

***Managing Evidence-Based Home  
Visiting Systems:  
Planning Considerations and  
Opportunities***

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Policy research that benefits children, families, and their communities

# Main Points

- Over the past 40 years, child abuse prevention planning has progressed through numerous stages, successfully using science to improve practice.
- Expanding and sustaining an effective prevention response within the current fiscal climate requires thinking “beyond the model”.
- Robust state administrative systems and community collaborations are essential for insuring quality and achieving impacts.

# Prevention's Continuous Evolution

- **Wave 1:** Definition and Awareness (1962-1980)
- **Wave 2:** The Service Continuum (1980's)
- **Wave 3:** The Developmental Paradigm (1990's)
- **Wave 4:** The Contextual Paradigm and System Integration (21<sup>st</sup> Century)

# Key Policy/Practice Outcome by Stage

<b>Prevention Phase</b>	<b>Outcome</b>
Definition and Awareness <i>Age of Discovery</i>	Public awareness CAN reporting
Service Continuum <i>Age of Expansion</i>	Service expansion Trust Funds
Developmental Paradigm <i>Age of Logic</i>	Focus on 0-3/new parents Home based interventions
Contextual Paradigm <i>Age of Transformation</i>	Evidence-based models Infrastructure development

# Benefits of Past Prevention Efforts

- Broader awareness of many social problems and their immediate and long term impacts
- A diverse array of services supported through both public and private investments
- Multiple practice and system reforms adopted across multiple domains
- In recent years, notable declines in social problems (teen pregnancy, child maltreatment, foster care)

# Limitations of Past Prevention Efforts

- Public policies generally reflect “silo” thinking: a coherent systemic response is lacking
- Interventions often fail to address contextual and normative factors that influence parental capacity
- Interventions fail to engage and retain high proportions of the highest risk families
- Wide variability exists in service quality and accessibility within and across communities
- Prevention messages have not generated a sense of collective or social responsibility for children

# Federal MIECHV Initiative

- **Goal**

- Assist states in building a comprehensive early childhood system to promote the health and safety of pregnant women, children 0-8 and their families

- **Investments**

- \$1.5 billion FY 2010 to FY2014 allocated to states on a formula and competitive basis
- \$11.2 million for Technical Assistance
- \$27 million for a national evaluation, focused primarily on documenting participant outcomes

# Federal MIECHV Initiative

- **Opportunities for program innovation**
  - 75% of funds allocated to nine evidence-based home visiting models
  - 25% of funds allocated to promising approaches
  - Expansion grants (competitive)
- **Opportunities for system reform**
  - Improve integration of state health, social services and child welfare investments
  - Improve resources and collaboration at the local community level

