI-**
2 **TIES.—**

3 **“(A) IN GENERAL.—**The Secretary shall
4 carry out a continuous program of research and
5 evaluation activities in order to increase knowl-
6 edge about the implementation and effectiveness
7 of home visiting programs, using random assign-
8 ment designs to the maximum extent feasible.

9 The Secretary may carry out such activities di-
10 rectly, or through grants, cooperative agreements,
11 or contracts.

12 **“(B) REQUIREMENTS.—**The Secretary shall
13 ensure that—

14 reports to the Secretary.

15 **“(iv) TECHNICAL ASSISTANCE.—**

16 (i) The parent or demonstrator may improve

17 ment in the areas specified in subparagraph
18 (A), or if the Secretary determines that an

19 ipant outcomes described in this subparagraph
20 are the following.

1 of such families, and reductions in child abuse, ne-
2 glect, and injuries.

3 **“(2) AUTHORITY TO USE INITIAL GRANT FUNDS**
4 **FOR PLANNING OR IMPLEMENTATION.—**An eligible en-
5 tity that receives a grant under paragraph (1) may
6 use a portion of the funds made available to the enti-
7 ty during the first 6 months of the period for which
8 the grant is made for planning or implementation ac-
9 tivities to assist with the establishment of early child-
10 hood home visitation programs that satisfy the re-
11 quirements of subsection (d).

12 **“(3) GRANT DURATION.—**The Secretary shall de-
13 termine the period of years for which a grant is made
14 to an eligible entity under paragraph (1).

15 **“(4) TECHNICAL ASSISTANCE.—**The Secretary
16 shall provide an eligible entity that receives a grant
17 under paragraph (1) with technical assistance in ad-
18 ministering programs or activities conducted in whole
19 or in part with grant funds.

20 **“(d) REQUIREMENTS.—**The requirements of this sub-
21 section for an early childhood home visitation program con-
22 ducted with a grant made under this section are as follows:

23 **“(1) QUANTIFIABLE, MEASURABLE IMPROVEMENT**
24 **IN BENCHMARK AREAS.—**

570

1 emotional, and physical developmental indi-
2 cators.

3 **“(iii) Improvements in parenting**
4 **skills.**

5 **“(iv) Improvements in school readiness**
6 **and child academic achievement.**

7 **“(v) Reductions in crime or domestic**
8 **violence.**

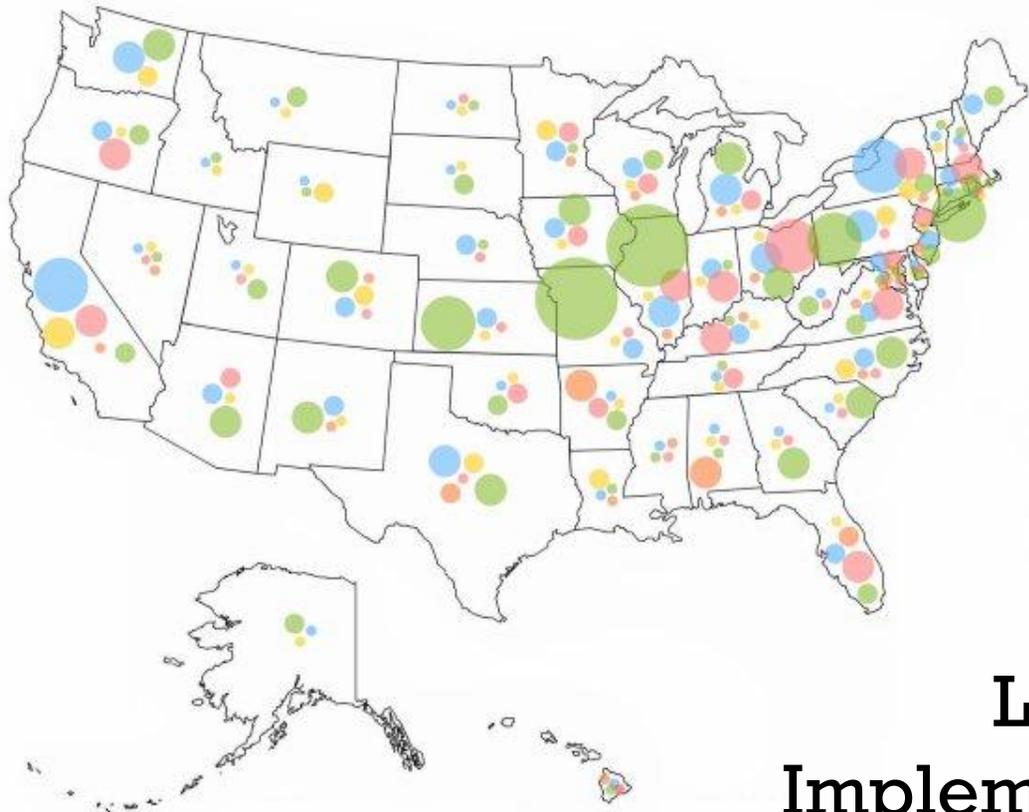
9 **“(vi) Improvements in family eco-**
10 **nomic self-sufficiency.**

