Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment

In 2008 the Children's Bureau (CB) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services funded 17 cooperative agreements to support building infrastructure for the widespread adoption, implementation, and sustaining of evidence-based home visitation programs. Grantees are leveraging their grant funds with other funding sources to implement programs with fidelity to their evidence-based models. Grantees are also conducting local implementation and outcome evaluations. CB/ACF has funded Mathematica Policy Research and Chapin Hall at the University of Chicago to conduct a cross-site evaluation of the grantees' programs. This is the first in a series of briefs from the cross-site evaluation.

For more information about EBHV go to: http://www.supportingebhv.org/

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

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The Maternal, Infant, and Early Childhood Home Visiting Program, authorized by Section 2951 of the Affordable Care Act of 2010 (P.L. 111-148), will provide $1.5 billion to states over five years to provide comprehensive, evidence-based home visiting services to improve a range of outcomes for families and children residing in at-risk communities (due to high rates of poverty, violence, poor health outcomes, and other factors). To receive the funds, each state must conduct a statewide needs assessment that (1) identifies at-risk communities, (2) assesses the state's capacity to provide substance abuse treatment and counseling, and (3) documents the quality and capacity of existing early childhood home visiting programs as well as gaps in these services. A number of the grantees participating in the Children's Bureau's Supporting Evidence-Based Home Visiting (EBHV) to Prevent Child Maltreatment grantee cluster prepared needs assessments to plan for implementing or expanding grant-related evidence-based home visiting services. This brief provides information about how grantees planned the assessments and collected the data, as well as facilitators and barriers to carrying out the assessments. It also describes lessons identified by grantees.

In spring 2010, as part of the EBHV cross-site evaluation, Mathematica Policy Research collected data through telephone interviews with 8 of the 17 grantees about their experiences developing needs assessments. The grantees included four state agencies (two health departments, one child and family department, and one judicial department), three nonprofit organizations, and one nonprofit hospital. The grantees' experiences and lessons learned may be helpful for states as they begin planning to conduct the required needs assessment for the Maternal, Infant, and Early Childhood Home Visiting Program.

Although grantees used a range of approaches to conduct their needs assessments, most met two overarching goals: (1) assessing the need for home visiting services, including identification of high-risk communities and (2) assessing community infrastructure capacity to implement evidence-based home visiting programs.

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Planning the Needs Assessments

Grantees' first steps included planning for the expected uses of the needs assessments, assembling a planning team, and selecting data sources.
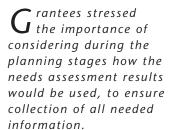
Planning for Expected Uses

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Grantees stressed the importance of considering during the planning stages how the needs assessment results would be used, to ensure collection of all needed information. They identified six main uses of their assessments:

1. *Identifying needs*, including:
   - Target populations (such as teen parents and children born in high poverty communities)
   - Geographic areas of high need (such as zip codes or counties with high rates of teen pregnancy, infant mortality, child maltreatment, and poverty)
   - Target outcomes (such as child health, improved parenting, reduced child maltreatment, and improved school readiness)

2. *Creating an inventory of existing home visiting programs*, including their enrollment capacity, characteristics of enrolled families, services and curriculum, program needs, and gaps in services

3. *Assessing infrastructure capacity and readiness* to implement evidence-based programs in geographic areas of high need, including agency capacity and experience, workforce issues, and access to technical assistance and program supports

4. *Educating stakeholders* at the state and community levels about evidence-based home visiting and the need for services

5. *Selecting an evidence-based home visiting program model* that best fits the needs and existing capacity to deliver these models in the state and target communities

6. *Preparing applications* to the national or university-based support offices of the evidence-based home visiting program models selected

Assembling a Planning Team

Regardless of whether the grantee organization was a nonprofit or state agency, a grantee agency staff person or group led the needs assessment planning, design, data collection, data analysis, and reporting effort. In some cases, the individual or group was assisted by a consultant. Most grantees also involved advisory committees or other groups of stakeholders in planning. Participants in these groups typically included representatives of local home visiting programs, the United Way, and other local foundations; Early Childhood Comprehensive Systems grantees; state Community-Based Child Abuse Prevention (CBCAP) leads; and epidemiologists and researchers from state agencies or local universities. Grantees' planning teams also included staff from state departments of health and human services, including offices and divisions responsible for perinatal, infant, child, and maternal health; early intervention; child abuse; or child welfare.

