

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 existing 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.

¹ Erin Harris, "Six Steps to Successfully Scale impact in the Nonprofit Sector," *The Evaluation Exchange*. " Harvard Family Research Project, Volume XV no 1, Spring 2010, www.hfrp.org.

It is not expected that a community will be able to address all topics in this tool at one time. Rather, the tool can serve as a guide that will take you through key elements of program planning, enable you to customize your approach to your community's unique and evolving needs, and align work at the local level with state efforts.

The 2010 Patient Protection and Affordable Care Act allocated significant funds to states to expand evidence-based home visiting programs in at-risk communities through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. The planning process for this new opportunity is detailed further below. However, though this community planning tool was developed with the new federal resources in mind, it has utility beyond this particular funding opportunity and is relevant to any situation in which home visiting services are being explored, whether resources are available at the time or not. For example, this tool could be used as a component of a community process to build an early childhood system, as an approach to integrating an additional home visiting program model into a community, or as a way to think about how to adapt services to a specific population whose needs are currently not being met.

If your community uses this tool, ZERO TO THREE would like your feedback on its use, the process, and the results for your community. Please share your experience with Barbara Gebhard at bgebhard@zerotothree.org.

Starting New or Expanding Existing Home Visiting Services

Whether you are starting a new home visiting program or expanding existing services, you should carefully consider the process you are going to use to do so. It is important to include a wide variety of stakeholders in the process, such as representatives of early childhood programs and other community services, health and mental health professionals, researchers, funders, advocates, parents, elected officials, and other community leaders. Create an inclusive process that involves these initial steps:

- Establish consensus, to the extent possible, among the stakeholders to pursue additional home visiting services.
- Use the information collected by this tool to explore community demographics, assets, and gaps.
- Work with stakeholders in matching this analysis to the most appropriate evidence-based home visiting program model.
- Engage with your state's planning efforts so that an integrated and consistent plan evolves to grow home visiting services.

The process mandated by the current federal funding opportunity requires extensive assessment and planning processes to determine the best strategy for replicating high-quality programs to

meet the needs of the target communities. The Updated State Plans required to receive funds from the legislation must fully articulate an implementation plan for use of the expansion funds.

Components of the Updated State Plan² include:

- The process for engaging at-risk communities around the proposed home visiting plan
- A plan for working with the national model developer(s)
- A description of initial and ongoing training and professional development activities
- A plan for recruiting, hiring, and retaining appropriate staff for all positions
- A plan to ensure high-quality clinical supervision and reflective practice for all home visitors and supervisors
- The estimated number of families served
- A plan for identifying and recruiting participants and minimizing attrition rates
- An operational plan for coordination between the proposed home visiting program(s) and other existing programs and resources in those communities
- An explanation of the state's approach to monitoring, assessing, and supporting implementation, with fidelity to the chosen model(s) and maintaining quality assurance
- Assurance that individualized assessments will be conducted of participating families and that services will be provided in accordance with those individual assessments

Information contained in both the Statewide Needs Assessment and Updated State Plan can be accessed through your state lead agency. In many states, the lead agency will be the state health department. A complete list is available at www.acf.hhs.gov/earlychildhood/index.html.

The State of Your Community

How do you define your “community” for the purposes of this tool (i.e., zip codes, town/city boundaries, townships, county borders, other)?

