

THE  
**PEW**  
CHARITABLE TRUSTS

## Evidenced-Based Home Visiting Policy Forum

June 19, 2014



# Today's Agenda

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- **Welcome to the Evidence-Based Home Visiting Programs Webinar**
  - Melissa Brodowski, ACF
- **Key Findings from the National Evaluation of the Evidence-Based Home Visiting to Prevent Child Maltreatment Initiative**
  - Kimberly Boller, Mathematica
  - Heather Zaveri, Mathematica
  - Deborah Daro, Chapin Hall
- **Expert Panel Discussion**
  - Sue Williams, Children's Trust of South Carolina
  - David Willis, HRSA
  - Lauren Supplee, ACF
- **Audience Questions and Discussion**



# Federal Investment in Evidence-Based Home Visiting

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- **Evidence-Based Home Visiting Initiative (CB 2008)**
  - To support and generate knowledge about infrastructure building for implementing and scale-up of evidence-based home visiting
  - Included cross-site evaluation focused on implementation, fidelity, systems/infrastructure, and cost
- **Maternal, Infant, Early Childhood Home Visiting Initiative (HRSA and ACF 2010)**
  - Part of the Affordable Care Act
  - Supports implementation of evidence-based and promising programs
  - Includes the Tribal Home Visiting Program, technical assistance, and research and evaluation activities
- **Mother and Infant Home Visiting Program Evaluation (2010)**
  - Legislatively mandated, large-scale evaluation, includes effectiveness, implementation, and cost studies
  - Study enrollment and data collection began in 2012



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## Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment

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# Key Findings from the National Evaluation of the Evidence-Based Home Visiting to Prevent Child Maltreatment Initiative

Kimberly Boller, Deborah Daro, Heather Zaveri, Andrew Burwick,  
and the EBHV National Evaluation Team

June 19, 2014

Evidence-Based Home Visiting Forum  
Pew Charitable Trusts, Washington, DC



# Acknowledgments

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- **The sponsoring agencies**
  - **Children’s Bureau (CB), Administration for Children and Families, U.S. Department of Health and Human Services**
  - **Maternal Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services**
  - **Office of Behavioral and Social Science Research, National Institutes of Health, U.S. Department of Health and Human Services**
  - **Doris Duke Charitable Foundation**
  - **Casey Family Programs**
- **Mathematica/Chapin Hall team**
  - **Patricia Del Grosso, Russell Cole, Diane Paulsell, Bonnie Hart, Brandon Coffee- Borden, Debra Strong, Margaret Hargreaves**
- **17 subcontractors, partners, local evaluators**
- **National model representatives**



# Context

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- **Funded in 2008 by CB**
- **Economic recession brought funding challenges**
- **In 2010, EBHV funding uncertain**
- **With MIECHV, EBHV grantees entered into subcontracts with state lead agencies**
- **5 named the state lead agencies**
- **10 received or anticipated receiving MIECHV funds**