11 **“(vii) Improvements in the coordina-**
12 **tion of referrals for, and the provision of,**
13 **other community resources and supports for**
14 **eligible families, consistent with State child**
15 **welfare agency training.**

16 **“(3) CORE COMPONENTS.—**The program includes
17 the following core components:

18 **“(A) SERVICE DELIVERY MODEL OR MOD-**
19 **ELS.—**

20 **“(i) IN GENERAL.—**Subject to clause



Number of Sites

- 1-9
- 10-24
- 25-49
- 50-99
- 100 or more

Model

- EHS
- HIPPY
- HFA
- NFP
- PAT

Local Sites Implementing Five HV Models in the US

2014

+

HV Scale Up – Four Lines of Inquiry

1



Mother and
Infant Home
Visiting
Program
Evaluation

2

HVCoLIN

Home Visiting
Collaborative Improvement
and Innovation Network



3



**4 State Evaluations of
Competitive Projects**

Setting the Home Visiting Research Agenda

4,000+

Priorities

Research
nominations from
almost 2,000
stakeholders

10
Agenda
Priorities

Fidelity in home visiting
innovations

Competent home visiting

workforce

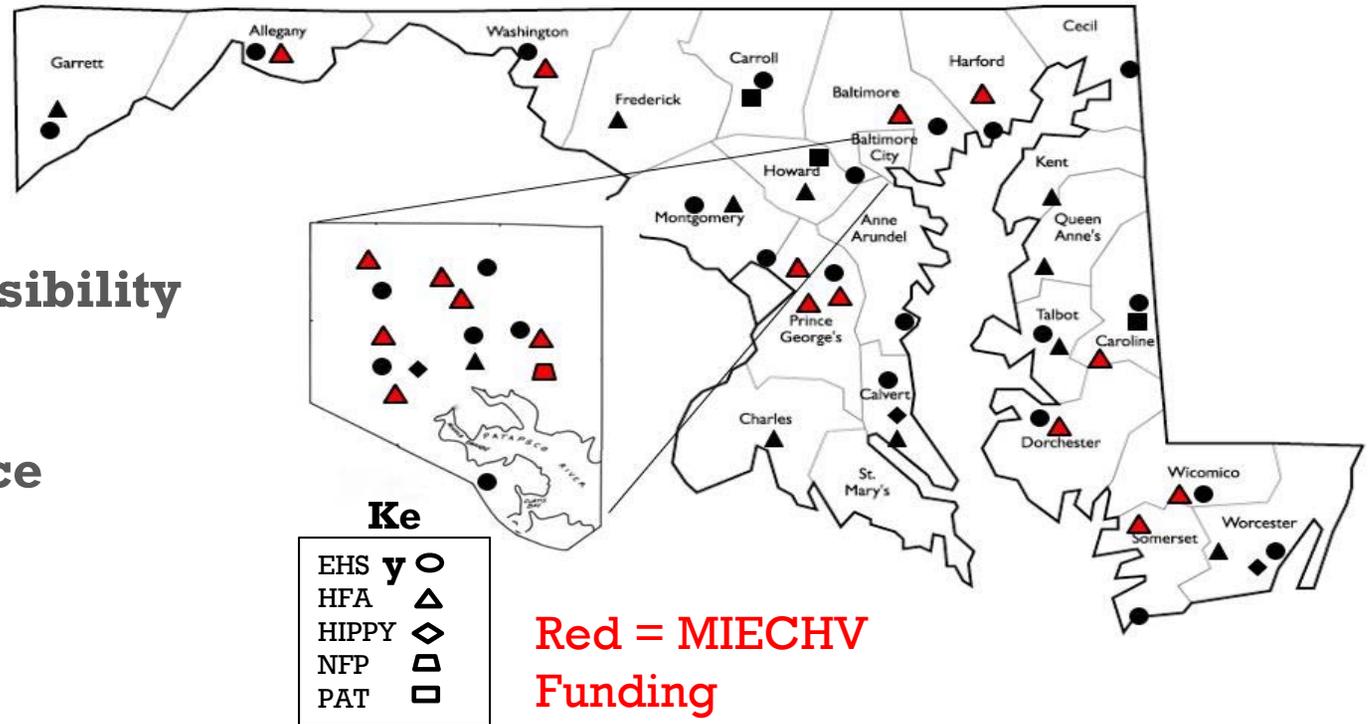
Promote **family engagement**

Promote service **coordination**



Evaluative Research in Building Maryland Home Visiting Program

- Improve accessibility and reach
- Improve service quality and coordination





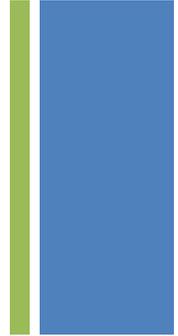
Maryland Evaluation Activities

Evaluation Goals

- *Describe* current practice
- *Explain* variation in current practice
- Test ways to *improve* practice

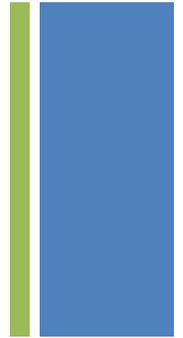