² <http://www.hrsa.gov/grants/manage/homevisiting/sir02082011.pdf>

Community Demographic Information^a

Construct	Community Data	State Data^b
Number of children <ul style="list-style-type: none"> • ages 0-3 • ages 4-5 		
Premature births <ul style="list-style-type: none"> • percent: # of live births before 37 weeks/total # live births 		
Low birth weight. <ul style="list-style-type: none"> • percent: # resident live births less than 2,500 grams/# live births 		
Infant mortality <ul style="list-style-type: none"> • # infant deaths ages 0 -1/ 1,000 live births 		
Poverty <ul style="list-style-type: none"> • # residents below 100% Federal Poverty Level (FPL)/total # of residents • # residents below 185% FPL/total # of residents 		
Crime <ul style="list-style-type: none"> • # of reported crimes/1,000 residents • # of crime arrests ages 0 -19/ 100,000 juveniles ages 0 -19 		
School dropout rates <ul style="list-style-type: none"> • percent high school dropouts grades 9 -12 • other school dropout rates as per state/local calculation 		
Substance abuse <ul style="list-style-type: none"> • prevalence rate: binge alcohol use in past month • prevalence rate: marijuana use in past month • prevalence rate: nonmedical use of prescription drugs in past month • prevalence rate: use of illicit drugs, excluding marijuana, in past month 		
Unemployment rate <ul style="list-style-type: none"> • percent: # unemployed and seeking work/ total workforce 		

^a Many of the data constructs in this chart were required for the Statewide Needs Assessment (www.hrsa.gov/grants/apply/assistance/homevisiting/homevisitingsupplemental.pdf). Each state submitted its assessment in September 2010.

^b State data for some of the constructs are available in Child Trends, "Home Visiting Application Process: A Guide for Planning State Needs Assessments." *Early Childhood Highlights* 1, no. 4 (2010): 1 -25, www.childtrends.org.

Child maltreatment <ul style="list-style-type: none"> • rate of reported substantiated maltreatment by child age • rate of reported substantiated maltreatment by type 		
Domestic violence <ul style="list-style-type: none"> • (contact your state lead for appropriate data constructs) 		
Health insurance <ul style="list-style-type: none"> • percent of children under 6 covered by health insurance 		
Teen pregnancy <ul style="list-style-type: none"> • percent of live births to females less than 20 years of age 		
Other		
Other		

Given the above data and your community's comparison to your state's averages, what are your community's primary needs?

1. 2. 3. 4. 5.

What are your community's identified strengths?

1. 2. 3. 4. 5.

Existing Home Visiting Services^a

Name of Program	Home Visiting Model	Service(s) Provided	Targeted Goals/ Outcomes of Program	Eligibility Criteria	# of Children or Families Served	Geographic Area Served

^a This information can be found in your state's Statewide Needs Assessment. Depending on how the information was collected, local service providers may have to be contacted for more information.

Strengths and Gaps in Home Visiting Services

Based on the chart of existing home visiting services on the previous page, what are the major strengths of current programs?

- 1.
- 2.
- 3.
- 4.
- 5.

What are the populations currently not served by existing home visiting programs?

What are areas of need that are not being met by existing programs?

What geographic locations most lack services?

Key Considerations When Choosing a Home Visiting Model

Several considerations should be taken into account at the community level when selecting a home visiting program model to implement. Such considerations include:

- The existing research that validates a particular model
- The synergy between the model's intended goals/outcomes and the community's needs
- The ability to maintain fidelity to a particular model (i.e., community resources to implement the model's goals, objectives, and program standards)
- The pool of qualified applicants available to meet the model's staff qualifications
- The availability and accessibility of early childhood, maternal and child health, mental health, and social services
- The approximate cost per family per year

Matching Community Needs to Evidence-Based Models

As part of the MIECHV federal funding initiative, Mathematica Policy Research conducted an analysis of the existing home visiting research literature and determined criteria that would define the evidence-based home visiting models eligible for federal funding. Based on this analysis, seven models were determined by Mathematica to meet the criteria. Detailed information on the seven selected models (as well as models not selected for inclusion and the criteria used) can be found at www.acf.hhs.gov/programs/opre/homvee.