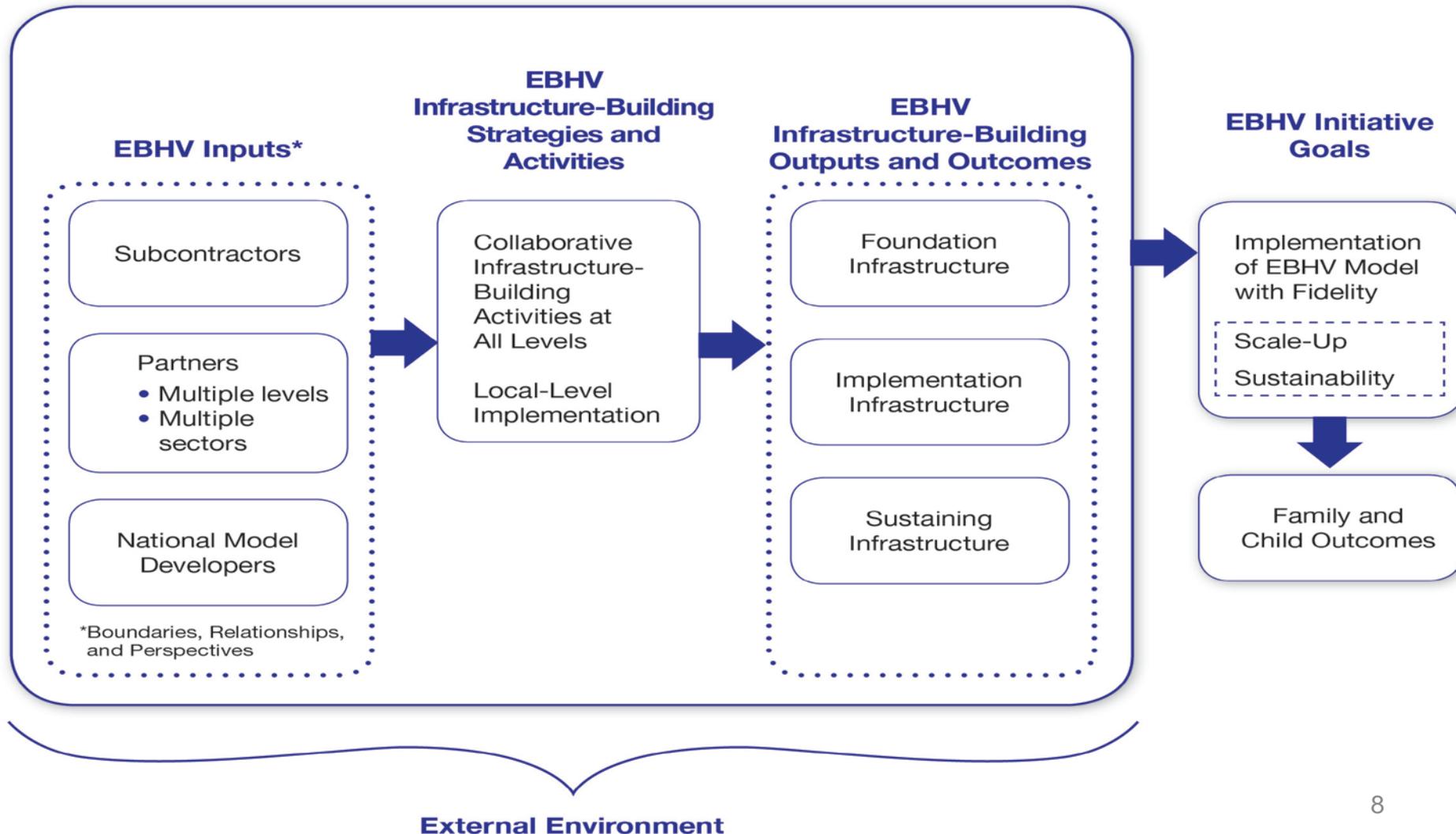


# Subcontractors Selected One or More Home Visiting Models

Home Visiting Program Model	Target Population	Number of Subcontractors Selecting Model
Nurse-Family Partnership (NFP)	First-time pregnant women < 28 weeks gestation	11
Healthy Families America (HFA)	Pregnant women or new parents within two weeks of infant's birth	5
Parents as Teachers (PAT)	Birth or prenatal to age 5	3
SafeCare	Birth to age 5	3
Triple P	Birth to age 12	1



# Evaluation's Theory of Change Links Inputs, Infrastructure Building, and Goals





# Key Findings

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- **Fidelity**
  - Implementing agencies (IAs), regardless of the model being implemented, struggled to achieve structural fidelity standards
- **Cost**
  - Costs per family averaged \$6,583, but varied widely by model and across agencies within models
- **Infrastructure Building**
  - Strategies stayed consistent across the initiative, but the order in which subcontractors carried them out deviated from initial expectations
- **Goal Attainment**
  - Building sustaining infrastructure and quality of collaboration were key factors in attaining goals