Home Visitor Training Certificate Program

- Enhanced training on communicating about sensitive issues
- Developed by University of Maryland Baltimore County
 - Evaluated by University of Maryland and Johns Hopkins
- Assess home visitor communication and quality of home visitor-parent interactions



FY15 Home Visiting Survey on Standardized Measures

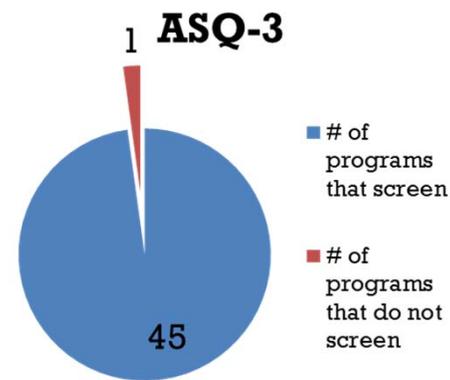
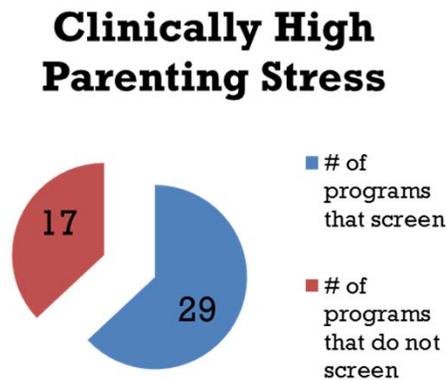
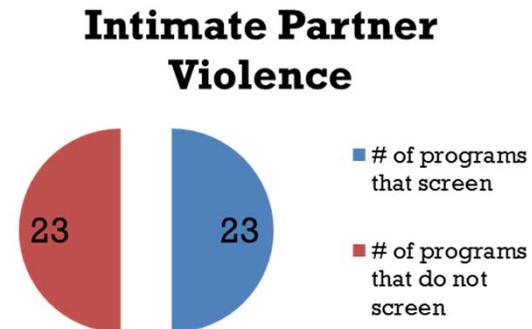
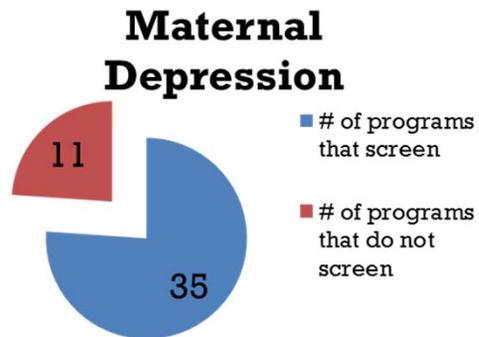
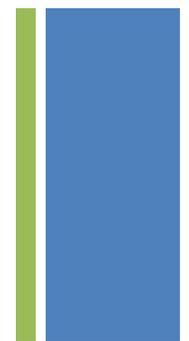
Domain	Standard Measures
Child Health	Enrolled children receiving well-child visits per AAP recommendations.
Maternal Mental Health	Enrolled women screened for mental health Enrolled women referred to mental health services; Enrolled women that received supplemental mental health services; Enrolled women who score over the clinical cut-point for parenting stress.
Typical Child Development	Enrolled children whose development is scored as “typical” according to the ASQ-3; Enrolled children scored as “typical” according to the ASQ-SE
Children’s Special Needs	Enrolled children referred to Part C & Part B services for special needs
Relationships	Enrolled women with an increase in parenting behavior and improved parent-child relationships ; Enrolled women who screened positive for intimate partner violence (IPV); Enrolled women with a positive IPV screen who completed safety plans within 24 hours of screening.