# New York State MIECHV Target Communities

## Monroe County

### Race:

White: 72.8%

Black: 14.4%

Hispanic: 7.3%

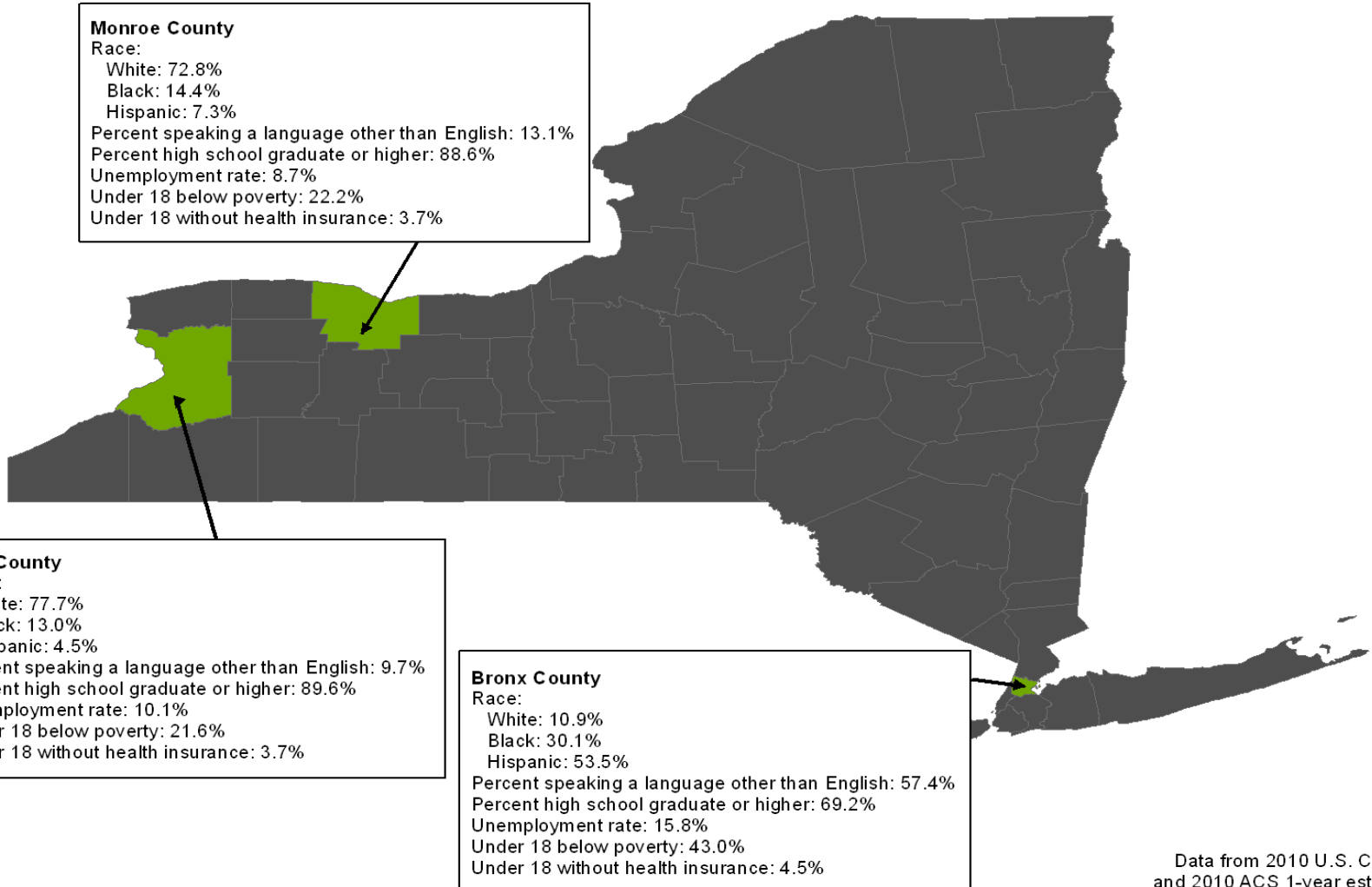
Percent speaking a language other than English: 13.1%

Percent high school graduate or higher: 88.6%

Unemployment rate: 8.7%

Under 18 below poverty: 22.2%

Under 18 without health insurance: 3.7%



## Erie County

### Race:

White: 77.7%

Black: 13.0%

Hispanic: 4.5%

Percent speaking a language other than English: 9.7%

Percent high school graduate or higher: 89.6%

Unemployment rate: 10.1%

Under 18 below poverty: 21.6%

Under 18 without health insurance: 3.7%

## Bronx County

### Race:

White: 10.9%

Black: 30.1%

Hispanic: 53.5%

Percent speaking a language other than English: 57.4%

Percent high school graduate or higher: 69.2%

Unemployment rate: 15.8%

Under 18 below poverty: 43.0%

Under 18 without health insurance: 4.5%

Data from 2010 U.S. Census  
and 2010 ACS 1-year estimates

# Opportunities Created by the Initiative

- Creates a structure for interagency collaboration and new public-private partnerships
- Promotes higher quality practice across all agencies and interventions
- Creates leverage for new investments in early childhood
- Raises the national profile of the issue and the importance of a child's first five years

# Challenges Created by the Initiative

- Insufficient resources to achieve broadly stated goals
- Cumbersome regulations and data demands
- Does not fully account for the reality of state government's institutional "silos" and its slow pace of change
- Lacks an effective decision making framework to manage the diverse interests of all stakeholders

# MIECHV as Reform versus Transformation

- **Reform:** focuses on replicating targeted, evidence-based interventions to maximize the long term return on investments – invest now and save latter.
- **Transformation:** focuses on promoting optimal child development, changing context, and building systems to improve society's capacity to nurture families and achieve high quality and consistency in the public and social response.