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**Implementation  
Fidelity Findings**



# Assessed Two Aspects of Fidelity

<b>Structural (implementation fidelity)</b>	<b>Dynamic (intervention fidelity)</b>
<ul style="list-style-type: none"><li>• Hiring qualified staff/providing sufficient training and supervision</li><li>• Engaging the target population</li><li>• Achieving recommended dosage and duration</li><li>• Maintaining caseload levels</li></ul>	<ul style="list-style-type: none"><li>• Nature of the provider-participant relationship</li><li>• Manner of service delivery</li></ul>



# Sample Sizes

HV Model	Participants	Staff	Home Visits
HFA	575	117	11,907
NFP	2,960	120	58,475
PAT	601	79	9,519
SafeCare	491	72	6,617
Triple P	194	17	2,215
<b>Total</b>	<b>4,821</b>	<b>392</b>	<b>88,733</b>
<b># IAs represented</b>	<b>36</b>	<b>47</b>	<b>36</b>

Source: EBHV Cross-Site Fidelity Database, October 1, 2009, through June 2012.



# High-Fidelity Performance Areas

Fidelity Indicator	Percentage Across All Models	Number of IAs Reporting
Home Visitors with at Least a B.A.	75.9	44
Staff Receiving Initial Model Training	99.5	45
Total Referrals That Met Model Standards	81.3	45
Planned Home Visits Completed	82.1	36
Planned Content Covered During Visits	96.7	29

Source: EBHV Cross-Site Fidelity Data, October 1, 2009, through June 30, 2012.



# Lower-Fidelity Performance Areas: Caseloads

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	Consistently Below Model Expectations	Consistently Above Model Expectations	Consistently at Model Expectations	Number of IAs
Home Visitor Caseloads	56.1	5.5	0.4	43
Supervisor Caseloads	40.7	19.4	0.0	46

Source: EBHV Cross-Site Fidelity Data, October 1, 2009, through June 30, 2012.



# Lower-Fidelity Performance Areas: Dosage and Duration

Indicator	HFA	NFP	PAT	SafeCare	Triple P
<b>Retention</b>					
% Retained 3 Months	91.5	90.1	89.4	76.6	80.7
% Retained 6 Months	82.3	77.7	76.5	39.5	44.6
% Retained 12 Months	73.0	57.6	61.1	16.4	3.9
Number of IAs	8	16	4	6	1
<b>Dosage – 12 Months</b>					
Full Dosage (%)	19.6	5.3	26.4	n.a.	n.a.
80% Dosage	42.8	41.2	51.6	n.a.	n.a.
60% Dosage	65.4	78.5	64.0	n.a.	n.a.
Number of IAs	8	16	4	n.a.	n.a.



# Participants' Characteristics Related to Dosage and Duration

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- **Hispanic participants**
  - More likely than white or African American participants to remain enrolled longer and receive a greater number of visits
- **Younger, more economically disadvantaged and socially isolated participants**
  - Often leave multiyear home visiting programs before 12 months
  - In short-term programs, do not successfully complete them
- **Among those who remain in multiyear programs at least 6 months**
  - Socioeconomic risk level is not a predictor of service dosage



# Fidelity: Implications

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- **Wide variability in structural fidelity within each model**
  - Multiple contextual factors contributed to how a model was replicated in a given community
- **Raises questions about appropriate caseload levels, service dosage, and service duration**
- **Fidelity framework**
  - Identified both common and distinct service elements across models
  - Underscores important differences in each model's intent and theory of change
- **Directing investments to evidence-based models does not guarantee consistent program replication**
  - Continuous attention to implementation is critical



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## **Cost Study Findings**



# Approach

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- **Analyzed costs from IA perspective**
  - Estimate resources needed to replicate program at similar scale in similar context
- **Used “ingredient” method to calculate total costs**
- **Focused on one year of “steady-state” operations**
  - Typical operations relative to the number of participants enrolled and home visitors’ caseloads
  - July 1, 2011, through June 30, 2012