Reporting-at-a-Glance

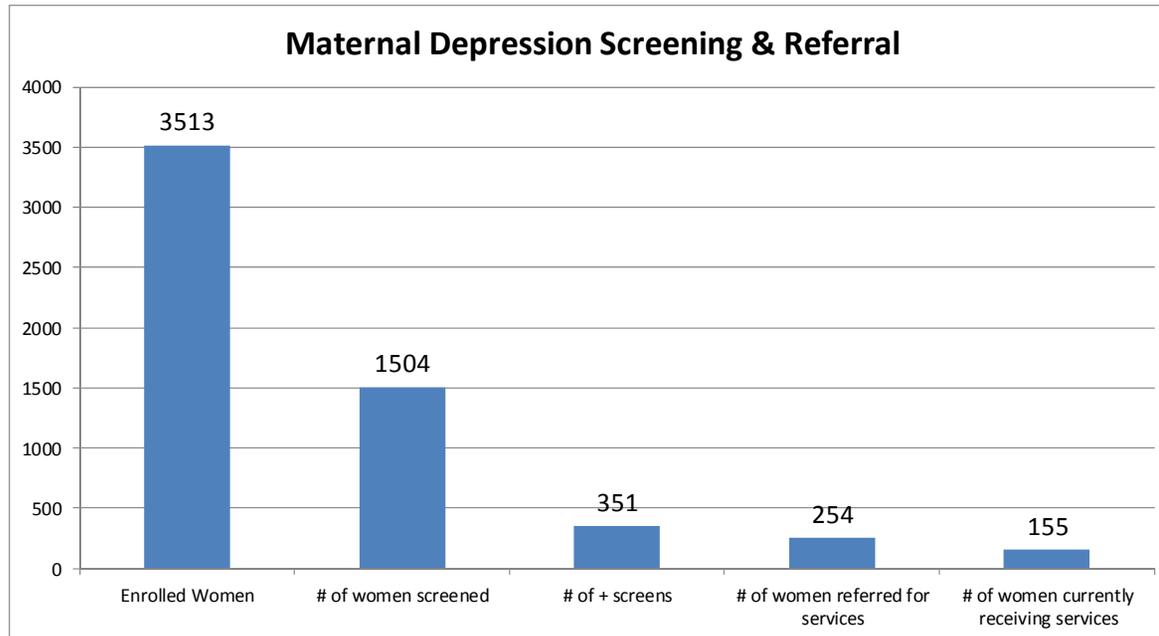
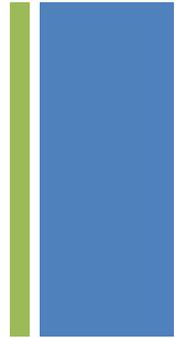
Measure	Reporting Home Visiting Programs
# of programs reporting	46 (35 of these programs receive at least some state funding.)
jurisdictions represented	23
# of women served	3535
# of teen moms served	511
# of “other” Primary Care Givers (Ex. Dads, Grandmoms)	157
# of children served	3493

+ Data and Evaluation: Who Screens?





Data and Evaluation: MD FY15



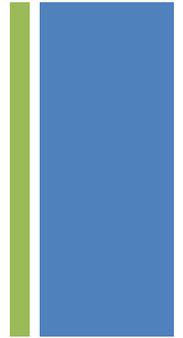
43% of enrolled women were screened for depression in FY15.

23% of those screened were + for depression.