# Moving From Reform To Transformation

- Change the logic model for building systems and community collaborations
- Embrace a diverse array of measures
- Foster integration and a more appropriate use of resources through a universal assessment of risk
- Expand the range of partners and resources we mobilize to do the work
- Invest more in innovation at both the program and system levels

***Creating a New Framework:  
Elevate the Mission  
Plan for Systemic Change***

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# Barriers to Developing Any System

- ***Definitional*** – we can't decide what is “in” or “out” of our system
- ***Operational/Technical*** – we not exactly sure how we should start or what approach we can use
- ***Educational/Motivational*** – we have not stated the need correctly so folks are not engaged
- ***Political*** – only some people are rational or communitarian some of the time

# Building “Collective Impact”

- Establish a common agenda that moves the mission outside any specific agency “silo”
- Obtain agreement among partners on:
  - Time horizon – when do you want to see change
  - Risk – tolerance for innovation and new practice
  - Scope – size of the target population/geographic area
- Agree on a shared definition of “success”
  - Establish benchmarks and develop a system to monitor progress toward objectives across all investments
  - Use data to understand the present and plan for the future

Kania & Kramer, 2011. Collective impact. *Stanford Social Innovation Review*, (Winter), 36-41.

# Building “Collective Impact”

- Identify mutually reinforcing activities (positive “spill-over” effects)
  - Determine appropriate balance between infrastructure and programmatic investments
  - Encourage ownership of a new idea or reform through active participation in decision making
  - Understand the value in collective action and shared resources and act in ways that build interdependence
- Foster continuous communication and feedback loops
- Create a new, independent “backbone” organization

***Expand What We Measure:  
Assess Population-Level Change  
Assess System Effects***

# Early Child Abuse Prevention Indicators

- Increased parental knowledge of child development
- Enhanced parental skills in coping with stress
- Enhanced parent-child bonding
- Increased parental knowledge about home and child management
- Reduced child care burden
- Increased access to social and health services for all family members

# Indicators of Early Success

“ ... a capacity to enjoy themselves ... to form a few friendships, entered into some activities and, while still requiring encouragement and support, we felt that total capacity to manage their lives had markedly improved as their self esteem improved. At the same time it was common to see they were beginning to form positive relationships to children and had pleasant things to say about them, handled them more gently and often were able to show affection for the first time.”

*Kempe, 1977*

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# New MIECHV Measurement Opportunities

- Track MIECHV benchmarks at the *population level* within targeted service communities
  - Improving child and maternal health
  - Preventing injury, maltreatment and violence
  - Improve school readiness
  - Improve family self-sufficiency
- Establish specific benchmarks for tracking *system improvements*
  - Document efficiencies in agency operations
  - Document interagency activities
  - Track shifts in investments

***Breaking the Cycle:  
Integrate Universal and  
Targeted Prevention  
Strategies***

# Limits of the “Targeted/Scientific” Approach

- Requires highly predictive and accurate risk assessment protocols or eligibility criteria
- Assumes we can successfully identify all those at risk
- Assumes highest risk families will engage and remained involved in voluntary interventions
- Promotes the message that collective or social assistance with parenting is required only for those unable to do the job on their own
- Assumes if we just had the “right” program models and took them to scale, population-level impacts will follow

# Building a “Universal” Alternative

- Creating an integrated framework of universal and targeted interventions – a preventive system of care building on a core set of universal needs
- Create a universal assessment process to identify needs and efficiently direct families to an appropriate level of support
- For the most challenged populations, establish explicit linkages to therapeutic /clinical interventions
- Focus on teaching parents effective “consumer skills” to access continued support and navigate complex service delivery systems