Selecting Data Sources

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All grantees participating in the telephone interviews built upon existing needs assessments, and most decided to supplement these assessments by collecting additional information. Existing assessments mentioned as starting points by grantees included:

- Head Start community planning and needs assessment required by section 640 (g)(1)(C) of the Head Start Act
- Title V Maternal and Child Health (MCH) Block Grant program needs assessment
- Child Abuse Prevention and Treatment Act (CAPTA) inventory of need and programs to prevent child abuse and neglect required under section 205(3) of Title II of CAPTA
- KIDS COUNT Data Book produced annually by the Annie E. Casey Foundation
- Community Action Agency (CAA) annual reports
- Other state and local assessments conducted by foundations, states, and other local groups

Collecting New Data

In addition to relying on existing assessments, grantees sought a wide range of new information to meet their two overarching goals of assessing (1) the need for home visiting services and (2) the capacity of communities and existing infrastructure available to implement evidence-based programs (see box next page). To gather needs assessment information, grantees prepared data requests for state, county, and local agencies, as well as Medicaid managed care plans in some states. They also conducted interviews and focus groups with state and local stakeholders such as groups of obstetricians, health plan representatives, home visiting program referral sources, CBCAP leads, and local social service staff. To collect information about community capacity and infrastructure, grantees often developed and sent surveys to existing home visiting programs, Head Start programs, CAAs, and other partners. They also followed up with telephone or in-person interviews and focus groups with staff from these programs.

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Although grantees were successful in collecting a large volume of information, they also mentioned several topics for which they could not find sufficient information or data broken out by state, county, or other planning area. These areas of interest included:

- The state's most vulnerable populations, such as infants who were homeless or in foster care and families with very low incomes
- Prenatal screening on substance abuse, domestic violence, and maternal depression
- The incidence of child abuse and neglect
- School readiness at kindergarten entry
- Crime rates

- Funding amounts for existing home visiting programs, either from funders or funding recipients
- Rates of attrition from existing home visiting programs
- Evaluations of local home visiting programs, including child and family outcome data
- Father involvement in home visiting and other early childhood programs

Grantees found electronic birth records to be a valuable source of data on risk factors such as rates of low birth weight babies, preterm births, and infant mortality.

Examples of Data Elements Collected for EBHV Needs Assessments

Information on Communities at Risk	Inventory of Existing Home Visiting Programs and Infrastructure Capacity
• Electronic birth record data • Rates of low birth weight • Preterm births • Rates of infant mortality • Births to teen mothers • Births to first-time mothers • Births to single-parent mothers • Births to mothers on Medicaid • Births to mothers without a high school diploma • Rates of child abuse and neglect • Child deaths and deaths of children enrolled in home visiting programs • Investigations of child abuse and neglect • Children witnessing domestic violence • Children with incarcerated parents • Crime statistics • Population by county • Educational attainment • School dropout rates • WIC enrollment by age of parents and for use by first-time mothers	• Number of families served by program • Characteristics of families served • Enrollment capacity • Characteristics of hard-to-serve families • Characteristics of families successfully served • Barriers faced by home visiting programs • Referral sources • Length of waiting lists • Rates of attrition from home visiting programs • Curriculum or home visiting program model • Staff qualifications and experience • Funding sources for home visiting programs • Cost of home visiting services per family • Gaps in services by geographic area • Enrollment in Early Head Start • Enrollment in home-based Head Start • Enrollment in Part C services • Services offered by family support centers and Community Action Agencies • Local infrastructure to support evidence-based home visiting

Facilitators and Barriers to Completing the Needs Assessments

Based on their experiences conducting the needs assessments, EBHV grantees identified a number of factors that either supported or impeded their work. It may be useful for states to keep these factors in mind as they begin planning to conduct the required needs assessment for the Maternal, Infant, and Early Childhood Home Visiting Program.

Grantees identified four main facilitators that set the stage for planning a useful needs assessment and successfully collecting the information:

1. *Collaborative Relationships.* Grantees stressed that existing collaborative relationships and partnerships with state agencies, home visiting programs, and other stakeholders were essential for obtaining buy-in from those providing data about the importance of the assessment and the need for a timely and thorough response. In particular, involving key state leaders in planning the assessment facilitated access to needed data.

2. *Broad Participation in Planning.* Grantees reported that involving a wide range of stakeholders in the assessment planning process also facilitated data collection. Members of the needs assessment team represented agencies that had much of the needed data. Bringing diverse perspectives to the table, as well as using a "bottom up" approach of involving staff working in the field who were familiar with the needs and gaps in services, was also helpful for producing a thorough and useful assessment.

3. *Staff Resources.* Several grantees reported that completing the needs assessment required more resources and staff time than anticipated. Some grantees assigned a committee to conduct the work, with no staff devoting a large portion of their time to the effort. Others facilitated timely completion of data collection by assigning designated staff or hiring consultants.

