

# Getting from Good to Great: Using Evidence to Guide and Direct State Home Visiting Investments

## THE PEW HOME VISITING CAMPAIGN

partners with policy makers and advocates in promoting smart state and federal investments in quality, home-based programs for new and expectant families

Our research agenda is made possible by the Doris Duke Charitable Foundation and the Children's Services Council of Palm Beach County.





Learn more at pewcenteronthestates.org/homevisiting



## **Campaign Infrastructure**

### RESEARCH

Studies that answer policy-relevant questions about program evidence-base and return on public investment

### STATE ADVOCACY

Providing funding and technical assistance for state-based advocacy campaigns in four to six states

### FEDERAL ADVOCACY

Advocating for federal policies that support expansion at the state level

### **CONVENING**

Facilitating state and national partners to network and share best practices

#### **PARTNERSHIPS**

Engaging state and national partners and stakeholders to influence policy

### **GOAL**

Smart state investments in quality, home-based programs for new and expectant families

#### COMMUNICATIONS

Strategy and messaging that raises campaign visibility, promotes research findings and supports state efforts



### **Pew Home Visiting Campaign Webinar Series**

A series of four webinars highlighting promising practices in administering state home visiting systems:

- 1. Using Evidence to Guide and Direct State Home Visiting Investments: Leaders from three Pew campaign states—Washington, North Carolina and Ohio—will discuss their experiences promoting evidence-based policy and practice in home visiting.
- **2. Implementation, implementation**: best practices and strategies for monitoring implementation of state home visiting programs.
- **Evaluating for Impact**: state-sponsored efforts to evaluate home visiting programs for process and outcome measures, as well as cost-benefit.
- **4. Systems Coordination**: Successful state efforts to centralize intake, standardize policies and procedures, identify core indicators and performance measures, and train home visiting professionals.
- **Scaling up**: Examples of states' strategic thinking around creating a statewide system of home visiting and expanding services to reach all eligible families.



### **Panelists**

Michelle Hughes
Executive Vice President
Prevent Child Abuse North Carolina

Joan Sharp Executive Director Council for Children & Families

Alicia Leatherman
Director
Early Childhood Cabinet



# **North Carolina**

## North Carolina Alliance for Evidence-Based Family Strengthening Programs



- About PCANC
- Collaborative environment in NC
- 2005 NC Institute of Medicine Statewide Task Force on Child Abuse Prevention
  - Recommendations to expand evidence-based child abuse prevention programs
    - NC home visiting initiative dismantled in early part of decade due to \$ cuts
    - Specific programs (like Nurse-Family Partnership) and shift support in existing funding streams/policy
  - Multiple workgroups merged and led to formation of Alliance in 2007



## What is the Alliance?

- Group of nine public and private funders that are collaboratively supporting specific ebp's that strengthen families
  - Public health, social services, mental health, juvenile justice, early education and development, Head Start, and private foundations
  - Convening and collaboration supported by Prevent Child Abuse NC and Duke University Center for Child and Family Policy
  - \$ for local agencies to replicate ebp's AND \$ for implementation infrastructure -- "scaffolding"
    - Pre-implementation "readiness" consultation, coaching, program evaluation

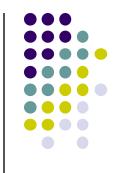


## **How the Alliance Works**

- Questions To Guide Investments (examples...)
  - Does this support a demonstrated need in communities?
  - Does the program have a solid theoretical foundation?
  - Does the program have evidence of effectiveness from experimental evaluations using randomized control groups?
  - Does the program have cost-benefit data?
  - Does the program have resources to support replication in North Carolina (e.g., standardized training, accessible program developer, fidelity tools)?
  - What is cost of implementing in local communities?
- Collaboration Table -- Nurse-Family Partnership, The Incredible Years Parent Training, Strengthening Families Program 6-11
- Braiding public and private funding AND collaboratively supporting implementation
  - shared tools to assess agency readiness, fidelity, evaluation system for specific programs