# Types of Costs

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- **Total cost at agency level**
  - Allocated to resource (or cost) categories
  - Allocated to program activities
- **Cost per family**
  - Cost per family week of enrollment:  
*Total cost / total number of weeks of family enrollment*
  - Average cost per family:  
*Cost per family week of enrollment \* average number of weeks for exiting family*
  - Weighted average based on number of families that exited each IA's program during period



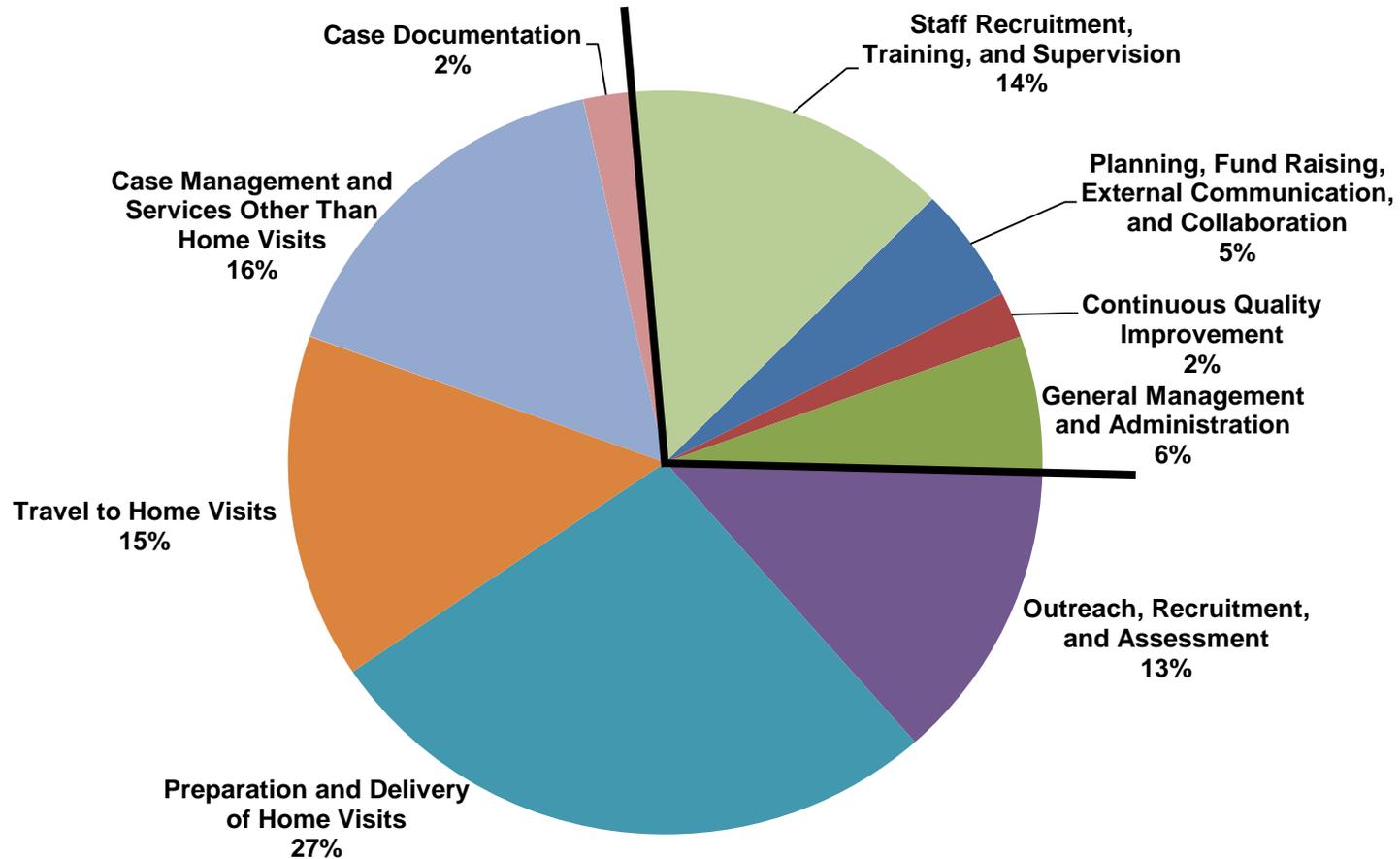
## **Annual Costs Averaged \$580,972**

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- **Ranged from \$206,426 to \$1,207,054**
- **Program scale was not consistently related to costs**
- **Personnel expenses comprised 72 percent of total, on average**



# Most Costs Allocated to Direct Services

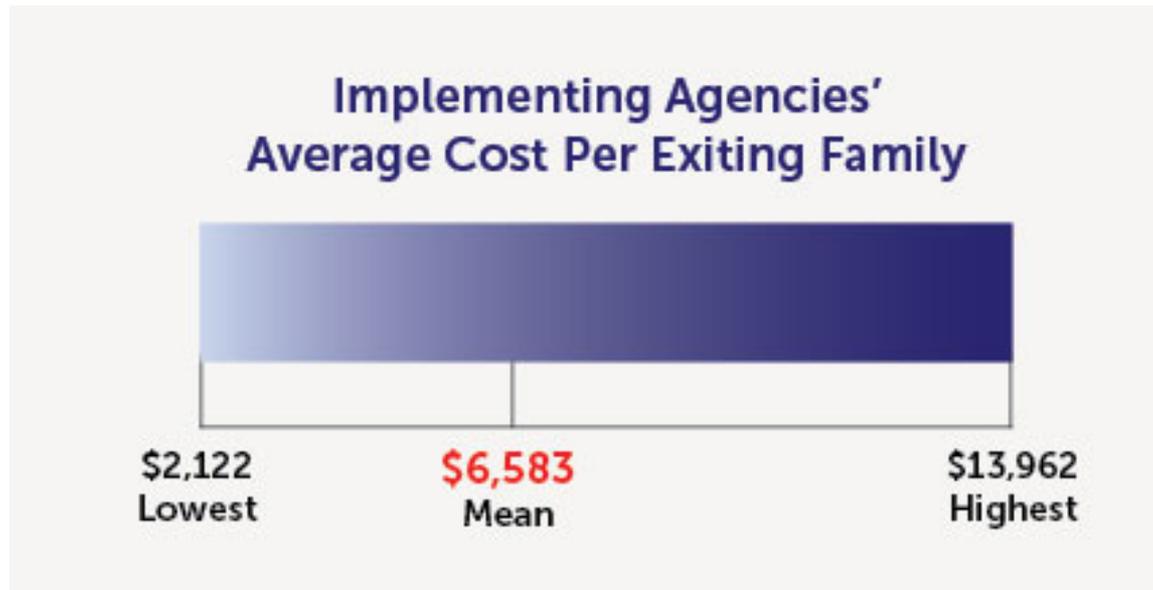


Source: Cost Survey of Implementing Agencies and Implementing Agency Staff Time-Use Survey.

Note: Averages are at agency level. N = 24 agencies. One agency was removed from this analysis because data on staff time use were not available.



# Cost Per Family Averaged \$6,583



Sources: Cost Study of EBHV Programs Survey of Implementing Agencies and EBHV Cross-Site Fidelity Data.

Notes: Costs are in 2012 dollars. Analysis includes IAs with more than 10 families exiting during the cost study period and excludes as an outlier the IA implementing an enhanced version of PAT that provides access to mental health services. Average cost per exiting family is not adjusted for participation before the cost study period.

Average cost per family = Average cost per week of participation for each IA \* Average number of weeks of participation for families served by the IA and exiting during the cost period.