The models endorsed by Mathematica represent a cadre of programs that met specific criteria created for this particular funding initiative. Other home visiting models have been validated by research data and warrant exploration for replication. Some of these models are national, while others are more state-based or locally-driven. The entity that developed the model should be contacted for resources and information before replication is attempted. Some tips for connecting to a model developer include:

- Engage with the staff knowledgeable about the details and nuances of program implementation and the development of new programs to discuss these issues in light of the particular needs of your community.
- Build your program around a model's program standards and adhere to an accreditation/quality assurance process (if one exists) to ensure that you are maintaining fidelity to the model.
- Access timely information from the model developer to the extent possible via conferences, community meetings, websites, publications, and any technical support offered.

Based on service design and target population, which evidence-based model(s) most appropriately address(es) the needs of your community?

Please answer either of the following two sections (A or B) depending on the existence of home visiting services in your community.

A. If home visiting services exist in your community:

Do existing evidence-based home visiting programs in your community have the capacity to serve more children and families?

Which evidence-based model(s) overlap(s) most with existing home visiting services in the community?

Do(es) the model(s) match the identified needs?

What, if any, implementation components would need to be altered?

What resources would be needed for expansion?

B. If no home visiting services exist in your community:

What agencies or organizations might be able to house and provide the necessary administrative support for a new home visiting program?

What assets might the host organization bring to support and sustain the home visiting program?

What community services could provide support to a new home visiting program?

What resources would be needed to implement home visiting services in your community?

What challenges do you anticipate in implementing a new home visiting program, and what are some possible solutions?

Public Engagement

What is the level of community buy-in for home visiting programs?

What sectors in your community lend the strongest support?

How could buy-in be strengthened?

Based on local needs, gaps, and resources, what are the key messages that community members need to hear about home visiting?

How can those messages be incorporated into an outreach plan?

Recruitment, Engagement, and Retention of Families

What are the various avenues for engaging and recruiting families in your community to participate in home visiting programs?

Is there a process to ensure that families' needs and interests are understood so they receive the appropriate service at the correct intensity level?

What strategies exist to promote families' continued participation in the home visiting program?

What opportunities exist for parents to influence program development and implementation decisions?

Staff Qualifications and Professional Development

Are potential candidates present in the community with the experience, skills, and qualities needed to fill staff positions (i.e., experience with home visiting and working with children and families, culturally diverse populations, maternal and child health issues, child development from birth to age 3, and high-risk populations)?

Do these candidates have the professional or paraprofessional credentials required by the model(s) chosen?

Does your state have a credentialing, licensing, or endorsement structure that could serve as a vehicle for staff development?

What training capacity is available to meet program model requirements (i.e., in-state trainers, distance learning opportunities)?

What pre-service and in-service training is available locally?

Topic	Required by Model(s)? (Y/N)	Available? (Y/N)
History of Home Visiting and Program Model		
Model Specifics (i.e., program principles, procedures, role of home visitors, reporting requirements)		
Strengths-Based Practice in Home Visiting		
Adult Mental Health/Perinatal Depression		
Infant/Child Mental Health and Attachment		
Understanding Family Systems		
Child Development and Brain Development		
Prenatal Development and Pregnancy		
Substance Abuse		
Domestic Violence		
Developmental Screening		
High-Risk Screening and Identification		
Creating Safe and Nurturing Home Environments		
Conducting Effective Home Visits and Motivational Interviewing		

Recognizing and Reporting Child Abuse and Neglect		
Maximizing Referrals and Community Resources		
Cultural Competency		
Working with Special Populations (i.e., teenage mothers, children with developmental delays, military families)		
Reflective Supervision		
Other		
Other		

Based on the above chart, what are the gaps in training in your community?

1. 2. 3. 4. 5.
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What funding exists to bring needed professional development resources into your community?

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How do program supervisors get the support they need to be able to fulfill their responsibilities, including reflective supervision, to their staff?

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Partnerships and Collaboration

If multiple home visiting programs exist in the community, how do they communicate, collaborate, and share resources?

Can families transition with ease between home visiting and other early childhood programs if their needs change or children age out of a program?

Are there formal agreements or a system for referrals between early childhood programs in your community?