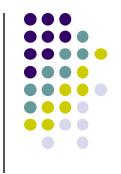
# **Alliance and Home Visiting**



- Alliance funders collaboratively support NFP
  - Currently 8 sites serving 10 counties with goal of expanding to every eligible mother
- Alliance funders also individually support multiple models including Parents as Teachers, Early Head Start, Healthy Families
  - Recognition that models have differing levels of evidence and implementation support
- NC conversation recognizes importance of strongly investing in proven programs AND supports careful expansion and testing of programs with emerging/promising evidence



# We are learning....



- Prevention is prevention (shared intermediate outcomes and collaborative implementation)
- Effective implementation requires significant shifts in our usual ways of thinking -- "transformation" in policy, agency culture, staffing, and funding
- Proceed cautiously in large-scale replication of home visiting programs
  - What is it going to take to get good outcomes as driving question (evidence + fidelity = outcomes)
  - Dropping from 50,000 feet to 500 feet in moving forward
  - Done well, model for supporting continuous quality improvement in human services systems





# Washington

## The Washington State EBHV Story

- I Established by CCF in 2007
  - Policy proposal with justification based on extensive needs, impact & cost benefit data
  - Research Advisory Committee
    - Read/review/assess the literature
    - Establish definitions & criteria
  - Portfolio (multiple models: NFP, PAT, PCHP, Project SafeCare, STEEP/other intensive, others TBD)
  - Outreach & education
    - 40 visits statewide in 30 days
    - Legislative champions & advocates
  - Requested \$17.5M, received \$1.75M annual investment
  - RFP & dollars out the door within 90 days
- o Learning what's in the 'black box'
  - Evaluation/TA contract with WSU
  - Building the capacities of contracted organizations for effective implementation, i.e., using data for CQI & program development



## The Washington State EBHV Story – Part 2

- CCF as a national model
- Advocacy to increase investment
  - Home Visiting Coalition
  - 10-year/\$100M plan
  - Additional champions (legislative, business, philanthropy)
  - State budget crises
- Establishment of a "Home Visiting Services Account" to leverage private \$
  - Public funding transferred to Dept of Early Learning
  - Thrive By Five WA (public-private partnership); Gates Foundation
- Expansion
  - United Way of King County PCHP County-wide
  - Early Head Start home-based model
- New federal funding
  - Dept. of Early Learning: Lead in coordinating 'Cross Agency Governance Structure' & for planning
  - Department of Health: needs assessment & fiscal agent



## The Washington State EBHV Story

- o For more info:
  - Council for Children & Families
    - www.ccf.wa.gov
    - "Funded Programs"
      - Evidence Based Programs and Criteria for Inclusion
      - Models Matrix
      - Evaluation overview
      - Policy briefs
    - joan@ccf.wa.gov or 206-464-5493
  - Dept. of Early Learning <u>www.del.wa.gov</u>
  - Dept. of Health <u>www.doh.wa.gov</u>
  - Thrive By Five WA 'Home Based Early Learning' www.thrivebyfivewa.org





# Ohio

# Home Visiting Ohio

Pew Center on the States Webinar July 22, 2010



# Ohio's History

- ■Help Me Grow
  - □Part C Early Intervention
  - Home Visiting
  - Newborn Home Visits
- Use of FCFC infrastructure
- □ Early Childhood Cabinet-HMG review
- ☐Stakeholder feedback
- □Funding shift from TANF to GRF

# Developing Standards

- Attended National Symposium
- Focused first on home visiting
  - Targeted eligibility
  - □ Earlier the better
  - More intensive supports/increased frequency
  - ■Workforce development
- Set standards, did not select multiple models
  - Allow for flexibility, while defining high quality
  - □Increased per child amount
  - Including HFA, NFP, PAT and others in our planning

## Evidence

- ■Extensive study of research findings across the continuum of services
- Looked at the experiences of local communities in Ohio and their findings
- Developing a plan for our external evaluation
- Independent review by the Government Resource Center

# Home Visiting Components

Evidence-based parenting education curriculum

- On-going screenings and assessments
- ☐ Family need based referrals

Transition to development enhancing program

# Home Visiting Logic Model

- Program goals
- Outcomes

Measurements



# System Changes/Challenges

- Data systems/data collection
- Ensuring support for all national models that meet or exceed
   Ohio's standards
- Targeting services has the potential of removing community safety nets
- Professional development and capacity building for home visitors
- Prevention vs. intervention
- Funding

## Thank You

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