# Average Cost per Family Varied by Model

	Average Cost per Exiting Family	Weighted Average Cost	Number of IAs	Range per Exiting Family
HFA	\$5,615	\$5,270	4	\$2,848–\$10,502
NFP	\$8,003	\$7,596	10	\$4,228–\$13,692
PAT	\$2,372	\$2,415	2	\$2,122–\$2,622
SafeCare	\$6,263	\$5,982	2	\$5,826–\$6,699
Triple P	\$5,306	\$5,306	1	n.a.

Sources: Cost Study of EBHV Programs Survey of Implementing Agencies and EBHV Cross-Site Fidelity Data.

Notes: Costs are in 2012 dollars. Analysis includes IAs with more than 10 families exiting during the cost study period and excludes as an outlier the IA implementing an enhanced version of PAT that provides access to mental health services. Averages and ranges pertain to the agency level within each category. Average cost per exiting family is not adjusted for participation before the cost study period.

Average cost per family = Average cost per week of participation for each IA \* Average number of weeks of participation for families served by the IA and exiting during the cost period. Weighted average cost is based on the number of families that exited each IA's program during the cost study period.



# Comparison with Previous Estimates

Program Model	EBHV Average	EBHV Range	Previous Estimates	Sources
HFA	\$5,615	\$2,848–\$10,502	\$4,693 \$6,157	Lee et al. (2012) Dumont et al. (2010)
NFP	\$8,003	\$4,228–\$13,692	\$9,793 \$9,339	Lee et al. (2012) Miller (2012)
PAT	\$2,372	\$2,122–\$2,622	\$4,324	Lee et al. (2012)
SafeCare	\$6,263	\$5,826–\$6,699	\$2,053 \$2,322	Lee et al. (2012) U.S. DHHS (2013)

Note: All costs are in 2012 dollars. Previous estimates are adjusted for inflation by using the Consumer Price Index.  
IA = implementing agency; HFA = Healthy Families America; NFP = Nurse-Family Partnership; PAT = Parents as Teachers.



# Cost: Implications

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- **Substantial funds spent on activities beyond home visits**
  - Delivery of home visits is supported by investment in other functions and activities
- **Both model and agency circumstances appear to influence costs**
  - Costs varied widely for some program models
  - Caseload dynamics, target populations, and service enhancements can affect costs



# Expert Panel Discussion

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**Moderator: Melissa Brodowski, Office on Child Abuse and Neglect, Children's Bureau, Administration for Children and Families (ACF), HHS**