Please answer either of the following two sections (A or B) depending on the existence of home visiting services in your community.

A. If home visiting services exist in your community:

Use this chart to document to what extent the home visiting program(s) partner with the following community support services.

Community Service	Limited Collaboration	Moderate Collaboration	High-Level Collaboratin
Pre-K			
Child Care Centers			
Child Care Homes			
Early Head Start/Head Start			
Schools/School Districts			
Early Intervention			
Child Care Resource and Referral Agencies			
Infant Toddler Specialist Networks			

Infant Mental Health Networks			
Family Resource Centers			
Parenting Classes			
Family Literacy Programs			
SNAP (food stamps)			
WIC			
Local Health Department			
Community Health Centers			
Pediatric Practices/Clinics			
Birthing/MCH Hospitals			
Transitional Housing			
Food Pantries			
Mental Health/Counseling Services			
Substance Abuse Treatment			
Domestic Violence Shelters/Services			
Faith-Based Services			
Funding Entities (United Way, local foundations)			
Advocacy Groups			
Community Facilities (libraries, community centers, higher education, parks)			
Other			

Based on the above chart, what partnerships could be strengthened or new partnerships developed?

1. 2. 3. 4. 5.
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B. If no home visiting services exist in your community:

Which community services listed in the previous chart should be priorities for partnership?

1.
2.
3.
4.
5.

Coordinated Governance

What community-level coalitions with multiple early childhood stakeholders exist to address challenges, advocate for improvements, or assist in starting a home visiting program?

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What entity, if any, “takes the lead” for home visiting efforts in your community?

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Who are the key people and organizations in the community to have at the table?

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Financing and Sustainability

Do local home visiting programs receive, or have the potential to receive, funds from the following sources?

Funding Source	Received by Programs? (Y/N)	Potential to Be Received? (Y/N)
Children's Trust Fund		
Criminal Justice		
Child Welfare		

Child Care		
Social Services		
Public Health		
Education		
State General Revenue		
Medicaid/SCHIP/Private Insurance		
TANF		
Early Intervention		
Tobacco Funds		
Domestic Violence Funds		
United Way		
Local Individual Donations		
City Funds		
County Funds		
Local Private or Public Foundations		
Other		
Other		

What “in-kind” resources are available to support new or expanded home visiting services in your community?

Is all funding spent on day-to-day program operations, or is some funding available to support administrative structures and program enhancements?

Are there ways that funds could better be used at the local level among programs to help minimize competition and streamline administrative requirements?

Evaluation and Quality Assurance

Whether your community has existing home visiting services or is starting a new program, the collection and analysis of data from the inception of the program is a critical effort. In particular, the MIECHV initiative mandated key benchmarks that have to be reached for continuation funding. They are outlined in Appendix D to the Supplemental Information Request (<http://www.hrsa.gov/grants/manage/homevisiting/sir02082011.pdf>). Each state's Updated State Plan details information on data collection, which can serve as a guide when you are developing an evaluation plan for new or expanded home visiting programs in your community.

Please answer either of the following two sections (A or B) depending on the existence of home visiting services in your community.

A. If home visiting services exist in your community:

How are data on key home visiting indicators and statistics collected by existing home visiting programs in the community?

What are the limitations in the data that are currently collected?

What steps could be taken to enhance program data collection?

How are home visiting programs using data for ongoing quality assurance efforts?

B. If no home visiting services exist in your community:

Do other early childhood programs in your community have data collection mechanisms that could be accessed or adapted to support a new home visiting program?

How can you develop and improve upon your community's capacity to collect data?

What tools from the developers of your community's proposed model might be used to build an evaluation infrastructure?

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ABOUT US

The ZERO TO THREE Policy Center is a nonpartisan, research-based, nonprofit organization committed to promoting the healthy development of our nation's infants and toddlers. To learn more about this topic or about the ZERO TO THREE Policy Center, please visit our website at <http://www.zerotothree.org/policy>