4. *Existing Data Sources.* Some grantees were able to build on existing needs assessments and capitalize on other data collection efforts already underway in the state and thus complete their assessments more efficiently.

Grantees identified four primary barriers to completing their needs assessments as planned:

1. *Trust.* In some states, grantees had to overcome turf issues and a lack of trust before they could create an inventory of existing home visiting programs. Some programs were initially reluctant to share information, due to concerns that they might be described unfavorably and that the assessment might result in a loss of resources for their programs if funders shifted resources to a different program model.

2. *Gaining Cooperation.* Some grantees reported difficulty obtaining needed data from state agencies in a timely way and scheduling interviews with key informants.

3. *Availability of Data.* In some cases, there were gaps in availability of information. Grantees found that they were able to collect different data elements from different agencies and sources but could not obtain a consistent set of information. In addition, there was no central source of information about homegrown home visiting programs to ensure creation of a complete program inventory.

4. *Lack of Standardization Across Data Sources.* Collecting comparable information on program capacity from agencies that do not track information in a standard way was challenging for some grantees. Others had difficulty using multiple data sources to create unduplicated counts of children and families with different kinds of needs and risk factors as well as multiple risk factors.

Lessons Learned

EBHV grantees described lessons they learned from their experiences conducting needs assessments. These lessons may be useful to states as they prepare for the Maternal, Infant, and Early Childhood Home Visiting Program and other home visiting investments. Grantees learned about four aspects of the assessments: (1) planning the needs assessment, (2) collecting the data, (3) analyzing the data, and (4) using the results.

Planning the Needs Assessment. Grantees recommended establishing a planning group with broad representation, including representatives from local communities, to ensure that all perspectives are considered. Obtaining buy-in at all levels—from state, county, local, and key stakeholders—helps ensure cooperation in the data collection process. In addition, planning up-front how the assessment results will be used helped to ensure collection of all needed information. Grantees also recommended examining existing needs assessments to use as models. However, participants following this approach need to understand how and why the existing data were collected, to ensure that the results are interpreted appropriately.

Collecting the Data. Grantees found that existing collaborative relationships were essential for obtaining information at all levels and for learning about gaps in services and challenges experienced by current programs. Some said that involving county-level administrators, in addition to state agencies, streamlined their data collection efforts. In addition, grantees recommended the use of mixed methods—structured surveys as well as semi-structured interviews and focus groups—to obtain a fuller picture of needs and capacities. Visiting communities and conducting interviews can deepen understanding of trends in survey results and secondary data sources. Grantees also reported that telephone follow-up was often necessary to obtain completed surveys.

Analyzing the Data. Grantees said that working with a range of data sources to tell a consistent story about needs and capacities required substantial effort. Many used secondary data sources about risk factors to identify communities at risk. For example, one community identified the highest risk counties for individual risk factors, and then identified counties that had a high risk on multiple risk factors. Once they identified geographic areas with high rates of risk factors,

they developed inventories of existing programs and social service agencies to assess capacity to implement evidence-based programs in those communities. For example, grantees examined organizational and workforce capacity—such as whether sufficient numbers of culturally competent individuals with the required credentials could be recruited to staff home visiting programs in the target community. Some grantees recommended that states be prepared for an iterative process; as the analysis proceeds, additional follow-up surveys and interviews may be needed to fully understand patterns and trends that emerge.

Using the Results. Grantees stressed the importance of comparing geographic areas of need with assessments of community capacity and readiness. Some reported a mismatch in their state—insufficient infrastructure capacity in the areas of greatest need. In addition, grantees recommended convening stakeholders to review the results as a first step in using the assessment. Grantees also recommended narrowing results to the essential findings on which decisions must be made and presenting them in a user-friendly format.

Links to Other Federally Required Needs Assessments

The Maternal, Infant, and Early Childhood Home Visiting program requires states to coordinate with and take into account the following needs assessments:

Title V Maternal and Child Health (MCH) Block Grant needs assessment
https://perfdata.hrsa.gov/MCHB/TVISReports/NeedsAssessment.aspx

Head Start community planning and needs assessment
http://eclkc.ohs.acf.hhs.gov/hslc/Program%20Design%20and%20Management/
Head%20Start%20Requirements/Head%20Start%20Requirements/1305/1305.3%20
Determining%20community%20strengths%20and%20needs.htm

Child Abuse Prevention and Treatment Act (CAPTA) inventory of needs and programs
http://www.friendsnrc.org/CBCAP/pi.htm