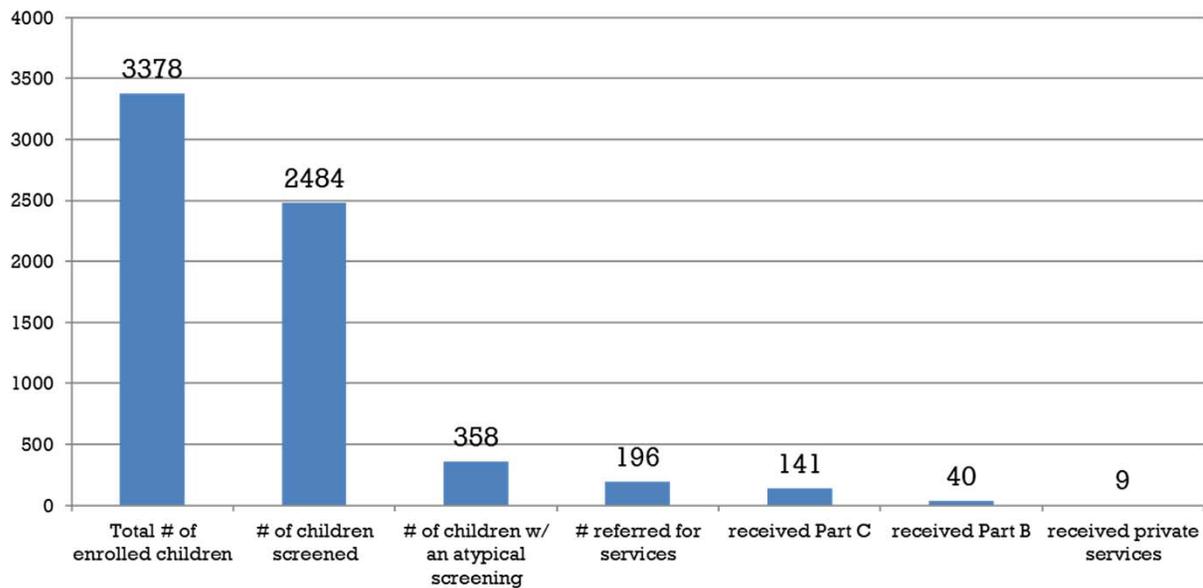
72% of + screens were referred for services.



Data and Evaluation: MD FY15



ASQ-3 Screening, Referral & Receiving Services



71% of enrolled children were screened for developmental delays via the ASQ-3 tool.

14% of children screened demonstrated developmental delay on the most recent screen.

55% of children who demonstrated a delay were referred for further services.

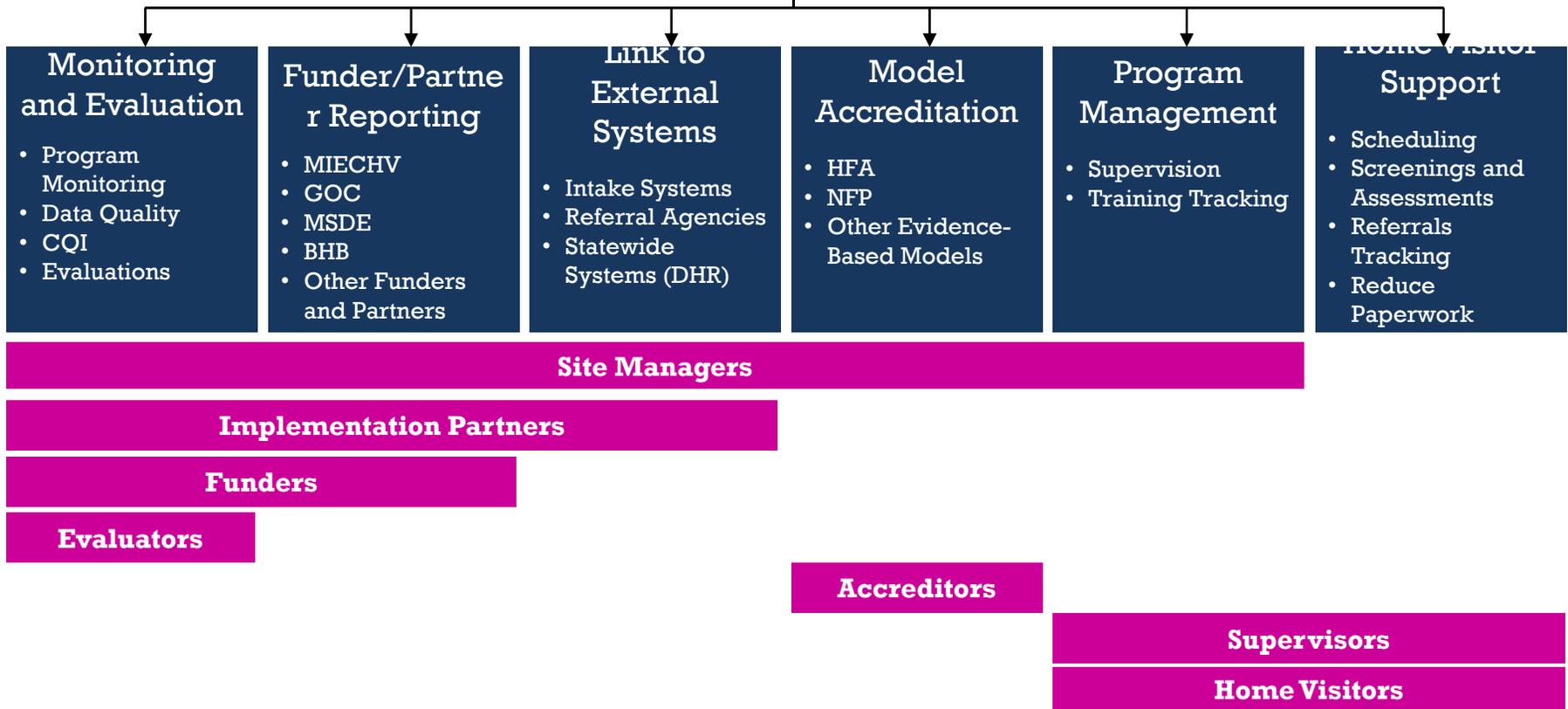
97% of those referred, received services.