***Expand The System:  
Empower Communities  
Empower the Public***

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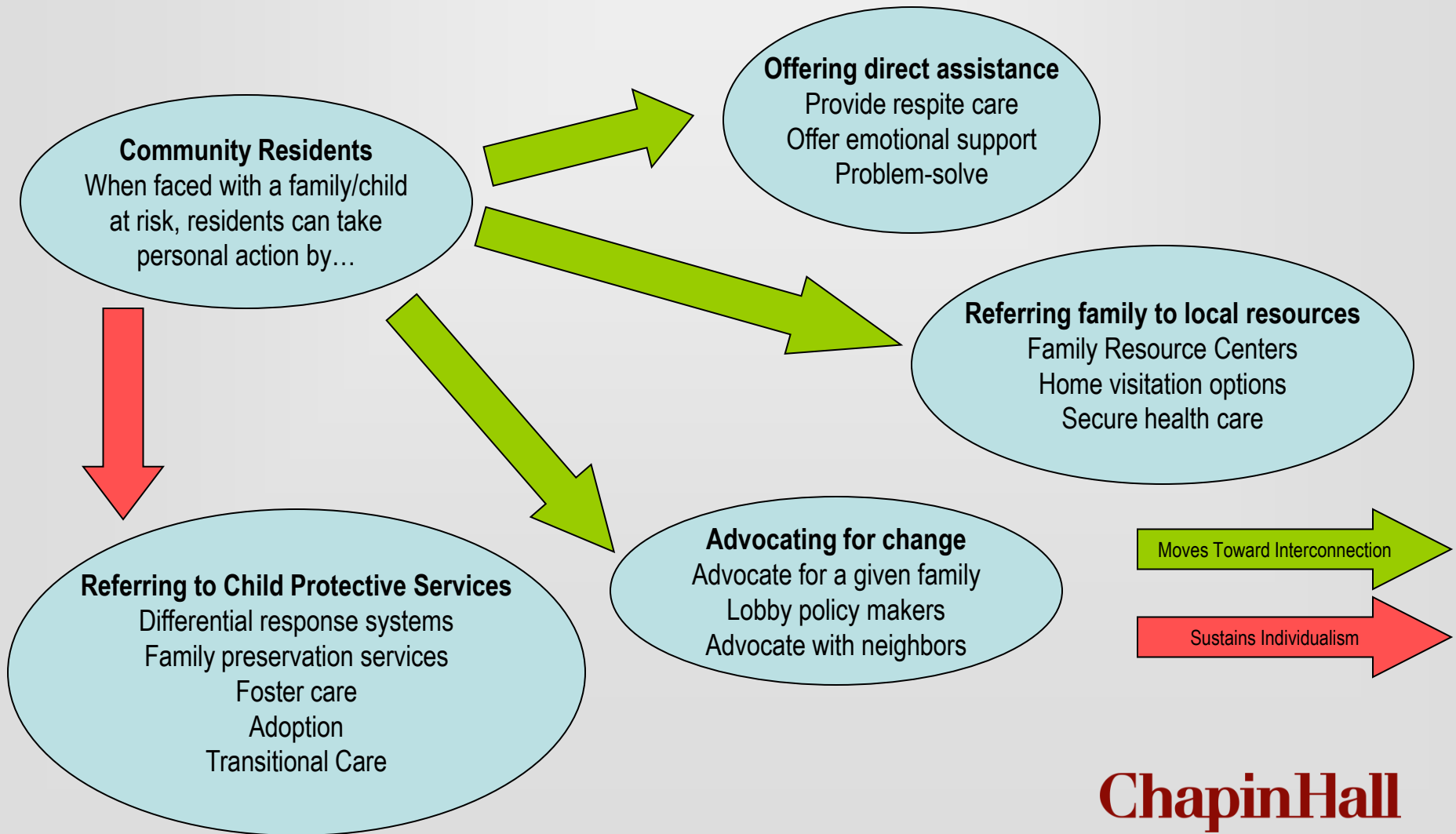
# Create Systems Beyond State Government

- Determine appropriate “locus of control” – what can be managed at the state and what can be accomplished at a community level?
- Delegate to the community sufficient “choice” to allow for local ownership and meaningful governance
- Engage a broad range of partners at the local level
  - Business leaders and their employees
  - Civic, non-profit and faith-based organizations
  - Create a governance structure that provides all partners with oversight opportunities

# Create Norms to Foster Public Ownership

- Challenge our perceptions of the problem and how to resolve it.
- Nurture community values and institutions that foster mutual support and collaboration.
- Isolate and address normative values that restrict families from seeking help or offering assistance.
- Create common expectations for “all” children and empower residents to accept responsibility for change

# Expanding Prevention's Capacity for Change



***Invest in Innovation:***  
***Recognize what you don't know***  
***Plan to fill the gaps***

# Create and Assess Promising Innovations

- Develop and evaluate augmentations to existing EBHV models to reach underserved populations
- Identify non-service related leverage points for systemic change and evaluate their efficacy in improving system performance
  - Cross-model, cross-agency professional training
  - Quality rating systems across agencies
  - Blended funding streams
- Assess impacts of community partnerships and collaborations on resource capacity, normative change and public engagement

# Questions to Consider

- What is the tolerance among state agency directors for local autonomy – what decisions should be delegated to local partnerships or individual service providers?
- What can/should be done collaboratively and what work can remain within “silos”?
- What is the correct balance between implementing with fidelity and fostering innovation?
- What are the expected benefits of addressing an issue from a “systems” perspective and how can one determine if such benefits are being accrued?