**Sue Williams, Children's Trust of South Carolina**

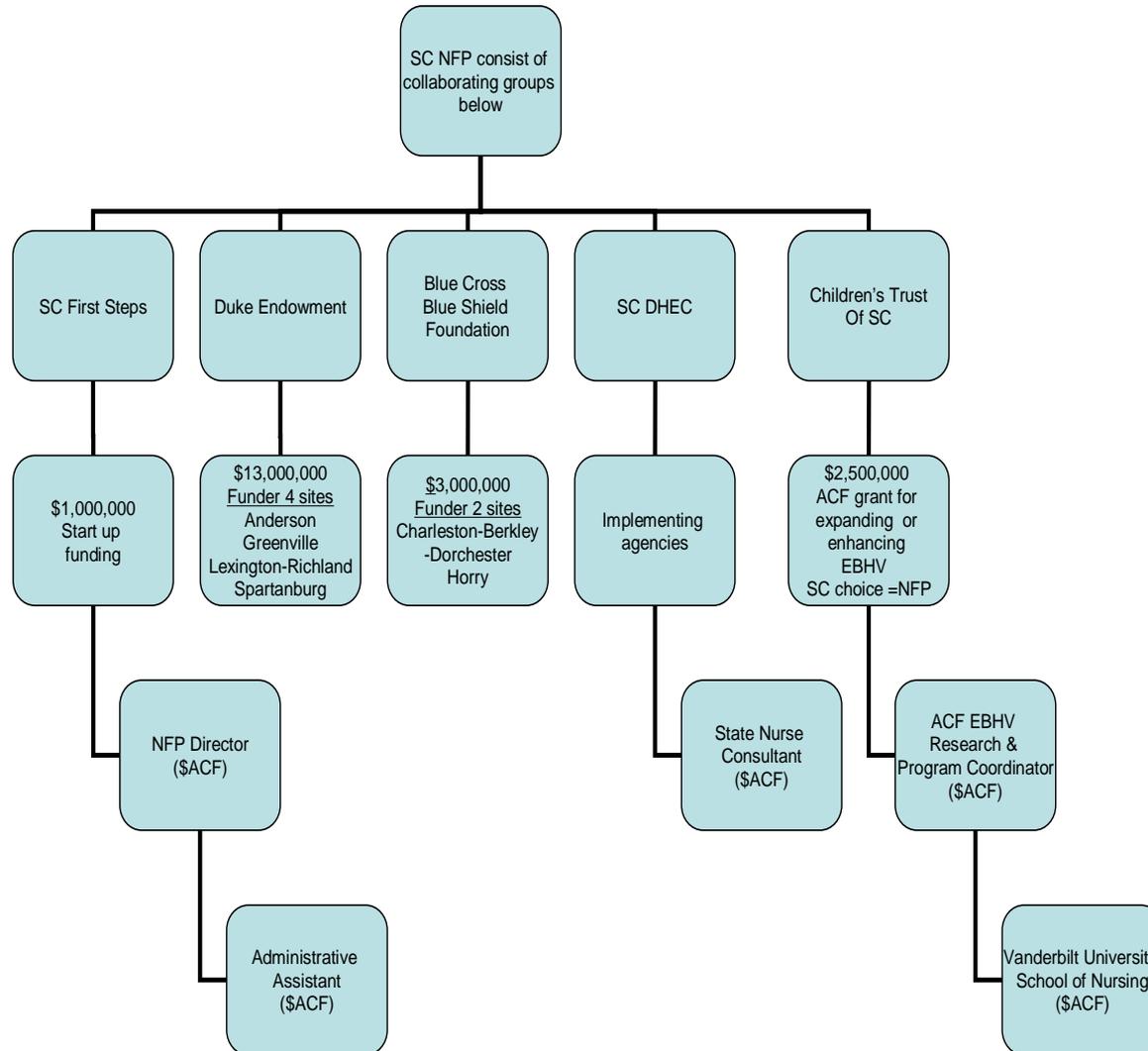


**David Willis, Division of Home Visiting and Early Childhood Systems at the Health Resources and Services Administration (HRSA), HHS**



**Lauren Supplee, Division of Family Strengthening at the Office of Planning, Research and Evaluation (OPRE), HHS**

# South Carolina EBHV Organizational Chart





# Expert Panel Discussion

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**Moderator: Melissa Brodowski, Office on Child Abuse and Neglect, Children's Bureau, Administration for Children and Families (ACF), HHS**



**Sue Williams, Children's Trust of South Carolina**



**David Willis, Division of Home Visiting and Early Childhood Systems at the Health Resources and Services Administration (HRSA), HHS**



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# **Audience Questions and Discussion**



## For More Information

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Kimberly Boller [kboller@mathematica-mpr.com](mailto:kboller@mathematica-mpr.com)

Deborah Daro [ddaro@chapinhall.org](mailto:ddaro@chapinhall.org)

Heather Zaveri [hzaveri@mathematica-mpr.com](mailto:hzaveri@mathematica-mpr.com)

Melissa Brodowski [melissa.brodowski@acf.hhs.gov](mailto:melissa.brodowski@acf.hhs.gov)

Visit the website: <http://www.supportingebhv.org/crossite>

Read the reports and view today's presentation:

<http://mathematica-mpr.com/EarlyChildhood/evidencebasedhomevisiting.asp>