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After we know, where do we go?



VISION: STATEWIDE HOME VISITING DATA SYSTEM





NJ – Focus on HV and Central Intake

Shared Vision

- Increase HV availability, diversity, coordination in EC system of care

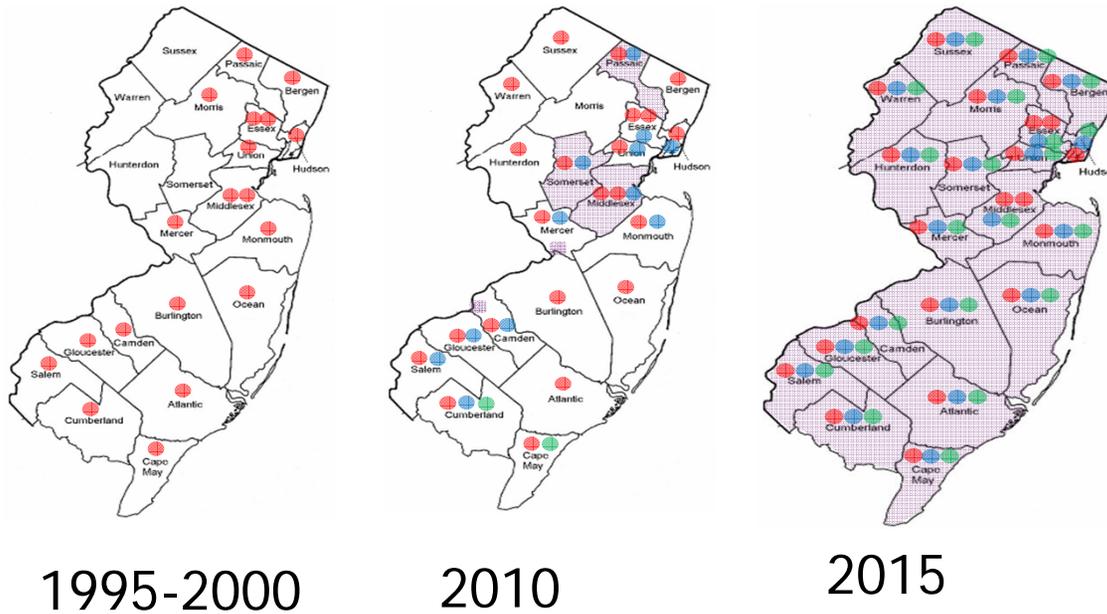
Partnership

Funding

- Child Welfare: Title IVB and State funding
- Human Services – TANF
- Health – MIECHV Grants

Process

- Complementary Roles
- Broad Stakeholder Base





NJ – Current Work

- Foci
 - How well central intake operates
 - How home visitors interact with families
- Strong alignment of evaluative research with CQI
 - Local sites use monthly and quarterly dashboards
 - Quarterly cross-model supervisor meetings
- Stronger methods
 - Near real-time monitoring of service delivery
 - Routine survey of staff on factors that influence services
 - Observation of visits to understand what happens
 - Administrative data matching to assess cross-sector impacts



Thank You!

Now that we've considered:

- Why participatory *evaluative research* is essential for HV now
- How we've used this approach nationally and in two states...

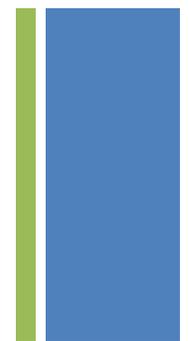
Let's discuss how we can support one another's work

Your experiences?

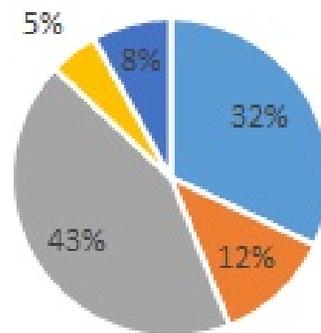
Relevance for your stakeholders?

What's next?

+ Training and Continuous Quality Improvement (CQI)



Highest Level of Education Completed and Percent of HV Workforce



■ High School or GED ■ Associate's Degree ■ Bachelor's Degree
■ Master's Degree ■ Registered Nurse

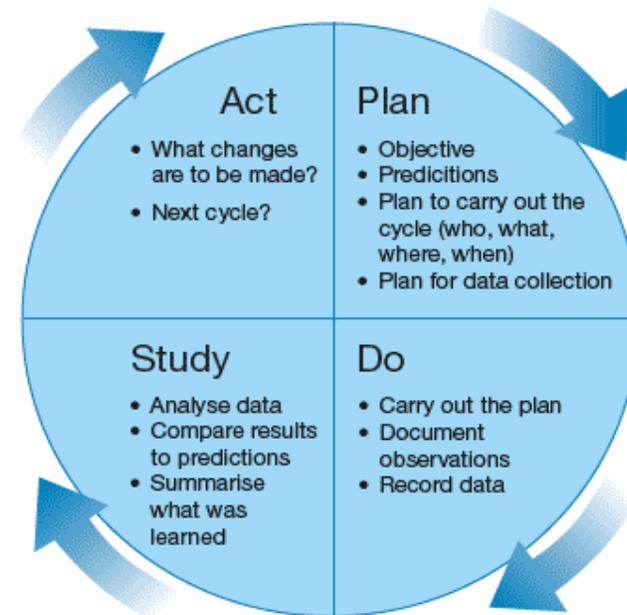
Training

Develop a training certificate for HV that provides an intensive training curricula to address the multidimensional needs of home visitors and supervisors.

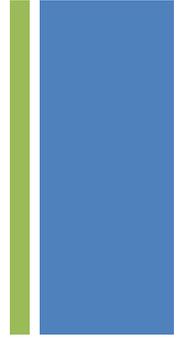
+ Training and Continuous Quality Improvement (CQI)

CQI: Essential continuous quality improvement looks at...

1. What is working here, what is not, and how can we solve the problem.
2. Testing of ideas in an attempt to solve the problem.
3. Evaluates the test to see what worked, what didn't, and what was accomplished.
4. Takes information gained from the process and uses it to make necessary changes.



+ Group Questions



1. Where do we want to be?

2. What will it take to get there?

+ Newsletter

- Statewide Reach
- Provide a forum for all Maryland home visiting programs,
- Increase awareness about key issues,
- Improve communication between the state and local home visiting programs,
- Promote information sharing at all levels.

We welcome your feedback, comments and suggestions.

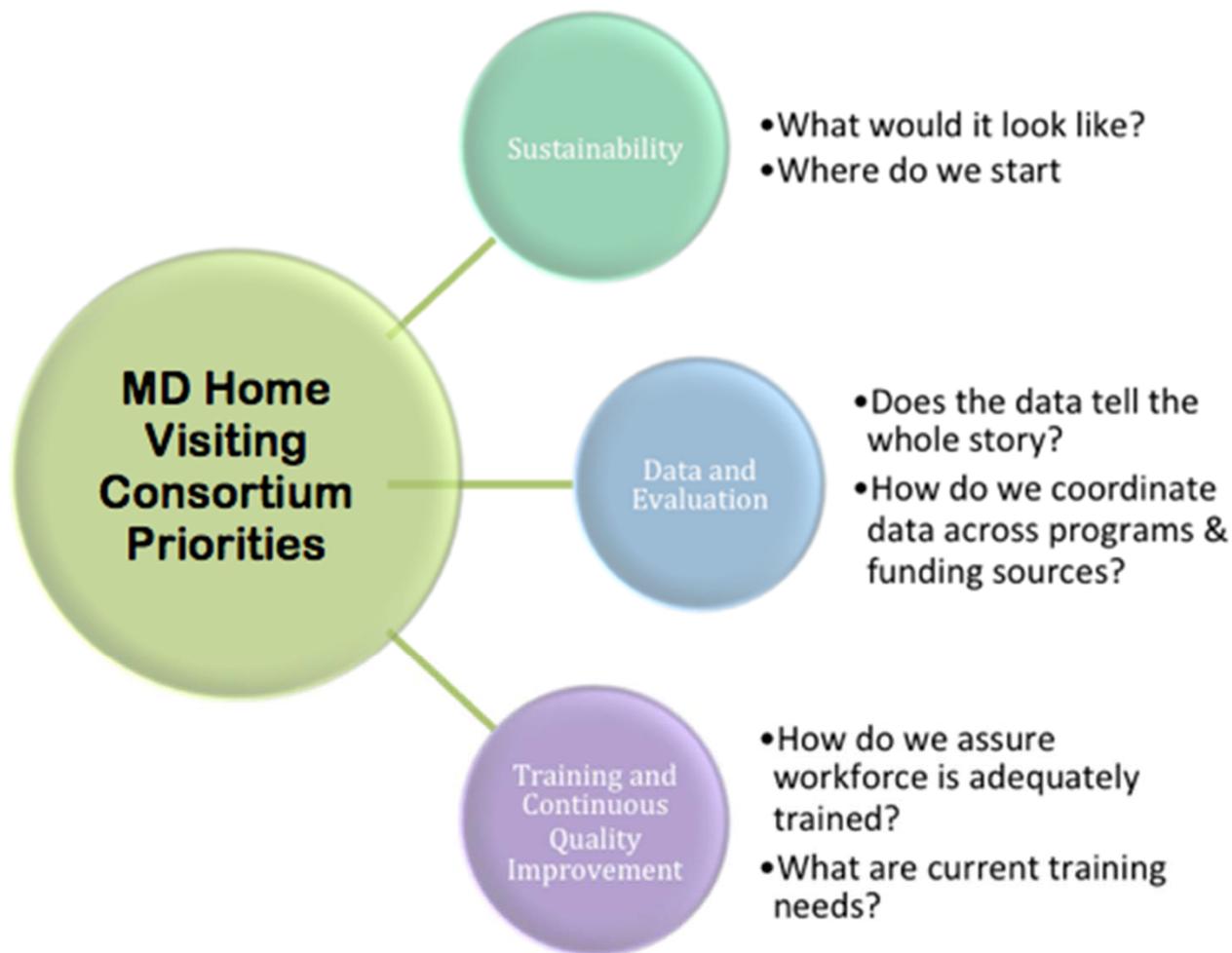
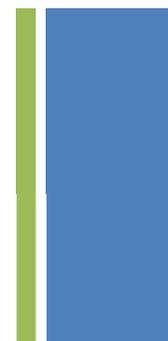


+ Maryland's HVC – Home Visitors Conference

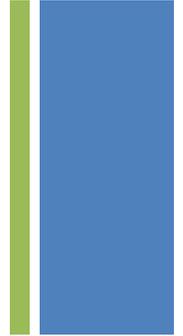


November 2008, 2009, 2010, 2011,
2013 and March 2015

+ Small Work Groups



+ Small Group Questions



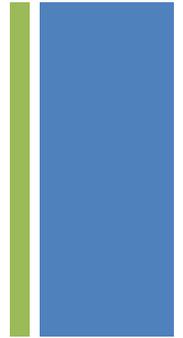
1. Where are we now?

2. Where do we want to be? (sticky notes)

3. What will it take to get there?



Thank you for attending and your active participation!



■ Future Meeting Dates

■ December 15, 2015

■ March 22, 2016

■ June 21, 2016

(all meetings will be held from 10 a.m.-1:00 p.m.)